

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

Name and Location of Facility: Laura Dester Shelter
Tulsa, Oklahoma

Date of Visit: May 30, 2007

Oversight Reviewer: April Simmons and Roger Conway,
Oversight Specialists

Focus of Visit: Unannounced Routine Visit

Date: June 7, 2007

Introduction

The Office of Juvenile System Oversight (OJSO) conducted an unannounced visit on May 30, 2007, to the Laura Dester Shelter (LDS), located in Tulsa, Oklahoma. The purpose of the visit was to assess compliance with established responsibilities. The LDS was licensed for thirty-eight residents by the Division of Child Care of the Department of Human Services (DHS) until recently. The LDS is now licensed for fifty residents. On the day of the OJSO visit, the census was fifty-eight residents.

Interviews Conducted

- Entry interview and exit conference with the Director
- Fifteen residents
- Four staff members

Documents Reviewed

- Personnel files, OSBI criminal background checks, medical records, and training records of ten staff members
- Ten resident files
- Office of the State Fire Marshal inspection reports, dated May 15, 2007, and May 4, 2007
- Oklahoma State Department of Health Food inspection report, dated September 22, 2006
- DHS Division of Child Care Facility inspection form, dated April 19, 2007
- The LDS letter of response to DHS regarding the areas of noncompliance, dated April 20, 2007

- DHS Office of Client Advocacy's quarterly report of incidents
- Grievance log for 2007
- Tornado and fire drill log for 2007
- Recreation schedule for May 2007
- Resident menu for May 2007

Findings

Persons Interviewed

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

The OJSO interviewed four staff members. The interview questions pertained to the staff members' perceptions of shelter program services, the rights of residents, discipline policies, and other residential issues. Comments to the OJSO included:

- Three of the staff members reported they were aware of the requirement to report suspected abuse and neglect to their supervisors or document the information in a report, but they were not aware that they are ultimately responsible to ensure that the information makes it to the proper authorities.

Documents Reviewed

The OJSO reviewed ten resident files for compliance with DHS licensing standards. The OJSO noted:

- Eight resident files did not contain documentation of the immunization records or documentation that the immunization records were requested.
- Ten resident files did not contain signed documentation that the residents were provided written copies of the facility policies regarding resident rights.
- Six resident files did not contain signed documentation that the resident was provided information on the resident's right to file a grievance.
- One resident file did not contain documentation of the health screen within the seven-day admission date.
- One resident file did not contain a signature by the shelter social worker on the resident shelter service plan.
- The OJSO reviewed the personnel files, OSBI criminal background checks, medical records, and training records of ten staff members for compliance with DHS licensing standards. The OJSO noted:
- Five personnel files reviewed did not contain documentation of tuberculin testing for the staff members.

- One personnel file reviewed did not contain documentation that cardiopulmonary resuscitation (CPR) certification and first aid was current for the staff member.
- One personnel file reviewed did not contain documentation that the staff member had received orientation.
- One personnel file reviewed did not contain documentation that the staff member had received behavioral intervention training.

The OJSO reviewed the grievance log for 2007. The OJSO noted:

- The grievance log was set up with a numbered system and the log documents the number with follow-up documentation of the outcome. The log contained grievances that either were not numbered or were out of sequence. There was no documentation to explain the reason to be out of sequence or why there was no number.
- The majority of the grievances did not document the final outcome, if the grievance was resolved, or a date that it was resolved.

The OJSO reviewed the DHS Division of Child Care Facility inspection form, dated April 19, 2007, and the LDS response letter to DHS regarding the areas out of compliance, dated April 20, 2007. The LDS letter documented, "The TB tests were completed on identified staff." The OJSO reviewed the files on those identified staff; however, the files did not contain documentation of tuberculin testing. The LDS staff who assisted the OJSO with the oversight was consulted and could not locate the TB tests.

Areas of Concern

1. Several of the admission assessment forms located in the resident files left important information blank, such as the medical and educational information. In addition, there was no explanation regarding the missing information.
2. In November of 2006, the OJSO found identical deficiencies in the staff and resident files. Although the same information was missing, the staff and resident files were different from those during the May oversight visit.
3. The LDS prepared a response letter to DHS the day after the DHS Division of Child Care made their visit. The LDS noted that areas of noncompliance were corrected. However, the OJSO did not find documentation that the TB tests were completed for the staff members as stated in the letter, and it had been over thirty days since the DHS Licensing visit.
4. The Office of the State Fire Marshal inspection form, dated May 15, 2007, required the LDS to create a Plan of Correction and submit the plan to the State Fire Marshal's Office within three days. The non-compliance issue was that the LDS was over capacity. The plan of correction noted in the inspection form was to "Reduce population to licensing limits". According

