

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

---

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

**Dates of Visit:** October 13, 14, 15, and 16, 2008

**Oversight Reviewers:** Cliff Aldridge, Oversight Specialist IV; Jack Chapman, Assistant Director, Oklahoma Commission on Children and Youth; and Harold Jergenson and Anthony Kibble, Oversight Specialists

**Report Prepared by:** Cliff Aldridge

**Focus of Visit:** Second Biannual Visit and Complaint Investigation, 2008

**Date:** March 23, 2009

---

### **Introduction**

The Office of Juvenile System Oversight (OJSO) of the Oklahoma Commission on Children and Youth (OCCY) initiated an unannounced visit on October 13, 2008, at the L. E. Rader Center (LERC) located in Sand Springs, Oklahoma. The oversight visit resumed on October 14 and October 15, and the visit was completed on October 16, 2008. The purpose of the visit was to assess compliance with established responsibilities and facility policy and procedures and to investigate a complaint alleging a resident had not received medications as prescribed. The facility is a secure rehabilitation program for male juveniles adjudicated Delinquent or Youthful Offender who are in the custody of the Office of Juvenile Affairs (OJA). The LERC is operated by the OJA and is licensed by the division of Oklahoma Child Care Services of the Oklahoma Department of Human Services (OKDHS).

Programs of the LERC were: Residential Treatment Program (RTP), Intensive Treatment Program (ITP), Special Care Unit (SCU), and Behavioral Management Unit (BMU). The oversight visit consisted of staff interviews, juvenile resident interviews, and documentation reviews. The licensed capacity of the facility was 215; the census on the first day of the visit was 148.

Cliff Aldridge, oversight specialist, was the team leader. Jack Chapman, assistant director of the OCCY, assisted the team on the first day of the visit. Harold Jergenson, oversight specialist, was a member of the team for the first three days of the visit.

Anthony Kibble, oversight specialist, joined the team for the second and third days of the visit. Mr. Aldridge concluded the visit on the final day of the oversight.

Upon arrival at the facility for the unannounced visit, the OJSO learned that a three-day reaccreditation audit by the American Correctional Association (ACA) was about to begin. The OJSO observed the entry conference at the invitation of the superintendent. Subsequently, the OJSO team also observed the ACA exit conference on the final day of the ACA audit. Due to the presence of the ACA audit team at the facility at the same time as the unannounced oversight visit, the OJSO focused primarily on interviews with the residents and staff as a courtesy to the facility and out of respect for the ACA accreditation team.

### **Interviews Conducted**

- Entry conference with the Institutional Superintendent on each of the first three days of the visit
- Thirty-three residents
- Eleven direct care staff members
- Exit conference with the Institutional Superintendent and a Youth Guidance Specialist IV

### **Meetings Observed**

- ACA accreditation audit entry conference
- ACA accreditation audit exit conference

### **Documents Reviewed**

- Facility population report for October 9, 2008
- Facility cafeteria menu for October 12 through October 25, 2008
- Facility shift assignments for October 10 through October 16, 2008
- One resident case record
- Office of the Oklahoma State Fire Marshal report of February 19, 2008
- OKDHS OCCS inspection report dated August 11, 2008.
- Tulsa City-County Health Department Food Inspection report of January 30, 2008

### **Areas Toured**

- Kitchen
- Cafeteria dining room during a noon meal

## Findings

### Resident Interviews

The OJSO interviewed thirty-three LERC residents. The sample included residents from each of the occupied residential units. The interview questions were relative to their perceptions of safety, quality of life, program services, discipline, resident rights, and treatment. The residents were advised of the confidential and voluntary nature of the interview; one resident declined to be interviewed.

