

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

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**Name and Location of Facility:** L. E. Rader Center  
Sand Springs, Oklahoma

**Dates of Visit:** December 5, 6, and 7, 2006

**Oversight Reviewers:** Ellen Harwell, April Simmons, and Sara Vincent-Spain, Oversight Specialists, and Mark James, PARB Coordinator

**Focus of Visit:** Biannual Visit for 2006

**Date:** March 27, 2007

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### **General Information**

The Office of Juvenile System Oversight (OJSO) began a routine, unannounced visit on December 5, 2006, at the L. E. Rader Center and returned on December 6, and 7, 2006, to complete the visit. The Rader Center receives juveniles adjudicated Delinquent and provides services through the facility's Residential Treatment Program (RTP), the Intensive Treatment Program (ITP), the Mental Health Stabilization Unit, and the Behavioral Management Unit. The focus of the OJSO visit was to assess compliance with established responsibilities and facility policy and procedures.

### **Persons Interviewed**

- Entry interview and an exit conference with administrative staff members
- Twenty-eight residents
- Twelve staff members

### **Documentation Reviewed**

- Five staff files
- Files on five residents
- Facility policy and procedures
- Office of Juvenile Affairs Rules
- American Correctional Association (ACA) Standards
- Most recent inspection reports by the Oklahoma State Department of Health, the Division of Child Care of the Department of Human Services (DHS), and the Office of the Oklahoma State Fire Marshal
- DHS Office of Client Advocacy confirmations of caretaker misconduct, abuse, and neglect

