

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

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

**Date of Visit:** May 3, 2011  
Exit Conference: May 11, 2011

**Oversight Reviewer:** Janice Sharp, Oversight Specialist

**Focus of Visit:** Oversight Visit

**Date:** May 25, 2011

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### **Introduction**

The Office of Juvenile System Oversight (OJSO) conducted an unannounced visit on May 3, 2011, at the Laura Dester Children's Center (LDCC), located in Tulsa, Oklahoma. The purpose of the visit was to assess compliance with established responsibilities and facility policy and procedures. The facility census was forty-four residents on the day of the visit. Of these forty-four residents, eight children were five years old or younger. In addition to the forty-four residents, one resident was away from the facility for mental health services and two prospective residents were being admitted through the reception process. The LDCC had moved into the newly built facility at its current location in October 2010.

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 March 3, 2011, 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.

### **Interviews Conducted**

- Entry interview with the Human Resources Management Specialist II
- Three residents
- Three direct care specialists
- Informal interview with the child welfare specialist supervisor
- Exit conference with the shelter director

## Documents Reviewed

- OCCY temporary certificate issued on March 3, 2011, 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 was unavailable as an annual fire safety inspection had not been conducted of the newly built shelter; the timeframe for having an annual fire safety inspection was not expired, as occupancy in the new facility began in October 2010
- Tulsa Health Department food inspection report was unavailable as an annual inspection had not been conducted of the newly built shelter; the timeframe for having an annual food safety inspection was not expired, as occupancy in the new facility began in October 2010
- Facility grievance tracking log for January 1 through April 30, 2011
- Facility OKDHS Office of Client Advocacy (OCA) referral log for January 1 through April 30, 2011
- Facility incident report
- Facility physical restraint log for January 1 through April 30, 2011
- Facility staff roster
- Facility list of residents
- Facility menu for the week of May 2, 2011
- Facility daily activities schedule for the week of May 2, 2011
- Facility activities schedule for May 2011
- OKDHS policy and procedures, OAC 340:75-10-9, Admissions and discharges, (b), OKDHS operated shelter capacity, (1) and (2)
- OKDHS policy and procedures, OAC 340:75-10-11, DHS operated shelter social worker role, (1), (7), and (9)
- OJSO report of the unannounced visit on December 7 and 13, 2010, and the facility response dated April 19, 2011

## Areas Toured

An observational tour of the facility was not conducted.

## Findings

### Resident Interviews

The OJSO interviewed three residents. The OJSO noted:

- All three interviewees stated that they felt safe at the facility.
- When asked if fighting occurred among residents, two interviewees reported that they had witnessed some residents fighting; these two interviewees indicated that the fighting was infrequent and that it did not occur on a daily basis. The other interviewee reported that he/she had not witnessed any residents fighting.

- When asked if bullying occurred at the facility, one interviewee reported that he/she was aware of a resident bullying another resident, but the interviewee did not know the alleged offending resident's name. The other two interviewees reported that they had not witnessed any bullying among residents. All three interviewees stated they believed that staff did not allow residents to bully one another.
- All three interviewees reported that they had not been physically restrained at the facility.
- None of the interviewees were aware of any residents having been assaulted, mistreated, or injured at the facility.
- All three interviewees reported that they had not been cursed at and that they had not witnessed other residents being cursed at by staff.
- When asked if they were afraid of any staff member, all three interviewees stated, "No."
- When asked to describe the quality of the food served at the facility, on a scale of 1 to 5, with 1 being really bad and 5 being really good, two interviewees rated the food as 5 and the other interviewee rated the food as 2.
- All three interviewees stated that second helpings of food were allowed at mealtime.
- All three interviewees reported that they received frequent recreation and exercise time.
- Two interviewees demonstrated familiarity with the facility grievance procedures; the other interviewee indicated that he/she did not know about the grievance procedures. After the OJSO explained the procedures, the resident stated that the grievance procedures had been explained during admission.

No concerns were noted from the resident interviews.

