

**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:** November 14, 2006

**Oversight Reviewers:** April Simmons and Tina Pendergraft, Oversight Specialists

**Focus of Visit:** Unannounced Visit

**Date:** January 24, 2007

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**General Information**

The Office of Juvenile System Oversight (OJSO) conducted an unannounced visit on November 14, 2006, to the Laura Dester Shelter, located in Tulsa, Oklahoma. The purpose of the visit was to assess compliance with established responsibilities and facility policy and procedures. The facility is licensed by the DHS for thirty-eight residents. The facility consists of three buildings that house residents of specific age groups:

- Children, from birth to four years of age, resided at Little House.
- Teenage boys resided at Middle House.
- Teenage girls and co-ed children, from six to eleven years of age, resided at Big House.

On the day of the OJSO visit, the census was forty-four residents. According to the facility's census and statistics list for November 14, 2006, provided to the OJSO by the shelter staff, there were nine children in Little House, nine children in Middle House, and twenty-six in Big House.

Persons Interviewed

- Entry interview with the social worker supervisor
- Exit conference with the facility director
- Ten residents
- Four direct care staff members

Documents Reviewed

- Personnel files and training records of four direct care staff members
- Files on four residents

- Office of the Oklahoma State Fire Marshal inspection report, dated February 1, 2006
- Oklahoma State Department of Health inspection report, dated September 22, 2006
- DHS Division of Child Care inspection report, dated August 10, 2006
- DHS Office of Client Advocacy quarterly report of incidents
- Facility grievance logs for the past six months
- Facility recreation schedule/log for November 2006

### Areas Toured

- Resident rooms in all three buildings
- Resident bathrooms in all three buildings
- Kitchen areas and dining room areas for Little House and Big House
- Common areas in all three buildings
- Food pantries in Little House, Big House, and the administration building
- Outside playground area and equipment centrally located on the grounds
- Supply warehouse

### **Overview**

#### Resident Interviews

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

- Reportedly, a resident was injured during a restraint. The OJSO could not locate an incident report regarding the injury. However, documentation indicated the child was examined by a medical professional regarding the injury. The facility director agreed to report the injury to the OCA. The OCA confirmed the report.

The above information was discussed with the facility director in the exit conference.

#### Staff Interviews

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

- The food menu consisted of too many fried foods for the residents.
- A new facility was needed for space and because of the mold in the buildings.
- More security was needed on campus as safety was a concern, due to the campus is open to the public.
- The site of the planned new shelter was located in a bad neighborhood and safety was a concern.
- Overtime was mandatory when the shelter's census was more than its licensed capacity.

The above information did not indicate non-compliance issues but was discussed with the facility director in the exit conference.

### Review of Resident Files

The OJSO reviewed the files on four residents for compliance with DHS licensing standards. The OJSO noted:

- Immunization records, or verification of requests for the records, were not contained in the four files reviewed.
- Signed documentation to indicate residents were provided written copies of the facility's policies on resident's rights were not contained in the four files reviewed.
- Signed documentation to indicate a resident was provided information regarding the resident's right to file a grievance was not contained in one file reviewed.
- The service plans for three residents were not dated.
- A grievance notification to a resident did not document required signatures in one file reviewed.

### Review of Staff Files

The OJSO reviewed the personnel files of four direct care staff members for compliance with DHS licensing standards. The OJSO noted:

- Cardiopulmonary resuscitation (CPR) certifications had expired for three staff members.
- A copy of the employee's current driver's license was not contained in one file reviewed.
- Verification of the employee's certification in behavioral intervention training was not documented in one file reviewed.
- Tuberculin testing for the employee was not documented in one file reviewed.

### Review of Other Records

The OJSO reviewed the DHS Division of Child Care inspection report, dated August 10, 2006, and the Office of the Oklahoma State Fire Marshal inspection report, dated February 1, 2006. The reports cited areas of non-compliance. The following issues were still present during the OJSO's visit:

- Little House did not have a thermometer in the refrigerator, nor did the refrigeration register at the required temperature.
- The exit sign in the storage building was not lighted.
- Items were stored in the stairwell of Building 5.

### Observational Tour

The OJSO conducted a tour of the facility for compliance with standards related to safety, security, quality of life, and other items. A copy of the OJSO Facility Inspection

Form was left with the facility director and is attached to this report. The director agreed to correct the items listed on the form within thirty days.

## Summary

On the day of the OJSO visit, some of the same non-compliance issues cited in the DHS Division of Child Care inspection report from August 2006 were still present. In addition, the facility had more residents than its certified capacity and had been operating over capacity for the last month. In the exit conference, the OJSO and the facility director discussed concerns related by staff members and the findings listed below.

## Findings

1. The OJSO reviewed the facility population reports of October 13 to December 18, 2006. Of the forty-two population reports, the facility was over capacity on thirty-nine reports. The census ranged from a low of thirty to as many as sixty-six. 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 children at the Laura Dester shelter."
2. Violations of the DHS standards for shelters regarding maintenance and housekeeping were found during the observational tour. A copy of the OJSO Facility Inspection Form was left with the facility director and is attached to this report. The director agreed to correct the items listed on the form within thirty days.
3. Four resident files reviewed did not contain documentation of the immunization records for the residents or verification of requests for the immunization records. The facility director informed the OJSO that the facility had access to the DHS KIDS computer system and the immunizations were documented on the KIDS system. However, residential standards require a resident file to contain a copy of the resident's immunization record, or verification of a request for the record. Department of Human Services licensing standards, 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." In addition, Section 154, Social services, (e), Resident's records, (1), (D), states, "The facility maintains a written record for each resident. . . . The [resident] record includes medical records."
4. Four resident files reviewed did not contain signed documentation that the residents were provided written copies of the facility policies regarding resident's 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 . . . ."
5. One resident file reviewed did not contain signed documentation that the resident was provided information on the resident's right to file a grievance. DHS 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 . . . .”

6. Three resident files reviewed contained service plans that were not dated. The OJSO could not determine if the plans were created within the required time frame. Department of Human Services licensing standards, Section 167, Requirements for children's shelters, (f), Service plan, in part, states, “A written service plan is developed and documented for each resident within three days of admission.”
7. One personnel file reviewed did not contain documentation that the staff member had received behavioral intervention training. 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. . . .”
8. Three personnel files reviewed did not contain documentation that CPR certification was current for the staff members. 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. “
9. One personnel file reviewed did not contain documentation of tuberculin testing for the staff member. 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.”

AS:js