## Areas Toured

- Entire facility

## **Overview**

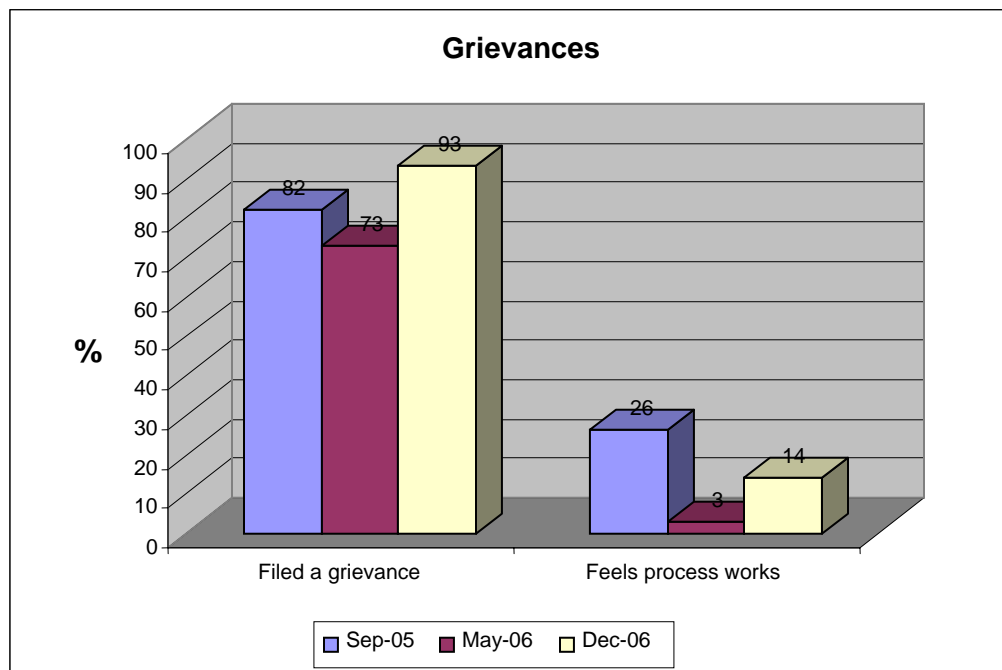
### Resident Interviews

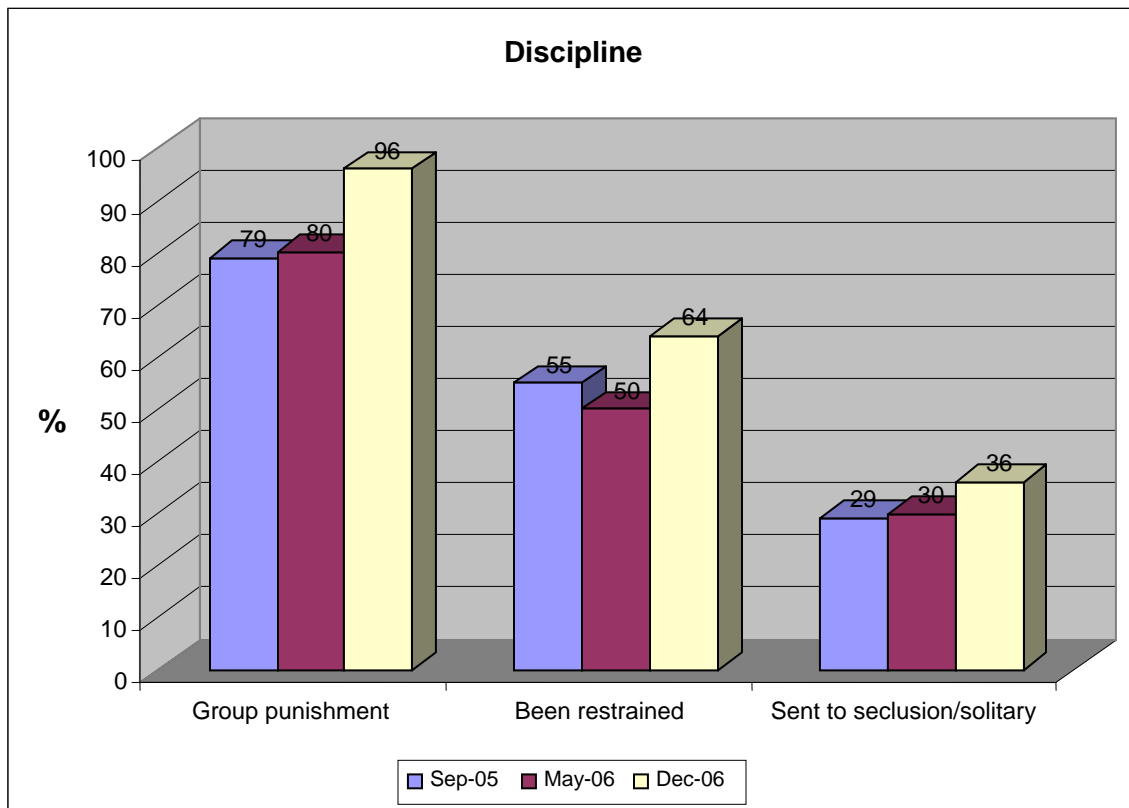
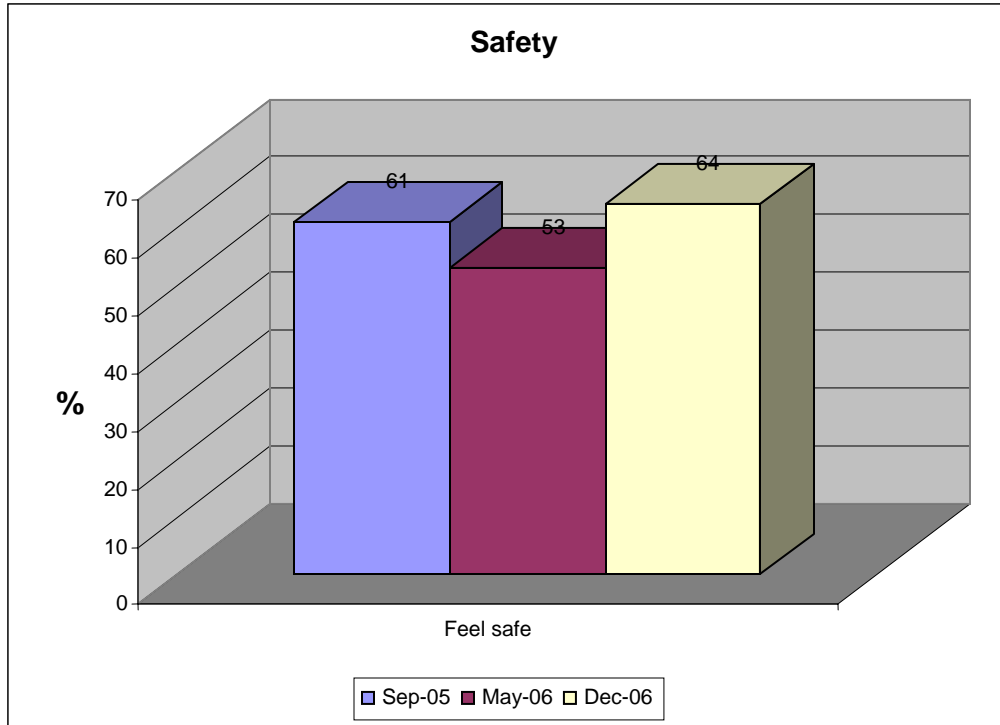
The OJSO interviewed twenty-eight residents to assess their perceptions of safety, program services, the rights of residents, discipline practices, and other residential issues. The residents were randomly selected. The average age of the residents interviewed was 16.9 as compared to 16.6 during the last oversight visit. Twenty-four of the residents were 16 years of age or older. Tulsa and Oklahoma Counties were the highest reported home counties. Comments from residents included requests for more counseling, more recreation and activities, and more interaction with staff members. When asked what they liked about the staff, residents reported staff members were willing to talk with them and to help them. Five residents reported a prior placement at either Southwest Oklahoma Juvenile Center (SWOJC) and/or Central Oklahoma Juvenile Center (COJC). Comments varied as to which program was preferred by the residents. The OJSO noted:

