

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

Name and Location of Facility: Laura Dester Children's Center
Tulsa Oklahoma

Dates of Visit: December 7 and 13, 2010
Exit Conference: March 3, 2011

Oversight Reviewer: Janice Sharp, Oversight Specialist

Focus of Visit: Oversight Visit for 2010 and Five Complaint Investigations

Date: March 24, 2011

Introduction

The Office of Juvenile System Oversight (OJSO) initiated an unannounced visit on December 7, 2010, at the Laura Dester Children's Center (LDCC), located in Tulsa, Oklahoma. On December 13, 2010, the OJSO returned to LDCC and completed the visit. The purpose of the visit was to assess compliance with established responsibilities and facility policy and procedures and conduct five complaint investigations. Since the last oversight visit, the shelter had moved to a newly built facility at a different location. Occupancy in the new shelter began in late October 2010. The shelter census was twenty-eight residents on the first day of the visit. Of those twenty-eight residents, five children were five years old or younger. The shelter census was twenty-nine residents on the second day of the visit. Of those twenty-nine residents, seven children were five years old or younger. On both days of the visit, one resident was away from the shelter for mental health services.

The LDCC is operated by the Oklahoma Department of Human Services (OKDHS) and is certified by the Oklahoma Commission on Children and Youth (OCCY). On November 10, 2010, the OCCY issued a temporary certificate for the LDCC to operate as a Children's Shelter for sixty-three residents. The OCCY Emergency Rules, appearing at Oklahoma Administrative Code (OAC) 135:10-24-1 through 135:10-24-3, pertaining to a certification program for the children's shelters operated by the OKDHS, require the shelters to comply with the current OKDHS Licensing Requirements for Residential Child Care Facilities.

Four of the five complaint investigations pertained to staff's actions toward residents' behaviors and the other complaint investigation pertained to medication administration. The investigative findings will be addressed in separate correspondence.

Interviews Conducted

- Entry interview with the child welfare specialist supervisor
- Three residents
- Exit conference on March 3, 2011, with the shelter director

Documents Reviewed

- Files on four current residents
- Files on three former residents
- Personnel files and training records for four direct care staff members
- OCCY temporary certificate issued November 10, 2010, to operate as a Children's Shelter for sixty-three residents
- OCCY Emergency Shelter Certification Summary and Non-Compliance report dated March 3, 2011
- Office of the Oklahoma State Fire Marshal inspection report dated August 4, 2010, regarding ongoing inspection of the newly built shelter for compliance with the approved plans, prior to occupancy
- Tulsa Health Department food inspection report was unavailable as an annual inspection had not been conducted at the new shelter, to date
- Facility grievance tracking log for July 1, 2010, through December 6, 2010
- Facility OKDHS Office of Client Advocacy (OCA) referral log for 2010
- Facility physical restraint log for January 1, 2010, through December 6, 2010
- Facility incident reports
- Facility staff roster
- Facility list of residents
- Facility menu for the week of December 6, 2010
- Facility activities schedule for December 2010
- OJSO report of unannounced visit on December 21 and 22, 2009, January 27, 2010, and March 17, 2010, and the facility's response dated July 15, 2010

Areas Toured

The child welfare specialist supervisor hosted a tour of the facility on the day of the exit conference.

Findings

Resident Interviews

The OJSO interviewed three residents. The OJSO noted:

- All three interviewees stated that they felt safe at the shelter.
- Two interviewees reported not having been physically restrained at the shelter; the remaining interviewee reported having been physically restrained at the shelter.

- When asked to describe the quality of the food served at the shelter, one interviewee stated that the food was “good”, another interviewee stated that the food was “alright”, and the remaining interviewee stated that the food “could be better”.
- All three interviewees stated that second helpings of food were allowed at mealtime.
- All three interviewees reported that a seven-day restriction from privileges was the worst punishment a resident could receive for breaking a rule at the shelter.
- All three interviewees were unaware of any residents having been assaulted, mistreated, or injured at the facility.
- None of the three interviewees reported having been cursed at or having witnessed other residents being cursed at by staff at the shelter.
- All three interviewees demonstrated familiarity with the facility grievance procedures.
- Two interviewees had not filed a grievance at the shelter; the remaining interviewee had filed at least one grievance at the shelter and reported knowing the outcome.
- All three interviewees named at least one staff person when the interviewees were asked if there was a staff person with whom they felt comfortable talking with if the interviewees were scared, worried or had a problem.

No concerns were noted from the resident interviews.

Staff Interviews

The OJSO did not interview any direct care staff members this visit.

Resident File Review

The OJSO reviewed seven resident files for OCCY certification requirements for residential child care facilities. The OJSO noted:

- One of the seven resident files reviewed did not contain documentation to indicate authority to accept the child into the shelter.
- Two of the seven files reviewed did not contain an immunization record.

No other concerns were noted from the resident files reviewed.

Staff File Review

The OJSO reviewed the personnel files and training records of four current direct care staff members for compliance with OCCY certification requirements for residential child care facilities. No concerns or violations were noted from the personnel files and training records reviewed.

