

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

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**Name of Facility:** L. E. Rader Center  
**Date of Visit:** September 20 – 22, 2005  
**Reviewers:** Ellen Harwell, Tina Pendergraft, and Kevin Rodgers  
**Subject:** Unannounced Visit, 2005  
**Date:** May 30, 2005

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**General Information**

The Office of Juvenile System Oversight (OJSO) conducted a routine unannounced visit of the L.E. Rader Center on September 20-22, 2005. The focus of the visit was to assess compliance with established responsibilities and facility policy and procedures.

Interviews Conducted

- Thirty-eight juveniles
- Eleven staff

Documentation Reviewed

- 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, and the Office of the Oklahoma State Fire Marshal
- Nine Juvenile Files
- Three Staff Files

Areas Toured

- Entire facility

## Resident Interviews

Thirty- eight residents were interviewed and indicated the following:

- Twenty-nine percent (11 of 38) of residents reported they did not receive a copy of resident rights.
- Thirty-nine percent (15 of 38) of residents reported that program information and rules were not explained to them upon admission.
- Seventy-six (29 of 38) of residents reported the teachers are helpful to them.
- Fifty-three percent (20 of 38) of residents reported they get enough to eat.
- Seventy-nine percent (30 of 38) of residents reported additional helpings are not allowed.
- Seventy-nine percent (30 of 38) of residents reported the use of group punishment.
- Fifty-five percent (21 of 38) of residents reported having been physically restrained.
- Fifty percent (19 of 38) of residents reported receiving individual counseling.
- Eighty-two percent (31 of 38) of residents reported they did not receive independent living services.
- Twenty-six percent (10 of 38) of residents reported the grievance process works.
- Forty-five percent (17 of 38) of residents reported the staff using curse words when addressing them.
- Sixty-six percent (25 of 38) of residents reported witnessing staff cursing when addressing other residents.
- Fifty-eight percent (22 of 38) of residents reported being assaulted by other residents.
- Twenty-one percent (8 of 38) of residents reported being assaulted by staff members.
- Sixty-one percent (23 of 38) of residents reported they feel safe.

## Staff Interviews

Despite a reported high rate of staff turnover, all staff members interviewed had been employed by the facility for at least 7 months. Only one staff member had been hired in 2005. Five staff members had been employed prior to 2000. Six staff members reported no prior experience in working with juveniles. Staff members reported high levels of stress due to a severe staff shortage and residents reported staff getting angry, cursing, and being inconsistent.

Eleven staff members were interviewed and reported the following:

- Two staff members reported CCMS recertification being overdue, expired first aid, and CPR. Lack of compliance with mandatory training was confirmed by the Training Specialist.
- Six staff members reported being injured during a restraint.
- Nine staff members reported seeing another staff member injured during a restraint.
- Three staff members felt their input was valued by administrative staff.

## Resident Files

Nine resident files were reviewed and the following issues were noted:

- Two resident files lacked documentation of receipt of the Resident Handbook.
- Three resident files lacked documentation of receipt of the Resident Handbook by the parent/custodian.
- One resident file did not contain the Initial Treatment Plan.
- The Final Treatment Plans for two juveniles were not signed by the parent/custodian nor was the reason for lack of participation documented.
- Treatment Plan Reviews for four juveniles did not document parent or guardian participation or the reason for the lack of participation nor were the reviews signed by the parent/guardian.
- Three resident files did not contain a Treatment Plan Review for August 2005

## Staff Files

Three staff files were reviewed and the following issues were noted:

- One personnel file contained documentation of two of the required 3 references necessary prior to employment.

## Observational Tour

The OJSO toured the entire facility in conjunction with DHS licensing. DHS licensing issued a plan of correction.

## **Summary**

Staff members reported frustration over the lack of consistency between the units, negative effects of a staff shortage, lack of training, and a sense that the juveniles were in control. Concerns regarding the quality of food were expressed by both residents and staff. The majority of the youth interviewed rated the food below average. Only six residents reported receiving independent living skills.

## **Findings**

1. Seventy-nine percent of juveniles and ninety-one percent of staff interviewed stated additional servings of food were not made available. The Department of Human Services licensing standard 154.4, (b), (2), states, "Each meal contains a sufficient amount of food for every resident and additional servings are available and permitted."
2. Two resident files lacked documentation of receipt of the Resident Handbook. Three resident files lacked documentation of the Resident Handbook by the parent/custodian. The Department of Human Services licensing standard 154, (e), (1), (J) regarding content of juvenile records states, "signed documentation that the

resident and parents or custodian have been provided written copies of the facility's policies on resident's rights, grievance procedures, behavior management policies, trips away from the facility, use of volunteers and frequency of reports to the parent or custodian." L.E. Rader Center procedure number RC50100.01 (II), (S) states, "The juvenile will be introduced to the rules and regulations of the unit as well as receiving the Juvenile Handbook and having the handbook reviewed with them by designated staff."

3. One resident file lacked documentation of the Initial Treatment Plan. L.E. Rader Center procedure number RC50200.02 (I) states, "An initial treatment plan will be completed by the Psychological Clinician through an interview with the juvenile and a review of any available information within one week of admission."
4. The Final Treatment Plans for two juveniles were not signed by the parent and/or custodian with no reason documented for the lack of participation. The Department of Human Services licensing standard 154, (b), (1), (A) states, "The facility involves the resident and parents or custodian in the development of the service plan. If the parents or custodian do not participate in the development of the service plan, the reason for non-participation is documented in the service plan." The Department of Human Services licensing standard 154, (b), (1), (B), (vi), states the service plan contains "the names and signatures, with the date, of those participating in developing the service plan."
5. Treatment Plan Reviews for four juveniles did not document parent or guardian participation or the reason for the lack of participation nor were they signed by the parent or custodian. Treatment plan reviews were not signed by the custodian or guardian. The Department of Human Services licensing standard 154, (2), (B) states, "The facility involves the resident and parents or custodian in the service plan review. If the parents or custodian do not participate in the service plan review the reason for non-participation is documented in the service plan." The Department of Human Services licensing standard 154, (2), (C), (v) states the service plan review contains "the names, signatures, with the date, of those participating in the review."
6. In three juvenile files, the OJSO could not locate a Treatment Plan review for August 2005. L.E. Rader Center procedure Rc50200.02 (III) states, "The status of each juvenile occurs every month and is documented on the Treat Plan Review."
7. One personnel file contained documentation of two of the three references required prior to employment. The Department of Human Services licensing standard 153.1, (g), (1) states, "The facility obtains a minimum of three references for all staff prior to employment."

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