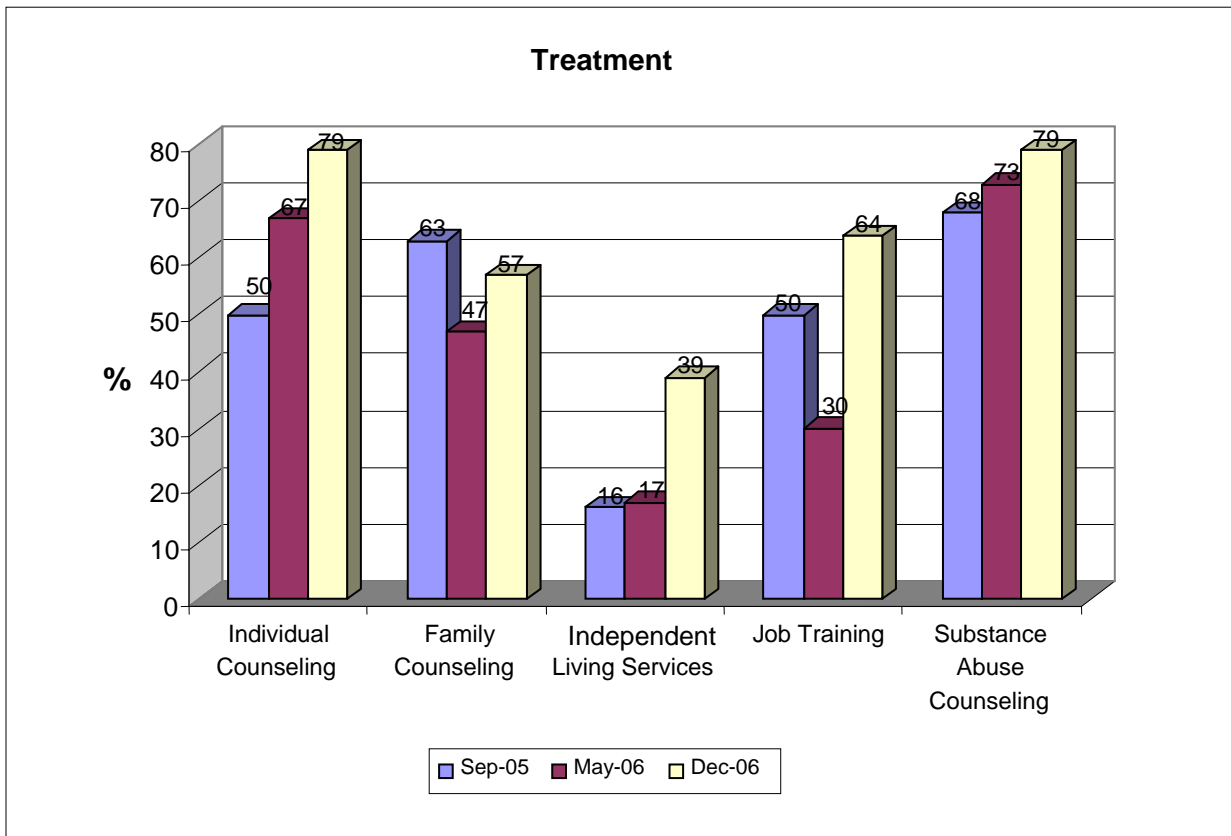
- Ninety-three percent (26 of 28) reported receiving a copy of the Resident's Rights.
- Ninety-three percent (26 of 28) reported that program information and rules were explained to them upon admission.
- Seventy-five percent (21 of 28) reported the teachers were helpful to them.
- Fifty-seven percent (16 of 28) reported they received enough food to eat.
- Fourteen percent (4 of 28) reported that additional servings of food were not available.
- Residents were asked to rate the quality of food on a scale of 1 to 5, with 1 being the worst and 5 the best. Thirty-nine percent (11 of 28) rated the food as 2; thirty-two percent (9 of 28) rated the food as 3; and fourteen percent (4 of 28) rated the food as 1.
- Ninety-six percent (27 of 28) reported the use of group punishment.
- Thirty-six percent (10 of 28) reported having been placed in seclusion/solitary confinement.
- Sixty-four percent (18 of 28) reported having been physically restrained.
- Seventy-nine percent (22 of 28) reported receiving individual counseling.
- Fifty-seven percent (16 of 28) reported receiving family counseling.
- Seventy-nine percent (22 of 28) reported receiving substance abuse treatment.
- Thirty-nine percent (11 of 28) reported receiving independent living services. Eighty-six percent (24 of 28) were 16 years of age or older.
- Sixty-four percent (18 of 28) reported receiving job training.
- Ninety-three percent (26 of 28) reported having filed a grievance.
- Fourteen percent (4 of 28) stated the grievance process worked.
- Fifty-seven percent (16 of 28) reported having been physically assaulted by other residents.

