

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

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**Name and Location of Facility:** American Legion Children's Home  
Ponca City, Oklahoma

**Dates of Visit:** July 19 and 20, 2006

**Oversight Reviewers:** April Simmons and Tina Pendergraft, Oversight Specialists

**Focus of Visit:** Announced Visit

**Date:** October 24, 2006

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**General Information**

The Office of Juvenile System Oversight (OJSO) conducted an announced visit at the American Legion Children's Home (ALCH) on July 19 and 20, 2006. The purpose of the visit was to assess compliance with established responsibilities and facility policy and procedures. The facility was licensed for sixty-three residents by the Division of Child Care of the Department of Human Services (DHS). The program provides residential care to DHS-custody children who require Level D+ and Level E care. On the first day of the oversight visit, the census was fifty-nine.

Interviews Conducted

- Entry interview with the Executive Director
- Exit conference with the Executive Director and the Program Director
- Twelve residents
- Nine staff members

Documents Reviewed

- Five personnel files and training records
- Criminal record background checks on all current employees
- Files on five residents
- Office of the Oklahoma State Fire Marshal inspection report, dated January 30, 2006
- Oklahoma State Department of Health inspection report, dated January 5, 2006
- DHS Division of Child Care inspection report, dated March 28, 2006
- DHS Office of Client Advocacy (OCA) reports of incidents for FY-2006
- Facility grievance logs for the past twelve months
- Facility recreation schedule/log for the past year
- Facility fire drill log

## Areas Toured

- Four dormitories: Marland Hall, Maybee Hall, McFadden Hall, and Sarkeys Hall
- Kitchen and dining room areas
- Food pantry
- Gymnasium

## **Overview**

### Resident Interviews

The OJSO interviewed eleven residents; one additional resident declined to be interviewed. Three residents were selected from each unit, representing a sample population from all four units at the facility. The interview questions pertained to the residents' perceptions of safety, facility program services, the rights of residents, discipline practices, and other residential issues. The OJSO noted:

- Five interviewees said the food tasted bad.
- Four reported that staff members used excessive force with the intent to harm during restraints with residents. The OJSO verified the facility had reported the incidents to the DHS OCA.
- Two stated that staff members showed favoritism toward some of the residents.
- Five indicated that some staff members used derogatory language when speaking to the residents.
- Five reported that the grievance system did not work and that residents were not informed of the resolutions to their grievances.
- Seven said that when they received a major rule violation, they were made to sit in a chair in the living room for ten hours. Three of the seven stated their chair times had lasted for more than one day and up to three days.
- Three stated that the facility did not provide a locked area for the residents to keep their personal belongings safe. The three residents reported that their items were stolen frequently.

### Staff Interviews

Nine staff members were interviewed. The interview questions pertained to the staff members' perceptions of residential program services, the rights of residents, discipline policies, and other residential issues. The interviewees did not report any issues of concern.

### Review of Resident Files

The OJSO reviewed the files on five residents. The review revealed:

- Legal documentation of the custody status of a resident was not present in one file.

- A signature to indicate pertinent facility policies had been explained and provided to the resident was not documented in one file.

The ALCH staff corrected the files and provided the information to the OJSO after the oversight visit.

### Review of Personnel Files

The OJSO reviewed five personnel files. The OJSO noted:

- Documentation indicated behavior intervention training was completed in forty days for one staff member, instead of the required thirty days after hire.
- Comments regarding an employee speaking inappropriately at residents were documented on the employee's annual performance evaluation. This same staff member was named by residents in the OJSO interviews as a staff member who used derogatory words when speaking to the residents.

### Documentation Reviewed

The Oklahoma State Department of Health inspection report dated January 5, 2006, noted violations that had been corrected and were not present during the OJSO oversight.

The DHS Division of Child Care inspection report dated March 28, 2006, noted violations regarding the observational tour. The violations noted in the report were still present during the OJSO visit. The ALCH staff filled out a maintenance request form when the OJSO addressed the maintenance problems with the staff during the observational tour. The OJSO contacted the DHS Division of Child Care after the OJSO visit and informed them of the existing problems. The Division of Child Care staff conducted another visit on August 1, 2006, and the same problems were present as when the Division of Child Care visited in March 2006 and the OJSO visited in July 2006.