### Staff Interviews

The OJSO interviewed three direct care staff members. The OJSO noted:

- When the interviewees were asked to name their two most important responsibilities in working with the residents, the responses were: providing safety for the residents, meeting the residents' needs, caring for the residents, providing non-professional counseling, and putting the residents first.
- One interviewee reported that he/she had recently physically restrained a resident; the other two interviewees reported that they had not recently physically restrained a resident.
- All three interviewees reported that they had not witnessed a resident or staff member having been injured recently.
- All three interviewees reported having knowledge of the facility grievance procedures.
- All three interviewees stated that residents were allowed additional servings of food at mealtime.
- All three interviewees reported that restriction from privileges was the worst punishment a resident could receive for breaking a rule at the facility. One

interviewee explained that restriction from privileges meant that the resident was restricted from participating in any off-campus recreational activities.

- All three interviewees reported that residents received daily recreation and exercise time and that outdoors recreation was provided frequently, weather permitting.
- When asked to explain his/her individual responsibility to report the abuse of a resident, each of the three interviewees stated that he/she would report the alleged abuse to his or her supervisor. One interviewee also stated that he/she would call the abuse hotline in a case of alleged severe abuse.
- When asked if they could think of any changes that would make the facility a better place for the residents and the staff, the responses were: The perimeter of the property could be more secure to keep the residents from going AWOL as easily from the facility; the adolescent residents could benefit from life skills training in preparation for adulthood; and more staff on the units than the minimum staff scheduled to meet the staff-to-resident ratio requirement could allow better staff-to-resident interaction among all the residents when staff needed to address residents' difficult-to-manage behaviors.
- When asked if fighting occurred among the residents, one interviewee stated that fighting among residents did not occur; another interviewee stated that fighting occurred among some of the older adolescent residents; and the other interviewee stated that fighting among residents did not occur frequently.
- Two interviewees stated that proper techniques were used during physical restraints, and the other interviewee stated that some of the physical restraint techniques were not designed for use with the younger residents.
- All three interviewees reported being unaware of any current staff member cursing at the residents, calling the residents derogatory names, or mistreating the residents.

No concerns were noted from the staff interviewees.

### Resident Census Log Review

The OJSO reviewed the census log regarding the ages of the residents and the lengths of stay at the facility. The OJSO noted that eight residents were five years old or younger. Of these eight residents, one resident was two years old, five residents were four years old, and two residents were five years old. According to the census log, six of these eight residents had been at the shelter for longer than five days; two of the four-year-old residents had remained at the shelter for longer than thirty days. The OJSO also noted that twenty of the thirty-six residents older than six years old had remained in the shelter for longer than thirty days. Of these twenty residents, one adolescent resident and two pre-adolescent residents had remained at the shelter for longer than three months and an older adolescent resident had remained at the shelter for longer than four months. No other concerns were noted from the census log review.

### Resident File Review

No resident files were reviewed this visit.

### Staff File Review

No staff files were reviewed this visit.

### Physical Restraint Log Review

The OJSO reviewed the physical restraint log for January 1 through April 30, 2011. Twenty-four entries regarding physical restraints were documented for the reporting period. According to the physical restraint log, the reasons for the physical restraints were: Resident attempted to self harm or resident attempted to harm another resident (ten of twenty-four entries, 42 percent); resident displayed assaultive behavior (eleven of twenty-four entries, 46 percent); resident displayed assaultive behavior and attempted to go AWOL (one of twenty-four entries, 4 percent); another resident attempted to go AWOL (one of twenty-four entries, 4 percent); and resident displayed defiant behavior (one of twenty-four entries, 4 percent). All twenty-four entries documented the dates of the physical restraints; however, eight of the twenty-four entries did not indicate the clock time for when the physical restraints occurred. The OJSO reviewed the incident report regarding the entry that listed defiant behavior as the reason for the physical restraint. According to the incident report, the resident's behavior posed a risk of self-harm and possibly posed a risk of harm to other residents. No other concerns were noted from the physical restraint log review.