- Thirty-two percent (9 of 28) reported having been physically assaulted by staff members.
- Seven percent (2 of 28) reported having been sexually assaulted by other residents.
- Sixty-four percent (18 of 28) reported feeling safe at the facility. One resident reported staff support as the reason for feeling safe. Other resident comments regarding the improvement of safety at the facility included: Additional staff on the units, staff that will listen to residents, reliable security and cameras, and security on each unit.

The following graphs show the differences in residents' reports for the oversight visits in September 2005, May 2006, and December 2006.







### Staff Interviews

Twelve staff members were interviewed. The interview questions pertained to staff members' perceptions of program services, the rights of residents, discipline policies, and other residential issues. Eight staff members reported having received a high school diploma; four reported having received an advanced degree. Comments from staff included need for more recreation, additional groups, more treatment, safer rooms, additional groups after school, and for staff to be stricter regarding rules.

The OJSO noted:

- Eighty-three percent (10 of 12) reported having been involved in a restraint.
- Fifty-eight percent (7 of 12) reported having been injured in a restraint.
- Seventy-five percent (9 of 12) reported seeing a staff member injured during a restraint.
- Fifty-eight percent (7 of 12) reported seeing a resident injured during a restraint.
- Thirty-three percent (4 of 12) reported they received enough information about the residents in their care.

- Ninety-two percent (11 of 12) reported that residents were not allowed additional servings of food.
- Seventy-five percent (9 of 12) reported a group of residents could not be punished for the actions of a few.
- Fifty-eight percent (7 of 12) believed their input was valued by administrative staff.
- When asked about morale of staff, the two most frequent ratings were low and medium: Fifty-eight percent (7 of 12) rated the morale of staff as low, and twenty-five percent (3 of 12) rated the morale of staff as medium.

### Review of Resident Files

The OJSO reviewed the files on four residents. The OJSO noted:

- One file lacked a comprehensive treatment plan and any treatment plan reviews. The juvenile had resided at the facility for more than seven months.
- One file lacked documentation of drug and alcohol group progress notes since August 31, 2006. The OJSO spoke to the Administrator of Programs (AOP) for the RTP. A new policy had already been implemented that required drug and alcohol group progress notes to be completed weekly and submitted to the AOP by the tenth of every month.
- One file did not contain treatment plan reviews for October and November 2006.

### Review of Staff Files

Five staff files were reviewed. The OJSO noted:

- Two files lacked documentation of cardiopulmonary resuscitation (CPR) certification.
- One file did not document completion of required training hours for 2005.

### Review of Grievances

The OJSO reviewed the grievance logs for September, October, and November 2006. The OJSO noted:

- In September, residents filed ninety grievances. Seventy-nine percent (71 of 90) failed to meet the three- or five-day timeframe for resolution.
- In October, residents filed ninety-three grievances. Fifty-nine percent (55 of 93) failed to meet the three- or five-day timeframe for resolution.
- In November, residents filed ninety-three grievances. Seventy percent (65 of 93) failed to meet the three- or five-day timeframe for resolution.

