OKLAHOMA COMMISSION ON CHILDREN AND YOUTH
OFFICE OF JUVENILE SYSTEM OVERSIGHT

Name and Location of Facility:	Pauline E. Mayer Shelter Oklahoma City, Oklahoma
Dates of Visit:	September 30, October 4, and October 18, 2010 Exit conference: November 2, 2010
Oversight Reviewer:	Janice K. Sharp, Oversight Specialist
Focus of Visit:	Oversight Visit, 2010
Date:	December 28, 2010

Introduction

The Office of Juvenile System Oversight (OJSO) began an unannounced visit on September 30, 2010, at the Pauline E. Mayer Shelter (PEMS), located in Oklahoma City. The OJSO resumed the visit on October 4 and October 18, 2010. The exit conference was conducted on November 2, 2010. The purpose of the visit was to assess compliance with established responsibilities and facility policy and procedures. In addition to the oversight visit, the OJSO initiated a complaint investigation regarding a request for the OJSO to review an incident regarding staff's actions when a resident went absent without leave (AWOL) from the shelter and complaint requests for the OJSO to review incidents at the facility involving staff's actions toward residents' behaviors. According to PEMS daily census reports, the shelter census was twenty-seven residents on the first day of the OJSO visit, thirty-one residents on the second day of the visit, and twenty-eight residents on the third day of the visit.

The OJSO's previous oversight visit at the facility was conducted in October 2009. Since that time, a newly hired programs administrator had begun at the shelter. The programs administrator's start date was reported as May 16, 2010.

The PEMS is operated by the Oklahoma Department of Human Services (OKDHS) and is certified by the Oklahoma Commission on Children and Youth (OCCY). On July 8, 2009, the OCCY issued PEMS certification to operate as a children's shelter for forty-eight residents. The OCCY Emergency Rules, appearing at 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.

A separate report will be issued regarding the complaint investigation and the complaint requests to review incidents.

Interviews Conducted

- Entry interview with the programs administrator on September 30, 2010
- Informal interview with the direct care specialist supervisor on October 18, 2010
- Recreational therapist
- Three residents; interviews with two additional residents were planned, but one resident was away from the facility at a school activity and at a later date was discharged from the facility and the other resident was discharged from the facility
- Four direct care specialists
- Exit conference on November 2, 2010, with the programs administrator, the direct care specialist supervisor, and the child welfare specialist supervisor

Documents Reviewed

- Personnel files and training records for four current staff members
- Seven resident files
- OCCY certification dated July 8, 2009, to operate as a children's shelter for a licensed capacity of forty-eight residents
- OCCY emergency shelter certification inspection report dated May 3, 2010
- Office of the Oklahoma State Fire Marshal report dated October 15, 2009
- Oklahoma State Department of Health Food Inspection report dated September 30, 2010
- Facility caretaker conduct review reports
- OKDHS Office of Client Advocacy investigative reports regarding incidents of alleged abuse/neglect
- Facility reports regarding severe weather and fire drills for 2010
- Facility daily population reports for September 30, October 4, and October 18, 2010
- Facility policy and procedures
- Facility staff roster
- Facility recreation schedule for October 17, 2010
- Facility menus for four weeks
- OJSO report for the visit conducted on October 8 and 9, 2009, and the facility response dated November 12, 2009

Areas Toured

An observational tour of the facility was not conducted during this oversight visit.

Findings

Resident Interviews

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

- All three interviewees stated that they attended public school off-campus.
- All three interviewees reported that they had not been restrained while at the shelter.
- When asked how the food tasted that was served, one interviewee stated that the food tasted "okay," another interviewee stated that the food was "alright," and the remaining interviewee stated that the food was "edible."
- All three interviewees reported that additional helpings of food were allowed.
- Two interviewees did not know of any resident having been injured at the shelter; the remaining interviewee knew of a resident having been injured during a restraint when staff had broken up a fight between residents.
- None of the three interviewees knew of any resident who had been assaulted or mistreated by a staff member or other resident.
- All three interviewees reported that recreation was provided every day. Examples of the types of recreation provided were working in the computer lab, exercising in the gym, playing basketball, watching movies, and going on outings.
- Two interviewees demonstrated knowledge of the facility resident grievance procedures; the remaining interviewee stated that he/she was unaware of the resident grievance procedures.
- All three interviewees stated that they had not been cursed at and had not witnessed other residents having been cursed at by staff.
- Two interviewees could name a staff person that they felt comfortable talking with if they were scared, worried, or had a problem; the remaining interviewee could not name a staff person that the resident felt comfortable talking with if the resident was scared, worried, or had a problem.

