

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

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**Name and Location of Facility:** Deborah Rothe Group Home  
Oklahoma City, Oklahoma

**Date of Visit:** December 2, 2010  
Exit conference: December 21, 2010

**Oversight Reviewers:** Janice Sharp, Oversight Specialist, and Doris Simms,  
OJSO Assistant

**Focus of Visit:** Oversight Visit, 2010

**Date:** February 7, 2011

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### **General Information**

The Office of Juvenile System Oversight (OJSO) conducted an unannounced visit on December 2, 2010, at the Deborah Rothe Group Home, located in Oklahoma City. The purpose of the visit was to assess compliance with established responsibilities and facility policy and procedures. The group home was licensed by the division of Oklahoma Child Care Services (OCCS) of the Oklahoma Department of Human Services (OKDHS) for eight female residents, ages thirteen to seventeen. On the day of the oversight visit, the census was eight.

### **Interviews Conducted**

- Entry interview with the group home supervisor and the social worker
- Two direct care staff members
- Three residents
- Exit conference with the group home supervisor

### **Documentation Reviewed**

- Two personnel files and training records
- Three resident files
- Office of the Oklahoma State Fire Marshal report dated June 23, 2009, and the facility corrective action plan dated June 23, 2009; the facility was unable to provide the OJSO with a copy of a report regarding an inspection in 2010 by the state fire marshal's office
- Oklahoma State Department of Health Food Inspection report dated January 7, 2009; the facility was unable to provide the OJSO with a copy of a report regarding an inspection in 2010 by the health department

- OKDHS OCCS Residential Child Care Facility inspection report dated August 20, 2010, and the facility corrective action plan dated August 23, 2010, submitted to the Pauline E. Mayer Shelter (PEMS) programs administrator
- Referral log maintained at the PEMS regarding allegations of abuse/neglect referred to the OKDHS Office of Client Advocacy that pertained to the group home
- OKDHS Office of Client Advocacy investigation report
- Facility resident handbook
- Facility food menu for the week of December 6, 2010
- Facility fire drill and tornado drill log
- Facility schedule of activities for the month of December 2010
- OJSO report dated August 4, 2009, regarding the oversight visit of July 8, 2009, and the OJSO report dated March 1, 2010, regarding the oversight visit of November 24, 2009, and the facility response dated March 18, 2010

### Areas Toured

- An informal tour of the facility was hosted by the group home supervisor.

### **Findings**

#### Resident Interviews

The OJSO interviewed three residents. The interview questions pertained to the residents' perceptions of safety, program services, resident rights, discipline practices, and other residential issues. The OJSO noted:

- All three interviewees reported that they attended public school.
- One of the three interviewees reported that she had been physically restrained at the group home when she attempted to leave the group home without permission; the other two interviewees reported that they had not been physically restrained at the group home.
- All three interviewees stated that they were unaware of any resident having been injured at the group home.
- When asked what happened when a resident became sick at the group home, all three interviewees described appropriate forms of care provided.
- All three interviewees made positive comments regarding the taste of the food served at the group home.
- When asked if additional servings of food were allowed at mealtime, one interviewee stated that second helpings of food were allowed, another interviewee stated that second helpings of food were not allowed anymore because residents were learning portion control, and the other interviewee stated that second helpings were sometimes allowed.
- All three interviewees stated that residents received recreation frequently. When asked to give examples of the kinds of recreation provided, the interviewees named going on outings, snow tubing, and attending a professional basketball game.

- All three interviewees stated that residents participated in community activities. When asked to give examples of the kinds of community activities in which the residents participated, the interviewees named adopting a street to clean, assisting at a food bank, and helping at churches.
- All three interviewees stated that they were familiar with the group home's grievance procedures. Two of the three interviewees stated that they had filed at least one grievance; one of the two interviewees who had filed at least one grievance indicated that she did not know the outcome of her grievance(s).
- Each interviewee named at least one staff member that she felt comfortable talking with if the interviewee was scared or worried, or if the interviewee had a problem.
- All three interviewees reported that they had not been cursed at by staff and that they had not witnessed other residents having been cursed at by staff.
- Reportedly, when a resident was punished for a rule infraction at the group home, the consequence could be a restriction from a privilege and/or a monetary fine. Examples of infractions and fines were: A resident cursing at staff, \$5 fine; a resident breaking a window, \$40 fine; and a resident bringing contraband (a cigarette) into the group home, \$100 fine. Reportedly, the fine was usually paid from the resident's allowance.