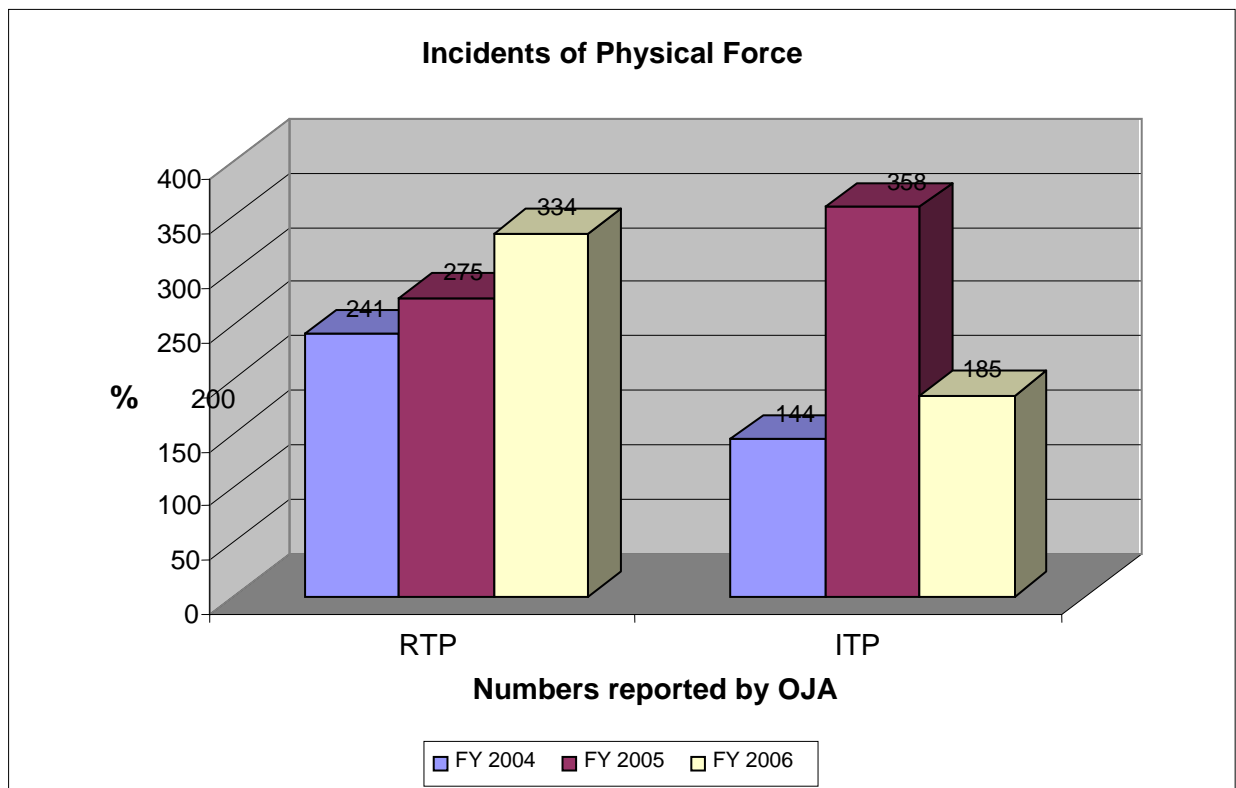
### Observational Tour

The OJSO conducted a tour of the facility. Facility tour violations were cited at the time of the visit and a response was received from the facility. (Attached).

## Summary

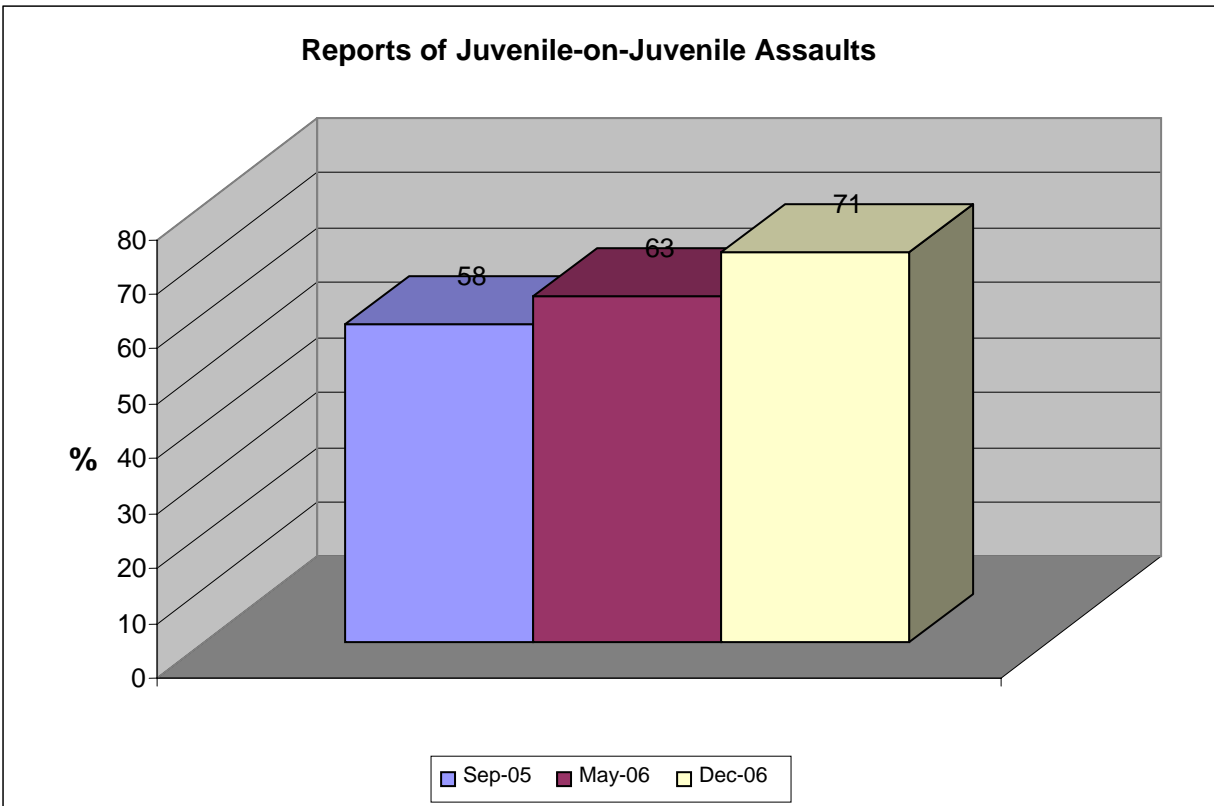
Although treatment services appear to have increased over the past three oversight visits, reports of services received did not reach eighty percent or more. A high number of residents reported filing grievances; yet, a low number of residents believed the process worked. Over the span of the past three visits, the graph regarding discipline shows an increased number of residents reporting they were physically restrained, were sent to seclusion/solitary confinement, and were subjected to group punishment.

