County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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August 29, 2013

To: Supervisor Mark Ridley-Thomas, Chairman
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From: Philip L. Browning
Director

BOYS TOWN OF CALIFORNIA, INC., GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Boys Town of California, Inc., Group Home (the Group Home) in February 2013. The Group Home has one site located in the Orange County and provides services to County of Los Angeles and Orange County DCFS foster children, as well as Probation Department youth. According to the Group Home's program statement, its purpose is, "to help each child learn the skills and behaviors that are necessary for successful entry back into their family or to another placement within the community and ultimately, a successful entry into adulthood."

The Group Home Residential Program consists of five separate homes located on the facility's 80+ acre property. The Group Home is licensed to serve a capacity of 24 girls and boys, ages eight through 17. At the time of review, the Group Home served three placed County of Los Angeles DCFS children. The placed children's overall average length of placement was eight months, and their average age was 17.

SUMMARY

During OHCMD's review, the interviewed children generally reported: feeling safe at the Group Home; having been provided with good care and appropriate services; being comfortable in their environment and treated with respect and dignity.

The Group Home was in full compliance with 6 of 10 areas of our Contract compliance review: Facility and Environment; Education and Workforce Readiness; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Discharged Children; and Personnel Records.

Deficiencies were noted in the areas of Licensure/Contract Requirements, related to one group home vehicle not having been maintained in good condition and Community Care Licensing (CCL) cited the Group Home for deficiencies and findings noted during a CCL investigation; Maintenance of Required Documentation and Service Delivery, related to the Group Home not having obtained Children's Social Worker's authorization to implement Needs and Services Plans (NSPs) in a timely manner, and NSPs were not comprehensive or timely; Health and Medical Needs, related to untimely initial and follow-up dental examinations for placed children; and Personal Needs/Survival and Economic Well-Being, related to group home staff not assisting placed children in creating and updating a "Life Book"/photo album.

It should also be noted that on April 23, 2013, OHCMD placed the Group Home on an "Administrative Hold." The hold was based on concerns shared by the Orange County Probation Department, Orange County Social Services Agency-Children and Family Services, and CCL. There had been incidents which OHCMD had not been informed of, as the incidents primarily involved children from other counties/jurisdictions. Children were reported to be out of control, and in some incidents, had escalated, resulting in staff being injured. In addition, there were concerns regarding the implementation of an appropriate Emergency Intervention Plan, violations of Personal Rights, non-comprehensive NSPs, as well as a lack of communication and reporting details to all parties on the part of the Group Home when serious incidents occur.

On July 9, 2013, DCFS OHCMD conferred with partnering agencies regarding the Group Home's corrective action plan (CAP) and its progress. All parties were in agreement to have the hold lifted, as the Group Home has been cooperative and has complied with the request for corrective action. The Group Home submitted a CAP addressing the issues related to the Hold; the CAP was approved on July 16, 2013. The Hold was lifted on July 19, 2013. All partnering agencies will continue to work collaboratively to provide closer monitoring of the Group Home, to ensure continued implementation of the CAP, and to ensure the safety and well-being of placed children.

Attached are the details of our review.

REVIEW OF REPORT

On March 12, 2013, the DCFS OHCMD Monitor, Jui Ling Ho, held an Exit Conference with the Group Home representatives Lawren Ramos, Executive Director; Sarah Terry, Director of Family Homes; and Annie Bach, Support Services Specialist. The Group Home representatives: were in agreement with the review findings and recommendations; were receptive to implementing systemic changes to improve compliance with regulatory standards; and to address the noted deficiencies in a Corrective Action Plan (CAP).

A copy of this compliance report has been sent to the Auditor Controller and CCL.

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report.

We will assess for implementation of recommendations during our next monitoring review.

If you have any questions, your staff may contact me or Aldo Marin, Board Relations Manager, at (213) 351-5530.