No other concerns were identified from the resident interviews.

### Staff Interviews

The OJSO interviewed two direct care staff members. The interview questions pertained to the staff members' perceptions of program services, resident rights, discipline policies, and other residential issues. The OJSO noted:

- Both interviewees reported current certification in cardiopulmonary resuscitation and current training in first aid, behavioral management techniques, and medication administration.
- When the interviewees were asked if they had physically restrained a resident at the group home, one interviewee stated that she had assisted other staff to restrain a resident and the other interviewee stated that she had not physically restrained a resident.
- One interviewee reported that she had not witnessed a resident or staff member having been injured at the group home; the other interviewee reported that she was aware of a staff member having been injured by a resident at the group home.
- Both interviewees demonstrated knowledge of the resident grievance process.
- Both interviewees stated residents were allowed additional servings of food at mealtime if the residents desired more food.
- One of the two interviewees stated that residents received recreation frequently; the other interviewee stated that residents received recreation at least once a week and that staff tried to follow the facility's activities schedule.
- Both interviewees reported that group punishment was not allowed, i.e., a group of residents was not punished for the actions of one resident or a few residents.

- Reportedly, a monetary fine for a rule infraction was a form of discipline used at the group home; reportedly, the fine was usually paid from the resident's allowance.

No other concerns were identified from the staff interviews.

### Resident File Review

The OJSO reviewed three resident files. The OJSO noted:

- None of the three resident files reviewed documented a ninety-day review of the residents' comprehensive service plans.
- None of the three resident files reviewed documented the residents' signatures on the six-month reviews of the residents' comprehensive plans to indicate participation by the residents, nor was there documentation to indicate the reasons for non-participation.
- One of the three resident files reviewed contained an individualized education program (IEP) that was not current; no documentation was found to indicate the resident was no longer on an IEP or the reason that a current IEP had not been developed for the resident.

No other concerns were identified from the resident files reviewed.

### Personnel File and Training Record Review

The OJSO reviewed two personnel files and training records on December 16, 2010, at PEMS, the location where personnel files were maintained for the group home. The OJSO noted:

- One of the two training records reviewed indicated that the annual training hours requirement for the full-time direct care staff member would not be met, given the number of days remaining in 2010.
- One personnel file did not maintain verification of current automobile insurance; reportedly, residents were transported occasionally in personal vehicles.

No other concerns were identified from the staff files reviewed.

### Inspection Reports Review

The OJSO reviewed the most recent reports by the OKDHS OCCS, the fire marshal's office, and the health department. The OCCS report cited two deficiencies; a memorandum from the group home supervisor to the PEMS programs administrator stated that the facility planned to provide documentation to the OKDHS licensing representative within two weeks of the OCCS visit regarding the deficiencies. In the fire marshal's office report of June 23, 2009, three deficiencies were cited; the facility had responded with a corrective action plan the same day as the fire marshal's visit. Documentation indicated the health department's last annual inspection of the group

home was on January 7, 2009; no deficiencies were cited in the health department report.

According to documentation, annual inspections by the fire marshal's office and the health department were overdue. Reportedly, in the past, the OKDHS licensing unit contacted the fire marshal's office to schedule the group home's annual inspection. The OJSO contacted the Office of the Oklahoma State Fire Marshal on January 24, 2011. On January 26, 2011, the OJSO was able to confirm with the fire marshal's office that the group home was not inspected in 2010. An inspection was scheduled for January 26 or January 27, 2011. The OJSO contacted the Oklahoma State Department of Health on January 24, 2011; the OJSO was referred to the Oklahoma City-County Health Department Consumer Protection unit. On January 25, 2011, the OJSO was able to confirm with the city-county health department that the group home was not inspected in 2010. An inspection by the health department was scheduled to occur by January 31, 2011.

No other concerns were noted from the inspection reports review.

### **Areas of Concern**

1. A resident interviewee reported not being aware of the outcome of her grievance(s).
2. Monetary fines were used at the group home as a form of discipline for rule infractions. Policy and procedures had not been developed and approved for this form of discipline.
3. An IEP was not current for one resident. There was no documentation to indicate the resident was no longer on an IEP.

