

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

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**Name and Location of Facility:** Lawton Adventure Program  
Lawton, Oklahoma

**Date of Visit:** February 13, 2007

**Oversight Reviewer:** Dana S. Holden, Oversight Specialist

**Subject:** First Biannual Visit for 2007

**Date:** April 15, 2007

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**General Information**

The Office of Juvenile System Oversight (OJSO) conducted a routine, unannounced visit to the Lawton Adventure Program on February 13, 2007. The Office of Juvenile Affairs (OJA) contracts with Southwestern Oklahoma State University for the operation of the program, which serves OJA-custody males. The purpose of the visit was to assess compliance with established responsibilities. The program was licensed for sixteen residents by the Division of Child Care of the Department of Human Services (DHS). On the day of the visit, the census was thirteen.

Interviews Conducted

- Entry interview and an exit conference with the Program Administrator
- Three residents
- Two residential Juvenile Specialist staff

Documentation Reviewed

- Case records on five residents
- Personnel files of three direct care staff members
- DHS Division of Child Care inspection report, dated November 29, 2006
- Office of the Oklahoma State Fire Marshal inspection report, dated January 22, 2007
- Oklahoma State Department of Health inspection report, dated January 7, 2007

Areas Toured

- Two residential buildings (main house and the annex)

## **Overview**

### Interviews

The OJSO interviewed three residents. The interview questions pertained to the residents' perceptions of safety, program services, the rights of residents, discipline practices, and other residential program issues. Comments included that roaches were observed in the annex. No other concerns were noted from the resident interviews.

Two direct care staff members were interviewed. The interview questions pertained to the staff members' perceptions of program services, the rights of residents, discipline policies, and other residential program issues. The OJSO noted:

- Group punishment was authorized.

No other issues of concern were identified from the staff interviews.

### File Reviews

The OSJO reviewed the files on five residents. The files were well-organized, and the materials were easy to locate. The OJSO noted:

- The ninety-day review of the resident's treatment plan was not contained in one file reviewed.
- Documentation of the resident's educational history was not contained in one file reviewed.

No other issues of concern were noted from the resident file reviews.

The personnel files of three direct care staff members were reviewed. The files were well-organized, and the materials were easy to locate. The OJSO noted:

- Seven of the twenty-four hours of required training in 2006 were documented for one staff member, and seventeen hours of required training in 2006 were documented for another staff member.

No other areas of concern were noted from the staff file reviews.

### Observational Tour

The OJSO conducted a tour of the resident living areas, which were divided between two buildings: the main house and the annex. The OJSO noted:

### *The Main House*

- Equipment that was inoperable and furniture were stored on the front porch.
- The cover on the crawl space around the exterior of the building had large holes.
- The interior of the building was not well-lighted.
- Nails protruded from the wall and a large hole was observed in the closet ceiling of the downstairs bedroom.
- The carpet throughout the building was stained and needed cleaning.
- Exposed nails were observed in a piece of molding that was not securely affixed to the wall in the dayroom.
- A light fixture in the west upstairs bedroom did not have a bulb.
- Holes were observed in the walls of the closet in the west upstairs bedroom.
- The room temperature was cold in the upstairs bedrooms, as the thermostat to the heating unit had been turned off.
- Holes were observed in the wall beneath the kitchen sink.

### *The Annex*

- Holes were observed in the ceiling of the west bedroom.
- A piece of plywood used to cover a large hole in the wall of the west bedroom was not securely affixed to the wall and exposed large nails.
- The wall around the bottom of the shower needed to be grouted.
- A large hole was observed in the wall beneath the bathroom sink.
- The cabinet door beneath the sink in the dayroom bathroom was partially attached.
- Holes were observed in the wall of the closet in the east bedroom.
- A large amount of debris was observed in the older kitchen area.
- The floor linoleum was peeling and needed to be replaced.
- The paneling in the east bedroom was not securely affixed to the wall.
- Holes were observed around the shower fixture in the bathroom of the east bedroom.
- The sink in the east bathroom was not firmly affixed to the wall.

