

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

Name and Location of Facility: Tenkiller Adventure Program
Park Hill, Oklahoma

Date of Visit: November 27, 2007

Oversight Reviewer: Dana S. Holden, Oversight Specialist

Focus of Visit: Unannounced Visit, 2007

Date: January 16, 2008

Introduction

The Office of Juvenile System Oversight (OJSO) conducted an unannounced visit on November 27, 2007, at the Tenkiller Adventure Program, located in Park Hill, Oklahoma. The Office of Juvenile Affairs contracts with Southwestern Oklahoma State University for the operation of the program. The program is licensed for twenty residents by the Division of Child Care of the Department of Human Services (DHS). On the day of the visit, the census was eighteen.

Interviews Conducted

- Entry interview and an exit conference with the Program Director
- Four residents

Documents Reviewed

- Files on five residents
- Personnel files and training records of three staff members
- Grievance log
- Restraint log
- Incident log
- Office of the State Fire Marshal inspection report, dated May 7, 2007
- Oklahoma State Department of Health inspection report, dated May 22, 2007
- DHS Division of Child Care inspection report, dated October 25, 2007

Findings

Interviews

The OJSO interviewed four residents. The interview questions pertained to the residents' perceptions of safety, program services, resident rights, discipline practices, and other residential program issues. No concerns were noted from the resident interviews.

The direct care staff members were unavailable for interviews. All direct care staff were away from the facility on an outing with the residents.

File Reviews

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

- Two comprehensive service plans were not signed by the parents/custodians, nor were the reasons for non-participation documented. The OJSO cited the facility in the March 2007 visit for not having the parent or custodian sign a comprehensive service plan.
- One file did not contain documentation of the resident receiving a physical examination within the required timeframe prior to or after entering the program. The OJSO cited the facility in the March 2007 visit for not documenting residents' physical examinations. This issue continues to be a concern.

No other concerns were noted from the resident file reviews.

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

- Two files did not contain current annual job performance evaluations.
- Two files did not contain documentation of current CPR certification for the staff members.

No other concerns were noted from the staff file reviews.

Grievance Log Review

The OJSO reviewed the facility grievance log for the time period of July 1 through November 27, 2007. The OJSO noted:

- The resolutions on most of the grievances stated, "Met with (staff name) and discussed the problem," or "Will have 1:1 with staff and juvenile." The resolutions did not specifically address the problems stated in the grievances or indicate what specific actions were taken by the facility. In addition, documentation did not indicate that the meetings had occurred or that the issues had been addressed.

No other concerns were noted from the review of the grievance log.

Area of Concern

1. The grievance coordinator did not specifically address the residents' issues when writing the resolutions to the grievances. In the grievances reviewed, the grievance coordinator responded that he "will meet" with staff named in the grievance or "will

have 1:1 with staff and juvenile”; however, documentation did not contain record of the grievance coordinator’s meetings with the staff members and residents to address the issues in the grievances. This continues to be a concern and needs to be corrected as soon as possible.

Violations

1. The service plans in two of the five resident files reviewed were not signed by the parents or custodians, nor were the reasons for non-participation documented. Department of Human Services licensing standards, Section 154, Social services, (b), Service planning, (1), Comprehensive service plan, (A), in part, 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.” At the same cite, paragraph (b), (1), (B), (vi), states, “The service plan identifies and includes the names and signatures, with the date, of those participating in developing the service plan.”
2. One of the five resident files reviewed did not contain documentation of the resident receiving a physical examination within the required timeframe prior to or after entering the program. DHS licensing standards, Section 154, Social services, (a), Admission, (5), states, “Residents receive a medical examination by a health professional within 60 days prior to admission or within 30 days following admission.”
3. Two of the three personnel files reviewed did not contain documentation of current job performance evaluations. DHS 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.”
4. Documentation did not indicate that two of the three employees whose files were reviewed were current in CPR certification. DHS licensing standards, Section 153.1, Personnel, (m), Staff training, (3), Training for child care staff, (E), in part, 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.”

Summary

The facility submitted a corrective action plan, dated June 18, 2007, to the OJSO regarding the OJSO’s findings from the previous oversight visit in March 2007; however, the OJSO noted in the November 2007 visit that the facility had not corrected all of the deficiencies cited in the previous report. The OJSO noted that the facility director and staff had increased the number of adventure activities available to the residents, and the residents’ comments regarding staff were positive.

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