

EVALUATION

IOWA TRAINING SCHOOL FOR BOYS
ELDORA, IOWA

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Completed by:

Department of Social Services
Evaluation Task Force

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IOWA TRAINING SCHOOL FOR BOYS
DEPARTMENT OF SOCIAL SERVICES
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IOWA TRAINING SCHOOL FOR BOYS
ELDORA, IOWA

The Iowa Training School for Boys is operated under the auspices of the Iowa Department of Social Services, Division of Community Services, Bureau of Child Advocacy. Maximum population for the Institution is 238 boys (provided all units, including detention and the infirmary are full), and the total staff complement is 209. Placement of boys in this Institution is involuntary, and occurs only upon a petition or adjudication of delinquency.

I. ADMINISTRATION

The administrative structure of the Iowa Training School for Boys consists of the Superintendent, and a Management Team composed of the Associate Superintendent, Department Heads, and Cottage Directors. The Management Team meets regularly with the Superintendent to exchange information and provide input.

Overall responsibility for operation of the Institution rests with the Superintendent. On-call and emergency situations, such as AWOL, etc., are handled by a Duty Superintendent, a position rotated on a weekly basis among eighteen members of the Management Team. In addition, a Northside Complex Duty Counselor is assigned on a weekly rotation basis from among the Southside Youth Counselor I's, the psychologists, family therapists, and volunteer coordinator. This person, stationed on the Northside campus, serves as back-up for any problems arising in Detention, Cooper Hospital, or the Stewart Hall Program. Canteen duty on week-ends is assigned to teachers who handle family visits and assist in supervision. All staff report to the Superintendent when serving in the role of Northside Complex Duty Counselor, and the Canteen Supervisor reports to the Duty Superintendent who in turn is responsible to the Superintendent.

The Superintendent directly supervises the Business Manager, Vocational School Principal, Academic School Principal, Personnel Officer, Chaplains, Volunteer Services Director, and his secretary. The Associate Superintendent is responsible for direct supervision of the Psychology and Family Therapy Departments, the Clinical Director, the Word Processing Center, and the Northside Complex Director. Supervision of the Southside residential programs is shared by the Clinical Director and Associate Clinical Director. All clerical, laundry, maintenance, power plant operation, and dietary personnel are the responsibility of the Business Manager or Assistant Business Manager.

The Administration sees the primary objectives of the Institution as:

1. Accomplishment of change in children through the use of all available services, in order to prepare them for re-entry into the community.
2. Protection of children from inappropriate staff actions
3. Motivation of staff to be creative in their dealings with children
4. Utilization of a team approach in working to meet the needs of the children.

Barriers to accomplishment of these objectives, according to the viewpoint of administration, include **several** factors:

1. Youth Service Workers who are close in age to the children, lack household management skills, and view their role as less important than counseling.
2. The overuse of control due to frustrations based on large numbers of children and shortage of staff
3. The "turfsmanship" that exists in various Departments, resulting in competition for children's time, and in isolation of some areas or departments.
4. Conflicts between departments or personalities within departments, resulting occasionally in improper or inadequate service.
5. High staff turnover, most particularly in the area of Youth Service Workers.

Recommendations

1. Administration needs to be more directly in contact with staff at all levels to determine the extent and nature of the problems as they exist. This might take the form of regularly scheduled visits to cottages and departments, or meetings with staff representatives to solicit input and improve communication.
2. Where problems are found to exist, administration should deal with those in a direct manner, confronting the persons involved regardless of rank, privilege, or longevity of service.

II. PERSONNEL POLICIES

As a part of the Department of Social Services, the Institution is subject to personnel policies and practices of the Merit Employment Commission of the Department. The Institution has, however, developed an additional manual of material, designed specifically for employees of the Iowa Training School for Boys, related to policies and guidelines of employment there. This manual, a copy of which is provided to new employees upon hire, is an excellent supplement to the Department manual.

A. Physical Exams

After considerable discussion, it was determined that no employee of the Iowa Training School for Boys is required to have a yearly physical. The only exception to this is the teaching staff who are required by the Department of Public Instruction to have annual physicals. While it is true that such exams are not required by the Iowa Code, we nonetheless believe that it is an undesirable situation to have persons working in food service,

nursing, child care, and other direct client contact positions without regular physical examinations.

Recommendation

The chairman of the Evaluation Team has brought this problem to the attention of the Division Director for resolution.

B. Filling Staff Vacancies

It was noted that most of the personnel reviewed had been promoted within the Institution. Further checking indicated that it is common practice to promote from within the ranks. This occurs in part because of the lack of applicants from outside, particularly due to the limited size of the community. While this practice does provide an opportunity for advancement of employees, it also lends itself to inbreeding and to expectations on the part of employees that they have "earned" positions based on longevity. It also fosters a feeling on the part of some employees that only members of the "in group" get promoted.

Recommendation

While we would not advocate elimination of the possibility of employee promotion, we would recommend that every possible effort be made to recruit new employees from outside the Institution. The Department of Social Services Personnel Office should be contacted for assistance in advertising for vacancies, particularly for the positions of Cottage Directors and above.

III. PERSONNEL RECORDS

A review of a sample of twenty-four personnel files indicated that most contain all pertinent information. Material is well-organized and readily accessible. The only exception was in locating all salary information, i.e., starting salary, increases, promotions, and dates.

Recommendation

We would suggest that a face sheet be added to the personnel folders. This should contain a summary of personnel actions, i.e., starting date, starting salary, date and amount of increases (including current salary), promotions or demotions, new position and salary.

IV. STAFF DEVELOPMENT

Orientation for new employees consists of a tour of the Institution by the employee who must talk with each Department Head and have a checklist initialed by those persons following the discussion of each program area. While the concept is good, further checking indicates that this frequently becomes cursory in nature, with no real depth in discussion.

Recommendation

A more formalized orientation system needs to be developed to insure thorough participation by the trainers and trainees. This may involve an indepth approach to Institution philosophy, purposes, and objectives given by administration, followed by an orientation for all recently hired employees. This might involve a half day session scheduled each month for those employees hired within that month. Each Department Head could then be given an assigned time in which to present an overview of that area.

Ongoing staff development is handled in two ways. Off-campus workshop requests and continuing education are submitted through the Personnel Office. In-house staff development is arranged by the Department Heads.

The Institution has a general staff development plan for the use of its \$3,000 staff development budget. For the most part, Department Heads are allocated a portion of that amount, and they make decisions as to its use. Family Therapy receives the largest part of the total sum. Speakers are brought into the Institution for Staff Development programs, although this too is done primarily for Family Therapy.

In-house Staff Development for Youth Service Workers is alleged to take place one afternoon every other week. However, the Team's discussions with Youth Service Workers would indicate that these meetings were discontinued some time ago, and when they did occur were not oriented toward Staff Development and Training, but in fact resulted in frustration ventilation by staff.

Throughout the Evaluation, the Iowa Training School for Boys' staff in all Departments and at all levels indicated a pressing need for ongoing Staff Development and Training. (See specifics in various sections.) There is little indication that such training is taking place, or that this is a priority within the Institution.

Recommendations

1. Administration should set Staff Development as a priority for improving employee skills and overall quality of services to children.
2. A budget of \$3,000 for training a staff of 200+ employees is inadequate. The Staff Development Office can be of assistance in finding other sources of funding (such as LEAA) to supplement the Staff Development budget. The Department should make staff development money available to Institutions on the same per capita basis it does for the field.

3. A Staff Development Committee should be organized to establish priority training needs for all departments. This group should be representative of all disciplines and levels of staff. Equal (if not greater) weight should be given to training needs of staff at the Youth Service Worker and other paraprofessional and non-professional levels as is given to professional and management levels.
4. Utilizing available funds, the Staff Development Committee should set up a plan for provision of outside training for as many staff persons as possible. Consideration should be given to using funds to bring in people from the Universities and other sources in order to obtain maximum participation. Meetings should be scheduled at times which will allow for such participation, and priorities should be placed on attendance.
5. A great deal can be done in the area of creative use of existing resources for internal staff training. For example, the psychiatrists, psychologists, nurses, medical and dental staff, family therapists and recreation staff could be of great value in developing and presenting training programs within their field of expertise. In addition, consideration should be given to tapping resource people from within the Department, i.e., other Institutions, Central Office, and the field, to set up training workshops relative to various disciplines.

V. INTAKE, ADMISSION AND DISCHARGE

A. Intake

There are basically five methods by which a child can be sent to the Iowa Training School for Boys.