- to the Fire Marshal who conducted the inspection, the LDS had not submitted a Plan of Correction as of May 30, 2007.
5. The grievance log contained many missing grievances and the numbers were out of sequence. The log did not contain complete documentation regarding the date, number, and the outcome of the grievance. The OJSO will conduct further review of the grievance log at the next visit.
 6. The LDS continues to be out of compliance regarding the census at the shelter. This was a violation during the last oversight visit in November of 2006. The written response by the facility director to the oversight report included the following comments. "Shelter capacity fluctuates due to admissions of abused and neglected children. We are the only facility in this county that serves that population. The only alternative would be for law enforcement or CWS to leave children at risk in the abusive environment." According to the DHS Area VI Area Director, this is not the only alternative; a diversion process is in place to move children to emergency foster care within time frames in DHS policy.

Violations

1. Eight resident files did not contain documentation of the immunization records or documentation that the immunization records were requested. Department of Human Services licensing standards, Section 154, Social Services, (e), Resident's records, (1), (D) states, "The facility maintains a written record for each resident...The record includes medical records;" Section 154.3, Health and medical services, (d), Immunizations, states, "Each resident is immunized against communicable diseases in accordance with the rules and regulations of the Oklahoma State Department of Health."
2. Ten resident files did not contain signed documentation that the residents were provided written copies of the facility policies regarding resident rights. Department of Human Services licensing standards, Section 154, Social Services, (e), Resident's records, (1), (J), states, "The facility maintains a written record for each resident.... The [resident] record includes signed documentation that the resident and parents or custodian have been provided written copies of the facility's policies on resident's rights..."
3. Six resident files did not contain signed documentation that the resident was provided information on the resident right to file a grievance. Department of Human Services licensing standards, Section 154, Social Services, (e), Resident's records, (1), (J), states, "The facility maintains a written record for each resident.... The [resident] record includes signed documentation that the resident and parents or custodian have been provided written copies of the facility's policies on grievance procedures..."
4. One resident file did not contain documentation of the resident health screening within the seven-day admission date. The 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."
5. One resident file did not contain a signature by the shelter social worker on the shelter service plan. The Department of Human Services licensing standards, Section 154, Social Services, (b), (1), (B), (vi) the names and signatures, with the date, of those participating in developing the service plan."
 6. Five personnel files reviewed did not contain documentation of tuberculin testing for the staff members. The Department of Human Services licensing standards, Section 153.1, Personnel, (o), Personnel records, (2), (C), states, "The facility maintains on file a written personnel record for each employee working at the facility....The personnel record includes documentation of the mantoux (PPD) tuberculin skin test and annual documentation by a health professional for child care staff who have had a positive tuberculin skin test reaction that signs or symptoms of tuberculosis are not present."
 7. One personnel file reviewed did not contain documentation that cardiopulmonary resuscitation (CPR) certification and first aid were current for the staff members. The Department of Human Services 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)...Child care staff maintain current training in CPR and first aid thereafter."
 8. One personnel file reviewed did not contain documentation that the staff member had received orientation. The Department of Human Services licensing standards, Section 153.1, Personnel, (l), Orientation, states, "Staff receive orientation within 30 days of employment."
 9. One personnel file reviewed did not contain documentation that the staff member had received behavioral intervention training. The Department of Human Services licensing standards, Section 153.1, Personnel, (m), Staff training, (5), 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..."
 10. The OJSO reviewed the facility population reports for April 2007 and May of 2007. Of the sixty-one days that were reviewed for the two month period, the shelter was out of compliance on thirty-six population reports (days). Department of Human Services policy OAC 340:75-10-9, Admission and discharges, (b), Shelter capacity and length of stay in OKDHS operated shelters, in part, states, "the specified licensed capacity is 42 children at the Pauline E. Mayer shelter and 38 [now licensed for 50] children at the Laura Dester shelter."
 11. The OJSO reviewed the population report for the day of the visit, which included the admit and discharge dates for all fifty-eight residents. Three

- of the residents, who were six years of age or older, had been placed at the shelter over sixty days. Department of Human Services policy OAC 340:75-10-9, Admission and discharges, (b), Shelter capacity and length of stay in OKDHS operated shelters, (2), states, "The child.... six years of age or older remains in shelter care no more than 30 days. If an extended stay is required, the child's length of stay in the shelter does not exceed 60 days;"
12. Eleven residents under the age of five had been at the shelter for over 24 hours. Department of Human Services policy OAC 340:75-10-9, Admission and discharges, (b), Shelter capacity and length of stay in OKDHS operated shelters, (1), states, "The child....five years of age or younger remains in the shelter no more than 24 hours. If the child does not return home during this time, the child is discharged to emergency foster care (EFC), per OAC 340:75-7-262;"

VAS

STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES
LAURA DESTER SHELTER

619 S. Quincy
Tulsa, OK 74120
918-560-4881

RECEIVED
JUL 19 2007
OCCY

June 29, 2007

Oklahoma Commission on Children and Youth
April Simmons, Oversight Specialist
500 N. Broadway, Suite 300
Oklahoma City, OK 73102

Dear Ms. Simmons:

This letter is in response to your noted violations during your May 30, 2007 oversight visit.

