

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

Name and Location of Facility: Pauline E. Mayer Group Home
Oklahoma City, Oklahoma

OJSO Reviewers: Tina Pendergraft and April Simmons, Oversight Specialists

Dates of Visit: October 10, 17, 18, and 25, 2006

Focus of Visit: Second Unannounced Visit for 2006

Date: April 30, 2007

General Information

The Office of Juvenile System Oversight (OJSO) began an unannounced visit to the Pauline E. Mayer Group Home on October 10, 2006, and returned to the facility on October 17, 18, and 25, 2006, to complete the visit. The program had relocated to the new site on September 6, 2006. The purpose of the visit was to assess compliance with established responsibilities. The group home serves a maximum of five adolescent mothers, thirteen to eighteen years of age, who are adjudicated Deprived and in the custody of the Department of Human Services (DHS). On the days of the OJSO visit, the census was five adolescent residents and five children.

Persons Interviewed

- Entry interview with the direct care supervisor
- Eight direct care staff members
- Five adolescent residents
- Exit conference with the group home supervisor

Documents Reviewed

- Files on four residents
- Four staff files
- DHS Division of Child Care Supplemental Information contact letter, dated August 25, 2006
- DHS Office of Client Advocacy report of incident referrals for April, May, and June 2006
- Oklahoma State Department of Health inspection report, dated September 6, 2006
- Office of the Oklahoma State Fire Marshal inspection report, dated August 23, 2006

Areas Toured

- Five resident rooms
- Five bathrooms
- Kitchen and dining area
- Laundry room
- Study
- Toy room
- Outdoor playground area

Overview

Interviews

The OJSO interviewed five residents. The interview questions pertained to the residents' perceptions of safety, program services, the rights of residents, discipline practices, and other residential program issues. Four interviewees reported that some staff members were rude and arrogant.

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

- Five of the eight interviewees stated they did not have input into the development of the residents' treatment plans or they were not informed of the goals on the residents' treatment plans.
- Four stated that the educational needs of the adolescent residents were unmet. Examples given were that the residents were unable to obtain the required credit hours to graduate and that residents needed tutoring in some of the more difficult classes.
- Morale among staff was rated as high by one staff member, medium by three staff members, medium-to-low by three staff members, and low by one staff member.
- Four staff members stated that better communication among staff members was needed.
- Three staff members reported that residents did not receive physical examinations within thirty days of admittance into the group home.
- Comments included a request for in-service training on budgeting and meeting financial obligations to prepare residents for discharge.
- The facility did not provide counseling for the adolescent residents.
- Some of the staff members interviewed did not demonstrate knowledge of the grievance procedures.

File Reviews

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

- Documentation in two files was in the possession of the DHS worker and was not available for review.
- A grievance notification to one resident did not document all required signatures.
- Two residents' treatment plans did not document all required signatures, or the reasons for non-participation in the development of the treatment plans.
- A treatment plan review was not contained in the file on one resident.
- A treatment plan was not contained in the file on one resident.
- Documented signatures to indicate the provision and receipt of the resident handbook was not contained in the file on one resident. Before the conclusion of the OJSO visit, a supervisor provided verification of the signature page to indicate the resident and custodian had received copies of the resident handbook.

The OJSO reviewed four staff files. The OJSO noted:

- Documentation did not indicate three staff members (two full-time and one part-time) had completed behavioral intervention training. Before the conclusion of the OJSO visit, a supervisor provided verification of behavioral intervention training for the two full-time staff members.
- Documentation indicated one staff member did not complete behavioral intervention training within thirty days of hire.
- Orientation training was not documented for one part-time staff member.
- A current job performance evaluation was not contained in the file of a part-time staff member.
- Documentation did not indicate four staff members had received required annual training. Before the OJSO concluded the visit, a supervisor provided verification of annual training for two of the four staff members.
- Documentation did not indicate three staff members had current cardiopulmonary resuscitation (CPR) certification. Before the OJSO concluded the visit, a supervisor provided verification of CPR certification for two of the three staff members.
- First aid training was not documented for the staff member in one file reviewed.