1. With either a petition or adjudication of delinquency on file, a court can refer a boy directly to the Training School for the purpose of diagnosis and evaluation. These referrals generally come from the courts through the probation offices.
2. With a petition or adjudication of delinquency on file, the Department of Social Services can refer a Department guest to the Training School for the purpose of diagnosis and evaluation.
3. With a petition or adjudication of delinquency on file, the boy can be held at the Training School for a purpose of detention while they are awaiting court appearance in lieu of their being placed in jail. Boys can also be sent as Department guests for the purpose of replacement if their prior community placement has not proven beneficial. Return for purposes of replacement cannot exceed thirty days.

4. A boy convicted as an adult can be committed to the Training School by the District Court under Chapter 242.6 of the Code in lieu of being placed in the Men's Reformatory.
5. A youngster who is adjudicated delinquent and committed to the Department of Social Services can be placed at the Training School in the regular program. The bulk of the population at Eldora consists of this type of commitment.

All youngsters placed at the Training School must be accompanied by appropriate court orders regardless of the type of placement that is being made. Other referral information varies as to kind and timeliness of its receipt.

The Training School is at the mercy of the Courts and the Department as to the number of commitments and admissions made. Over the past eleven months, the Training School has experienced its highest level of intake since 1967. With an average daily population on campus in excess of 200, resources of the Institution are strained, and the average length of commitment has dropped significantly in the past year.

B. Discharge

Due to the large increase in intake, discharge criteria is primarily based on intake. The faster intake increases, the faster discharge is executed. Consequently, youngsters may not be staying at the Training School for the time necessary to facilitate appropriate behavior change that would bode well for their future in the community. This, of course, creates questions as to which youngsters will be discharged as population increases. There is no written criteria to determine when a child is appropriate for discharge.

Recommendations

1. Given the present physical plant of the Training School for Boys, the current population is too large to optimally program on a treatment center basis. Recognizing the political ramifications and obvious constraints, the following recommendation is made based on what the team considers to be necessary to develop an appropriate residential treatment program for these delinquent youngsters. A decision should be made as to the optimal population of the Institution for regular commitments and guests. For the regular committed youngsters, Interdisciplinary Care Plans need to be developed relative to the child's stay in the Institution. Youngsters should only be discharged upon having completed those goals and objectives as outlined in the Interdisciplinary Care Plan. If at any time the Institution reaches maximum optimal population, intake should be stopped until vacancies occur as a result of other children having been discharged when the goals and objectives of their Interdisciplinary Care Plans are completed.

This recommendation inherently indicates that there needs to be cooperation between the Legislature, the Courts, and Management Team level of administration of the Department of Social Services. There needs to be recognition on the part of these bodies that the Boys Training School at Eldora should be considered a Residential Treatment Center for seriously delinquent youngsters, and not just a stopping-off place between placements. The average length of stay at Eldora, due to population pressures, has been reduced from twenty-six weeks to twenty-three weeks on an average in the past year. Discounting the long-term placements of boys who reside in Eldora in excess of thirteen months, and the thirty-day evaluation guests, we come up with an average length of stay that more realistically centers around fourteen to fifteen weeks with the mode being nineteen weeks. It is ludicrous to assume that much behavior change is going to take place in a youngster with the kinds of behavior patterns presented by the population at Eldora in that short period of time.

It should also be noted that some regularly committed clients at Eldora are literally being dropped off at the Institution gates prior to the field offices being notified of the commitment. This, of course, can possibly result in unnecessary incarceration at Eldora because the field staff has never had a chance to develop an alternative diversionary placement. Again, this is a situation that needs to be rectified between the Department, the Courts and the Legislature in order to prevent, even for short periods of time, inappropriate clients being placed at the Training School.

2. The alternative, of course, to continuing to allow carte blanche admission to the Institution, is to build another institution in order that the length of stay can be increased and that proper residential treatment, through the use of Interdisciplinary Care Plans, can be instituted. The Evaluation Team does not consider this to be a desirable alternative.
3. A third alternative is to develop appropriate community-based resources that can adequately deal with delinquent, aggressive, acting-out youngsters. This kind of programming can be developed with the concomitant need for appropriate educational, vocational, psychological, psychiatric, and other resources, and with appropriate security, the Training School could then be used to deal with only the most severely delinquent and aggressive youngsters, and at the same time become statewide diagnostic and evaluation center with some sophisticated resources not available at community level.

VI. RECEIVING AND DIAGNOSTIC CENTER (RDC)

RDC has a capacity of twenty-one boys. As stated previously, boys are admitted for one of five reasons. A complete evaluation takes three to four weeks to accomplish. Those being admitted as Court or Department guests for complete diagnosis and evaluation generally remain for the entire three to four weeks. During this time, boys are seen for evaluation by the psychiatrist, psychologist, family therapy team, and school and medical personnel. A behavioral assessment based on a combination of staff observations is also completed. Completed materials are available at the time the boy leaves the Institution or are sent prior to a Court appearance.

Recommendation

While the Diagnostic and Evaluation reports are relatively complete and appear to contain useful information, the weakest component is the behavioral assessment. This could be strengthened by defined criteria for behavioral observation on the part of staff. This would not only provide for more comprehensive information, but also provide for greater consistency.

For boys coming into the regular program, the stay in RDC is much shorter. Due to the population pressures created by guest evaluation cases, the time that regular commitments spend in RDC frequently ranges from five to ten days. During that period, boys attend group meetings, receive general orientation in the form of a slide presentation, and general counseling. Boys are programmed into educational or vocational programs on the basis of age, reading and math tests, vocational interest inventories and Project Discovery performance. Cottage assignment is based on the educational or vocational program. Physical examinations are completed on all youngsters. Psychological testing may not have been completed prior to programming, and results are generally not available until after a child is programmed. Regular commitments are not routinely seen by the psychiatrist.

It appears that boys coming into the Iowa Training School for Boys on regular commitments receive a much less comprehensive evaluation and assessment while in RDC than do guest evaluation cases. This is born out in the fact that boys frequently enter the regular cottage programs accompanied by no more in the way of background information than a face sheet. Further testing and assessment is completed once the boy arrives at the cottage, and a staffing is held thirty days after placement in the cottage.

Recommendation

It appears that the present system that requires rapid movement from RDC into the regular program, resulting in incomplete assessments, also results in duplication, delay in development of treatment plans, and a dual adjustment for the boy.

Recommendation (continued)

We would recommend that regular commitments be placed in a cottage within one to two days after they have been generally oriented to the campus and a determination of educational/vocational interests and age has been completed. Other testing and assessment can take place within the cottage prior to the thirty-day staffing. We believe this will eliminate considerable downtime, and will give the boy the opportunity to adjust to the regular cottage program and staff immediately.

The following are general concerns in regard to the RDC Program:

1. Staff Coverage: Due to the lack of information provided upon Intake, the amount of down time, and the nature of the program that is a result of constant population change, coverage is maintained at two staff on the floor at all times. While this is seen by the Team as being appropriate, although minimal, coverage, RDC has no "floater" youth service worker coverage. This results in the need for youth counselors to serve as youth service workers approximately 50% of their time in order to maintain the designated floor coverage, and in so doing greatly delutes their effectiveness as counselors.

Recommendation

While the Team believes that the ideal staffing pattern, in order to most effectively program the time boys spend in RDC, would involve a one to four ratio, we also recognize the constraints involved. We do feel, however, that an adequate youth service worker complement should be assigned, whether as an additional position or a floater, to maintain the policy of two person floor coverage without having to utilize youth counselors in that role.

2. Lack of Written Policies and Procedures: There are few written policies and procedures governing the operation of RDC. Much of the information is currently being transmitted verbally among staff. The RDC Director and Associate Clinical Director are presently in the process of assessing needs in this unit and are working on improving internal communications. They are also beginning to develop policies and procedures for the program.

Recommendation:

We would urge the continuation of development of a complete set of policies and procedures for RDC.

3. Documentation of Staffings and Daily Logs: Staff in RDC currently meet on Monday, Wednesday and Friday for one hour. At these meetings, individual boys are discussed, a negative/positive week list is developed, and AWOL risks are noted, as are special needs which have been identified. Important items are recorded in the log book and a status list is posted. In reviewing the log book,

however, it appears to be primarily a running list of client movement. Behavioral observations are not recorded unless serious in nature.

Recommendation

In addition to the log which is maintained to provide change-over information for child care staff, we would recommend that an individual log book be maintained for each boy. This should contain a summary, written by the counselor assigned the case, of conclusions and recommendations from the three weekly staff meetings, as well as youth service workers' daily observations. Youth service workers' observations might take the form of a checklist developed from criteria used for behavioral assessment.