- Thirty-two interviewees reported receiving a resident handbook at admission; twenty-five of these interviewees said that the information had been explained to them.
- All of the residents interviewed reported having been placed in other facilities.
- A large majority of the interviewees said that they had regular outdoor exercise; four interviewees reported never being allowed to go outside or only getting to go outside once a week.
- Twenty-four interviewees said that they received sufficient hygiene supplies; the remaining nine interviewees said that they did not receive hygiene supplies and that the state-issued products were of poor quality or that refills were difficult to obtain when needed.
- Twenty-one interviewees said that they received a sufficient amount of food, and seven interviewees said that they did not receive a sufficient amount of food. Seven interviewees, including some of those who said either “yes” or “no” when asked if they received a sufficient amount of food, said they sometimes received enough food.
- Ten interviewees said that they were allowed additional servings of food; although, more than half of the interviewees said they were allowed extra fruit.
- Twenty-one interviewees said they were not allowed additional servings of salad or vegetables.
- On a five-point scale, with 1 as “very poor” and 5 as “excellent”, thirteen interviewees rated the food as 3, nine interviewees rated the food as 2, three interviewees said the food rated 4, three interviewees believed that the food was very poor with a 1 rating, and two interviewees believed that the food was excellent with a 5 rating. Two interviewees rated the food between 2 and 3; another resident rated the food between 3 and 4, stating the rating varied depending on the food served. One of the interviewees who rated the food as 2 said the same menu was repeated every two weeks.
- Thirty-two interviewees said treatment plans had been developed for them; one interviewee said that his treatment plan had not yet been developed.
- Twenty-six interviewees indicated they had participated in the development of their treatment plans.
- All thirty-three interviewees were able to name two or more of their treatment goals.
- Six interviewees said that they received no individual counseling, but others described frequent sessions from one to five times a week. Some said individual counseling was available as needed.

- Each of the thirty-three interviewees reported receiving group counseling services in frequencies varying from one to five times each week.
- All thirty-three interviewees reported being familiar with grievance procedures; however, three interviewees did not provide a description when asked and another three interviewees did not demonstrate an understanding of the grievance process.
- Eleven interviewees believed that the grievance procedure worked, and fifteen interviewees said that the grievance process did not work. The remaining seven interviewees said that the grievance system did or did not work “sometimes”.
- Interviewees were divided in their responses to whether the staff had “cursed” at them or if they had witnessed the staff cursing at other residents. Approximately half of the residents said that the staff did not curse, and the other half said that staff did curse at the residents. Two interviewees said that all of the staff, or all but one staff member, cursed. Several interviewees who said that the staff cursed declined to give the names of the staff members who cursed. Eight individual staff members were named.
- Almost a third of the interviewees said that they had been physically assaulted by other residents; four interviewees said that they had been physically assaulted by staff members. Two interviewees said they had been sexually assaulted by other residents, and one interviewee said he had been sexually “harassed” by a staff member. The interviewees who reported being assaulted also indicated that the incidents had been reported.
- Twenty-six interviewees denied witnessing other residents with contraband. Three interviewees wanted the OJSO to report contraband; however, two of these interviewees failed to provide any details to identify the contraband or the residents, and the remaining resident said “all” of the other residents possessed contraband. (No credible details regarding contraband were provided to the OJSO.)
- Interviewees were asked to rate how safe they felt. The responses from which to select were: Very Frequently, Frequently, Occasionally, Rarely, Very Rarely, and Never. The most common response was Very Frequently by twelve interviewees. Frequently and Occasionally were tied with a score of seven responses. The remaining scores were two for Rarely, one for Very Rarely, and four for Never.
- Interviewees were asked what made them feel safe. The responses from which to select were: Staff, (LERC) Police Officers, Peers, and Their Own Ability (keeping themselves safe). They were permitted to give multiple answers. Twenty-seven interviewees reported Their Own Ability made them feel safe. Other responses were divided almost equally among Staff, Police Officers, and Peers.
- All thirty-three interviewees indicated receiving medical and vision examinations since being placed at LERC. One interviewee reported not having had a dental examination.
- The large majority of the interviewees indicated that at least one or some of the staff were caring, helpful, understanding, or beneficial to the residents in one way or another. Three interviewees did not report anything favorable about the staff.
- When asked what they did not like about the staff, four interviewees did not state any negative comments about the staff. Some negative comments applied to only one or some of the staff members. The negative comments included favoritism, misuse of authority, disrespect, and bad attitudes.