PLB:EM:KR
RDS:PBG:jlh

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Lawren Ramos, Executive Director, Boys Town Maternity Group Home
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing
Robert Gomes, Regional Manager, Community Care Licensing, Orange County

BOYS TOWN OF CALIFORNIA, INC., GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the February 2013 review. The purpose of this review was to assess Boys Town of California, Inc.'s (the Group Home) compliance with its County contract and State regulations and included a review of the Group Home's program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Educational and Workforce Readiness,
- Health and Medical Needs,
- Psychotropic Medication,
- Personal Rights and Social Emotional Well-Being,
- Personal Needs/Survival and Economic Well-Being,
- Discharged Children, and
- Personnel Records.

For the purpose of this review, three Department of Children and Family Services (DCFS) placed children were selected for the sample. Out-of-Home Care Management Division (OHCMD) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, two discharged children's files were reviewed to assess the Group Home compliance with permanency efforts. At the time of the review, two children were prescribed psychotropic medication. OHCMD reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

OHCMD reviewed five group home staff files for compliance with Title 22 Regulations and County contract requirements, and conducted site visits to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

OHCMD found the following four areas out of compliance.

Licensure/Contract Requirements

- One of six group home vehicles used to transport the placed children was not maintained in good repair. The "floater vehicle" required a cover on the floor-board, under the front passenger seat, to prevent the rough metal plate from being exposed. The management team was surprised with this finding, as they reported the group home vans are inspected

and maintained regularly, and they provided maintenance records. This "floater vehicle" was repaired on March 13, 2013. The Director of Family Homes stated that they were appreciative of this finding and will maintain closer supervision on maintenance of the vehicles.

- Community Care Licensing (CCL) cited the Group Home on July 10, 2012, as a result of a finding during a CCL investigation in which it was determined that on June 20, 2012, residents were taken on a fishing trip and administered Dramamine without written approval of residents' physician, as required.

  The Group Home immediately addressed the finding and offered two trainings on Medication, to include over-the-counter Medication and Medication Safety to all Group Home Program Staff on July 9, 2012 and July 13, 2012. Further, the Group Home submitted a Plan of Correction (POC) to CCL on July 17, 2012, which addressed appropriate and safe medication practices. CCL approved the POC.

Recommendations

The Group Home's management shall ensure that:

1. All vehicles are maintained in good repair.

2. The group home is in compliance with Title 22 Regulations and County contract requirements.

<u>Maintenance of Required Documentation and Service Delivery</u>

- The Children's Social Worker's (CSW's) authorization to implement the Needs and Services Plan (NSP) was not obtained timely for four of nine NSPs reviewed. During the Exit Conference, the Group Home's Executive Director indicated that although CSW's authorization was sought on each NSP, the Group Home did not have a process for documenting those instances in which a CSW failed to respond. The Executive Director indicated that the Group Home treatment team will ensure that children and the CSWs are offered the opportunity to participate in the development of, and any modifications to the NSP and that the CSW gives written approval of the NSP in a timely manner. Additionally, prior to mailing the NSPs to the CSW, Program Staff will make a copy of the letter requesting the CSW's signature authorizing implementation of the NSP and add it to the youth's file.

- Two initial NSPs were reviewed; one was not comprehensive, as it indicated the name of a child for whom the NSP was not written. In addition, one initial NSP included information in the quarterly section which should not have been included.

- Seven updated NSPs were reviewed; five were not comprehensive. The updated NSPs did not include all the required elements in accordance with the NSP template. Three updated NSP quarterly sections lacked detailed information regarding the children's

progress toward the identified treatment goals, or the children's progress was not updated. Also, two updated NSPs did not include a permanency treatment goal for the placed children, and not all achieved goals sections were documented.

It should be noted that the Group Home representatives attended the OHCMD's NSP training in January 2012; the NSPs reviewed had been developed subsequent to the January 2012 training.

To assist in the development of comprehensive NSPs, OHCMD provided NSP training to the Group Home's treatment team on March 12, 2013. Also, during a weekly program staff meeting on April 1, 2013, the Director of Family Homes conducted a review of the expectations for comprehensive NSPs with all treatment team members. During the Exit Conference, the Director of Family Homes stated that she will utilize a checklist developed by the Group Home to ensure NSPs are properly prepared and include detailed information. Further, the Executive Director stated that effective immediately, all NSPs will be reviewed by the Director of Family Homes prior to submission to the DCFS CSW.