4. Recreation: See Recreation Section of this report.
5. Educational Assessment: See Education Section of this report.

VII. COTTAGES

A. General Strength

The Evaluation Team was impressed with the overall quality of the staff at the Iowa Training School for Boys. Regardless of variance in preparation, education and experience, most of the interviews with staff were marked by genuine concern, empathy, and understanding of the boys, their problems and behavior. Obviously, some are more able than others, but all appeared to be acceptably equipped to deal with children.

B. General Concerns

The following are concerns expressed by all Team members in their review of cottage programming:

1. Lack of Privacy: Recognizing that a training school must provide security, control and authority affect to meet the public and traditional expectations concerning delinquents, we consider there are violations of the Department's own Standards. The most obvious involve the physical lay-out. It is hard to believe children for whom the potential for emotional growth and personality development is at least given lip service could benefit from a setting in which the only private moment is achieved in a toilet stall. The range of ego assault engendered by the dormitory, the locker room, and showers, offsets a great deal of otherwise sensitive and well-directed staff effort.

The voluntary requests for detention mentioned by cottage directors seems to the Team to be inspired more than a little by the relative privacy of detention and the respite from the pervasive "groupness" of cottage life. Stripped of in-

dividuality, set up for competitive and extortive attention getting, and alone only in his head and on the toilet, a boy must deal with psycho-shock before he can deal with anything else.

Recommendations

- a. Though the structure offers problems, it is not beyond the possibility of installing low partitions in the dorms, for example, where at least in bed, the child would be alone and in privacy.
 - b. Consideration should be given to the development of a secluded area within the cottage where, on an "earned" basis, a boy could have a period of quiet time.
2. Lack of Interdisciplinary Care Plans: Approximately thirty days after admission of the child to the cottage, there is a cottage staffing, at which time an initial case plan is developed for the child. The plan is developed with the involvement of the cottage staff, institutional teachers, and, in some cases, with the actual participation of the field social worker. There is, however, a lack of involvement of other applicable support services staff, i.e., nurse, psychologist, psychiatrist, etc., as part of the cottage staffing which precludes the care plan from being Interdisciplinary in nature.

Care plans for the children are extremely limited in nature, generally not reflecting short and long term objectives, planned services, the involvement of others outside of the Iowa Training School for Boys, or of the criteria for termination of care. One case plan was read which did discuss goals for this child; however, those were reflected in a progress note rather than a care plan.

Recommendations

- a. The Interdisciplinary Care Plan should be based on the assessment of the Evaluation Unit and should consider the fundamental needs of each client to include:
 - (1) Physical
 - (2) Psychological
 - (3) Familial
 - (4) Group Living
 - (5) Vocational / Educational
 - (6) Recreational
- b. The Interdisciplinary Care Plan should be Interdisciplinary.
- c. The ICP should state specific, measurable objectives and tasks, and include assigned responsibility and time frames.

- d. Refer to Standards, Chapters VI and VII.
3. Lack of Universal Status System: There is considerable inconsistency between cottages relative to the types of status systems used and their meaning to clients. With few exceptions, rating systems appear to have no general significance to clients as they do not relate to release from the Institution, nor do they determine level of privileges or responsibilities. In addition, the variety of status system jargon results in confusion on the part of other Institutional staff who must relate on a daily basis to clients from several different cottages.

Recommendation:

For the purpose of uniformity and clarity throughout the Iowa Training School for Boys, it is recommended the adoption of a uniform "classification" or "status" system that can be implemented in all cottages, yet allowing cottage directors the individual flexibility necessary. This system should include the following:

- a. A valid, documented method of recording a child's progress or lack thereof;
 - b. A system of privileges available to a child in a given classification, based on his progress or lack thereof;
 - c. The child's participation in his ongoing status review;
 - d. A clear criteria within population constraints, outlining behavioral expectations for discharge;
 - e. The status system should be tied to the Interdisciplinary Care Plan.
4. Placement in Cottages: As stated previously, children are programmed according to age and educational/vocational interest. Within the five regular cottage programs, two are academic cottages, two are vocational, and one is mixed. This appears to be the only criteria for cottage placement of boys entering the Iowa Training School for Boys. Cottage staff are not involved in the placement of new residents, and it appears that little consideration is given to a cottage's current personality, strengths and weaknesses, but rather to "who has an empty bed". It should be noted, however, that the root cause of this problem is the tremendous population crunch currently being experienced by the Institution.

Comment

It would be ludicrous to make a recommendation of any substance to correct this situation until and unless the Department of Social Services finds a method to control / limit the intake of this Institution.

5. Lack of Grouping Within the Cottages: Living units currently program for an entire cottage (generally thirty or more boys). There appears to be no small grouping of children within these large groups. The daily routine, i.e., bedtime, dining, etc., are institutional in nature and designed to provide control of the large cottage group.

Recommendation

The breakdown of the larger group into small groups (8 - 10) in the living quarters for the purposes of individualization, programming, and personalization is recommended. Criteria for such group breakdown may be: (a) age; (b) exhibited behavior; (c) independent living potential; (d) educational needs; (e) recreational activities; (f) therapy groups. This would more satisfactorily meet the social and emotional needs of the individual clients. A consistent, well-structured, yet flexible atmosphere could be attained.

6. High Staff to Child Ratio: A high ratio of staff to students results in little time for individual attention to the residents, creativity, and program planning. Many evenings the ratio is 1 to 15, yet when someone is on vacation or sick the staff ratio is 1 to 30+. This is further complicated by the necessity for cottage parents to periodically be used to transport residents. This shortage, and the demands this puts on the cottage parent, may be one reason for the high turnover in cottage parents. It is also impossible for treatment to occur with a staff ratio this high.

Recommendations

- a. Increase youth service worker staff in the cottages to reflect, during prime programming time, a 1 to 4 staff to client ratio. This would be necessary to insure quality treatment in this type of setting.
 - b. In lieu of implementation of the above recommendation, we would suggest a reduction in each cottage's population to reflect no more than a 1 to 8 ratio which would result in reducing the overall cottage population by approximately one-half.
7. Delay in Self-Care / Home Living Skills Training: The Team is concerned that Self-Care / Home Living skills training is given only during a period of time shortly before a boy's discharge from the Institution. Such scheduling does not allow the student to practice the knowledge and skills that may be gained from participation in this important training, nor does it allow cottage staff to work with the youngster on development of these skills over a period of residence.

Recommendations

- a. Students should be exposed to this training early in their Institutional experience.
 - b. A close tie-in between the Vocational Instructors and the cottage staff should be part of this training.
 - c. As much as possible, the content of the course should include more areas of interest to the boys.
8. Lack of Staff Development: Earlier in this report, a number of recommendations were made regarding staff development. Youth service workers, counselors and cottage directors all expressed need for ongoing staff development training, particularly given the high turnover of youth service workers. This need exists even for staff who have been at the Institution for some time, since it was noted that some had received no formal inservice training for years.

Recommendation

See section on Inservice Training and Staff Development.

9. Lack of Supervision for Cottage Directors: It is the impression of the Team that Cottage Directors have established themselves, on campus and with referring agents, as a quite powerful and influential entity relative to the boys in residence. Consequently, it is our impression that supervision by Institutional Management may take a rather aissez-faire approach. We have no reason to doubt the competency of Cottage Directors, but at the same time, more direct supervision is indicated to preclude the establishment of mini-institutions within the overall Institutional setting.

Recommendations

- a. Management should develop specific objectives for all Cottage Directors relative to the goals and objectives of the Institution at large.
 - b. Cottage Directors should be supervised and evaluated based on these pre-established objectives, in order to provide more consistency within the Institution. This will prevent any one cottage from being recognized as able to deal best with "tough" kinds, while another is recognized as not being as well-structured and/or organized.
10. Lack of Policies and Procedures: Individual cottages lack policy and procedure manuals, clearly spelling out expectations, responsibilities and rights for staff and students alike. Much policy within the cottages is handed down by word of mouth, resulting in inconsistency in application and interpretation.

Recommendation

Each cottage should have an operating manual of policies and procedures based on the general policies and procedures of an institution-wide manual. The Team views this as a major and necessary goal for the Institution to accomplish in the shortest time possible.

C. Overall Observations

The following are observations made by various Team members in their evaluation of specific cottages. While these are not necessarily applicable to all cottages, and in fact may be pertinent to only the cottage where an item was observed, they are nonetheless things about which Institutional management should be aware. In other cases, we believe that the observations made by specific Team members should apply to all cottages on grounds.

