

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

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**Name of Facility:** Cherokee Nation Youth Services

**Date of Visit:** March 14, 2006

**Oversight Team:** Tina Pendergraft and Sara Vincent-Spain, Oversight Specialists

**Focus of Visit:** Announced Visit

**Date:** July 24, 2006

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**General Information**

The Office of Juvenile System Oversight (OJSO) conducted an announced visit on March 14, 2006, to the Cherokee Nation emergency children's shelter in Tahlequah, Oklahoma. The purpose of the visit was to assess compliance with established responsibilities and facility policy and procedures. The facility is licensed for twelve residents by the Division of Child Care of the Department of Human Services (DHS). On the day of the OJSO visit, the census was seven.

Persons Interviewed

- Entry interview and an exit conference with the Associate Director and Shelter Manager
- Two staff members
- Four residents

Documents Reviewed

- Five staff files
- Files on five residents
- DHS Office of Client Advocacy's quarterly referral report, dated March 1, 2006
- Oklahoma State Department of Health's inspection report of October 2005
- Office of the Oklahoma State Fire Marshal's inspection report, dated September 21, 2005
- DHS Division of Child Care's inspection report, dated December 6, 2005
- Cherokee Nation Environmental Health Services' inspection report, dated February 16, 2006
- OJA Office of Public Integrity's monitoring report, dated March 20, 2002
- Oklahoma Association of Youth Services' peer review/agency certification report, dated June 2, 2005

## Areas Toured

- Three resident rooms for male children
- Three resident rooms for female children
- Three bathrooms
- Food preparation area
- Common room
- Laundry room
- Pantry
- Play area

## **Overview**

### Staff Interviews

The two staff members interviewed indicated:

- Morale among staff was high.
- Staff training on cultures and behavioral management would assist staff in understanding different cultures and intervening in residents' acting-out behaviors.
- Additional outside and off-campus activities were suggested.

The OJSO did not note any areas of concern from the staff interviews.

### Resident Interviews

The OJSO interviewed four of the seven residents. The OJSO noted:

- All four stated that concerns could be voiced to staff members.
- All stated that more activities and better movies were needed.

### Review of Staff Files

Five staff files were reviewed. The OJSO noted:

- All five lacked documentation that the employees had received behavioral intervention training within thirty days of hire.
- One file lacked documentation that the employee had received required annual training.
- Two staff members were not current on cardiopulmonary resuscitation (CPR) and first aid training.
- One file lacked verification of CPR and first aid training for the employee.

### Review of Resident Files

The OJSO reviewed the files on five residents. The OJSO noted three files did not contain current immunization records.

## Observational Tour

A tour of the facility was conducted: The OJSO observed:

- A window valance needed replaced in one of the resident rooms for female children.
- Window valances were needed in the three resident rooms for male children.

## **Summary**

The staff interviewed stated that at least two staff members were on-duty at all times. Residents stated they felt safe at the facility, and most made positive comments regarding the staff. The Associate Director advised the OJSO that the two staff members who were not current on CPR and first aid training were scheduled for classes on March 31, 2006. In addition, the Associate Director stated that the staff member whose file did not contain verification of CPR and first aid training was current on the training. On July 14, 2006, the Shelter Manager facsimiled the OJSO verification of CPR and first aid training for the three staff members.

## **Findings**

1. Resident rooms lacked window treatments or the window treatment needed replaced, as noted. Department of Human Services licensing standards, Section 157, Physical facility and equipment, (k), Furnishings and décor, (2), states, "Every bedroom . . . is equipped with window treatments for privacy." At the same cite, paragraph (3) states, "Broken, defective, or recalled furnishings and equipment are repaired or replaced."
2. Documentation did not indicate staff had received required annual training. Department of Human Services licensing standards, Section 153.1, Personnel, (m), Staff training, (3), Training for child care staff, (A), in part, states, "Full-time child care staff obtain a minimum of 24 clock hours per calendar year of staff development courses."
3. Documentation did not indicate staff had received 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 . . . ."
4. Three files on residents lacked immunization records. Department of Human Services licensing standards, Section 154.3, Health and medical services, (d), Immunizations, states, "Each resident is immunized against communicable diseases in accordance with the rules and regulations of the State Department of Health."

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