### Grievance Tracking Log Review

The OJSO reviewed the grievance tracking log for January 1 through April 30, 2011. Documentation indicated that thirty-three grievances were filed during the reporting period. The OJSO noted that it appeared the facility had followed through to address the items listed in the previous OJSO report, as the nature of the grievance was indicated for the two grievances filed in April 2011; the level of resolution and the final outcome were documented for all of the grievances listed; and the date was indicated for when a reportable incident was reported to the OKDHS OCA. The grievance tracking log indicated that the grievances referred to the OCA as reportable incidents were reported within the required timeframe. The OJSO again noted this visit that some of the pre-numbered grievance forms were unaccounted for on the grievance tracking log. For example, the grievance forms numbered 126727 and 126733 were listed on the log, and both had been received, processed, and resolved, but there was no indication regarding the grievance forms numbered 126728 through 126732. The OJSO also noted that the entry dated February 8, 2011, did not document the number of the grievance form provided to the resident. No other concerns were noted from the grievance tracking log review.

### Facility OCA Referral Log Review

The OJSO reviewed the facility OCA investigative report and CCR log for January 1 through April 30, 2011. Eleven incidents were reported to the OKDHS OCA during the

reporting period. According to the referral log, the OCA accepted seven of the eleven referrals for investigation and assigned the other four referrals to the facility for internal CCRs. The OJSO noted that the facility had not yet begun to document the date the facility received each reportable incident, a recommendation the OJSO had listed in its previous OJSO report. The posted date would indicate whether or not the facility had reported the reportable incident to the OCA within the required timeframe. Using the dates that were documented on the referral log, which was the date of the incident and the date the facility reported the incident to the OCA, seven of the eleven incidents were not reported within the required timeframe. For example, an entry documented that the incident occurred on the eleventh day of the month and that the facility reported the incident to the OCA on the sixteenth day of the month. The referral log listed the findings for one of the seven OCA investigations and two of the four CCRs. None of the four entries regarding CCRs documented the dates the reviews were completed; each of the four entries had what appeared to be initials in the section provided for documenting the completion date. It appeared that the required timeframe for completing a final CCR report was not met for three of the four CCRs. 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 and the health department had not conducted annual inspections, to date. The facility had moved to its current location in October 2011, and therefore, the timeframe had not expired for having an annual fire safety inspection and an annual food safety inspection. No concerns were noted from the inspection reports review.

#### **Areas of Concern**

1. One entry on the physical restraint log stated that the reason for the physical restraint was "defiant" behavior. The defiant behavior should be clearly described on the log, as defiant behavior by itself does not meet criteria for physical restraint use.
2. Some pre-numbered grievance forms were unaccounted for on the grievance tracking log.

#### **Violation**

1. A final CCR report was not completed within the required timeframe. OKDHS policy and procedures, OAC 340:2-3-37, Caretaker conduct review (CCR), (f), Time for completion of report, states, "The final written report is submitted to the advocate general within 30 calendar days from the date that OCA intake notified the administrator that an allegation is referred for CCR."

## **Recommendation to the OKDHS**

1. Ensure that the residents are discharged from the LDCC within the required timeframe, in accordance with OKDHS policy and procedures OAC 340:75-10-9(b)(1) and (2).

## **Summary**

In the exit conference, the OJSO provided the shelter director with a facility exit checklist that identified the materials and documentation reviewed and the areas of concern. The OJSO and the shelter director discussed each item listed. The OJSO provided copies of documentation regarding the areas of concern noted. Subsequent to the exit conference, the facility provided documentation to resolve the items that could be resolved: The updated physical restraint log recorded the clock time for each physical restraint documented, and the updated OCA referral log recorded the CCR finding and completion date for four of the five CCRs documented; the final written report regarding the fifth CCR was not due yet. Documentation on the updated OCA referral log indicated that one of the four CCR reports completed had not been submitted to the OCA Advocate General within the required timeframe.

The OJSO and the shelter director discussed life skills training for the adolescent residents. The shelter director advised that the training was not occurring consistently as in the past, but that the facility planned to provide life skills training on a more regular basis. The shelter director advised that plans had been made to amend the facility OCA referral log to include the date the facility received a reportable incident.

The OJSO encourages the facility to continue to address the AWOLs and AWOL attempts by the older adolescents.

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