

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

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

Date of Visit: October 29, 2008

Oversight Reviewer: Anthony Kibble, Sara Spain
Oversight Specialist

Focus of Visit: Unannounced Biannual Visit

Date: February 5, 2009

Introduction

The Office of Juvenile System Oversight (OJSO) conducted an unannounced visit on October 29, 2008, at the Laura Dester Shelter (LDS), located in Tulsa, Oklahoma. The purpose of the visit was to assess compliance with established responsibilities. The LDS was licensed for sixty-three residents by the division of Oklahoma Child Care Services (OCCS) of the Oklahoma Department of Human Services (OKDHS). On the day of the OJSO visit, the census was fifty-five residents.

Interviews Conducted

- Entry interview with the Director
- Eight residents
- Five staff members
- Exit conference with the Assistant Director

Documents Reviewed

- Personnel files, Oklahoma State Bureau of Investigation (OSBI) criminal background checks, medical records, and training records of five staff members
- Seven resident files
- Office of the Oklahoma State Fire Marshal report dated May 6, 2008
- OKDHS OCCS Residential Child Care Facility Inspection report dated July 25, 2008
- Tulsa City-County Health Department Inspection report dated October 9, 2008
- Quarterly Grievance Report dated November 5, 2008

- OKDHS Grievance Tracking Log for August 1, 2008, through October 16, 2008
- Three grievance reports
- Tornado and fire drill log for 2008
- Population Report for August 2008 through October 2008
- OJSO Report dated June 3, 2008

Areas Toured

- Kitchen
- Dining Hall
- Nurse's Station
- Building #3
- Three Bedrooms
- Little House

Findings

Resident Interviews

The OJSO attempted to interview ten residents. Eight residents were interviewed; two residents declined to be interviewed. The interview questions pertained to the residents' perceptions of safety, shelter program services, resident rights, discipline practices, and other residential issues. The OJSO noted:

- Three residents reported they had been cursed at by staff, or they had witnessed other residents being cursed at by staff.
- Two of the residents reported that girls are harassing one another without staff being aware.

There were no additional concerns noted from the resident interviews.

Staff Interviews

Five direct care staff members were interviewed. The interview questions pertained to the staff members' perceptions of shelter program services, resident rights, discipline policies, and other residential issues. The OJSO noted:

- The majority of staff reported that they would like more support from their immediate supervisors.
- All staff reported that the worst consequence a resident could receive for breaking a rule is restriction from extracurricular activities.

There were no additional concerns noted from the staff interviews.

Resident File Review

Seven resident files were reviewed for compliance with OKDHS Licensing Standards. The OJSO noted:

- Three of the seven files contained a grievance notification form; however, signatures by the child, parent, and/or custodian were missing.
- Two of the seven files were missing the grievance notification form.
- None of the seven files that contained the initial three day service plan had a written discharge plan or estimated length of stay.

Personnel File Review

Five personnel files were reviewed for compliance with OSBI criminal background checks, medical records, training records and OKDHS Licensing Standards. The OJSO noted:

- Three of the five files did not contain documentation of tuberculin testing for the direct care staff members.
- Two of the five files did not contain documentation that first aid certifications were current for the direct care staff members.
- One of the five files did not contain documentation that cardiopulmonary resuscitation (CPR) certification was current for the direct care staff member.
- One of the five files contained the personnel management process evaluation (PMP); however, the evaluation had not been completed in all areas.

Quarterly Grievance Report

The OJSO reviewed the Quarterly Grievance Report (QGR) from July 2008 through September 2008. The OJSO noted:

- The QGR was dated November 5, 2008.
- Twenty-nine grievances were reported resolved at the first level; however, there were fewer grievances listed on the Grievance Tracking Log (GTL).

The OJSO reviewed the OKDHS Grievance Tracking Log (GTL) from August 1, 2008, through October 16, 2008. According to the GTL, twenty grievance forms had been dispersed to residents during the reviewed time frame. The OJSO noted the following information was missing from the GTL:

- The date the grievance had been resolved was left blank on four of the grievance forms.
- The level at which the grievance had been resolved was left blank on three of the grievance forms. There was a check mark on the remaining grievance forms; however, a check mark did not indicate the level of resolution as required by OKDHS policy.
- The final outcome of the grievance was left blank on five of the grievance forms. Although the grievances had been resolved, the final outcome section did not indicate the level where the grievance had been resolved.
- The GTL months were missing the ending dates at the top of the form.