1. Observation

In one of the cottages, efforts at rapport and relationship by staff toward the boys appeared to involve an excess of good natured sounding jocularity. In one case, a boy's not going home was laughingly acknowledged as "giving the girls a rest" whereupon the boy, joining in the mood, joked about coming back exhausted. Not raunchy in any respect, nevertheless, that kind of camaraderie seemed out of place and too "let's pretend we're buddies". The mood abruptly changed as a staff member challenged the boy a moment later for lying about a stealing episode. A tendency toward that kind of teasing, joking, "palsyness" cannot be sustained in the setting, provokes like responses, and borders on provoking the kind of argumentative and angry defensiveness for which the boys are then benched. Further, it was observed that the residents were not skilled enough to read between the lines of communication from staff, nor did the children know when to quit, thus being "drawn" into potentially unacceptable behavior.

Recommendation

A straighter, more adult, less "palsy" rapport should be encouraged in the cottages.

2. Observation

Differences in implementation of policies is exhibited in some cottages by the very permissive handling of smoking. Although a well-meant gesture by the staff to win cooperation, establish rapport or something to that effect, the open permissiveness ignores the very real medical evidence that should inspire constant efforts at discouraging smoking. Parental permission and even parental supplying of cigarettes is a cop out. Parental judgement and most parental authority,

in addition to any self-determination by the child, is otherwise so circumscribed or non-existent that its recognition in support of smoking is blatant foolishness. Obviously, the issue is not simple nor is it limited to one cottage.

Recommendation

As an example, only, the policy regarding smoking in the cottages should be looked at by Institutional Management as to standardization of policy throughout the Institution.

3. Observation

Staff in one cottage were besieged by boys' demands for attention. Clothing needs, behavior incidents, and a generally "hyper" atmosphere claimed staff attention. One explanation, of course, is that the community and evaluation meetings that day served to create anxiety, but whatever the reason, there was a notably extortive quality to the scene.

Recommendation

This type of atmosphere is a good example of the obvious need that exists for ongoing supervision and training of staff in dealing with behaviors of the boys at the Institution. Institutional Management should be aware of these types of situations and deal with them accordingly.

4. Observation

Another cottage appeared calm and organized. There was a pleasant, but straight, rapport with the boys, and after-meal cleanup was handled quickly and without repeated requests. Staff members were involved in table games with some of the boys. It is the impression of the Team that this was a well-structured cottage that maintained control while at the same time displaying genuine caring for the residents.

5. Observation

At the time of the evaluation, the Counselor in one cottage had been serving in the capacity of Acting Cottage Director for seven weeks. It should be noted, however, that the cottage was running fairly smooth.

Recommendation

To enhance the counseling capabilities within the cottage, the Director's position should be filled as soon as possible, as should all vacancies.

6. Observation

Although one of the cottages observed was adequately clean, there was a slightly dismal appearance created by a lack of attempts to personalize the cottage. There was also a slight odor indicating the need for residents to take more frequent showers, or more probably, that the clothes they were wearing were dirty.

Recommendations

- a. Although it is difficult in an institutional setting to personalize, efforts should be made in this direction thus encouraging the students to take pride in their surroundings.
- b. Regardless of staff orientation to personal hygiene and cleanliness, it is incumbent upon an institution, and the cottages therein, to ensure that residents maintain a level of personal hygiene that precludes medical and physical difficulties.

7. Observation

The log book in one unit was used almost altogether as a means of accounting for numbers. Information regarding cottage tone, various behaviors of individuals, and information for the upcoming staff was non-existent. In another cottage, it was used to record major incidents in the cottage and logistical information to be passed on to the next shift. It did not provide daily documentation of a child's behavior. In still another cottage, the log book was used to reflect the attitude of the cottage, as well as special behavioral incidents.

Recommendation

Although we realize the implications of this recommendation, it is recommended that an individual log for each child be maintained, to be completed at the end of each shift, briefly, yet concisely noting any problem areas or unusual behavior, as well as the child's general progress.

From the point of easy reference, the cottage may wish to retain the present cottage log, in addition to the individual logs recommended above.

8. Observation

It was noted that in at least one cottage a member of the cottage team never attends Team meetings.

Recommendation

In order to maintain the integrity of the Team concept, it is essential that all members participate regularly. Administration should be aware of these situations as they exist, and act to correct them.

9. Observation

There are no regularly scheduled "community meetings" in at least one cottage. We see these meetings as being advantageous in several areas, including solicitation of the child's input, allowing appropriate verbalization of concerns, and as another method of communication between staff and residents.

Recommendation

It is our recommendation that the "community meetings" be reinstated on a regularly scheduled basis.

10. Observation

All cottages in the Institution operate with a system of checks and balances whereby a boy can file a grievance if he feels he has been disciplined unjustly. In talking to several of the students, however, it is felt that there is no provision for teaching the grievance procedure to a boy and that many of the boys are unclear as to the grievance procedure and disillusioned with it. The boys felt that there would be a certain amount of hazing that would go on if they filed a grievance against a staff member, therefore they feel that it is in their best interest not to file such a grievance.

Recommendation

Although such complaints are largely due to personality clashes between staff members and individual boys, we believe these could be in part eliminated by more accurate reporting in the daily log and better training for youth service worker staff.

D. Stewart Hall

Stewart Hall is a high security unit which provides intensive services to twenty boys. It is incorporated as part of the North Complex of the Training School and consists of four single bed rooms, eight double bed rooms, two isolation rooms, two shower rooms, a locker room, a laundry room, storage areas, office for two counselors and Director, kitchen, and finished basement used for various educational programs.

The typical characteristics of Stewart Hall students include a diagnosis of unsocialized aggressive reaction, inability or unwillingness to adapt to a standard cottage setting, manipulative tendencies, physically aggressive, and average intelligence. Such students are generally long-term clients who have been at the Training School one or more times prior to placement in this unit.

The staff of Stewart Hall consists of one Youth Counselor II, two Youth Counselor I's, five Youth Service Worker II's, and two Youth Service Worker I's.

1. Strengths

- a. We were impressed with the physical structure of Stewart Hall in terms of the availability of individual and double rooms for clients, the personalization of the rooms with attention given to decor, upkeep and privacy. The availability of the isolation rooms to clients on a voluntary basis was also thought to be good. Other positives in regard to the physical structure are individual offices for counselors to enable private counseling with clients, and the basement area allowing for specialized programs and in-house activities.
- b. The Stewart Hall staff were enthusiastic, creative, knowledgeable, caring, very involved, and open to new ideas. They know their program and seem to feel good about it.

The tone set by the Director is positive and client-oriented. The Director is accessible to staff. He knows the boys in his unit and is involved with them and their program. He makes good use of his staff on a treatment team basis. He has also independently developed guidelines for documentation and report writing for his staff.

- c. Stewart Hall has a well-defined program utilizing a clear-cut status system that is geared to a client's behavior. Great emphasis is placed on both individual and group work which is seen as vital. The behavior orientation and the counseling efforts of the program complement one another and are the essential elements of any treatment program. Specific components of the program viewed as positive are:
 - (1) A packet explaining the Stewart Hall program and status system is given to each new student upon entering the program. This is explained by staff. Although the status system appeared complicated, the clients picked it up quite readily. The boys initially entering the program are put on an hour-to-hour behavior card to closely monitor behavior and give immediate feedback.

- (2) The daily rating system is based upon five basic behaviors, i.e., dependability, personal relations, work habits, personal appearance, group awareness. These five areas measure a broad spectrum of a client's functioning as well as providing a framework for identifying specific problem areas. The criteria of "group awareness" is seen as excellent in that it promotes insight and a sense of responsibility for others.
- (3) The status system is viewed as providing a logical system of progression, giving increased privileges as a student attains higher degrees of responsibility. The status system also provides incentives to clients on a day-to-day basis.
- (4) The charting and graphing processes used are good in that they provide a client and staff a visual measurement of progress, or lack thereof, during a client's residence in the program.
- (5) The system provides a method for a client to be upgraded in the status system by his voluntarily completing various household duties.
- (6) The use of weekly staff meetings allows for on-going staff communication and coordination around the program in general; as well as in regard to individual clients. Each client is staffed at this meeting with client present.
- (7) The utilization of small groups for counseling and communication is beneficial in that it allows for increased interaction, and we would encourage increased development and refinement of such.

2. Concerns and Recommendations

- a. Even though security and control are the primary concern, there is an over-use of locking boys, particularly those in the lower status, in their rooms simply because there are not enough planned and constructive activities available.

