

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

Name and Location of Facility: Laura Dester Shelter
Tulsa Oklahoma

Dates of Visit: April 1 and April 9, 2009

Oversight Reviewer: Cliff A. Aldridge, Oversight Specialist

Focus of Visit: First Biannual Visit, 2009

Date: July 1, 2009

Introduction

The Office of Juvenile System Oversight (OJSO) conducted an unannounced visit on April 1 and April 9, 2009, at the Laura Dester Shelter (LDS), located in Tulsa, Oklahoma. The purpose of the visit was to assess compliance with established responsibilities and facility policy and procedures. The LDS was certified for sixty-three residents by the division of Oklahoma Child Care Services (OCCS) of the Oklahoma Department of Human Services (OKDHS). On April 1, 2009, the census was forty residents, and on April 9, 2009, the census was fifty-one. The LDS is operated by the OKDHS.

Interviews Conducted

- Entry conference with the social worker supervisor on April 1, 2009
- Conference with the shelter director, including preliminary exit information on April 1, 2009
- Eight residents
- Eight direct care staff (DCS) members
- Grievance coordinator
- Entry conference with the DCS III (supervisor) on April 9, 2009
- Exit conference with the assistant director on April 9, 2009

Documents Reviewed

- Two resident case records
- OKDHS OCCS Residential Child Care Facility Inspection report dated February 9, 2009
- Facility roster for April 1 and April 9, 2009
- Personnel files and training records of two direct care staff members
- Facility grievance log for January, February, and March 2009

- *The Journey, A Mythological Story and an Adventure Game* (excerpts)
- The OJSO reports of unannounced visits on May 30, 2007, November 6, 2007, April 16, 2008, and October 29, 2008

Areas Toured

- Dining hall
- Nurse's station
- Building 3
- Middle House
- Little House
- Grounds

Findings

Resident and Direct Care Staff Interviews

Eight residents were interviewed relative to the services they were receiving, their residential care, and their interactions with the staff. Two residents interviewed reported hearing staff members curse but did not identify them. Most of the residents interviewed said the food was decent or good. All interviewees reported participating in regular recreational activities, both on and off of the facility grounds. Two residents interviewed said they were unfamiliar with the grievance procedure or were unable to describe it. The remaining six residents interviewed demonstrated knowledge of the grievance procedure, but two of the six residents said that filing grievances was not helpful.

Half of the residents interviewed said they felt safe in the facility; the other half said they did not feel safe when other residents were fighting or when residents or staff were yelling or arguing. One resident reported possible physical abuse that had not been previously reported. The resident consented to allowing the OJSO to advise the staff to arrange an interview in this regard.

The OJSO noted a pattern of consistency in the interview responses from the eight staff members interviewed.

- The majority of staff members interviewed cited morale issues because of frequently being required to work double shifts.
- The majority of staff members interviewed believed that the administration had little or no connection with the shelter staff, residents, or program.
- All staff members interviewed said their work with children was rewarding.
- All staff members interviewed said they had met their training requirements.
- Most of the staff interviewed believed that the residents were served a sufficient amount of food, but that the food was too fattening or too high in calories.
- Staff interviewed reported frequent participation by the residents in a variety of meaningful recreational activities on campus and in the community.

- When asked about their responsibility to report suspected abuse of residents, the staff members said they would report to their supervisors, but none of them indicated they had a responsibility to report to the OKDHS Office of Client Advocacy (OCA) or law enforcement.

Both residents and staff members interviewed made comments about seven-day restrictions from activities that could be imposed on the residents for misbehavior. They also referred to a program called, "The Journey." The OJSO requested all of the available information about the program and was provided with photocopies of partial excerpts of a program by a local Ph.D. psychologist providing services to the facility. The OJSO observed a large mural painted on three walls of the dayroom in the main building. "The Journey" materials and the mural depicted a complex map of images that incorporated rules and consequences for violations. The consequences for violations of the rules included loss of privileges, restrictions on telephone calls, and reduced interaction with staff. One of the consequences for a major danger (rule) violation was immediate "in shelter supervision" (ISS) for seven days. "ISS" included "No privileges, steps, tokens or outings; only one personal telephone call per day for 7 days".

During the course of the two days of oversight at the shelter, there were a number of references to the Tulsa Advocates for the Protection of Children (TAPC). Reportedly, the TAPC provided paid staff members, such as teachers, an early childhood development specialist, and a social worker onsite, to provide services to the LDS. The TAPC also contracted with the University of Oklahoma Health Sciences Center (OUHSC) for a nurse to provide the health assessments of children admitted to the shelter.

File Reviews

The personnel files and training records of two direct care staff members were reviewed for compliance with minimum standards. Both files were complete and current for the items reviewed at the time of the visit.

Two resident case records were reviewed. Both files failed to document that the residents were advised of the rules of the facility. Neither of the files documented provision of pertinent facility policies in writing, as required. One of the service plans documented participation by the resident and one did not. Neither of the files documented participation by the custodian (child welfare worker) beyond the initial staffing. Signatures on the service plans were not dated to establish compliance with the time frames.

An initial service plan was completed at the time of admission and was signed and dated by the shelter staff member and the resident. The form did not have a signature line for the custodian. The initial plan was not individualized and was not designed to be individualized. Subsequent reviews provided for a limited amount of individualization, but the signature lines did not include a line to date the signatures.