The OJSO reviewed the DHS OCA's reports for fiscal year 2006. In the period of July 2005 to June 2006, four referrals of abuse and/or neglect regarding staff members were confirmed by the OCA. The ALCH responded with a written plan of compliance to the areas of concern identified in the OCA report to the DHS Division of Child Care. On the day of the OJSO visit, the ALCH had not implemented the changes previously agreed to in the written plan of compliance but indicated they were working on those issues. The OJSO reported this information to the DHS Division of Child Care for follow-up.

The OJSO reviewed the grievance logs. The filed grievances and grievance resolutions were unorganized and difficult to assess. Five of the eleven residents interviewed stated that the grievance system did not operate effectively and that the residents were not informed of the resolutions to their grievances. The OJSO was advised during the

visit that the ALCH was changing grievance coordinators. The OJSO will re-examine the organization of the grievance records on the next visit.

### Observational Tour

The OJSO conducted a tour of the facility to assess compliance with standards related to safety, security, quality of life, and other items. The OJSO noted:

#### *Kitchen*

- The thermometer in one refrigerator registered at 45 degrees. The cook stated that the door had just been opened for the removal of items, causing the temperature to register at a lower degree.
- Several trash cans did not have lids.
- Uncovered containers of salad dressings and lettuce were left in the salad bar one to two hours after the lunch period.

#### *Marland Hall*

- Curtain rings needed replaced on the shower rod in the bathroom of one room.
- Windows needed window treatments in two rooms.
- A light needed a fixture cover in one room.
- The exit sign in the hall was not lighted.
- The hall needed painting.
- The dayroom rug was stained.
- The light switch at the dormitory's entrance needed an outlet cover.
- The key to the lock on a fire extinguisher case could not be located. Later, the key was found.
- The covers on the majority of the air vents needed cleaning.

#### *Mabee Hall*

- A light needed a fixture cover in one room. In addition, the cover on an air vent was loose and the light bulbs needed to be replaced.
- The exit sign in the hall was not lighted.
- An evacuation plan was not posted on the unit. Later, the plan was posted.
- The television cable was not securely affixed to the wall in the dayroom.
- The covers on the air vents needed cleaning.

#### *McFadden Hall*

- A light switch needed an outlet cover in one room.
- The toilet seat, toilet paper holder, door knob, dresser drawer, vanity handle, mattress, and a ventilation cover needed to be replaced or repaired in one room.
- Tiles missing on the living room floor needed to be replaced. The rug in the room was stained.

- A hole in the wall of the study needed repair.
- A resident had not received prescribed medications on July 7, 2006 (according to the unit's medication log).
- An odor of cigarette smoke smelled strongly in one room.
- The covers on the air vents needed cleaning.

### *Sarkeys Hall*

- Doors needed to be replaced or repaired in several resident rooms.
- A door knob was needed on the closet door of one room.
- A bed frame needed to be replaced in one room.
- The baseboard around the bottom of the walls needed repair in one room.
- The covers on the air vents were rusted in several rooms.
- Holes in the walls needed repair in several rooms.
- An odor of cigarette smoke smelled strongly in one room.
- A kitchen trash can did not have a lid.
- The carpet in the living room was stained.
- A light switch needed an outlet cover in one room.
- The covers on the air vents needed cleaning.

### **Summary**

The concerns listed below were discussed with the Executive Director and the Program Director in the exit conference. At the next OJSO visit, the OJSO will reexamine the concerns.

- Findings from the observational tour.
- Lack of organization of the grievance logs.
- Residents reported some staff members used derogatory language when speaking to the residents.
- Residents indicated the grievance system did not operate effectively and that residents were not notified of the resolutions to their grievances.
- Residents indicated that when they received major rule violations, they were to sit in a chair in the living room for ten hours. Some residents indicated they sat in the chair for more than one day and up to three days.

The ALCH policy states that when a resident receives a major restriction for actions such as fighting or going absent without leave (AWOL), the resident must complete ten hours of a Level 5. According to facility policy, a Level 5 is defined as "you are restricted to the living room of your dorm." However, the residents were restricted to chairs in the living room. The OJSO referred this concern to the DHS Division of Child Care.

- Residents stated that the facility did not provide locked areas for the residents to keep their personal belongings and that their personal items were taken frequently from their rooms by others.

