

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

Name of Facility: Pauline E. Mayer Shelter

Date of Visit: June 15, 2006

Oversight Reviewers: April Simmons and Cliff Aldridge, Oversight Specialists

Focus of Visit: Unannounced Visit

Date: August 22, 2006

General Information

The Office of Juvenile System Oversight (OJSO) conducted an unannounced visit on June 15 and 16, 2006, to the Pauline E. Mayer Shelter in Oklahoma City, Oklahoma. The purpose of the visit was to assess compliance with established responsibilities and facility policy and procedures. The facility was licensed by the Division of Child Care of the Department of Human Services (DHS) for forty-two juveniles. On the day of the OJSO visit, the census was thirty-seven juveniles.

Interviews Conducted

- Entry interview with the Director
- Exit conference with the Director and the Institutional/Community Program Administrator
- Eight 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 July 7, 2006
- Oklahoma State Department of Health inspection reports, dated February 20, 2004, and April 12, 2006
- DHS Division of Child Care inspection report, dated April 12, 2006
- DHS Office of Client Advocacy quarterly referral report
- Grievance logs for the past twelve months
- Recreation schedule/log for 2006

Areas Toured

- Resident rooms
- Resident bathrooms
- Kitchen and dining areas
- Common areas
- Food pantry
- Outside playground area and equipment
- Area for infants
- Nurse's station
- Walkways

Overview

Resident Interviews

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

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. No concerns were noted from the staff interviews.

Review of Resident Files

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

- Residents' immunization records or verification of requests for immunization records were not contained in any of the files reviewed.
- Service plans for three residents were not dated.
- One service plan was developed five days after the resident's admission into the shelter.

Review of Staff Files

Four personnel files of direct care staff were reviewed for compliance with DHS licensing standards. The OJSO noted:

- Documentation indicated that three staff members were not current on mandatory training.

- The child care staff information sheet and copies of the staff member's employment application, driver's license, and education information were not found in one file.

Observational Tour

The OJSO conducted a tour of the facility. The OJSO observed:

- grease buildup on the surface of a kitchen stove;
- damaged ceiling tiles and a hole in the sheetrock of a wall in the dining room;
- dust buildup on the air duct vents in resident Room Nos. 2, 7, and 6; an air vent without a cover in Room 4; and a tear in the carpet in Room 17; and
- recreation equipment not stored (gymnasium volleyball net and poles were left on the floor at one side of the room).

An inspection by the Fire Marshal's office was overdue. Since the oversight visit, the OJSO received from the facility a copy of the Fire Marshal office's inspection report, dated July 7, 2006. Seven violations were cited; the timeframes for corrections to be made ranged from twenty-four hours to ten days.

Conclusion

On the day of the OJSO visit, the residents and staff members interacted well together. Both made positive comments regarding the facility.

The OJSO is mandated by statute to periodically inspect residential facilities for children in the State of Oklahoma. An oversight report is critical by nature. The findings below do not reflect or identify the positive findings, programs, and resources of the Pauline E. Mayer Shelter.

Findings

1. The kitchen stove surface had a buildup of grease. Department of Human Services licensing standards, Section 164, Food service and sanitation requirements, (10), Food equipment, utensils, and storage items, (F), and (14), Food preparation and service areas, (E), Housekeeping, states, "Non-food contact surfaces of all equipment . . . are cleaned as often as necessary to keep them free of accumulations of dust, dirt, food particles, and other debris. All areas where food is prepared and served are kept clean [and] neat"
2. A service plan was developed five days after the resident's admission into the facility. Other service plans were not dated, making it difficult to determine when the service plans were developed. 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."
3. Documentation did not indicate all staff had received required annual training and recertification in cardiopulmonary resuscitation (CPR) and first aid. Department of

Human Services licensing standards, Section 153.1, Personnel, (m), Staff training, (3), Training for child care staff, (A) and (E), states, "Full-time child care staff obtain a minimum of 24 clock hours per calendar year of staff development courses. Hours are prorated at two hours per month for staff who have not been employed for a full year. Within 90 days of employment, all child care staff complete training in first aid and cardiopulmonary resuscitation (CPR), including infant and child, if appropriate. Child care staff maintain current training in CPR and first aid thereafter."

4. A personnel file did not contain copies of the staff member's valid driver's license, education information, or employment application. Department of Human Services licensing standards, Section 153.1, Personnel, (e), Child care and supervisory staff qualifications, (1) and (2), states, "Child care and supervisory staff possess adequate education, training, and experience to perform the essential functions of the position with or without reasonable accommodation. All child care workers are 21 years of age or older. Staff hired after June 15, 1990, have a high school diploma or its equivalent within one year of employment." In addition, Section 154.5, Transportation, (b), Driver requirements, (1), states, "Facilities comply with driver requirements The driver of a vehicle used for the purpose of transporting possesses a valid driver's license appropriate for that type of vehicle."
5. Minor maintenance repairs and housekeeping tasks needed were: Repair of the torn carpet in a resident room, replacement of a cover on an air duct vent in a resident room, and cleaning of air vent covers in resident rooms. Department of Human Services licensing standards, Section 157, Physical facility and equipment, (j), Sanitation and safety, (7), states, "Floors, walls, ceilings, doors, and windows are maintained in good condition."
6. The hole in the wall of the dining room needed repaired. Department of Human Services licensing standards, Section 163, Health regulations: Buildings, utilities, and grounds, (1), Building, (A), states, "Exterior and interior surfaces are maintained in sound condition, free of holes"
7. Resident files reviewed did not contain copies of the residents' immunization records or documentation of requests for records verification. Department of Human Services licensing standards, Section 154, Social services, (e), Resident's records, (1), (D), states, "The facility maintains a written record for each resident The record includes medical records." 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 State Department of Health."

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