

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

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

**Date of Visit:** April 16, 2008

**Oversight Reviewer:** Anthony Kibble, Intern, and  
Joanne L. Verity, Programs  
Manager

**Focus of Visit:** Unannounced Oversight Visit

**Date:** June 3, 2008

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**Introduction**

The Office of Juvenile System Oversight (OJSO) conducted an unannounced visit on April 16, 2008, to the Laura Dester Shelter (LDS), located in Tulsa, Oklahoma. The purpose of the visit was to assess grievance procedures, conduct caretaker review (CCR) process, as well as compliance with other established responsibilities. The LDS was licensed for fifty residents by the Division of Oklahoma Child Care Services of the Department of Human Services (DHS). On the day of the OJSO visit, the census was fifty-eight residents.

**Interviews Conducted**

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

**Documents Reviewed**

- Personnel files, OSBI criminal background checks, medical records, and training records of four staff members
- Tuberculin test records on all direct care staff
- Five resident files
- Office of the State Fire Marshal inspection reports, dated May 05, 2007.
- DHS Oklahoma Child Care Services Facility inspection form, dated January 3, 2008.
- Conduct Caretaker Review (CCR) log through January through April 2008.
- Three Caretaker review reports.
- Grievance log for January through April of 2008.

- Two grievance reports.
- Tornado and fire drill log for 2008.
- Recreation schedule for April 2008.
- Resident menu for April 2008.
- Population Report for January through April 2008.
- Previous OCCY Oversight Report dated December 31, 2007.

## **Findings**

### **Persons Interviewed**

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

- The majority of the residents reported that the Journey program is providing positive guidance.
- Two residents reported they had been threatened with being placed in an inpatient facility.

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

- All four direct care staff reported that group punishment is allowed as a form of discipline.
- There was a need for more direct care staff to be available to work when the shelter is full or over capacity rather than staff members working double shifts.

### **Documents Reviewed**

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

- Two files contained a signed grievance notification form, but the grievance coordinator information was blank.
- One file did not contain signed documentation that the residents were provided written copies of the facility policies regarding resident rights.
- One file did not contain the custodian signatures on the initial service plan (ISP).
- One file contained the ISP, but it was not dated.

The OJSO reviewed four personnel files for compliance with OSBI criminal background checks, medical records, training records and compliance with DHS licensing standards. The OJSO noted:

- Four personnel files did not contain documentation of tuberculin testing for the staff members.
- Two personnel files did not contain documentation that cardiopulmonary resuscitation (CPR) certification and first aid were current for the staff members.
- Two personnel files contained documentation of orientation; however, signatures of employees or staff were not on the documentation.
- One personnel file did not contain the personnel management process evaluation (PMP).
- One personnel file did not contain the required three reference forms completed prior to employment.
- One personnel file did not contain documentation that the staff member had received behavioral intervention training (Mandt).

The OJSO reviewed the DHS Grievance Tracking Log (GTL) for January through April of 2008. According to the GTL, eleven grievance forms had been dispersed to residents during the reviewed time frame. The log contained a spreadsheet format with GTL at the top, along with the date. There were seven headings for each column. The column headings included the following:

- Form number
- Date given to client
- Name of grievant
- Date received from processing
- Date resolved
- Level resolved
- Final outcome

The GTL documentation was missing critical information, which included the following:

- The date the resident received the grievance form was left blank on two of the numbered forms.
- The date the grievance was received for processing was left blank on two of the numbered forms.
- The date the grievance was resolved was left blank on nine of the numbered forms.
- The level at which the grievance was resolved was left blank on four of the numbered forms. Also, there was a check mark on the remaining numbered forms; however, a check mark did not indicate the level as required by DHS policy.
- The final outcome of the grievance was left blank on five of the numbered forms. These were resolved according to the date resolved section, but the final outcome section had initials indicating the final outcome.

- There were nine grievances that remained unresolved since January 07, 2008.
- There were two grievance forms that were missing.
- The GTL months were missing the ending dates at the top of the form.

The OJSO reviewed the tuberculin records form, dated 04/16/2008, for all direct care staff members. The OJSO noted:

- Nineteen of the direct care staff members had not had the required tuberculin test.

The OJSO reviewed the census log from January 1, 2008, through April 16, 2008, for compliance with licensed capacity of fifty residents. The OJSO noted:

- On nineteen days within the reviewed period, LDS reported exceeding the license capacity of fifty residents.