Recommendations

The Group Home's management shall ensure that:

3. The group home staff obtains, or documents efforts to timely obtain, the DCFS CSW's authorization to implement the NSP.

4. Comprehensive initial NSPs are developed and include all required elements in accordance with the NSP template.

5. Comprehensive updated NSPs are developed and include all required elements in accordance with the NSP template.

Health and Medical Needs

- One child's initial dental examination was not timely. Her dental examination was 10 days late.

- A child's follow-up dental examination was not timely; it was 54 days late due to miscommunication between the Group Home staff as to the required timeframes for follow-up dental examinations.

The Director of Family Homes stated that a procedure and tracking form have been developed, whereby all residents shall be scheduled to have regular initial and follow-up dental examinations. The tracking form shall allow time for rescheduling and cancellations, in order to meet the timeframe requirement.

Recommendations

The Group Home's management shall ensure that:

6. All children receive timely initial dental examinations.

7. All children receive timely follow-up dental examinations.

Personal Needs/Survival and Economic Well-Being

- One of three children interviewed reported that the Group Home staff did not encourage or assist in updating "Life Book"/photo album. During the Exit Conference, the Director of Family Homes stated that the Group Home purchased a "Life Book"/photo album on April 4, 2013 for the youth who did not have one. Scrapbooking will be included as an indoor activity to allow the children an opportunity to work on their "Life Book"/photo album. All residents will receive "Life Book"/photo album as part of their intake package, upon arrival at the Group Home.

Recommendation

The Group Home's management shall ensure that:

8. All children are encouraged and assisted in updating their "Life Book"/photo album.

PRIOR YEAR FOLLOW-UP FROM DCFS OHCMD's GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The OHCMD's last compliance report, dated June 26, 2012, identified eight recommendations.

Results

Based on our follow-up, the Group Home fully implemented five of eight recommendations for which they were to ensure that:

- The resident sign-in/sign-out log is always completed,
- NSPs are developed timely,
- All staff members receive timely initial health-screenings,
- All staff members have a valid California Driver License, and
- All staff members receive the required initial training.

The Group Home did not implement the recommendations to ensure:

- Documentation of staff efforts is maintained as verification that CSWs approved implementation of NSPs,

- Initial and updated NSPs are comprehensive and include required information, and
- The outstanding recommendations from the OHCMD's prior monitoring report regarding the development of comprehensive NSPs are fully implemented.

Recommendation:

The Group Home's management shall ensure that:

9. The outstanding recommendations from the 2011-2012 fiscal year monitoring report dated June 26, 2012, which are noted in this report as Recommendations 3, 4 and 5 are fully implemented.

The Group Home representatives expressed their desire to remain in compliance with all Title 22 Regulations and County contract requirements. The Group Home will ensure all efforts are made to obtain the CSW's authorization to implement NSPs and that all information is documented in the children's files. Further, the Group Home will utilize a checklist to ensure NSPs are properly prepared and include detailed information. The Group Home's Executive Director and the Administrator will make periodic and consistent monitoring checks to ensure compliance with the CAP.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR CONTROLLER

A fiscal review of the Group Home has not been posted by the Auditor Controller.

BOYS TOWN CALIFORNIA, INC., GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

20371 Flanagan Road
Trabuco, CA 92678
License # 306002598
Rate Classification Level: 11

	Contract Compliance Monitoring Review	Findings: February 2013
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Improvement Needed
	4. Timely, Cross-Reported SIRs	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Full Compliance
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	Full Compliance (ALL)
	2. Common Areas Maintained	
	3. Children's Bedrooms	
	4. Sufficient Recreational Equipment/Educational Resources	
	5. Adequate Perishable and Non-Perishable Foods	
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Children's Social Worker's Authorization to Implement NSPs	2. Improvement Needed
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Full Compliance
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Children's Social Workers Monthly Contacts Documented	7. Full Compliance
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive Initial	

	NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	9. Improvement Needed 10. Improvement Needed
IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ Vocational Programs	Full Compliance (ALL)
V	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Improvement Needed
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (ALL)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's efforts to provide Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or not Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities	Full Compliance (ALL)

	(GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's Involvement in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	Full Compliance (ALL)

BOYS TOWN California

County of Los Angeles
Department of Children and Family Services
Out of Home Care Management Division
9320 Telstar Ave., Suite 216
El Monte, CA 91731

Dear Ms. Jui-Ling Ho,

The following is a REVISED plan of correction in response to your March 2013 Contract Compliance Review to Boys Town California, Inc. programs in Trabuco Canyon. Below you will see your findings and our corrective action plan.