- One resident remarked that sometimes staff members “got stuck” working double shifts and (subsequently) had bad attitudes because relief staff did not show up to work.
- When asked their favorite things about the facility, the residents frequently reported sports/recreation, (music) studio, school, vocational training, the opportunity to work, and their clinical treatment.
- No clear patterns emerged from the resident responses to what they disliked the most about being in the facility. Most of the responses could be roughly grouped into categories, such as early bedtimes, rules, sanitation issues, angry staff, locked up status, separation from family, points/levels system, staff who did not work within residents’ treatment plans, and safety issues.
- Suggestions from the residents on ways to improve the facility were difficult to group into categories. Samples of suggestions included having more activities, better food, more food, cleaning, maintenance, better clothing, more staff, more trades (vocational), and more school credits. Four interviewees offered no recommendations regarding ways to improve the facility.
- Responses to ways in which the residents would make the facility safer were similar to the ways they would improve the facility. Separating the residents adjudicated Youthful Offenders from those adjudicated Delinquent and providing private cells/rooms for each resident were common themes. Other suggestions included getting staff to bond with the residents, adding high-technological cameras with audio to monitor conduct, having security personnel on each unit, choosing staff wisely, and having better food and more staff. Three interviewees had no recommendations to increase safety in the facility.
- Across the gamut of forty-five questions asked of each resident, several of the residents with longer lengths of stay noted improvements in the overall operation of the facility after the assignment of the current superintendent.

### Staff Interviews

The OJSO interviewed eleven direct care staff members. The interview questions pertained to their perceptions of resident rights, discipline policies, and other residential issues.

Overall, the staff members’ responses to the interview questions were unremarkable. The summaries of some of their responses were:

- The staff members interviewed reported receiving mandatory training, with two exceptions. One staff member said that his/her recertification in first aid and cardiopulmonary resuscitation was scheduled to take place before the end of the month. Another staff member said that his/her recertification in a behavioral intervention system was due.
- When asked to list their three most important responsibilities in working with the residents, all eleven staff members interviewed listed safety of the residents as one of their three most important responsibilities in working with the residents.

- Ten staff members interviewed said they used talking or oral de-escalation techniques to calm angry residents. One response involved giving the resident a voluntary ten- to fifteen-minute time-out to calm down. None of the staff members interviewed said they would resort to physical restraint.
- Five staff members interviewed said that the residents were allowed additional servings of food if they desired. Another staff member said that the residents were only allowed additional servings of fruit and milk. Six staff members said that the residents were not permitted additional servings of food. One staff member who said that additional servings were not allowed said that additional servings were allowed when the residents ate on the (residential) unit.
- Nine staff members interviewed believed that the residents got enough to eat; although, one of those nine staff members believed the residents only received sufficient food “sometimes”.
- One staff member interviewed rated the quality of the food as “bad”, and another staff member interviewed rated the food as “good”. The remaining staff members interviewed said the food was “average”, “okay” or “not bad”.
- Ten staff members interviewed believed that the residents were safe in the facility. One staff member said that the residents were safe from staff but not from each other.
- All eleven staff members denied the use of group consequences for misbehavior.
- Ten staff members interviewed said that the residents participated in recreational activities two or more times a day. One staff member interviewed did not respond to the question.
- The staff members interviewed were asked if they felt safe at work. The answers from which to select were Always, Usually, About Half the Time, Seldom, and Never. Nine responses were Always, and the remaining two responses were Usually.
- When responding to the question regarding the best thing about their jobs, all eleven staff members interviewed reported helping the residents or enjoying working with them. One staff member commented that getting a telephone call from an ex-resident who was attending college was the best thing.
- When asked their opinions of the worst thing about their jobs, the answers included low pay, the hours, double work shifts, and staff turnover.
- Nine of the staff members interviewed thought the morale of the residents was medium. One staff member believed that the resident morale was high, and one staff member said that resident morale varied between low, medium, and high.
- Four staff members interviewed said that staff morale was low, and four staff members interviewed said it was medium. One staff member interviewed said staff morale was low to medium, and two staff members said that staff morale was high.

No particular concerns were identified from the staff interviews. Some staff comments tended to support comments from the residents that additional servings of food were not available and were not given.

## File Reviews

One resident case record was reviewed in conjunction with a complaint investigation during the oversight visit. The OJSO noted that signatures on the treatment plan and the treatment plan reviews were not dated to establish compliance with mandatory time frames. Although only one file was reviewed during this visit, the issue was identified in other resident case records during a previous visit.