No other concerns were noted from the residents interviewed.

Staff Interviews

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

- All four interviewees demonstrated a willingness and desire to provide care to the residents. Each of the four interviewees named "safety" and "meeting the needs of the residents" as their most important responsibilities in working with the residents.
- Three of the four interviewees stated that they were familiar with the resident grievance procedures; the remaining interviewee knew that a resident could file a grievance, but this staff member was unsure of the grievance process.
- All four interviewees reported that staff did not eat different food than the residents when the staff members dined with the residents and that residents were allowed additional helpings of food if they desired.
- Two of the four interviewees reported that they had never physically restrained a resident at the facility. Of the two interviewees who reported that they had physically restrained residents, one interviewee stated that he/she "sometimes" had to restrain

residents, and the other interviewee stated that it had not been necessary for him/her to restrain a resident in the past year.

- When the interviewees were asked if they had witnessed a resident or staff member having been injured at the facility, three of the four interviewees reported that they had seen only accidental injuries pertaining to residents. One interviewee's example of an accidental injury was a resident falling down and scraping his/her knee. The remaining interviewee had witnessed a resident hitting a staff member.
- Two of the four interviewees stated that they would report to their supervisors if they suspected abuse/neglect of a resident that had not already been reported; another interviewee stated that he/she would report to a social worker if he/she suspected abuse/neglect of a resident that had not already been reported; and the remaining interviewee stated that he/she had not been advised as to the proper procedures for reporting abuse/neglect but that he/she would report suspected abuse/neglect of a resident to his/her supervisor.
- All four interviewees described appropriate forms of discipline. The four interviewees reported that a drop in the behavioral level system was the most severe consequence that a resident could receive for breaking a rule at the facility. The interviewees explained that a level drop meant that the resident was restricted from specific privileges.
- Three of the four interviewees stated that group punishment for the actions of one or two residents was not allowed at the facility; the remaining interviewee was uncertain whether or not group punishment was allowed.
- All four interviewees reported that the residents received recreation daily. The types of recreation described were outings, exercising in the gym or courtyard, shooting pool, working in the computer lab, swimming, going to the public library, playing basketball, making arts and crafts, and watching movies. A water park, an amusement park, and a fun park were examples given of where the residents went on outings.
- All four interviewees made positive comments regarding the working relationship between the administration and the direct care staff. One of the four interviewees stated that administrative staff interacted with the residents, and another interviewee stated that he/she believed that administrative staff members were supportive of the direct care staff members. One interviewee did comment that it was difficult for direct care staff when administrative staff overrode the discipline assigned to residents by direct care staff and allowed a lesser discipline than that originally assigned by direct care staff.

No other concerns were noted from the staff interviewed.

<u>Resident File Review</u>

The OJSO reviewed seven resident files for compliance with OCCY certification requirements for residential child care facilities. Two of the seven files were sibling groups, one file contained documentation for three siblings and the other file contained documentation for two siblings. The OJSO noted:

- Comprehensive service plans contained in the resident files had missing information. For example, one comprehensive service plan did not provide information for the sections regarding family and visitation, behavior, and social activities.
- Two comprehensive service plans did not document the required signatures to indicate participation in the development of the service plans.
- One intake service plan did not document the date of the resident's signature and a required staff signature.
- A resident file contained an interval interview sheet with the child's name and the interviewing worker's name documented only; no other information was filled out on the form. The interviewing worker's name did not appear to be an original signature. The completed interval interview forms of six other residents, for a total of fourteen other forms, were reviewed, and the handwritten signature was exactly the same on each form, there was no deviation at all in the handwriting.
- Documentation indicated that an Office of Juvenile Affairs-custody juvenile was admitted to the facility after having been discharged by court order from a secure placement; the court order or a copy of the court order was not contained in the resident file.

No other concerns were noted from the resident files reviewed.

Personnel File and Training Record Review

The OJSO reviewed the personnel files and training records of three current staff members for compliance with OCCY certification requirements for residential child care facilities. The OJSO did not note any concerns from the personnel files and training records reviewed.