Corrective Action Plan (CAP):

I. Licensure/Contract Requirement:

Element #3 – Does the Group Home maintain the vehicle in which the children are transported in good repair? (SAFETY)

Finding

Group Home Vehicle – We found that one group home vehicle was not maintained or in good repair. This floater van required a cover under the front passenger seat to prevent the rough metal plate.

Corrective Action Plan

Site Maintenance Foreman took the van in for repair on March 13. Support Service Specialist received confirmation that the van was repaired and provided evidence to Out of Home Care Management Division on March 18.

Person(s) Responsible for Implementation of the CAP

Director of Family Homes, Support Service Specialist, and Site Maintenance Foreman will ensure implementation of the CAP.

Time Frame of Implementation

The CAP has been implemented.

Element # 9 – Is the Group Home free of any substantiated Community Care Licensing complaints on safety and/or physical plant deficiencies since the last review? (SAFETY)

Finding

Substantiated Community Care Licensing Complaint – On 7/10/2012, Orange County CCL cited Boys Town California due to residents were administered Dramamine, Type A- Reg. 80075 (b)(4), without written approval of residents' physician, as required, when residents were taken on a fishing trip.

Corrective Action Plan
The following plan of correction was in response to our unannounced case management visit that occurred on 7/10/12:
Immediately, Residential Consultant instructed staff to obtain approvals of over-the counter medication before administering over-the-counter medications. Staff were retrained in medication administration and proof of re-training was submitted to Licensing on 7/17/12.

Program Staff were retrained for one hour on over-the-counter medication on Wednesday the 9th of July by the Program Director. Then on Friday the 13th of July, the staff members that were directly involved in the incident were retrained for one hour on medication, over-the-counter medications and medication safety by the Site Support Specialist.

Family Homes will continue to practice safe medication practices and provide trainings on medication for all staff.

Site Support Specialist sent a copy of the Approved Plan of Correction to LA County Out of Home Care Management Division on March 18.

Person(s) Responsible for Implementation of the CAP
Director of Family Homes will ensure implementation of the CAP.

Time Frame of Implementation
The CAP has been implemented.

III. Maintenance of Required Documentation and Service Delivery:
Element #16 – Did the Group Home obtain or document efforts to attain the County Workers authorization to implement the needs and services plan? (WELL-BEING)

Finding: Authorizing Implementation of NSP – Among nine reviewed NSPs, four were not signed by CSW to implement.

Corrective Action Plan

1. Although County workers authorization was sought on each NSP, the Agency did not have a process for documenting those instances in which a County worker failed to respond.
2. On 4/1/13, Director of Family Homes reviewed with the Program Staff the current system requirement of obtaining CSWs' signatures within 10 days.
3. Prior to mailing the NSPs to the CSW, Program Staff will make a copy of the letter requesting the CSW's signature and add it to the youth's file.
4. Additionally, when client files are audited by Program Staff, both the NSP and the CSW signature request letter are now required to be in client file.

Person(s) Responsible for Implementation of the CAP
Director of Family Homes will ensure implementation of the CAP.

Time Frame of Implementation
The CAP has been implemented.

Element #23– Did the treatment team develop timely, comprehensive. initial Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child? (WELL-BEING) ;

Element # 24 - Did the treatment team develop timely, comprehensive, updated Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child? (WELL-BEING)

Finding: 9 reviewed NSPs: 9 were timely and 0 were not timely. 9 reviewed NSPs – 3 were comprehensive and 6 were not comprehensive. The NSPs were not comprehensive due to the following: 1) They did not include all the required elements in accordance with the NSP template. 2) Some NSP quarterly sections lacked detailed information regarding progress toward the identified treatment goals, or the child's progress was not updated. 3) Not all of the NSPs included a permanency plan treatment goal for the placed child. 4) Not all monthly CSW contact information was documented. 5) Wrong resident's name was documented in the NSP. 6) Initial NSP should not include quarterly information. 7) For NSPs without CSW signature, there was no information documented for efforts made by the agency to obtain the CSWs signature. 8) Not all achieved goals were documented in the Achieved Outcome Goal Section.