It is our recommendation that regardless of status, a client should have as full and productive a day as those in the regular program. We encourage the current efforts to make available the Project Discovery program to Stewart Hall residents. We also recommend that educational/ GED programs be expanded and made available during the daytime hours.

- b. We are concerned about the lack of recreational and leisure time activities during the after-school and evening hours. Intra-mural sports seem to be the primary recreational activity available now.

We recommend that there should be increased in-unit and out-of-unit activities on a planned basis. This should include outdoor recreational activities as well as leisure time activities within the unit. One staff member should be designated responsible for coordinating recreational activities with the recreation department, and also to develop a weekly schedule of recreation and leisure time activities. Such activities should be integrated as part of the point system.

- c. There is an inadequate number of direct care staff to provide coverage, control and at the same time conduct a viable treatment program.

We would recommend that at a minimum, one more direct care staff be added. This would relieve the counselor from serving fifteen to twenty hours per week in direct care coverage.

Even with this additional staff member, we are concerned about group control and the safety of the staff as illustrated by the recent serious assault of a staff person. We, therefore, would recommend that a one to five direct care staff to child ratio be maintained during prime time hours, i.e., after school and evening hours as well as week-ends. This would also allow much greater involvement of staff in recreation and leisure time activities.

- d. There is a lack of a clear assessment process, as well as Interdisciplinary Care Plans. There is also a lack of a developed interdisciplinary approach. We would recommend that an interdisciplinary approach, particularly in regard to assessment and planning, be developed.

Stewart Hall plans to implement an initial in-house staffing twenty to thirty days after placement. This 20 to 30 day period would allow direct care staff to conduct their own assessment of the resident. This would provide an excellent opportunity for a full staffing of the resident, to include all disciplines, i.e., nursing, education, etc., as well as the field worker and parents where appropriate.

An Interdisciplinary Care Plan (ICP) specifying overall goals as well as specific objectives and tasks could be developed as a result of this staffing. Particular attention should be given to placement planning at this time, as well as fixing responsibility for family involvement/work.

One of the most difficult tasks in developing an ICP is in the area of stating measurable objectives on an individual basis within the residential aspect of the program. The point system with the five areas currently in place could be adapted quite easily to accomplish this. Essentially, specific objectives in each of those five areas could be developed for each resident based upon the presenting problem or needs.

- e. A daily log is kept and provides essential information about the residents, though it seems to emphasize the coming and goings of the boys. We would recommend that the daily log provide a more structured format in regard to observations and reporting on each resident. We also would recommend a separate log book for each boy. We feel that the need for staff communication and coordination, as well as observation regarding the "mood of the cottage", could be accomplished better through a separate staff log.
- f. We were somewhat concerned about the unclear distinction between stay (locked), isolation room, and detention. It was our feeling that with the proper use of room stay and isolation, the need for detention could be reduced, if not almost totally eliminated. It was also felt that isolation rooms could be used as a more viable tool in an individualized behavior management program within Stewart Hall.

We recommend that Stewart Hall develop in writing the role, as well as distinction between the use of room stay, isolation, and detention within the program. We essentially see room stay as a time out device, isolation as a behavior management tool, and detention as the ultimate where control is essential.

E. Cooper Hospital

Cooper Hospital provides medical and dental services for the entire student population of the Iowa Training School. In the ward area, six beds are regularly available for patients with physical illness. Another eight beds are regularly occupied by eight clients who are in need of a specialized program apart from the regular cottage program.

The ward area consists of an office for the counselor, a school room, a nurses' station, two isolation rooms, an open area for some recreational activities, i.e., pool and table tennis, and three bedroom areas for the boys. The direct care staff are responsible for patients who are ill as well as for those in the specialized program. There is usually single coverage by direct care staff, except for Sunday afternoons when there is double coverage. There is one counselor assigned, as well as one remedial teacher. There were ten boys in the Cooper program during the evaluation.

1. Strengths

- a. The staff appeared to be warm, caring and trying to provide a good parenting situation to meet what they perceive to be the major needs of clients. This is evidenced by staff taking boys home for holiday meals on occasion, and other similar activities.
- b. The small number of clients in the program was seen as positive because the potential for individualization is present.

2. Concerns

- a. There is a lack of an appropriate program due to the widely differing needs and capabilities of the clients. The age range of the clients was 13 to 17 years. Seven out of ten residents were low functioning while one boy's I.Q. was 121. One boy was multiply handicapped; another boy was placed there at his area social worker's request. Six of the boys were on medications, exclusively for anxiety and/or hyperactivity.

From the above points, it is obvious that Cooper Hospital has become a place to house boys for whom the Institution has no other program. The program in essence is custodial.

- b. There is a lack of staff for provision of adequate recreation and leisure time activity. Because of single coverage, as well as responsibility for supervising the physically ill clients, the direct care staff is confined to the unit, and therefore, is not able to provide outside recreation or leisure time activities.

Cooper Hospital is closed down on holidays and boys with no place to go are housed in the detention unit. We do not see this as an acceptable practice.

- c. The physical plant design of the Cooper Unit is inadequate in that:
 - (1) There is little or no privacy or individualization;
 - (2) The location of the nursing station, as well as the ward for the physically ill clients in the unit, results in confusion and outside intervention;
 - (3) The mixing of the Cooper program clients with the physically ill clients makes implementing a behavior oriented program extremely difficult at best, to say nothing about exposing the boys in the Cooper program to those students admitted to the hospital because of illness.

- d. The use of the isolation room is dealt within the Stewart Hall report and applicable to the Cooper Hospital program.

3. Recommendations

- a. We recommend that the Chief of the Bureau of Child Advocacy institute a study of the three juvenile institutions to determine the need for a single specialized program for the lower functioning, inadequate child. Toledo would appear to be a logical location for such a program. Consideration should also be given to exploring a community resource that could be developed or modified to serve this type of child.
- b. We would recommend that the Cooper Hospital program, if continued use is deemed necessary for clients who do not fit the regular program, be a short-term, intensive, treatment-oriented program. It could serve as a time-out situation and be geared to the specific purpose of preparing the client for a return to the regular program. We do not believe such a program can be conducted in the present physical plant of Cooper Hospital.

F. Independent Living Unit

1. Strengths

The Independent Living Unit (ILU) has a current capacity of twelve residents, and is administered by Youth Counselor I who is officed in the administration building. The Independent Living Units currently utilize space in Maplewood (upstairs), the Mansion (entire building), and Krause House (a two-bedroom cottage). At the time of our evaluation, there were eight ILU residents. The stated goals of the ILU are "to provide exposure to and teach student independent living skills". The ILU operates a script system in which students are "paid" for their hours spent in school or vocational program and, in turn, "pay" for their room, board, clothing, etc. Occasionally students participate in off-grounds employment, receiving actual monies, rather than script. Students are responsible for their own breakfast, supper, and weekend meals. There is a daily inspection of the residents. Discipline is provided through monetary fines. Length of stay may vary from two weeks to three months.

Generally, we view the ILU program as providing the Iowa Training School student a unique opportunity to experience a reality oriented transition from a structured cottage setting to independent living in the community. The reality oriented approach (utilization of an excellent script or monetary system, detailing even such factors as taxes) is commendable.

2. Concerns and Recommendations

After evaluation of the ILU, the following comments and recommendations are made for consideration:

a. Policies and Procedures

Written policies and procedures for the ILU are extremely limited. Most of the information we were able to obtain had to be verbally provided by the ILU Coordinator.

Recommendation

It is recommended that the ILU develop a written policy and procedure manual for its overall information.

b. Intra-Agency Relationship

There appears to be some confusion regarding the relationship and role of the ILU and the student's former cottage. This confusion is exemplified by Cottage Directors being unable to define this relationship, the maintenance of records in the student's former cottage, and the student's return to a former cottage for counseling. The issue is whether the ILU is a program in itself, or whether it is merely a component available to other cottages.

Recommendation

It is recommended that a written policy be developed clarifying the role between the ILU and the student's former cottage. This material should speak to such matters as records, application policies and procedures, staffing, etc. It is the feeling of the Team that it would be most appropriate for ILU to be considered a program in and of itself.

c. Application

Application for entrance into the ILU is accomplished through a student application. The requirement that the prospective resident apply for the ILU is a good tool for establishing motivation and involvement.

Generally, discharge plans must be completed prior to acceptance to the ILU. In addition, the student must have the approval of his counselor and demonstrate some proficiency in self-care skills.

We have some concerns regarding the actual validity of utilizing the skills proficiency checklist as a condition of eligibility for entrance to the ILU, in that the living skills training in the cottages is extremely limited, and that the purpose of the ILU is to teach those living skills, rather than to have proficiency as a basis for entrance to ILU.

