

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

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**Name and Location of Facility:** Community Children’s Shelter and Family Service Center, Inc.  
(Emergency Youth Shelter)  
Ardmore, Oklahoma

**Date of Visit:** July 6, 2006

**Oversight Reviewer:** April Simmons, Oversight Specialist

**Focus of Visit:** Announced Visit

**Date:** October 6, 2006

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**General Information**

The Office of Juvenile System Oversight (OJSO) conducted an announced visit on July 6, 2006, to the Community Children’s Shelter and Family Service Center, located in Ardmore, Oklahoma. The purpose of the visit was to assess compliance with established responsibilities and facility policy and procedures. The facility was licensed by the Division of Child Care of the Department of Human Services (DHS) for twelve juveniles. On the day of the OJSO visit, the census was five.

Persons Interviewed

- Entry interview with the Executive Director
- Exit conference with the Executive Director and the Assistant Administrator
- Two staff members
- Two residents

Documents Reviewed

- Personnel files and training records of three direct care staff members
- Files on three residents
- Most recent inspection report by the Office of the Oklahoma State Fire Marshal
- Inspection report, dated June 20, 2006, by the Oklahoma State Department of Health
- Inspection report, dated March 27, 2006, by the DHS Division of Child Care
- Grievance logs
- Recreation schedule/log for 2006
- Fire and tornado drill log

## Areas Toured

- Resident rooms
- Resident bathrooms
- Kitchen and dining room areas
- Common areas
- Food pantry
- Outside playground area and equipment
- Area for infants
- Walkways

## **Overview**

### Interviews

The OJSO interviewed two residents; the other three residents were off-site. The interview questions pertained to the residents' perceptions of safety, shelter program services, the rights of residents, discipline practices, and other residential issues. Both residents expressed a desire for more outings off-campus and more activities at the facility. The residents reported that they were not aware of the grievance procedures.

Two staff members were interviewed. The interview questions pertained to the staff members' perceptions of shelter program services, the rights of residents, discipline policies, and other residential issues. No areas of concern were noted from the staff interviews.

### Review of Files

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

- Documentation did not indicate a resident received the daily dosage of prescribed medication on one of the days of placement at the shelter.
- Two different admission dates were documented for one resident.
- Education information and copies of immunization records or verification of requests for the records were missing in the resident files reviewed.

Three personnel files were reviewed. The OJSO noted:

- The annual performance evaluation for one employee was not current.
- Documentation did not indicate the result of one employee's tuberculin test, verification of cardiopulmonary resuscitation training and first aid certification, and completion of required behavioral management training.

## Grievances

The facility grievance logs were reviewed. The OJSO noted that residents had not filed any grievances at the facility since December 1, 2004.

## Observational Tour

The OJSO conducted a tour of the facility for compliance with standards related to safety, security, quality of life, and other items. The OJSO observed:

- Knives were unsecured in an unlocked drawer in the kitchen. This was corrected when brought to the attention of a staff member during the tour.
- The keys to the knife drawer were kept in an unlocked drawer close to the knife drawer.
- The medicine room and the medicine cabinet were unlocked.
- A shower in the girl's bathroom did not work.
- An outside window screen to a resident room was torn.
- The flooring in the recreation room was worn and was not in good condition.
- The carpets in Rooms 3 and 6 had black marks.

## **Summary**

On the day of the OJSO visit, the staff and residents interacted appropriately and the facility presented a pleasant atmosphere. The facility was in need of a few minor corrections in the personnel files, resident files, and the facility structure.

The most recent DHS Division of Child Care's inspection report listed several violations that had been corrected. The licensing report directed the facility to conduct a fire drill within two weeks, due to the last fire drill at the facility having been conducted in 2003. As of the date of the OJSO visit, a fire drill had not been executed.

## **Findings**

1. Medicines were not under lock at the facility, as the medication room door and the medicine cabinet in the room were unlocked. Department of Human Services licensing standards, Section 154.3, Health and medical services, (e), Medication, (4), states, "All medications are kept in a locked container and under the supervision of the designated staff member."
2. A torn window screen in a resident room needed to be repaired or replaced. 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." In addition, Section 163, Health regulations, (4), in part, states, "Every window . . . is kept in working condition and good repair."

3. The annual performance evaluation for one employee was not current. 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."
4. Documentation did not indicate the result of an employee's tuberculin test. Department of Human Services licensing standards, Section 153.1, Personnel, (g), Employment requirements, (2), Tuberculin test, states, "Upon employment, each employee has a documented mantoux (PPD) tuberculin skin test with a booster, if needed, within the previous 12 months, unless the employee shows medical verification of a previous positive skin test."
5. Documentation in the medication log did not indicate that all of a resident's required daily medications were administered. Department of Human Services licensing standards, Section 154.3, Health and medical services, (e), Medication, (2), (A)-(C), and (3), states, "When any medication is administered to a resident, a precise record is kept with the resident's name; the name of the medication; the dosage, date and time given, and signature of the person who administered it. Prescription medications are administered by the designated staff member only as part of a prescribed therapeutic treatment."
6. Education information and immunization records, or documentation of requests for the records, were not contained in the resident files reviewed. Department of Human Services licensing standards, Section 154, Social services, (e), Resident's records, (1), (D) and (F), states, "The facility maintains a written record for each resident . . . . The record includes medical records [and] educational information."
7. The facility's fire drill log documented that the last fire drill or tornado drill had occurred on March 13, 2003. The DHS Division of Child Care had directed the facility to conduct a fire drill by April 10, 2006 (two weeks from report date of March 27, 2006). Department of Human Services licensing standards, Section 165, Construction and fire safety, (3), Administration, (D), Fire drills, states, "Fire exit drills are conducted at least six times per year on a bimonthly basis with a minimum of two drills conducted at night during normal sleeping hours. The drills are documented."

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