1. Eight resident files did not contain documentation of the immunization records were requested. Department of Human Services licensing standards, Section 154, Social Services, (e), Resident records, (1), (D) states, "The facility maintains a written record for each resident...The record includes medical services, (d), Immunizations, stated, "Each resident is immunized against communicable diseases in accordance with the rules and regulations of the Oklahoma State Department of Health."

As an Oklahoma Department of Human Services shelter we have full access to the KIDS computer system which is a written record including immunization and other pertinent health records. We will, as of this writing, start copying this written record to the paper file since the oversight agency doesn't have access to the written record in the KIDS system. If the child's records are not in KIDS we will print them from the OCIIS system and place in the paper file.

2. Ten resident files did not contain signed documentation that the residents were provided written copies of the facility policies regarding resident rights. Department of Human Services licensing standards, Section 154, Social Services, (e), Resident's records, (1), (J), states, "The facility maintains a written record for each resident....The [resident] record includes signed documentation that the resident and parents or custodian have been provided written copies of the facility's policies on resident's rights...."

We have reviewed this policy with the CWS-IV and staff. All current files are being reviewed for compliance and all future resident records will be in compliance.

3. Six resident files did not contain signed documentation that the resident was provided information on the resident right to file a grievance. Department of Human Services licensing standards, Section 154, Social Services, (e), Resident's records, (1), (J), states "The facility maintains a written record for each resident....The [resident] record includes signed documentation that the resident and parents or custodian have been provided written copies of the facility's policies on grievance procedures..."

We have reviewed this policy with the Grievance Coordinator. All current files are being reviewed for compliance and all future resident records will be in compliance.

4. One resident file did not contain documentation of the resident health screening within the seven-day admission date. The 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,"

We have reviewed this with the Nurse Practitioner to assure 100% compliance in the future.

5. One resident file did not contain a signature by the shelter social worker on the shelter service plan. The Department of Human Services licensing standards, Section 154, Social Services, (b) , (1), (B), (vi) the names and signatures, with the date, of those participating in developing the service plan."

We reviewed this with the CWS staff with focus of review being attention to detail.

6. Five personnel files reviewed did not contain documentation of tuberculin testing for the staff members. The Department of Human Services licensing standards, Section 153.1, Personnel, (o), Personnel records, and (2), (C), states, "The facility maintains on file a written personnel record for each employee working at the facility....The personnel record includes documentation of the mantoux (PPD) tuberculin skin test and annual documentation by a health professional for child care staff who have had a positive tuberculin skin test reaction that signs or symptoms of tuberculosis are not present."

One of the staff has resigned as of 6-21-07. One has now had

documentation in the file indicating he had a negative skin test on 3-15-07 at the L.E. Rader Center; one required an x-ray rather than a skin test and he couldn't get that until the 28th of June; and two staff have been advised they will be removed from the schedule if they fail to complete the test by the end of June.

7. One personnel file reviewed did not contain documentation that Cardiopulmonary resuscitation (CPR) certification and first aid were current for the staff member. The Department of Human Services 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)...Child care staff maintain current training in CPR and first aid thereafter."

Documentation is now in the file indicating CPR and First Aid were completed on 9-1-06.

8. One personnel file did not contain documentation that the staff member had received orientation. The Department of Human Services licensing standard, Section 153.1, Personnel, (I), Orientation, states, "Staff receive orientation within 30 days of employment."

Documentation is now in the file indicating Orientation was completed on 4-19-07.

9. One personnel file reviewed did not contain documentation that the staff member had received behavioral intervention training. The Department of Human Services licensing standards, Section 153.1, Personnel, (m), Staff training, (5), 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..."

Documentation is now in the file indicating MANDT training was completed on 5-29-07.

10. The OJSO reviewed the facility population reports for April 2007 and May of 2007. Of the sixty-one days that were reviewed for the two month period, the shelter was out of compliance on thirty-six population reports (days). Department of Human Services policy OAC 340:75-1-9, Admission and discharges, (b), Shelter capacity and length of stay in OKDHS operated shelters, in part, states, "the specified licensed capacity is 42 children at the Pauline E. Mayer shelter and 38 [now licensed for 50] children at the Laura Dester Shelter."