Recommendation

It is recommended that the living skills questionnaire be expanded in scope, and that it be utilized as a tool for assessment and program planning, rather than as a demonstration of ability.

d. Admission

Of the eight children in the ILU at the time of our evaluation, five were approximately seventeen+ years of age, going to their parental home, and then to independent living; two were going to group care; and one was going to be placed in foster care.

In light of the stated goals of ILU, to provide exposure to and training for independent living, the program appropriateness of the ILU for children who are going to group or foster care is questionable.

Recommendation

Based on figures provided by the Iowa Training School for Boys, it is recommended that priority for acceptance for placement in the ILU be given to:

- (1) Children programmed for placement in independent living; and
- (2) Children over sixteen years of age for whom discharge planning entails placement in their parental home.

e. Discharge

No discharge summaries from the ILU were available for review.

Recommendation

It is recommended that discharge summaries be completed for all children completing the ILU program, and that copies of this discharge summary be made available through normal distribution.

f. Interdisciplinary Care Plans

Care plans for ILU are extremely limited, both in terms of content and interdisciplinary involvement.

Recommendation

It is recommended that ILU utilize the Interdisciplinary Care Plan and format discussed in this evaluation.

g. Physical Environment

As indicated, the ILU utilizes various spaces and physical facilities throughout the Iowa Training School for Boys campus. It would appear that this multi-utilization is economically inefficient. In addition, each physical facility has a number of items needing correction to be in compliance with applicable standards.

Recommendation

It is recommended that the Iowa Training School for Boys consider the feasibility of renovating Mansion into an energy-efficient, multi-apartment-type of building that will meet compliance with applicable standards. ILU residents, as well as the ILU Director's office, could then be located in this one facility.

h. Self-Care Skills Development

Axiomatically, the area of self-care skills development should be primary to the ILU. At this time, all ILU students initially participate in the week-long home living skills class offered to all Iowa Training School for Boys residents. However, the limited nature of this class, and the sporadic availability of the ILU coordinator to provide training, precludes instruction at a level commensurate with student need.

Recommendation

It is recommended that the Iowa Training School for Boys explore with the Community College the possibility of establishing a special needs instructor to assist the ILU coordinator in teaching and demonstrating self-care skills that can be implemented in the ILU.

i. Length of Stay

The Team questions the practice of placing students in the ILU for stays of only two to four weeks. The question becomes: how much can a student learn about independent living in that period of time?

Recommendation

A student should spend a minimum of thirty days in the ILU.

j. Daily Logs

According to the information that we have available, daily logs are not kept by the ILU.

Recommendation

It is recommended that an individual daily log for each child be maintained, to be completed briefly, yet con-

cisely, noting any problem areas of unusual behaviors, as well as general progress. This daily log will provide written documentation regarding the child's progress toward the goals established for the ILU resident.

VIII. DETENTION

The Detention Unit, located on the North campus, has a capacity of twenty-eight. The East Wing is composed of double locked rooms with a total capacity of twenty-one. The West Wing, used only for extra capacity or for boys who are out of control to the point of being seriously disruptive, can house an additional seven boys. The unit is staffed by a Youth Counselor I (who is in charge of the unit under the supervision of the Northside Complex Director), five Youth Service Worker II's, two Youth Service Worker I's, and an Activities Aide.

All boys placed in Detention are routinely subject to ten minute visual checks, with more frequent visual checks ordered if staff have any question regarding a boy's stability or emotional state. All such checks are documented.

One of the Institution's staff psychologists is informally assigned to Detention. He sees all boys in Detention almost every day. In addition, boys are referred because of depression or behavior problems to the consulting psychiatrist who sees those boys during his weekly visit to the Institution. He verbally reports authorization of medication or extra watch to the Detention Counselor, and follows this up with written documentation. In addition, the consulting psychiatrist writes PRN orders for all boys he has seen, and if it becomes necessary, will verbally order a PRN for those he has not seen, following this with a visit and written PRN during his next visit to the Institution.

Residence in Detention appears to be available for four major reasons:

1. Penalty status (discipline, runaway);
2. Voluntary status -- at student request, with approval of an appropriate person in a management position who is familiar with the student;
3. Hold status -- pursuant to court order;
4. "Out-of control" status -- only after an attempt to isolate the student elsewhere.

When a boy is ordered to detention, staff in the Detention Unit is called, and they go to the cottage to escort the boy to Detention.

A. Strengths

1. Staff at all levels in the Detention Unit displayed a knowledgeable, caring, understanding attitude toward the boys placed in detention. They appear to be direct, with expectations placed on the boys. Inappropriate behaviors are confronted; but at the same time, we believe that boys are dealt with fairly and in a nonvindictive manner.

2. The Detention Review Panel is definitely a positive attempt by the Iowa Training School for Boys to deal with student rights and effective control of the Institution. With regard to the review panel and process, we have noted the following observations:
 - a. Provides review by an authority not involved in the original decision to place in detention. (This principle was not found in the written policy. It would be appropriate to include such a statement.)
 - b. Provides review of status within 24 hours of placement.
 - c. Provides opportunity for input by the student placed in detention.
 - d. Provides written findings by the review panel, with a copy to the student placed in detention.
 - e. Provides opportunity to appeal to the Superintendent. (This should be included in the written policy.)
 - f. Provides daily review of the student in detention by a member of the student's treatment team.

This scheme of review provides a fairly comprehensive protection of student rights. It would be appropriate to give some consideration to the student's ability to "call witnesses" before the review panel, and to confront the complaining party. (These rights are not absolute. However, it appears the review panel does not grant the student such opportunity. This is not presently a recommendation for adoption as policy. Rather, it is a recommendation for consideration as a possible policy.)

In addition, consideration might be given to the nature and timing of the notice given to the student concerning the reason for placement in detention. Further note should be taken that this discussion applies only to placement in detention as a disciplinary measure.

With reference to the policy statement, the following suggestions are made:

- a. Strike the last sentence of the first paragraph, reading "The important area of 'due process' must be provided".
- b. In the fourth paragraph of the policy, subparagraph No. 1 amend the sentence to read "Determine if the student should remain in Detention, including a determination of:
 - (1) Whether or not the student committed the act or omission as alleged;

- (2) Whether or not there were any extenuating circumstances;
- (3) Whether or not the penalty is reasonable.

We understand that this would simply be a formalization of of the present expectation of practice. It would provide more specific guidance in assessing the role of the Detention Review Panel.

B. Concerns and Recommendations

1. While the Detention Review Panel is seen as a strength, one area expressed as a problem is the panel's overriding the cottage recommendation for length of stay. The Team can appreciate the difficulty this may engender. We believe, however, that the Panel serves as an excellent check. In order to alleviate this conflict, we would recommend the elimination of the cottage assigning length of detention, and place responsibility for deciding length of stay with the Review Panel. Documentation of rationale for decision of the Review Panel should be sent to the cottage.
2. There is no policy which gave comprehensive coverage to all four types of detention usage. It would be appropriate for the detention classification scheme (dealt with below) to be expanded to include the voluntary, hold and "out-of-control" status boys. Such an expansion of policy might address:
 - a. Method of accessing and exiting detention;
 - b. Method of review of status;
 - c. Involvement of treatment team;
 - d. Privileges for each classification.

Particular attention might be given to a more specific designation of who has authority to place or remove a boy in detention.

Description of the runaway classification appears fairly clear. The discipline classification appeared somewhat incomplete. Reference to the written statement does not describe the nature of the action which constitutes a Classification I, II or III "Offense". The "penalty" for Classification I is not given.

Inclusion of more detail in the classification scheme would provide better notice to students of prior expectations. It would also provide better explanation of the scheme to people who do not work with the system.