Observational Tour

A tour of the facility was conducted. The OJSO noted:

- Exit signs were not posted at the exit doors to indicate means of egress for safe evacuation.
- An evacuation plan was not posted.
- Electrical outlets did not have safety plugs. The correction was made at the time of the OJSO visit.
- One refrigerator did not contain a thermometer. The correction was made at the time of the OJSO visit.

Summary

The OJSO interviewed all of the adolescent residents and the staff members, due to continued concerns noted from the interviews of the past OJSO visit. Child care staff members stated they were not able to voice concerns and were not informed of the residents' needs. Staff members believed that the residents would benefit from training on budgeting and financial responsibilities to prepare them for discharge from the facility. Staff members commented they would like to be better informed and more involved with what was going on at the facility.

Concerns

1. At the time of the OJSO visit, the DHS Division of Child Care had not approved the new facility to begin operation. The OJSO contacted the Division of Child Care and was advised that the program had not received permission to move into the new facility. In addition, the health department's inspection report, dated September 6, 2006, stated that corrections were to be made before the program began operation at the new facility. The Fire Marshal's inspection report, dated August 23, 2006, stated that sprinkler protections were needed throughout the facility. The DHS Division of Child Care's current inspection report was not completed at the time of the OJSO visit.
2. The grievance procedures were not clear to all staff members.
3. Staff members did not have input into the development of residents' treatment plans or were not informed of the goals on the treatment plans.
4. Staff reported that residents needed tutoring to meet their educational goals.

Findings

1. One grievance did not document a required signature. Department of Human Services licensing standards, Section 154, Social services, (e), Resident's records, (K), states, "The [resident] record includes grievance forms signed by the person filing the grievance, if grievances were filed."
2. Documentation indicated two staff members had not received behavioral intervention training within the required timeframe. Department of Human Services licensing standards, Section 153.1, Personnel, (m), Staff training, (5), Behavioral intervention techniques, in part, states, "Within 30 days of employment, all child care staff and those support staff who occasionally provide instruction or training to residents complete training in behavior intervention techniques."
3. Documentation indicated one employee had not received orientation training. Department of Human Services licensing standards, Section 153.1, Personnel, (l), Orientation, states, "Staff receive orientation within 30 days of employment."
4. The file on a part-time employee with whom the facility contracted for services did not contain a current job performance evaluation. Department of Human Services licensing standards, Section 153.1, Personnel, (o), Personnel records, (2), (E), in

part, states, "The personnel record includes annual performance evaluations and any reports and notes relating to the individual's employment with the facility."

5. Required annual training was not documented for all of the direct care staff members. Department of Human Services licensing standards, Section 153.1, Personnel, (m), Staff training, (3), Training for child care staff, (A) and (B), states, "Full-time child care staff obtain a minimum of 24 clock hours per calendar year of staff development courses. Part-time child care staff obtain a minimum of 12 clock hours per calendar year of staff development courses. "
6. First aid training and CPR certification were not documented for all child care staff members. Department of Human Services licensing standards, Section 153.1, (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 maintains current training in CPR and first aid thereafter."
7. In the file on one resident, there was no treatment plan. The treatment plans for two residents did not document the required signatures of those who participated in the development of the treatment plans, nor the reasons for non-participation. Department of Human Services licensing standards, Section 154, Social services, (b) Service planning, (1), Comprehensive service plan, (A), and (B), (vi), states, "A written service plan is developed and documented for each resident within 30 days of admission. 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 service plan identifies and includes the names and signatures, with the date, of those participating in developing the service plan."
8. Documentation in two files was in the possession of the DHS worker and was not available for review. Department of Human Services licensing standards, Section 154, Social services, (e), Resident's records, in part, states, "The facility maintains a written record for each resident."
9. Exit signs were not posted at the exit doors of the facility to indicate means of egress for safe evacuation. Department of Human Services licensing standards, Section 165, Construction and fire safety, (4), Exits, (C), states, "Means of exit are adequately lighted by natural or electric light at all times to permit safe evacuation of occupants."

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