

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

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**Name and Location of Facility:** Crossroads Youth and Family Services, Inc.  
Cleveland County Youth and Family Shelter  
Norman, Oklahoma

**Date of Visit:** March 12, 2007

**Oversight Reviewers:** Sara Vincent-Spain and Jenifer K. Cooks, Oversight Specialists

**Purpose of Visit:** Announced Visit

**Date:** April 26, 2007

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**General Information**

The Office of Juvenile System Oversight (OJSO) conducted an announced visit on March 12, 2007, to the Cleveland County emergency youth shelter, operated by Crossroads Youth and Family Services, Inc. The purpose of the visit was to assess compliance with established responsibilities. The youth shelter was licensed for twelve beds by the Division of Child Care of the Department of Human Services (DHS). On the day of the OJSO visit, the youth shelter's census was seven.

Interviews Conducted

- Entry interview and an exit conference with the Director of Residential Services
- One child care staff member
- Three residents

Documents Reviewed

- Current license issued by the DHS Division of Child Care
- Norman Fire Prevention Bureau inspection report, dated November 13, 2006
- DHS Division of Child Care inspection report, dated October 2, 2006
- Oklahoma State Department of Health inspection report, dated February 26, 2007
- Written policy and procedures
- Incident reports
- Personnel files and training records of five staff members
- Files on seven residents

## **Areas Toured**

- Entire facility

## **Overview**

### Interviews

On the day of the OJSO visit, seven children resided at the facility. Two of the residents were ages six and under, and one resident was attending a court hearing during the oversight visit. The OJSO interviewed three of the other four residents. The interview questions pertained to the residents' perceptions of safety, program services, the rights of residents, discipline practices, and other shelter program issues. The OJSO did not note any issues of concern from the resident interviews.

One direct care staff member was interviewed. The interview questions pertained to the staff member's perceptions of program services, the rights of residents, discipline policies, and other shelter program issues. The OJSO did not identify any issues of concern from the staff interview.

### File Reviews

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

- Health screenings were not documented for three residents whose lengths of stay at the shelter exceeded seven days.
- Documentation did not indicate three residents were provided copies of the facility's policies on the rights of residents and the grievance procedures.

The personnel files and training records of five direct care staff members were reviewed. The OJSO noted:

- Two of the three required references were contained in one file reviewed.
- A reference check in one file was documented as occurring after the employee's date of hire.
- Documentation in two files indicated orientation training was not completed within thirty days of hire.
- Verification of vehicle insurance coverage was not contained in the personnel files of two staff members who transported residents in their private vehicles.
- Documentation did not indicate four employees who prepared meals for the residents were certified food handlers.
- Documentation did not indicate two employees had completed behavioral intervention training that included physical restraint techniques.

## Observational Tour

The OJSO conducted a tour of the facility for compliance with standards related to safety, security, and quality of life. A copy of the OJSO Facility Inspection Form was given to the Director of Residential Services and is attached to this report. The Director agreed to correct the items noted on the form within thirty days.

The OJSO reviewed the most recent copy of the health department's inspection report, which is also attached to this report. The facility had addressed all noted violations, with the exception of replacing the overhead lights.

## **Exit Conference**

The OJSO discussed the concerns noted from the oversight visit with the Director of Residential Services. The OJSO recommended that facility staff document the child's emotional condition at admission.

## **Summary**

The shelter provides on-site educational instruction. The teacher is provided through the Norman Public School District. A variety of recreational activities are provided for the residents, and the staff members demonstrated the ability to provide adequate supervision.

## **Findings**

1. Health screenings were not documented in the files reviewed on three residents whose lengths of stay at the shelter exceeded seven days. Department of Human Services licensing standards, Section 167, Requirements for children's shelters, (e), Admission, (4), states, "Each child remaining in a shelter for over seven days receives a health screening by an RN or LPN. However, a documented medical exam performed within the 12 months prior to admission is acceptable when a child is transferred from another licensed facility."
2. The files on three residents did not document that the residents and the custodians were provided copies of the facility's policies on the rights of residents and the grievance procedures. Department of Human Services licensing standards, Section 154, Social services, (a), Admission, (7), in part, states, "The facility documents, by the resident's or parents' or custodian's signatures, that the resident and parents or custodian have been provided written copies of the facility's policies, which includes, but is not limited to, resident's rights [and] grievance procedures. . . ."
3. One personnel file contained two of the three required references. Department of Human Services licensing standards, Section 153.1, Personnel, (g), Employment requirements, (1), References, in part, states, "The facility obtains a minimum of three references for all staff prior to employment."

4. Two personnel files documented that orientation training was not completed within thirty days of hire. Department of Human Services licensing standards, Section 153.1, Personnel, (l), Orientation, states, "Staff receive orientation within 30 days of employment."
5. The training records of two employees did not document the completion of behavioral intervention training that included physical restraint techniques. Department of Human Services licensing standards, Section 153.1, Personnel, (m), Staff training, (5), (E), Behavioral intervention techniques, 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 behavioral intervention techniques that includes safe and appropriate physical restraint."
6. The files of two staff members who transported residents in their private vehicles did not contain verification of insurance coverage. Department of Human Services licensing standards, Section 154.5, Transportation, (e), Insurance, states, "If the facility's transportation services are provided by a private individual . . . the facility maintains on file a copy of the individual's . . . coverage."
7. Four staff members did not have current food handlers certificates. Oklahoma State Department of Health policy, OAC 310:257-3-3, Person in Charge, (12), states, "Employees are properly trained in food safety as it relates to their assigned duties."

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