Corrective Action Plan

1. Director of Family Homes will review the expectations of comprehensive NSPs in their weekly Program Staff meeting on 4/1/13. This review will include all of the feedback included above numbers 1-8. Program Staff will sign in on a training sign in sheet to document the review of the feedback from above. The attendance sheet will be forwarded to the Group Home Monitor upon completion.
2. Additionally, following the 4/1/13 Program Staff meeting, Director of Family Homes will review NSPs, checking for required elements and information.
3. A Comprehensive Needs and Services Plan Checklist will be created by 4/15/13.
4. In addition when Needs and Services Plans are submitted for mailing to the CSW – a review of the NSP using the Comprehensive Needs and Service Plan Checklist will be completed by Family Home Consultant, Executive Assistant, or Director of Family Homes to ensure comprehensiveness before final mailing.

Person(s) Responsible for Implementation of the CAP
Director of Family Homes will ensure implementation of the CAP.

Time Frame of Implementation
The CAP has been implemented.

V. Health and Medical Needs:
Element #32 - Are initial dental examinations conducted timely? (WELL-BEING)

Element # 33 - Are required follow-up dental examinations conducted timely? (WELL-BEING)

Finding: Initial Dentist Examination – Child #1: Dental Exam was done on 12-5-12; which was 10 days late. Follow up Dentist Examination – Child #2: Follow up Dental Exam was done on 1-25-13; which was 54 days late due to miscommunication with staff as to time frame.

Corrective Action Plan
On 4/10/13, Director of Family Homes will complete a training during the Community Meeting where Program Staff are present. The training will include time frames of when medical and dental appointments are due for each youth. All Program Staff will sign in on a training sign in sheet. The attendance sheet will be forwarded to the Group Home Monitor upon completion.

1. Upon intake each youth's medical and dental appointments will be tracked based on their intake date.
2. The Executive Assistant will email the Family Home Consultant with dates of youth(s) upcoming medical and/or dental appointments.
3. The Family Homes Consultant will be responsible for ensuring that those appointments are scheduled and completed, and upcoming appointments will be discussed in Family Teachers weekly consultations.
4. When the appointment is completed, it will be documented in an incident report.
5. Upon receiving the incident report the Executive Assistant will mark the completed box on the tracking form.

Person(s) Responsible for Implementation of the CAP
Director of Family Homes

Time Frame of Implementation
This corrective action plan will be fully implemented on 4/11/13.

VII. Personal Needs/Survival and Economic Well Being

Element # 55 – Are children encouraged and assisted in creating and updating a life book/photo album? (PERMANENCY)

Finding: Life Book or Photo Album – Child #2 had not yet received her life book or photo album. Child #3 indicated that she was offered a beautiful photo album; however she lost it. She indicated that her Family Teacher is in process to buy her another one.

BOYS TOWN

Corrective Action Plan

Family Home Consultant responsible for the Family Teachers and the youth mentioned above will conduct a review of Life Book/Photo Album expectations with the Family Teachers during one of their weekly supervision meetings. The Family Teachers will be instructed to purchase a Life Book/Photo Album for the youth that does not have one, and Family Homes Consultant will ensure that the youth listed above receives a replacement for her lost photo album. Family Home Consultant will document this conversation in his weekly supervision notes.

1. Program Director will buy a supply of life books to keep in the office, so at the time of the intake the youth will receive a life book.
2. The Family Teachers will be responsible for tracking that the youth received the life book, and will document it on the youth's personal inventory log upon admission.

Person(s) Responsible for Implementation of the CAP

Director of Family Homes and Family Homes Consultant will ensure implementation of the CAP.

Sincerely,

Sarah Terry
Director of Family Homes
Boys Town California, Inc.