The OCCS inspection report noted that all non-compliance issues from the previous visit had been corrected. The visit noted minor physical plant issues corrected during the visit or to be corrected within one week. The OCCS inspection report also noted eighteen staff members with an insufficient number of annual training hours, twenty-three staff members with expired cardiopulmonary resuscitation (CPR) and/or first aid training, and fourteen staff members that needed tuberculin testing. The plan of correction included faxing the first aid/CPR expiration dates and tuberculin testing to the licensing worker. The information was faxed to the OCCS licensing worker and was included in the inspection report reviewed.

Grievance Log Review

The OJSO reviewed the grievance log for January, February, and March 2009. Grievances were numbered and were recorded on a paper log maintained in the grievance coordinator's office.

Fifty-three grievances had been filed for the period. Fourteen of the grievances on the log did not show the level of resolution. Thirty-seven of the grievances did not show a resolution date. Reasons for non-resolution of grievances included:

- Four grievances resulted in referrals to the OKDHS OCA, and therefore, did not have a resolution date or level of resolution.
- Some grievances were filed against the child welfare worker, and as a result, were sent to the child welfare office.
- Some residents declined to complete or withdrew their grievances.
- Some residents were discharged prior to resolution of their grievances.
- Some residents went AWOL prior to the resolution of their grievances.
- Some grievances were assigned to staff members for resolution but were not returned to the grievance coordinator, and therefore, no date or level of resolution, if any, was recorded.

Observational Tour

The lawn area immediately adjacent to the entrance to the main shelter building was littered with dozens of cigarette butts scattered on the lawn between the building and the sidewalk and between the sidewalk and the street. Many of the cigarette butts were within twenty-five feet of the entrance to the building. The glass pane in the front door was cracked.

In other outside areas, empty dairy cartons were stacked or scattered near several of the buildings. Outside the Little House, trash and toys were scattered inside the fence. The driveway outside the kitchen was littered with empty cardboard boxes that appeared to have been tossed from the outside doorway of the kitchen.

In other outside areas, a number of small attractively landscaped areas were observed. The lawn areas appeared to have been recently mowed, as well. The otherwise unkempt

appearance of the campus detracted from the lawn maintenance and the landscaped areas.

Overall, the interior areas of the facility were observed to be clean, although minor maintenance issues with the windows and other furnishings were in evidence. The director advised that a new shelter was under construction and was expected to be opened during the first half of 2010.

Areas of Concern

1. None of the staff members interviewed appeared to be aware of their responsibility to report suspicions of abuse or mistreatment of the residents beyond reporting to their supervisor or someone in the administration.
2. Grievance records were poorly organized and incomplete as noted above. The OJSO recommended:
 - the grievance coordinator keeps a copy of grievances assigned to other staff members for resolution so that a follow-up could be done with the assigned staff member if not returned within the allotted time period;
 - grievances resulting in referrals to the OCA be considered resolved with the OCA referral, since the grievance coordinator did not necessarily receive notification of the OCA referral outcomes;
 - grievances unresolved after the discharge or AWOL of a resident be closed with the pertinent entries on the log; and
 - (to the shelter director) the grievance log be maintained on a spread sheet to include additional information, such as whether the grievance was appealed, and if resolved, the level of resolution.
3. Many cigarette butts were within twenty-five feet of the entrance to the building, where smoking is prohibited by state law.
4. The majority of staff members interviewed reportedly felt no connection with the administration.

Violations

1. Both resident case records reviewed did not document that the residents were advised of the rules of the facility. OKDHS policy, OAC 340:110-3-154, Social services, (a), Admission, (6), states, "Upon admission, the facility advises the resident of all rules and regulations of the facility."
2. Both resident case records reviewed did not document the provision of pertinent facility policies to the resident or the custodian. OKDHS policy, OAC 340:110-3-154, Social services, (a), (7), states, "The facility documents, by the resident's and 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, grievance procedures, behavior management policies, trips away from the facility, use of volunteers, and frequency of reports to the parents or custodian."

3. The facility resident grievance log was disorganized and incomplete. Similar findings of violations or concerns with grievance records were reported to the shelter director during the previous four OJSO oversight visits without any apparent action by the administration to resolve the violations or concerns. OKDHS policy, OAC: 340:2-3-45, Grievance system protocols, (h), Grievance records, logs, and quarterly reports, states, "The LGC maintains an accurate and complete record of each grievance filed as well as summary information about the number, nature, and outcome of all grievances filed. Records of grievances are kept separate and apart from other client records and files. Grievance records relating to DDS clients are retained in accordance with OAC 340:100-3-40. OKDHS grievance records and files are retained in accordance with state and federal laws governing retention and destruction of records."
4. Other outside areas near some of the buildings were littered with milk cartons, cardboard boxes, or other trash, giving an unsightly appearance to the facility. OKDHS policy, OAC 340:110-3-157, Physical facility and equipment, (j), Sanitation and safety, states, "All habitable and non-habitable areas are maintained in a clean and sanitary condition, free of litter and hazards."

Summary

The OJSO noted that an evaluation of "The Journey" behavior management program would be conducted in the course of the upcoming certification process pursuant to new legislative mandates for the Commission on Children and Youth.

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