### **Areas of Concern**

1. One personnel file indicated the employee had been employed in 2005 and completed orientation during that time; however, the employee quit a week after beginning employment. The personnel file indicated that the employee returned to work in 2006; however, orientation or an update on policy had not been completed at that time of employment.
2. One of the resident files had two different dates of admission for the resident throughout the file.
3. During the oversight visit, the OJSO requested copies of 5 grievances listed on the grievance tracking log; however, the LDS only provided three of the actual grievances. The LDS could not find one of the reports to provide to the OJSO, and the other was reported to be under investigation by the Office of Client Advocacy.
4. All of the direct care staff reported that group punishment was an option in regard to discipline.
5. The OJSO reviewed the GTL on the last oversight visit. The OJSO noted the grievance log contained many missing grievances and the numbers were out of sequence. The log did not contain complete documentation regarding the date resolved and the outcome of the grievance. The OJSO made this an area of concern on the last oversight report, but according to the GTL, minimal change had occurred since the last oversight report.
6. All of the resident files reviewed contained Daily Behavior Observation (DBO) forms; however, all of the files were either missing the DBO forms on certain days or shifts were left blank.
7. The LDS shelter fire and tornado drill schedule reflected the required drills had been conducted; however, actual listing of the specific type of drill, tornado or fire, was unclear according to the "Fire and Tornado Log" provided during the oversight visit.

8. OJSO requested a copy of the most recently completed CCRs; however, the most recently completed CCR provided by LDS was dated 02-01-03.
9. The LDS Manual Restraint Log (MRL) indicated that the length of restraints sometimes lasted thirty minutes in duration, exceeding Mandt behavior management guidelines.

### **Violations**

1. The OJSO reviewed the facility population report for the day of the oversight and there were fifty-eight residents at the LDS. The shelter was out of compliance on the day of the oversight visit. The Department of Human Services policy OAC 340:75-10-9, Admissions and discharges, (b), Shelter capacity and length of stay in OKDHS operated shelters, in part, states, "The specified licensed capacity is... [50] children at the Laura Dester shelter."
2. The OJSO reviewed the facility census log for the months of January through April and there were nineteen days noted that the shelter was out of compliance with licensed capacity. The Department of Human Services policy OAC 340:75-10-9, Admissions and discharges, (b), Shelter capacity and length of stay in OKDHS operated shelters, in part, states, "The specified licensed capacity is... [50] children at the Laura Dester shelter."
3. According to the population report for the day of the oversight visit, four of the residents, who were six years of age or older, had been placed at the shelter over sixty days. The Department of Human Services policy OAC 340:75-10-9, Admissions 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. . . ."
4. According to the population report for the day of the oversight visit, fifteen residents under the age of five had been at the shelter for over 24 hours. The Department of Human Services policy OAC 340:75-10-9, Admissions 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. . . ."
5. One resident file did not contain signed documentation that the residents were provided written copies of the facility policies regarding resident rights. The 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... ."

6. Two resident files did not contain a completed Notice of Grievance Rights form. The 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... ."
7. Four direct care staff members' personnel files 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. . . ."
8. One personnel file did not reflect the employee was at least twenty-one years of age at date of hire. The Department of Human Services licensing standards, Section 153.1, Personnel, (1), states, " All child care workers are at least twenty-one years of age or older."
9. One personnel file 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."
10. One personnel file 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... ."
11. The LDS Grievance Tracking Log did not maintain an accurate and complete record of each grievance. The Department of Human Services 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 DDSD 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." It also states in subsection (1),

“Each LGC tracks grievances as they progress through the system and keeps a log of every numbered grievance form issued by OCA. Form 15GR009E, Grievance Tracking Log, can be used for this purpose. For grievances submitted by a client, the tracking log includes: the grievance number; the name of the grievant given the form; the date the form was submitted by the grievant; the nature and outcome of the grievance; the date of final resolution; and the level where it was resolved. If a grievance form is provided to a client and not turned in, the facility tracks only the number on the form, the name of the client to whom the form was given, and the date it was given to the client.”

12. One personnel file did not contain the required three reference forms completed prior to employment. The Department of Human Services licensing standards, Section 153.1, Personnel, (g) Employment requirements, (1) References, states “[t]he facility obtains a minimum of three references for all staff prior to employment.”