3. While some written policies and procedures exist governing the overall operation of the Detention Unit, a number of these are in need of updating. In addition, there are policies and procedures which have not been formalized but are merely transmitted to staff verbally. We would recommend a revamp of the policies and procedures manual for detention to make it a viable working document for program operation.
4. Current documentation of the use of PRN's and/or restraints is good. We have concerns, however, regarding the number of staff members who may authorize the use of PRN's and/or restraints. It appears that in addition to the Northside Complex Director and Detention Counselor, there are approximately thirty additional staff persons with such authority. We believe that an area such as this is extremely delicate, and would suggest that Administration carefully review the knowledge, background, and expertise of all persons authorized to order such treatments. Consideration should be given to limiting such authority to a few persons most directly involved with the Detention Unit.
5. Recognizing the need for detention, the reasons for its use, and the fact that it should not be a reward situation, we nonetheless have concerns regarding the amount of actual in-the-room locked time boys spend. Provision is made for some physical activity, recreation, and arts and crafts; but the overall amount of time appears to be limited. Intellectual stimulation is limited to the possibility of choosing books from the library cart. While we believe that staff makes genuine attempts to provide boys with as much extra activity as time and coverage allow, this is sporadic. We would suggest that a cooperative effort between the Detention Unit staff, recreation personnel, and the school be made in an attempt to increase the productiveness and quality of time boys spend in Detention.
6. There is no formal method of communication between Detention Unit and the cottage at the time a boy returns to his cottage. This is done verbally on occasion, but there is no uniform method of making cottage staff aware of the behaviors (positive or negative), reactions, or Detention staff observations of the boy during his stay in Detention. We believe that such communication could be of great value to cottage staff in their work with a youngster, and would recommend that a policy regarding written reports be developed. Reports of this nature should be written according to criteria developed to include observations, behaviors, approaches taken, and results.

IX. OVERALL PHYSICAL FACILITY

- A. The campus is spacious and includes adequate recreational facilities for both indoor and outdoor activities.
- B. The total complex includes approximately 366 acres of farmland, and there is an opportunity for the students to gain agricultural work experience in addition to the industrial vocational instruction provided on campus.
- C. Living and dining areas are adequate in size but are institutional in appearance. Use of pictures, table cloths, etc., would improve the room decor considerably.
- D. Sleeping areas are somewhat crowded in all of the older cottages and are of the open dorm type.
- E. The students have a relatively small issue of clothing. However, their lockers are small and provide little space for clothing.
- F. Control rooms were provided with adequate toilet facilities. However, all doors open in rather than out, except those in the old jail-type cells on the north side of the campus.
- G. Housekeeping is generally acceptable throughout the institution except for the following areas:
 - 1. Gymnasium Building
 - a. Pool deck and adjacent areas
 - b. Dressing rooms
 - c. Weight rooms
 - d. Gym floor and bleacher area
 - 2. Detention Building
 - a. Self-expression room needs to be put in order and cleaned properly. The room should be repainted.
 - b. Lower hall and adjacent room appears to have a water problem and needs to be cleaned.
 - 3. Vocational/Academic Buildings
 - a. Classrooms with carpet need vacuuming.
 - b. Some vocational areas were cluttered and could have been in better order.

4. Independent Living Units

- a. Need thorough cleaning, paint, floor tile repair, and/or carpet.
- b. Heat pipes need pipe insulation.
- c. Condition of kitchen equipment is questionable and perhaps inadequate.

5. All Units

The use of cleaning supplies for housekeeping and dietary areas should be reviewed in order to insure the use of a proper sanitizer. (See report on Dietetics.)

6. Maintenance, Power Plant and Grounds

- a. The Institution's power plant was well-equipped and the condition of equipment appeared to be satisfactory.
- b. Maintenance shops were adequately equipped and suitable to meet institutional maintenance needs.
- c. Most of the buildings were in good condition structurally with only minor maintenance needs, such as repair or replacement of screens, window glass, fixtures, and interior paint. Sidewalks and drives were in good repair.
- d. It appears that the Institution has done an adequate job with their ongoing routine maintenance of buildings and grounds.

H. Fire Safety

1. The Institution did request funds in their budget asking to comply with the Fire Marshal's recommendation of sprinklers and smoke detectors in all their living units. However, no monies were appropriated for this purpose.
2. The Institution did receive funds for placing emergency lighting in living unit corridors and near exits, which are now being installed.
3. The safety committee is being reformed and will probably be expanded to include health, sanitation, and safety aspects, with routine inspection by personnel with expertise in those specific areas.

I. Garbage and Waste

Disposal and pick up is by a commercial container company and appears to be no problem.

J. General Comment

The Dietary Department, over the past several years, has been under the supervision of the Vocational Department. However, it will soon be under the direction of the Business Manager and will then be in compliance with the Code of Iowa 218.8, paragraph seven (7). Duties and Prohibitions (Business Manager) "He shall have the power to appoint, direct, and discharge all employees excepting doctors, nurses, ward attendants, laboratory technicians or assistants and all other personnel charged with the medical, mental or therapeutical treatment or care of any patient or inmate".

X. EDUCATION

A. Regular Education

1. General Observations

Two principals serve together as Directors of Education at Midland Park School. Each principal administers his own area, one academic, one vocational.

The academic area, in addition to the principal, is administered by a teacher supervisor who is responsible for classroom coverage, teacher vacation, sick leave, evaluations, etc., in addition to providing resource material and serving as a counselor/supervisor for the teaching staff. The teaching staff consists of nine regular teachers, three recreation instructors, four remedial teachers, one librarian, two career exploration facilitators, two crafts instructors, and one staff member in charge of audio-visual material. All but three teachers are fully certified and the curriculum offers a diverse choice of program areas.

There are three main areas of instruction: self-contained classroom, modified self-contained, and departmentalized instruction.

The academic program's major objective is to prepare students academically, socially, and emotionally for re-entry into the public school system. A student/teacher ratio of 1:10 enables individualization of instruction which is imperative due to the wide range of student abilities and needs. The student's average 2 to 4 years academic retardation and many have severe reading disabilities -- 4% cannot read; 8% read at the third grade level; another 8% cannot read above the 4th grade level at time of admission.

In addition to classroom instruction, the academic department offers the following services to all students:

a. Remedial Reading and Mathematics

- b. Comprehensive Arts Program (Arts and Crafts, Fine Arts, Industrial Arts)
- c. Complete Library Service
- d. Achievement and Aptitude Testing
- e. Vocational Exploration

All students who enter the Boys' Training School do so through the Reception and Diagnostic Center (RDC), are there from two to ten days, and during this time all students take the Standard Achievement Test (S.A.T.) to determine grade placement and the type of instruction needed for the client.

In evaluating the school program, the staff was found to be well-intentioned, hard-working, and professional in their approach to dealing with clients. There exists at the Boys' Training School a good mix of new and experienced instructors. Generally, there is a good communication among teachers and good communication between the teachers and the school administration. Both teachers and administrators are honestly attempting to meet the academic needs of students based on testing results, visual observation, and outside sources such as past school records.

2. Concerns, Comments and Recommendations

a. Programming Session

Before a client can enter either the vocational or the academic program, he goes through the programming process. Although students are encouraged to express their interests while at the Boys' Training School, the programming session appears unstructured and each individual client who goes through this session falls into the same pattern. Attention to detail was not prevalent and consequently the session resulted in a rather bland, uninteresting session.

Recommendation

More effort should be given to requesting school information prior to the programming session. This could be accomplished by either sending to the school previously attended by the student a request for transcripts and other pertinent school data, or by calling the previously attended school and verbally requesting some initial data so that in programming a student, more accurate information is available. Obviously, educators are at a disadvantage if they do not know a student's academic past. Usually students who come to the Institution often exaggerate and/or fantasize their academic accomplishments.

Students are asked which leisure time activity and which vocational program they are interested in while at the Boys Training School. Since most of these students have short attention spans and, additionally, a programming session creates anxiety in the student, a written list of both areas would appear to lessen the likelihood of error in judgement.

b. Requesting Transcripts

Currently, school transcripts are routinely requested through RDC. This method is acceptable but it doesn't assure the receipt of transcripts.

Recommendation

A ten-day follow-up should take place by the Boys' Training School personnel to ensure receipt of school transcripts; and when transcripts have not been received, a follow-up letter should be sent to the school previously attended by the student.

c. Classroom Visitations

At the present time, classroom visitations by teacher supervisors are made infrequently and basically on an emergency basis only. One of the best methods for evaluating teacher performance, student/teacher relationships, and student performance is classroom visitation.

Recommendation

Classroom visitations should become a vital component in the teacher evaluation process at the Boys' Training School. In addition, as a service to new teachers, classroom visitations can provide the opportunity for the administrator to observe new staff and offer guidance and advice in classroom techniques.

d. School/Cottage Communication

Because a student is so closely involved with both the school and the cottage, and realizing that some cottage programs encourage more teacher involvement than others, standardized lines of communication need to be established.

Recommendation

Some standardized form of communication needs to be established between the school and cottage personnel. By doing this, student progress and difficulties can be more readily communicated back and forth.

e. G.E.D.

G.E.D. classes are offered at the Training School for Boys on Monday and Wednesday evening from 6 - 8 p.m. and again on Saturday morning from 10:00 a.m. to 12:00 p.m. The teacher supervisor is in charge of the G.E.D. Program and has three other teachers who serve as instructors for the classes. Two other teachers serve as substitutes should a regular teacher have a conflict. The function of the G.E.D. teachers is described as fourfold:

- (1) Choose the material for the classes and assign the material to the student.
- (2) Monitor progress.
- (3) Check materials.
- (4) Give G.E.D. pre-test several times during the program.

