

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

Name and Location of Facility: Northern Oklahoma Youth Services
Emergency Youth Shelter
Ponca City, Oklahoma

Date of Visit: December 20, 2006

Oversight Reviewer: Dana S. Holden, Oversight Specialist

Focus of Visit: Announced Visit

Date: March 21, 2007

General Information

The Office of Juvenile System Oversight (OJSO) conducted an announced visit on December 20, 2006, at the Northern Oklahoma Youth Services' emergency children's shelter, located in Ponca City, Oklahoma. The purpose of the visit was to assess compliance with established responsibilities and facility policy and procedures. At the time of the OJSO visit, the census was four.

Persons Interviewed

- Entry interview with the administrative assistant
- Counselor
- Two child care workers
- Two residents
- Exit conference via the telephone with the facility director

Documents Reviewed

- Three personnel files
- Files on four residents
- Contract with the Office of Juvenile Affairs (OJA)
- Office of the Oklahoma State Fire Marshal inspection report, dated July 20, 2006
- Oklahoma State Department of Health inspection report, dated February 16, 2006
- Department of Human Services (DHS), Division of Child Care, inspection report, dated December 8, 2006

Areas Toured

- Entire facility

Overview

Interviews

The OJSO interviewed two direct care staff members and the counselor. The director was away from the facility at the time of the visit and, therefore, was unavailable for interview. The direct care staff members demonstrated knowledge of the policy and procedures and reported appropriate forms of discipline. One staff member reported that there were times when only one staff member was on-duty at the facility.

Two of the four residents were available for interviews. The residents interviewed:

- reported feeling safe at the facility;
- described appropriate medical and dental care;
- stated they received enough to eat and the quality of the food was okay;
- reported appropriate forms of discipline by staff;
- demonstrated knowledge of the grievance system; and
- stated there were times when only one staff member was on-duty at the facility.

File Reviews

The OJSO reviewed the files on four residents. The files were well-organized, and the materials were easy to locate. The service plan form for the current residents was a standard form that listed the same problems and goals for each resident. The problems identified were:

- Problem #1 As per guardian
- Problem #2 Conduct Disorder
- Problem #3 Runaway
- Problem #4 Grief

The form had a blank line for the counselor to add information. On each of the four service plans reviewed, at least two of the four “problems” were marked as not applicable. One service plan stated, “Resident did not want to see a counselor.” The service plan did not include a signature line for parent/guardian involvement, nor was there indication on the files reviewed for parent/guardian non-participation.

Three personnel files were reviewed. The files were well-organized, and the materials were easy to locate. The responses received from the facility’s requests for criminal record background histories were filed separately from the personnel files. The OJSO noted:

- Nine hours of annual training were documented for two direct care staff members.
- Annual training was not documented for the counselor.
- A tuberculin test was not documented for the counselor.

Observational Tour

The OJSO conducted a tour of the facility. On the day of the OJSO visit, the shelter was clean and was well-maintained. No concerns were identified from the observational tour.

Summary

Residents and staff both reported that there were times when only one staff member was present at the facility. The OJSO expressed concerns regarding supervision and safety of the residents if an emergency or an altercation occurred.

Findings

1. Documentation in two staff files reviewed did not indicate the staff members had received the required annual training hours. 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 24 clock hours per calendar year of staff development courses."
2. Documentation did not indicate the counselor at the facility had received the required hours of annual training. Department of Human Services licensing standards, Section 153.1, Personnel, (m), Staff training, (2), Training for social services staff, in part, states, "Social services staff, including social workers, licensed professional counselors, and those providing casework services, obtain a minimum of 12 clock hours of continuing education per calendar year."
3. The service plans reviewed were not individualized to meet the needs of the residents. Department of Human Services licensing standards, Section 154, Social services, (b), Service planning, (1), Comprehensive service plan, (B), states, "The service plan identifies and includes:
 - (i) the resident's needs, such as counseling, education, physical health, medical care, or recreation, in addition to basic needs for food, shelter, clothing, routine care and supervision;
 - (ii) strategies for meeting the resident's needs, including instructions to staff. Individual health needs must be addressed in the facility's medical plan. . . ;
 - (iii) the estimated length of stay;
 - (iv) goals and anticipated plans for discharge;
 - (v) the facility's plan to involve the residents [sic] parents or custodian, including visitation guidelines; and
 - (vi) the names and signatures, with the date, of those participating in developing the service plan.

4. Documentation in the files reviewed did not include the residents and the parents or guardians in the development of the residents' service plans. Department of Human Services licensing standards, Section 154, Social services, (b), Service planning, (1), Comprehensive service plan, (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."

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