Incident Reports Review

The OJSO reviewed facility incident reports. One particular incident was concerning to the OJSO. According to the incident report, at approximately 8:00 p.m., two residents went along with two staff members in the facility van to search for a resident who had gone AWOL. The two residents had told staff that they knew the location of the AWOL resident, stating that the offending resident had called them with his/her whereabouts because the offending resident felt unsafe in the location where he/she had gone AWOL after leaving the shelter. Documentation indicated that staff had called administrative staff to receive permission to take at least one of the residents along in the van to look for the AWOL resident.

No other concerns were noted from the incident report review.

Grievance Tracking Log Review

The OJSO requested to review the grievance tracking log for July 1 through September 30, 2010. The log sheet that was provided to the OJSO documented five grievances, with the first entry indicating that a grievance form was provided to the

resident on May 19, 2010. There appeared to be at least two grievance forms provided to residents during the reporting period. On the tracking log, the numbered grievance forms provided to residents were listed in numerical order, with one exception. The grievance form provided to a resident previous to the reporting period was grievance form 124308. The next line on the tracking log was left blank, and then the next line had the entry for grievance form 124310, indicating that this form had been provided to the resident in August 2010. Grievance form 124309 was not documented on the tracking log provided; therefore, the OJSO was unable to determine if this grievance form had been provided to a resident, and if so, the date it was provided. The next entry, grievance form 124311, did not indicate the date the form was provided to the resident. The final outcome documentation indicated that the concern or issue for grievance form 124311 had met criteria for a caretaker conduct review, and therefore, the grievance was not continued. The one grievance that was documented as having gone through the grievance process for the reporting period was resolved at Level 1; however, the required timeframe for a Level 1 resolution was not met. Also, the grievance tracking log did not indicate the nature of the grievances; therefore, it could not be determined from the grievance tracking log whether or not the resolutions were appropriate.

No other concerns were noted from the grievance tracking log review.

Inspection Reports Review

The OJSO reviewed the most current inspection reports by the health department, the fire marshal's office, and the OCCY certification unit. The health department cited two deficiencies in its inspection report: Weather stripping needed to be replaced around the back door and the water for the dishwasher did not reach the temperature required for sanitizing purposes. The fire marshal's office cited six deficiencies in its report: Missing or damaged ceiling tiles needed to be replaced; doors with closers were not to be held open; verification of fire retardant curtains was needed; items were not to be stored in front of the electrical panels; covers were needed over light bulbs; and a sprinkler head needed to be replaced in a room. The OCCY certification unit's report listed two areas of concern and cited five deficiencies. The areas of concern listed were that the OCCY certification specialist needed to schedule an annual inspection by the health department and that the residents had not retained the resident's copy of the completed grievance form when they submitted grievances to the facility. The deficiencies listed were that the stove hood light needed to be replaced, the ice machine needed to be cleaned, posted menus needed to document changes to the menus, the residential areas of the facility needed general upkeep, and the facility vans needed general upkeep. The facility direct care specialist supervisor advised that written corrective action plans were not required for the two inspection reports and the certification report and that the facility either had corrected the deficiencies or the facility was in the process of correcting the deficiencies. The OJSO noted that an inspection by the health department was conducted on September 30, 2010. It was also noted that the fire marshal's office had not yet conducted an inspection at the facility for 2010. The direct care specialist supervisor advised that it had been the practice when the

facility was licensed by the OKDHS that the OKDHS licensing unit contacted the fire marshal's office to schedule the facility's annual inspection.

As a follow-up to two of the areas of concern listed in the OJSO report regarding its visit to PEMS in October 2009, the OJSO conducted an interview with the recreational therapist and an informal interview with the child welfare specialist supervisor. In the previous report, the OJSO was concerned that volunteer tutors sometimes had the opportunity to be left alone with residents without direct supervision by facility staff. The OJSO had recommended that the facility administration review this practice to ensure that all volunteers work under the direct supervision of staff, in accordance with OAC 110-3-153.1(c)(3). The recreational therapist advised during the 2010 visit that volunteers were not being left alone with the residents at the facility. The OJSO discussed with the recreational therapist that OAC 110-3-153.1(c)(3) also pertained to direct supervision of a volunteer if a volunteer and a resident left the facility, including if a volunteer should transport a resident. Also, in the previous report, the OJSO was concerned that written notification identifying the local grievance coordinator and explaining the grievance system procedures was not displayed prominently in areas of the facility that residents accessed regularly. The OJSO spoke with the child welfare specialist supervisor who advised that written notices had been posted in various places in the facility, such as the dayroom and the computer lab.