## Inspection Reports Review

The most recent Office of the Oklahoma State Fire Marshal's inspection report noted that previous deficiencies had been corrected and that the twelve buildings included in the inspection met minimum applicable codes. The Tulsa City-County Health Department Food Inspection report cited five non-critical violations in the main cafeteria to be corrected by the next visit. No violations were found in the canteen or in the LERC food storage area.

The OCCS licensing visit report cited numerous physical plant deficiencies. It should be noted, however, that a considerable amount of maintenance had been accomplished at the facility in preparation for the ACA audit. The personnel files of ten new staff members were reviewed during the licensing visit. The report noted that two personnel files had only one of the required personnel references.

## Observational Tour

The kitchen was toured. The OJSO observed the residents during a meal in the dining room. A walking tour of the LERC was deferred during this visit due to the presence of the ACA audit team; although, numerous areas of the facility were visited by the OJSO team members during the course of the oversight visit. Overall, the facility was clean and appeared to be well-maintained during the time of the visit. No issues of concern were identified from the visit.

## **Violations**

1. In the one resident case record reviewed, signatures on the treatment plan and the treatment plan reviews were not dated to establish compliance with time frames. Without dated signatures, it was impossible to conclude that the time frames for development or reviews of treatment or service plans were met. The LERC treatment plan and the treatment plan reviews did not have date lines for signatures to indicate the dates they were actually signed.

L. E. Rader Center policy, Procedure Number: RC50200.02, I, Initial Treatment Plan, in part, 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."

In the same policy, paragraph II, Final Treatment Plan, states,

A personalized program is designed with multidisciplinary input from the facility for and with each juvenile, and whenever appropriate and feasible, with participation from parents. 3-JTS-5B-05 [ACA standards] Within one week of arrival, the Administrator of Program's Secretary will schedule a Final Treatment Plan Staffing for a date within thirty days of the juvenile's arrival. Notices shall be forwarded to the juvenile's Juvenile Services Unit (JSU) worker, parents/guardians, Psychological Clinician, Juvenile Justice Specialist and Administrator of Programs/Programs Manager, and the Final Treatment Plan Staffing will be held to determine the juvenile's treatment needs and goals. The Psychological Clinician will compile the information into the juvenile's Final Treatment Plan, which shall consist of . . . Psychological Clinician, Administrator of Programs, Consulting Psychologist, JSU worker, juvenile and parent signatures (if available).

ACA standard, 3-JTS-5B-05, cited above in the LERC policy, states, "A personalized program is designed for and with each juvenile that includes measurable criteria of expected behavior and accomplishments and a time schedule for achievement. The program is documented by staff and juvenile signatures."

In addition, OKDHS Licensing Requirements for Residential Child Care Facilities, OAC 340:110-3-154, Social services, (b), Service planning, (1), Comprehensive service plan, (B), (vi), states, "A written service plan is developed and documented for each resident within 30 days of admission. . . .The service plan identifies and includes . . . the names and signatures, with the date, of those participating in developing the service plan."

2. LERC did not document compliance with the licensing requirement that residents are to be provided with additional servings of food, if desired. Some of the residents did not receive sufficient amounts of food, according both to the resident interviews and the staff interviews. A posted two-week menu was reviewed. The menu did not document that second servings were available and were permitted. Precise measured amounts were listed on the menu with no exceptions noted. The confusion on the part of both staff and residents concerning the subject, and also the fact that the facility did not document on the menu that second servings were available and were permitted, indicate that second servings were not general practice.

OKDHS Licensing Requirements for Residential Child Care Facilities, OAC 340:110-3-154.4, Food and nutrition, (b), Frequency and quality of meals, (2), states, "All meals meet the nutritional needs of the residents. . . .Each meal contains a sufficient amount of food for every resident and additional servings are available and permitted. . . ."

## **Summary**

The complaint investigation conducted in conjunction with the oversight visit will be reported separately. The OJSO appreciated the helpfulness of the LERC administration, clinical staff, educational personnel, security staff, and direct care workers for arranging the interviews, providing the necessary materials for review, and escorting team members during the four days of the oversight visit. The LERC administration and staff are commended for successfully completing their ACA recertification audit.