Observational Tour

The OJSO conducted a tour of the kitchen, dining hall, nurse's station, building three, three bedrooms, and the Little House for compliance with standards and established responsibilities related to safety, security, quality of life, and other areas relevant to the children's well-being. The OJSO noted:

- The garbage cans located in the kitchen and dining hall were not covered.
- The dining hall did not have a posted menu.
- Two bedrooms had a total of eight beds in the room.
- One bedroom had graffiti on the closet and walls.

In the Little House, the OJSO noted:

- Open packages of crackers were left out on the table and pasta was on the floor of the dining room area.
- A pitcher of orange juice was left out and uncovered in the kitchen.
- Two toddler beds were in a room that appeared to be a storage room for excess beds, mattresses, and pillows.
- Dirty socks were left out on the game room floor.

A copy of the OJSO Facility Inspection Form was left with the assistant director who agreed the items listed on the form would be corrected.

Areas of Concern

1. Three personnel files did not contain documentation of tuberculin testing for staff members. The OJSO reviewed the personnel files during the last oversight visit and noted the personnel files were missing tuberculin testing documentation. According to the personnel files, minimal change has been made to ensure compliance.
2. The OJSO reviewed the GTL during the last oversight visit. The OJSO noted the log listed grievances for which no paperwork could be found, and the numbers were out of sequence. The log did not contain complete documentation regarding the level resolved and the final 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.
3. During the observational tour, the OJSO observed that several mattresses were stacked against a wall in a room that housed two current residents.

Violations

1. According to the population report for the day of the oversight visit, one of the residents, who was six years of age or older, had been placed at the shelter over sixty days. OKDHS policy, OAC 340:75-10-9, Admissions and

discharges, (b), OKDHS operated shelter capacity, (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.”

2. 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 twenty-four hours. OKDHS policy, OAC 340:75-10-9, Admissions and discharges, (b), OKDHS operated shelter capacity, (1), states, “the child . . . five years of age or younger remains in the shelter no more than five days. 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 at the earliest opportunity. . . .”
3. Three residents indicated during interviews that they had been cursed at, or they had witnessed another resident being cursed at by staff. OKDHS Licensing Standards for Residential Child Care Facilities, OAC 340:110-3-154.2, Behavior management, (b), Prohibitions, (2), states, “Facility policy prohibits . . . harsh, humiliating, cruel, abusive, or degrading language. . . .”
4. Two of the five resident files did not contain a completed Notice of Grievance Rights form. OKDHS Licensing Standards for Residential Child Care Facilities, OAC 340:110-3-154, 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”
5. Three personnel files did not contain documentation of tuberculin testing for the staff members. OKDHS Licensing Standards for Residential Child Care Facilities, OAC 340:110-3-153.1, 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. . . .”
6. Two personnel files did not contain documentation that first aid certification was current for the staff members. OKDHS Licensing Standards for Residential Child Care Facilities, OAC 340:110-3-153.1, 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.”
7. One personnel file did not contain documentation that the cardiopulmonary resuscitation (CPR) training was current for the staff member. OKDHS Licensing Standards for Residential Child Care Facilities, OAC 340:110-3-153.1, 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.”

8. The Quarterly Grievance Report for the quarter beginning July 1, 2008, and ending September 30, 2008, was dated November 5, 2008. OKDHS policy, OAC 340:2-3-45, Grievance system protocols, (h), Grievance records, logs, and quarterly reports, (2), states, "Each LGC submits to the advocate general a quarterly grievance report, Form 15GR010E, Quarterly Grievance Report. The quarterly report is transmitted to the advocate general no later than the 21st day following the end of each calendar quarter. Quarterly reports are submitted by mail, fax, or e-mail. The e-mail address is: *oca.grievances@okdhs.org. When no grievance activity occurred or was pending during a particular fiscal year quarter, the LGC so indicates on Form 15GR010E."
9. The LDS Grievance Tracking Log did not maintain an accurate and complete record of each grievance. 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 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." This section 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."

Exit Conference

The OJSO conducted an exit conference with the assistant director during which the OJSO suggested the facility begin to document the estimated length of stay and/or a discharge plan on the written three day service plan, and arrange for the designated grievance coordinator to participate in the OCA online grievance training as required per, OAC 340:2-3-46, Grievance system protocols, (p), Grievance training required.