The OJSO conducted two visits in 2006 (April and October) to the Lawton Adventure Program. Both oversight reports noted the same kinds of maintenance issues for the main house and the annex. The OJSO was informed in both visits that the property owner was making renovations. The OJSO reviewed the DHS Division of Child Care inspection report, dated November 29, 2006, and the Oklahoma State Department of Health inspection report, dated January 9, 2007. The DHS report only cited "holes in upstairs closet and holes in the annex wall and closet"; the health department report only noted "evidence of rodent/insect contamination."

### **Exit Conference**

The OJSO discussed with the program administrator the maintenance and housekeeping issues noted from the oversight. The program director reported that the maintenance and housekeeping would be completed within two months.

## Summary

On the day of the OJSO visit, staff demonstrated a desire and willingness to meet the needs of the residents; however, the OJSO has concerns regarding the physical condition of the facility. Staff reported that the main house was 100 years old. The designs of the main house and the annex do not allow for adequate supervision of the residents. The maintenance issues noted from the observational tour have been ongoing for some time. During this oversight visit, the OJSO did not note any evidence of the renovations reported being made by the property owner. The facility does not present as a safe environment for the residents, due to the amount and types of deficiencies noted in this report and previous oversight reports.

## Findings

1. Resident interviewees reported they had observed roaches in the annex. 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 . . . ." In addition, Section 163, Health regulations, (2), Premises, (A), states, "The premises are free of harborage for insects, rodents, and other vermin."
2. Group punishment was authorized. Department of Human Services licensing standards, Section 154.2, Behavior management, (b), Prohibitions, (12), states, "Facility policy prohibits group punishment."
3. The file on one resident did not contain documentation of the juvenile's educational history. Department of Human Services licensing standards, Section 154, Social services, (e), Resident's records, (1), (F), states, "The [resident] record includes educational information."
4. The file on one resident did not contain a ninety-day review of the resident's service plan. Department of Human Services licensing standards, Section 154, Social services, (b), Service planning, (2), Service plan review, (A), states, "The service plan is reviewed within 90 days after it has been developed and at least every six months thereafter."
5. Two personnel files did not document the staff members had completed the required amount of annual training hours. Department of Human Services licensing standards, Section 153.1, Personnel, (m), Staff training, (3), Training for child care staff, (A), states, "Full-time child care staff obtain a minimum of 24 clock hours per calendar year of staff development courses. Hours are prorated at two hours per month for staff who have not been employed for a full year."
6. Equipment and furniture were being stored on the front porch. 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."

7. The material used to cover the crawl space around the foundation of the main house contained large holes. Department of Human Services licensing standards, Section 157, Physical facility and equipment, (j), Sanitation and safety, (8), states, "The exterior foundation, roof, and walls are weather-proofed and maintained in good condition."
8. The interior of the main house was dim. 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."
9. The physical condition of the facility presented as an unsafe environment for the residents: exposed nails, holes in the walls and a ceiling, peeling linoleum, and loose molding and paneling. Department of Human Services licensing standards, Section 157, Physical facility and equipment, (j), Sanitation and safety, (7), states, "Floors, walls, ceilings, doors, and windows are maintained in good condition."
10. The carpet throughout the main house had large stains and needed to be cleaned. Department of Human Services licensing standards, Section 163, Health regulations, (1), Building, (C), states, "Floors are cleanable and in good repair." In addition, Section 157, Physical facility and equipment, (j), Sanitation and safety, states, "All habitable . . . areas are maintained in a clean and sanitary condition . . . ."
11. The room temperature was uncomfortable in the upstairs bedrooms, as the heating unit's thermostat had been switched to off. Department of Human Services licensing standards, Section, 157, Physical facility and equipment, (j), Sanitation and safety, (5), states, "All rooms used by residents are maintained at an indoor temperature between 65 and 85 degrees Fahrenheit."
12. The wall beneath the sink in the kitchen contained holes. Department of Human Services licensing standards, Section 164, Food service and sanitation requirements, (14), Food preparation and service areas, (B), Walls and ceilings, states, "Walls and ceilings, in areas in which food is prepared or utensils or hands are washed, are kept in good repair . . . ."

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