

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

Name and Location of Facility: Rogers County Youth Services
Claremore, Oklahoma

Date of Visit: November 14, 2007

Oversight Reviewer: April Simmons, Oversight Specialist

Focus of Visit: Announced Routine Visit

Date: December 21, 2007

Introduction

The Office of Juvenile System Oversight (OJSO) conducted an announced visit on November 14, 2007, to the Rogers County Youth Services shelter (RCYS) located in Claremore, Oklahoma. The purpose of the visit was to assess compliance with established responsibilities. The shelter was licensed for eight residents by the Division of Child Care of the Department of Human Services (DHS). On the day of the OJSO visit, the census was two residents.

Interviews Conducted

- Entry interview and exit conference with the Executive Director
- Two residents
- Two staff members

Documents Reviewed

- Personnel files, OSBI criminal background checks, medical records, and training records of two staff members
- Two resident files
- Office of the State Fire Marshal inspection report, dated August 17, 2006
- Oklahoma State Department of Health Food inspection report, dated May 14, 2007
- DHS Division of Child Care Facility inspection form, dated August 2, 2007
- OJA Contract Monitoring Unit's visit report dated October 11, 2007
- DHS Office of Client Advocacy's (OCA) quarterly report
- Grievance log for 2007
- Tornado and fire drill log for 2007
- Recreation schedule for November 2007

- Resident menu for November 2007
- The OJSO announced routine visit report for July 26, 2005

Areas Toured

- Resident rooms
- Resident bathrooms and shower areas
- Kitchen area and dining room area
- Supply closet
- Laundry room

Findings

Persons Interviewed

The OJSO interviewed two residents. The interview questions pertained to the residents' perceptions of safety, program services, resident rights, discipline practices, and other residential issues. No concerns were noted from the resident interviews.

The OJSO interviewed two staff members. The interview questions pertained to the staff members' perceptions of program services, resident rights, discipline policies, and other residential issues. No concerns were noted from the staff members' interviews.

Documents Reviewed

The OJSO reviewed two resident files for compliance with DHS licensing standards. The OJSO noted:

- One resident file was missing documentation of immunization records, or a request for the records.
- One resident file was missing the required seven-day health screening.
- One resident file included the required seven-day health screening, but it was conducted by a Direct Care Staff (DCS) that had been certified as a Medication Administrative Technician (MAT) instead of a Registered Nurse (RN).

The OJSO reviewed the personnel files, OSBI criminal background checks, medical records, and training records of two staff members for compliance with DHS licensing standards. The OJSO noted:

- One personnel file reviewed included documentation of tuberculin testing for the staff member; however, the date was after the staff member had been hired.

- Two personnel files reviewed did not contain documentation that the staff member received behavioral intervention training within the required time frame.

The OJSO reviewed the grievance log for 2007. The OJSO noted:

- There were no grievances filed during the 2007 year.
- The log was well organized.
- The quarterly reports were thoroughly documented and orderly in accordance with DHS standards.

The OCA quarterly report sent to the OJSO was reviewed. One referral to OCA regarding RCYS was found and dated, May of 2007. This referral was referred to the DHS Licensing Unit; and it was not investigated by the OCA. During this oversight visit, the OJSO followed-up with all the issues alleged in this OCA referral. There were no issues present at the facility during the OJSO visit that were listed in the allegations of the OCA referral.

The OJSO reviewed the Office of the State Fire Marshal (OSFM) inspection report dated August 17, 2006. The OSFM had not yet completed a routine inspection for 2007 as required by DHS standards. The Executive Director of the RCYS informed the OJSO that a request was made to the OSFM earlier in 2007, but the OSFM had not yet completed the inspection for 2007.

The OJSO followed-up with the OSFM to inquire about the status of the 2007 inspection at RCYS. The OSFM advised the OJSO that the RCYS cancelled the request for an inspection for 2007. The OJSO advised the RCYS Executive Director to follow-up with the OSFM and request another inspection for 2007. Since the OJSO follow-up regarding the fire marshal inspection, the RCYS contacted the OSFM and scheduled an inspection for November 21, 2007. The OSFM did conduct an inspection at the RCYS on November 21, 2007. The RCYS subsequently faxed the OSFM report to the OJSO.

The OJSO reviewed the last announced routine visit report for July 26, 2005. The last oversight visit report did contain one violation, but there were no areas of concerns noted. One personnel file did not have a current annual job performance evaluation. No past evaluation issues were found during this oversight visit.

The RCYS was in compliance regarding educational services for the residents. The RCYS transports residents to the local Claremore Public Schools daily.

Observational Tour

The OJSO conducted a tour of the facility for compliance with standards related to safety, security, quality of life, and other areas relevant to children's well-being.

The OJSO only found that the girl's bathroom door did not lock. The Shelter Director agreed to correct the problem within thirty days.

Areas of Concern

1. The two resident files reviewed did contain a signed Notice of Grievance Rights form by the required persons; however, the name listed as the Grievance Coordinator is no longer the Grievance Coordinator. The residents were provided with the wrong information on the form, but they were verbally informed of the new Grievance Coordinator.
2. Both personnel files reviewed contained the required reference checks and were completed over the phone; however, there was no time or date noted on the reference checks of when the phone call occurred.
3. Both of the personnel files reviewed did contain documentation of the required training dates, but some of the training did not contain the certificate of completion in the file.
4. The OSFM had not yet completed a routine inspection for 2007 as required by DHS standards. The Executive Director of the RCYS informed the OJSO that a request was made to the OSFM earlier in 2007, but the OSFM has not yet completed the inspection for 2007; however, since the OJSO follow-up, the RCYS contacted the OSFM and scheduled an inspection for November 21, 2007. The OSFM did conduct an inspection at the RCYS on November 21, 2007. The RCYS subsequently faxed the OSFM report to the OJSO.

Violations

1. One resident file did not contain documentation of the immunization records or documentation that the immunization records were requested. The Department of Human Services licensing standards, Section 154, Social Services, (e), Resident's records, (1), states, "The facility maintains a written record for each resident...The record includes: (D) 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 Oklahoma State Department of Health."
2. One resident file did not contain a completed health screen within seven days of admission. The resident is still at the shelter and it has been over seven days. The Department of Human Services licensing standards, Section 167 Requirements for children's shelters, (e) Admission, (4), in part states, "Each child remaining in a shelter for over seven days receives a health screening by an RN or LPN."
3. One personnel file reviewed did not contain documentation of tuberculin testing for the staff members within the required time frame. The Department of Human Services licensing standards, Section 153.1, Personnel, (g), Employment requirements, (2) Tuberculin test, states,

- “Upon employment, each employee has a documented mantoux (PPD) tuberculin skin test with a booster, if needed, within the previous 12 months, unless the employee shows medical verification of a previous positive skin test.”
4. Two personnel files reviewed did not contain documentation that the staff members had received behavioral intervention training within the required time frame. The Department of Human Services licensing standards, Section 153.1, Personnel, (m), Staff training, states, “Staff meet the requirements for training contained in (1) – (4) of this subsection.” (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...”
 5. A DCS employee had been certified in MAT and conducted a seven-day health screening. The Department of Human Services licensing standards, Section 167 Requirements for children’s shelters, (e) Admission, (4), in part states, “Each child remaining in a shelter for over seven days receives a health screening by an RN or LPN.”