

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

**MEMORANDUM**

**To:** Marty Flegal, Administrator  
Southern Oklahoma Resource Center

**From:** Chris Fiesel, Oversight Specialist  
Office of Juvenile System Oversight

**Subject:** First Unannounced Oversight Visit for 2005

**Date:** September 13, 2005

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**Introduction**

The Office of Juvenile System Oversight (OJSO) conducted an unannounced visit on May 31, 2005, to the Southern Oklahoma Resource Center (SORC) in Pauls Valley, Oklahoma. The primary purpose for the visit was to assess compliance with established responsibilities and facility policy and procedures. The licensed capacity of SORC is 225 patients.

On the day of the OJSO visit, there were four residents under the age of eighteen residing at the facility. The population of juveniles included the same clients who were present during the OJSO's visit in September 2004. During the May 2005 visit, the juvenile residents and direct care staff supervising these juveniles were off-campus for the entire day, participating in a summer outreach development and activity program; thus, the OJSO did not conduct interviews with the juveniles or direct care staff.

Persons Interviewed

- Entry interview with the Director
- Entry interview and exit conference with a Programs Administrator

Documents Reviewed

- Two staff files, SORC.
- Files on three residents, SORC.
- Incident log, SORC.
- Visitor log, SORC.
- Reports of incidents for January, February, and March 2005, Office of Client Advocacy of the Department of Human Services (DHS).
- Oversight report, September 2004, OJSO.

- Statement of Deficiencies and Plan of Correction survey, September 2004, Oklahoma State Department of Health.
- Post-certification report, February 2005, Oklahoma State Department of Health. This report verified that identified issues of noncompliance of standards had been corrected (none of the noncompliance issues were relevant to the juveniles in residence).

### Areas Toured

- Dormitory room for the female juvenile resident, Calvert Building
- Cottage for the male juvenile residents, 100 Independence
- Kitchen, including the food preparation, serving, and storage areas, and equipment
- Common areas
- Fire suppression system
- Medical supply areas
- Bathrooms

### **Overview**

#### Review of Personnel Files

The OJSO reviewed two staff files. Neither contained current annual job performance evaluations.

#### Review of Files on Residents

No concerns were indicated in the three files reviewed.

#### Observational Tour

During the tour of the facility, the OJSO noted that the emergency evacuation and personnel contact numbers were posted. The following concerns in the 100 Independence Cottage were noted:

- A window in the west bedroom did not have a covering. A resident had removed the window treatment; the facility replaced the covering during the OJSO's visit.
- The kitchen floor was dirty.
- Food crumbs were on the kitchen counter.
- A container of jam and a plate of sliced ham were left out on the kitchen counter.
- A stack of chairs blocked the rear exit of the cottage.
- A cord hanging from a television that was stored on a shelf in the therapy room closet was within reach of the residents.
- A drawer containing sharp knives was unlocked, and the knives were easily accessible to the residents.

## **Summary**

The tour of the cottage presented health and safety issues. A television stored on a closet shelf adjacent to the motor skills therapy room was situated such that a resident could easily pull it down. Food was left out. The cottage had two exits. The rear exit was blocked by three chairs that were stacked together to prevent a resident, who had a history of running away, from leaving the cottage. After the OJSO brought these items to the attention of staff, the chairs were removed from in front of the rear door, the food was put in the garbage, and the television set was placed on the floor of the closet. These concerns were presented to the Programs Administrator during the exit conference on May 31 and discussed with the facility's Director in a telephone exit conference on June 2.

## **Findings**

1. Annual job performance evaluations were not current in the two staff files reviewed, pursuant to internal facility policy from DHS policy OAC 2-1-21, (a), that states, "The performance management process (PMP) is conducted on an annual basis."

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