The number of resident restraints over the past three fiscal years (see OJA graph below) showed an increase in the use of physical force among RTP residents.



The L. E. Rader Center continued to experience severe maintenance issues as evidenced by the lengthy report of physical plant violations (see attached). Both the DHS Division of Child Care and the OJSO have cited the facility for physical plant violations. The facility, however, has been unable to reach the point of preventative maintenance, due to the facility's constant need of repair.

The number of juveniles reporting physical assaults by peers has increased over the past three visits. As the OJSO entered resident dorms, two or three residents could be found in each other's rooms (which is not permitted by policy).



Observance of contraband in resident rooms was documented on the OJSO Facility Inspection Form. While conducting the facility inspection portion of oversight visits, the OJSO frequently found contraband. During the December 2006 visit, residents were observed to be eating food in their rooms (which is not permitted by policy).

## Findings

1. The file on one resident did not contain a final treatment plan or treatment plan reviews. The juvenile had resided at the facility for more than seven months. Department of Human Services licensing standards, Section 154, Social services, (b), Service planning, (1), Comprehensive service plan, states, "A written service plan is developed and documented for each resident within 30 days of admission." L.E. Rader policy, Procedure Number RC50200.02, III, Treatment Plan Review, in part, states, "The status review of each juvenile occurs every month and is documented on the Treatment Plan Review. Progress or changes in the juvenile's program will be reviewed in the Unit Treatment Team every thirty days, and the Psychological Clinician will compile that information for monthly Treatment Plan Reviews."

2. Treatment plan reviews for October and November 2006 were not contained in one resident file. L. E. Rader policy, Procedure number RC50200.02, III, Treatment Plan Review, in part, states, "The status review of each juvenile occurs every month and is documented on the Treatment Plan Review. Progress or changes in the juvenile's program will be reviewed in the Unit Treatment Team every thirty days, and the Psychological Clinician will compile that information for monthly Treatment Plan Reviews."
3. Two personnel files lacked documentation of current CPR certification. Department of Human Services licensing standards, Section 153.1, Personnel, (m), Staff training, (3), Training for child care staff, (E) states, "Within 90 days of employment, all child care staff complete training in first aid and cardiopulmonary resuscitation (CPR), including infant and child, if appropriate. Child care staff maintain current training in CPR and first aid thereafter."
4. One personnel file did not contain documentation of completion of the training requirements in 2005. 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."
5. Sixteen of seventeen grievances appealed to the superintendent during September, October, and November 2006 did not meet the five-day timeframe for resolution. Office of Juvenile Affairs Rules, OAC 377: 3-1-28, General grievance procedure, (a), Informal grievances, (6), states, "The supervisor shall have five days from receipt of the grievance to resolve the grievance."

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