Physical Restraint Log Review

The OJSO reviewed the physical restraint log for January 1 through December 6, 2010. Thirty-one incidents requiring the use of physical restraints were documented for the reporting period. One entry regarding a physical restraint did not indicate the length of

time the physical restraint remained applied. Documentation indicated that one incident of physical restraint was used during an AWOL attempt involving a resident more than thirteen years of age. No other concerns were noted from the physical restraint log review.

Grievance Tracking Log Review

The OJSO requested to review the grievance tracking log for July 1 through December 6, 2010. Documentation indicated that ten grievances were filed during the reporting period. The facility used OKDHS form 15GR009E (OCA-GR-5), Grievance Tracking Log. The nature of the grievance was not always indicated. A check mark was used to indicate the level at which the issues were resolved, and therefore, it could not be determined from review of the log whether or not timeframes were met for resolving the grievances. The log indicated that one grievance referred to the OKDHS Office of Client Advocacy (OCA) as a reportable incident was not reported to the OCA within the required timeframe. Some of the numbered grievance forms were unaccounted for on the log. For example, grievances No. 118959 and No. 118961 were listed on the log, and both had been received, processed, and resolved in August, but there was no documentation regarding grievance No. 118960. No other concerns were noted from the grievance log review.

Facility OCA Referral Log Review

The OJSO reviewed the facility OCA investigative report and CCR log. Sixteen incidents in 2010 were reported to the OKDHS OCA. The OCA accepted three of the sixteen referrals for investigation and returned the other thirteen referrals to the shelter for internal CCRs. The facility referral log did not provide a field to document when the shelter received the information regarding the reportable incident. According to the log, some of the incidents were not reported to the OCA in the required timeframe. For example, an entry documented that the incident occurred on the first day of the month and that the shelter reported the incident to the OCA on the 12th day of the month. One entry appeared to have transposed dates for when the incident occurred and when the shelter reported the incident to the OCA. This entry recorded that the shelter reported the incident to the OCA three days before the incident had occurred. The findings were listed for two of the three OCA investigations and all thirteen CCRs; however, six of the entries regarding CCRs did not document the date the CCRs were completed. No other concerns were noted from the facility OCA referral log review.

Other Inspection Reports Review

The OJSO reviewed the most recent OCCY emergency shelter certification summary and non-compliance report. The facility's corrective action plan indicated that the deficiencies would be corrected within thirty days. The fire marshal's office had conducted inspections of the newly built facility prior to occupancy. Annual inspections by the fire marshal's office and the health department had not been conducted as

occupancy began in late October 2010. No concerns were noted from the inspection reports review.

Areas of Concern

1. One of the seven resident files reviewed did not contain documentation to indicate authority to accept the child into the shelter.
2. One entry on the physical restraint log did not indicate the length of time the physical restraint remained applied.
3. The facility OCA referral log was not complete.

Violations

1. The grievance tracking log did not document the levels at which the issues were resolved. The nature of the grievance was not documented for all of the grievances. Some of the numbered grievance forms were unaccounted for on the log. OKDHS policy and procedures, OAC:340:2-3-45, Grievance system protocols, (h), Grievance records, logs, and quarterly reports, (1), in part, states, "The LGC (local grievance coordinator) 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. . . . 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."
2. The grievance tracking log indicated that one grievance referred to the OKDHS OCA as a reportable incident was not referred within the required timeframe. The facility OCA referral log indicated that reportable incidents were not reported to the OCA within the required timeframe. OKDHS policy and procedures, OAC 340:2-3-33, Procedure for reporting suspected abuse, neglect, verbal abuse, caretaker misconduct, and exploitation, (a), Reporting requirements and reportable incidents, (3), states, ". . . employees of OKDHS, Department of Rehabilitation Services (DRS), Department of Mental Health and Substance Abuse Services (DMHSAS) . . . and the J.D. McCarty Center who have reason to believe that caretaker misconduct, as defined in OAC 340:2-3-2, with regard to a client has occurred promptly refer it to OCA intake. This referring requirement also extends to employees of private facilities that contract with OKDHS, DRS, DMHSAS . . . to provide residential services to these clients." At the same cite, paragraph (7) states, "Promptly' reporting as used in this subchapter means the same day or the next working day."

3. Two of the seven files reviewed did not contain immunization records. OAC 340:110-3-154.3, 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."

Recommendations to the LDCC

1. Determine whether or not a resident at least thirteen years of age can be physically restrained by staff in an attempt to prevent the resident from going AWOL from the shelter, recommend the proposed policy in the rulemaking process, and adhere to the new policy.
2. Consider revising the facility OCA referral log to include the date the shelter received the information regarding reportable incidents.
3. Consider revising the facility OCA referral log to include the date the shelter submitted the CCR finding reports to the Advocate General.

Summary

In the exit conference, the OJSO provided the shelter director with a facility exit checklist that identified the resident and staff files reviewed and the areas of concern and the violations. The OJSO and the shelter director discussed each item listed. The OJSO provided copies of documentation regarding deficiencies noted. Subsequent to the exit conference, the facility provided documentation to resolve the items that could be resolved. The OJSO brought to the shelter director's attention examples of several documents maintained in the resident files with signatures that were not dated and a copy of a resident service plan with signatures that were dated with the year 2000 instead of year 2010.

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