We continue to be the only shelter in the county that takes abused and neglected children placed into protective custody by law enforcement and the Courts so consequently capacity fluctuates. Emergency foster care is only a diversion from the shelter after admission and not prior to admission to the shelter. We also have diversion contracts with Youth Services of Tulsa County, Youth Services of Creek County and Rogers County Youth Services but these are also only diversion after the child is admitted to Laura Dester Shelter. All diversion contracts are dependant upon bed availability within the contractor program. When their beds are full we can no longer access them. The only alternative would be for law enforcement or the CWS to leave the child at risk in the abusive home.

11. The OJSO reviewed the population report for the day of the visit, which included the admit and discharge dates for all fifty-eight residents. Three of the residents, who were six years of age or older, had been placed at the shelter over sixty days. Department of Human Services policy OAC 340:75-10-9, Admission and discharges, (b), Shelter capacity and length of stay in OKDHS operated shelters, (2), states, "The child....six years of age or older remains in shelter care no more than 30 days. If an extended stay is required, the child's length of stay in the shelter does not exceed 60 days;"

OKDHS has put in place a "Diligent Search Unit" and "Kinship Placement Unit" to supplement the Foster Care Unit in locating and securing placement for custody children. However, during periods of high shelter admissions, it is very difficult to keep up with the demand for placements. To date this fiscal year, 90.52% of admissions have left within 30 days and 97.65% have left within 60 days.

12. Eleven residents under the age of five had been at the shelter for over 24 hours. Department of Human Services policy OAC 340:75-10-9, Admission and discharges, (b), Shelter capacity and length of stay in OKDHS operated shelters, (1), states, "The child....five years of age or younger remains in the shelter no more than 24 hours. If the child does not return home during this time, the child is discharged to emergency foster care (EFC), per OAC 340:75-7-262;"

See responses to Violations 10 and 11.

Areas of Concern

1. Several of the admission assessment forms located in the resident files left important information blank, such as the medical and educational information. In addition, there was no explanation regarding the missing information.

This information is usually not available at time of admission. We will take those categories off the admission assessment forms. The medical information will be available on the health assessment and the educational information will be in the service plan developed by the treatment team. I will show you those forms upon your next visit.

2. In November of 2006, the OJSO found identical deficiencies in the staff and resident files. Although the same information was missing, the staff and resident files were different from those during the May oversight visit.

Documentation in a 24 hour facility is not as easy as it may seem to the outsider. TB tests can't be given and read between the hours of 8 to 5, forms don't always get changed in an expeditious manner, people have information to write down but an emergency arises and they forget so it doesn't get written down, any system of and by human beings will have errors.

3. The LDS prepared a response letter to DHS the day after the Division of Child Care made their visit. The LDS noted that areas of noncompliance were corrected. However, the OJSO did not find documentation that the TB tests were completed for the staff members as stated in the letter and it had been over thirty days since the DHS Licensing visit.

Only two of the the five cited by OJSO were on the DHS Licensing visit list. One is the gentleman requiring the chest x-ray and the other had the skin injection but failed to have it read within the proper time frame.

4. The Office of the State Fire Marshall inspection form, dated May 15, 2007, required the LDS to create a Plan of Correction and submit the plan to the State Fire Marshal's Office within three days. The non-compliance issue was that the LDS was over capacity. The plan of correction noted in the inspection form was to "Reduce population to licensing limits". According to the Fire Marshal who conducted the inspection, the LDS had not submitted a Plan of Correction as of May 30, 2007.

Plan of correction was submitted May 31, 2007.

5. The grievance log contained many missing grievances and the numbers were out of sequence. The log did not contain complete documentation regarding the date, number, and the outcome of the grievance. The OJSO will conduct further review of the grievance log at the next visit.

The grievance coordinator had been off due to a heart attack, surgical repair and recovery. The person assigned to fulfill those duties was not as

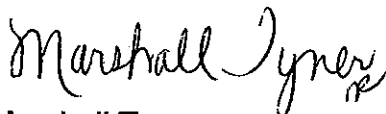
skilled in the duties. The coordinator has returned and is working on the log.

6. The LDS continues to be out of compliance regarding the census at the shelter. This was a violation during the last visit in November of 2006. The written response by the facility director to the oversight report included the following comments. "Shelter capacity fluctuates due to admissions of abused and neglected children. We are the only facility in this county that serves that population. The only alternative would be for law enforcement or CWS to leave children at risk in the abusive environment." According to the DHS Area VI Director, this is not the only alternative; a diversion process is in place to move children to emergency foster care within time frames in DHS policy.

See response to violation number 10.

In conclusion, shelter capacity and our residents' length of stay continue to be two of our biggest challenges. The increase of licensed capacity to 50 will resolve some of the issues. Our lack of available resources ranging from emergency foster homes to Level D group home placements continue to contribute to the length of stay for many of our residents. DHS will continue to identify ways to best serve our custody children with the resources available.

Sincerely,



Marshall Tyner
Director, Laura Dester Shelter

C: Stephen R. Scott
Linda Smith