- The residents frequently reported a staff member's use of inappropriate language when speaking to residents.
- The most recent DHS Division of Child Care's inspection report noted violations regarding the facility observational tour. The violations noted in the Division of Child Care's report were still present during the OJSO visit.
- The review of the DHS OCA reports noted that the written plan of compliance to the DHS Division of Child Care had not been completed.

## Findings

1. A direct care staff member had not completed behavioral intervention training within thirty days of hire. Department of Human Services licensing standards, Section 153.1, Personnel, (m), Staff training, (5), Behavioral intervention techniques, states, "Within 30 days of employment, all child care staff and those support staff who occasionally provide instruction or training to residents complete training in behavioral intervention techniques . . . ."
2. Kitchen garbage cans did not have lids. Department of Human Services licensing standards, Section 163, Health regulations, (11), Garbage and rubbish disposal, in part, states, "Prior to disposal, all garbage and rubbish containing food wastes . . . are kept in leak-proof, non-absorbent containers and covered with tight-fitting lids when filled, stored, or not in continuous use."
3. Uncovered food was left out in the salad bar one to two hours after a meal. Department of Human Services licensing standards, Section 164, Food service and sanitation requirements, (4), Food protection, (D), states, "Foods are covered and protected from contamination while being stored, prepared, displayed, or transported. All perishable foods, including fruits and vegetables, are stored at temperatures that protect against spoilage."
4. Bathroom and dormitory furnishings needed to be replaced or repaired; lights needed fixture covers and light switches needed outlet covers; floor rugs and carpets needed cleaning; and floor tiles, a ventilation cover, and doors needed to be replaced. Department of Human Services licensing standards, Section 157, Physical facility and equipment, (k), Furnishings and décor, (3), states, "Broken, defective, or recalled furnishings and equipment are repaired or replaced." In addition, Section 157, (j), Sanitation and safety, (7), and Section 163, Health regulations, (1), Building, (C), states, "Floors, walls, ceilings, doors, and windows are maintained in good condition. Floors are cleanable and in good repair."
5. Window treatments were not on all of the windows in the resident rooms. Department of Human Services licensing standards, Section 157, Physical facility and equipment, (k), Furnishings and décor, (2), states, "Every bedroom and bathroom window is equipped with window treatments for privacy."
6. Exit signs were not lighted. Department of Human Services licensing standards, Section 165, Construction and fire safety, (4), Exits, (C), states, "Means of exit are adequately lighted by natural or electric light at all times to permit safe evacuation of occupants."

7. A hall needed painting and the walls in rooms had holes. Department of Human Services licensing standards, Section 163, Health regulations, (1), Building, (A), states, "Exterior and interior surfaces are maintained in sound condition, free of holes, peeling paper, and paint."
8. The key to the lock on a fire extinguisher case was not readily available. Department of Human Services licensing standards, Section 165, Construction and fire safety, (3), Administration, (A), Fire protection plan, (ii), states, "The facility has a written fire protection plan for all persons in the event of fire and evacuation from the building. The plan is the basis of regular fire drills and procedures followed under all specific types of emergencies. Each employee is familiar with locations and use of portable fire extinguishers."
9. Light bulbs needed to be replaced. Department of Human Services licensing standards, Section 157, Physical facility and equipment, (j), Sanitation and safety, (9), states, "All areas used by residents are well-lighted."
10. An evacuation plan was not posted on a unit. Department of Human Services licensing standards, Section 165, Construction and fire safety, (3), Administration, (B), states, "Evacuation plans are posted in prominent locations on all floors in each building."
11. A television cable was not affixed securely to the wall. Department of Human Services licensing standards, Section 165, Construction and fire safety, (2), Minimum construction requirements, (C), states, "Facilities meet . . . electrical codes."
12. Documentation indicated prescribed medications were not administered to a resident. Department of Human Services licensing standards, Section 154.3, Health and medical services, (e), Medication, (1), states, "The facility has current, written medication policy. On each shift, a staff member is designated to ensure compliance with the facility's medication policy."
13. The covers on the air vents needed cleaning. Department of Human Services licensing standards, Section 157, Physical facility and equipment, (j), Sanitation and safety, states, "All habitable and non-habitable areas are maintained in a clean and sanitary condition, free of litter and hazards."

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