Areas of Concern

1. Comprehensive service plans contained in the resident files had missing information.
2. Two comprehensive service plans did not document the required signatures to indicate participation in the development of the service plans.
3. An intake service plan did not document the date of the resident's signature and a required staff signature.
4. Interval interview forms used to interview residents did not document an original signature by the staff person.
5. Staff could have compromised the safety of residents when staff members took two residents along in the facility van to search in the late evening for a resident who had gone AWOL.
6. A resident file did not contain a legal document or copy of a legal document to indicate authority for the shelter to accept the juvenile.

Violations

1. A grievance resolved at Level I had not been resolved in the required timeframe. OKDHS policy, OAC 340:2-3-45, Grievance system protocols, (k), First level problem resolution, states, "Within three business days of receipt of Form 15GR001P, if the grievance has not been resolved to the decisionmaker's satisfaction, the LGC (local grievance coordinator) fills out Form 15GR002E, Local Grievance Coordinator (LGC) Worksheet." Paragraph (2) states, "The LGC completes the first box in the first level section on Form 15GR002E, attaches the corresponding Form 15GR001P, and other relevant documentation and information,

and submits it to the first level respondent, by the most efficient means practicable, within three business days of receipt of the grievance from the grievant." Paragraph (3), in part, states, "The first level respondent responds to the grievance within five business days of receipt of Form 15GR002E."

2. The grievance tracking log did not document the nature of each grievance. In addition, it appeared that a grievance form was provided to a resident that was not documented. Also, the date a grievance form was provided to a resident was not documented. OKDHS policy, OAC 340:2-3-45, Grievance system protocols, (h), Grievance records, logs, and quarterly reports, (1), states, "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 of the form, the name of the client to whom the form was given, and the date it was given to the client."

Recommendations

To the OKDHS:

1. Consider providing recourse for PEMS when shelter admission is requested for a juvenile whose placement at PEMS is inappropriate, given the population of children served at PEMS.

To PEMS and the OCCY Certification Specialist:

1. Determine whether the facility or the certification specialist will contact the fire marshal's office to schedule annual inspections.

Summary

In the exit conference on November 2, 2010, the OJSO provided the programs administrator, the direct care specialist supervisor, and the child welfare specialist supervisor with a facility exit checklist that identified the files reviewed and the areas of concern and the violations listed, with the files identified in which the deficiencies were found. The OJSO and facility administration discussed each item listed. Those items that could be resolved were the facility ensuring that all staff had a clear understanding of the resident grievance process, the proper procedure for reporting abuse/neglect, and the non-use of group punishment. The facility proposed amending the intake service plan to include a line under each signature for printing the participant's name to identify the author when handwriting was illegible. The OJSO commended the facility for continuing to oversee that daily log notes regarding residents were completed by staff for each shift and that the authors' initials were documented. The OJSO

encouraged the facility to ensure that the interval interview form documented the date of the interview, the authorized unsupervised visitors form documented all staff names and signatures where requested, and the resident file binders displayed “confidential” on the outer surface. The OJSO verified that a signed Notice of Grievance Rights form was contained in the resident file for the resident interviewee who did not demonstrate knowledge of the facility resident grievance procedures and that orientation training had been received by the staff interviewee who reported that he/she had not been advised as to the proper procedures for reporting abuse/neglect.

The OJSO noted in the resident file review that one of the seven resident files reviewed contained documentation to indicate that the parents/custodians had been notified of the children’s placement at PEMS. This file contained a copy of a form letter by law enforcement notifying the parents of the admittance. The OJSO also noted in the resident file review that there was no documentation to indicate that the residents’ parents or custodians had received written copies of the facility grievance procedures. The facility administration advised that they had not been required previously to provide notification of placement and written policy regarding facility grievance procedures to the parents/custodians. The OJSO agreed to consult with the OCCY certification specialist as to the interpretation of OAC 34:110-3-167(e)(3) regarding notification of shelter placement and OAC 340:110-3-154(a)(7) regarding the provision of written grievance procedures policy.

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