### **Violations**

1. The three resident files reviewed did not document a ninety-day review of the residents' comprehensive service plans. OKDHS Licensing Requirements for Residential Child Care Facilities, OAC 340:110-3-154, Social services, (b), Service planning, (2), Service plan review, (A), states, "The service plan is reviewed within 90 days after it has been developed and at least every six months thereafter."
2. The three resident files reviewed did not document the residents' signatures on the six-month reviews of the residents' comprehensive service plans to indicate participation by the residents, nor was there documentation to indicate the reasons for non-participation. OKDHS Licensing Requirements for Residential Child Care Facilities, OAC 340:110-3-154, Social services, (b), Service planning, (2), Service plan review, (B), states, "The facility involves the resident and parents or custodian in the service plan review. If the parents or custodian do not participate in the service plan review, the reason for non-participation is documented in the service plan."
3. One of the two training records reviewed indicated that the annual training hours requirement for a full-time direct care staff member would not be met, given the number of days remaining in 2010. From documentation provided to the OJSO by

the facility on January 20, 2011, the OJSO verified that the staff member did not receive the required number of training hours in 2010. OKDHS Licensing Requirements for Residential Child Care Facilities, OAC 340:110-3-153.1, Personnel, (m), Staff training, (3), Training for child care staff, (A), in part, states, "Full-time child care staff obtain a minimum of 24 clock hours per calendar year of staff development courses."

4. An annual inspection by the health department was not conducted in 2010. OKDHS Licensing Requirements for Residential Child Care Facilities, OAC 340:110-3-157, Physical facility and equipment, (m), Health regulations, states, "The facility complies with licensing regulations for buildings, utilities, grounds and food service sanitation as outlined in Section 163 and Section 164 and is inspected annually by the appropriate state agency."
5. An annual inspection by the state fire marshal's office was not conducted in 2010. OKDHS Licensing Requirements for Residential Child Care Facilities, OAC 340:110-3-157, Physical facility and equipment, (n), Fire safety, states, "The facility complies with the state fire marshal's office regulations for construction and fire safety and is inspected annually by the state fire marshal's office or its designee."

### **Recommendation to the OKDHS OCCS Licensing Unit**

1. Ensure that annual inspections of the group home by the fire marshal's office are scheduled and verify that the scheduled inspections are conducted. Notify the group home supervisor if the OKDHS licensing unit no longer contacts the state fire marshal's office to schedule annual inspections for the group home.

### **Summary**

In the exit conference on December 21, 2010, the OJSO provided the group home director with a facility exit checklist that identified the files reviewed and the areas of concern and violations. The OJSO and the group home supervisor discussed each item listed. Documentation was provided for items that could be resolved. On January 20, 2011, via facsimile, the facility provided documentation regarding staff training and vehicle insurance verification for the two direct care staff members whose personnel files and training records were reviewed.

The OJSO and group home supervisor discussed the group home's use of monetary fines for rule infractions by the residents. The group home supervisor explained that a resident could receive a restriction from a privilege or a monetary fine for a rule infraction. The monies received for the fines imposed were held in a recreation fund to be used to pay for recreation for all of the residents. An example of a type of recreation was a food party. According to the group home supervisor, if a resident received a monetary fine for a rule infraction, the resident could pay the amount of the fine from her allowance that was provided through the OKDHS. The group home supervisor had documentation regarding her recordkeeping of the fines collected and the monies expended. The group home supervisor indicated that the use of monetary fines for rule

infractions would cease since there was no policy and procedures that allowed for this form of discipline at the group home.

The OJSO brought to the attention of the group home supervisor that fire drills were not being conducted during normal sleeping hours, as required by OAC 340:110-3-165.1(1). Documentation indicated that the fire drills recorded as having been conducted during normal sleeping hours were actually occurring after the residents arose in the early morning. The social worker explained that it was the facility's intent to conduct fire drills on all three work shifts. The OJSO suggested that the fire drills to be performed at night during normal hours could occur after the residents went to bed and shortly after the overnight shift began, so that the residents, as well as the overnight staff, experienced the fire drills during the residents' sleeping hours.

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