All material for the G.E.D. Program is provided free of charge from Marshalltown Community College.

Currently there are sixty-five students in G.E.D. classes, each of whom had to take an initial S.A.T. which was given as a pre-test (either Form X, Y, or W). G.E.D. classes are automatic for vocational students. There are three basic groups into which students fall after taking the pre-test:

<u>GROUP I</u>	<u>GROUP II</u>	<u>GROUP III</u>
29 students or 45% of all G.E.D. students--all four scores on pre-test fell below 9th grade level.	11 students or 17% of all G.E.D. students-- pre-test scores indicated 2 scores below the 9th grade level.	8 students or 12% - one score below the 9th grade level.

ALSO

15 students or 23% of all G.E.D. students on the pre-test had 3 scores below the 9th grade level.

ALSO

2 students or 3% of all G.E.D. students-- no scores below 9th grade level.

GROUP I probably won't pass the G.E.D. test

GROUP II possibly can pass the G.E.D. test.

GROUP III all should pass the G.E.D. test.

The emphasis in Group III is on taking the final test whereas the emphasis in Groups I and II is on remediation with as much academic work as possible. Some RAMP students fall into Group I.

Recommendations

The G.E.D. Program could reach more students if it were offered each day of the week during regular school hours. In addition, Stewart Hall students should be encouraged to become more involved in the G.E.D. Program. Much concern has developed in the field regarding the G.E.D. Program at the Boys' Training School. The concerns center around three points:

- (1) Students who want into the program can't get in;
- (2) Applicants are too tightly screened and selected; and
- (3) Only students who are guaranteed to pass the G.E.D. can take the tests.

School personnel at the Training School for Boys should address themselves to these concerns and take the appropriate measures to rectify this situation.

f. Library Services

The school library provides a variety of services to the Boys' Training School, including being the testing station for the S.A.T. test and other vocational tests. A vast array of reading materials, maps, and periodicals are available to both students and staff.

Recommendation

Teachers cited many occasions when they desired to utilize library services but could not due to testing in progress or "coverage" of vocational students. It appears that library services should be accessible to students and staff at all times within certain parameters as covered in school policy. However, this valuable resource is not being utilized nearly enough for its primary role, that of providing resource and guidance in the direction of academic pursuit through reading, research and just browsing. Library personnel and school administration need to develop better methods of time planning in order to provide library hours to those teachers and students who need them when they need them.

g. Career Exploration

One of the more vital components in the education program at the Training School for Boys is the recently developed Career Exploration Program. Under the direction of a supervisor and one full-time and two parttime instructors, this program attempts successfully to assess career directions for students at the Boys' Training School. Utilizing CISI results (Career Information System of Iowa), the program currently serves fifteen clients, all of whom also attend the departmentalized school program. The director suggested a maximum of six students per teacher by the optimum goal, and this appears reasonable. Reception and Diagnostic Center students are currently involved in this program from 3 - 5 p.m. daily. This program at the Boys' Training School currently also serves three female students from the Girls' Training School in Mitchellville. This participation has been developed as a cooperative measure between the two juvenile facilities.

Recommendations

CISI results should be available on all students for the programming session in RDC. In addition, the presence of the director at these programming sessions should be considered for purposes of interpreting test results. In addition, better communication ties should be established between RDC and the school prior to programming. This would ensure clearer understanding of the needs of students that should be met during the programming session.

3. General Observations and Recommendations

Although the average stay of students at the Boys' Training School is said to be slightly over five months, the actual length of stay is closer to 2½ to 3 months, thereby giving academic personnel inadequate time to prepare students in any courses prior to release. In cases where Family Life and Drivers Education require a definite period of time for completion, consideration needs to be given to allow the necessary time required to complete these courses prior to release from the Training School for Boys.

Although teachers rely on each other for program ideas, resource materials, etc., it is incumbent on the school administration to provide resource assistance to instructors in program development. This could be done by planning additional course work from neighboring schools of higher education. School administration needs to develop a long range plan for continuing education and program resources utilizing staff development assistance, local AEA's and neighboring universities.

Although budget limitations are understandably present, monies should be allowed for the purchase of new books, teaching manuals, and classroom materials as deemed appropriate and expedient by teachers and administration. Some concern was expressed over lack of funds for new books needed to start programs. Teachers should be asked to project classroom needs so that the school administration could project these costs in their budget planning.

A clear lack of the use of audio-visual materials was observed throughout the school. Statistically proven as a valuable teaching aid, especially in the education of academically deficient students, these audio/visual materials could enhance this already solid academic curriculum. The Audio/Visual Specialist should be encouraged to provide assistance in developing a plan to utilize audio/visual materials in the classroom. Teachers need to be educated in the use of such aids in classroom presentations.

Much talk and concern was expressed over class coverage especially during vacation time, sick leave, etc. Special consideration should be given to the use of substitute teachers on such occasions, when funding is available. Compliance to Department of Public Instruction regulations in this matter would sustain a teacher's not being overburdened with "coverage" and would assert the teacher as instructor and not as "substitute for coverage".

Finally, it is recommended that during the next three months the academic staff be broken down into groups to discuss and evaluate existing programs and to recommend changes that will enhance and benefit the academic program at the Boys' Training School. An open and non-threatening approach needs to be adopted in order to allow maximum input toward the end that creative solutions may be submitted. At the end of three months, all groups, through their chosen spokesman, should evaluate their progress and with the assistance of the school administration, begin the process of implementing all workable and realistic solutions.

B. Special Education

1. General Observations

This component of the total educational evaluation will center on those programs operated at the Training School which appear to be geared toward youngsters with special education needs. This specifically includes the RAMP program and the self-contained classrooms located on both the North and South campuses. Specific strengths include the following:

- a. In general, teachers appear to have good rapport with students. Communication lines are open and without any observed behavioral management difficulties.

- b. RAMP program appears to be a valuable component geared toward meeting the reading and math remedial needs of pupils. This program is available to pupils in the vocational, academic or self-contained programs.
- c. The latitude of having either the vocational or academic options available to students coming in is an attribute to the overall program.

2. Concerns

- a. There appears to be a lack of written information maintained in the school folders regarding the education program. Most of the information found in these folders relates to such areas as general diagnostic information, cottage disciplinary methods, etc. There was not any evidence of comprehensive individualized educational programs being developed for the pupils.
- b. The self-contained programs were reported to be available to those youngsters who would experience difficulties in either the vocational or academic programs. It appears, however, that the only differentiating quality of these options is smaller class size. There did not appear to be any attempt to vary the instructional format to meet the unique needs of those pupils assigned to those programs.
- c. The academic screening procedure utilized in the educational program seems to be limited to each student taking the S.A.T. It is our opinion that more specific screening and evaluation information is needed. The RAMP program does attempt to supplement this information, but more specific academic diagnostic information should be available for all pupils served in this program.
- d. It was pointed out to the evaluation team that pupils are added to other classes if their primary teacher is ill or on vacation. Such a procedure seems to create a problem regarding program stability and continuity.
- e. With the exception of the RAMP program, all of the instruction observed at Eldora appeared to be quite traditional in orientation (primarily lecture method). Such a practice would be questioned in our public schools and is even more difficult to understand when applied to a population of youngsters characterized by a history of learning difficulties.
- f. The decision as to which program a youngster enters appears to be a fairly brief and streamlined procedure. Such a process may lead to youngsters ending up in the wrong type of program.

- g. There does not seem to be any direct teacher input into placement decisions of incoming pupils. Such input would be valuable in matching an incoming pupil with the general composition of a specific program.
- h. Such services as speech therapy or hearing consultation is not available to the Eldora program.
- i. There appears to be little, if any, involvement of this agency with Iowa's Area Education Agencies. This is a weakness, especially when one considers the AEA's responsibilities related to the education of all handicapped pupils.
- j. There appears to be a general lack of communication between the Boys' Training School and the local school districts of their students.

3. Recommendations

- a. There is a need for a comprehensive educational evaluation of the Boys' Training School program. Such an evaluation should include representative of the supervision and general curriculum divisions, as well as several professionals from the Special Education Division, Department of Public Instruction.
- b. As part of this evaluation, there should be a determination of the number of youngsters residing at Eldora who are handicapped in obtaining an education as defined by the Iowa Rules of Special Education (1977). Following such a determination, a plan should be developed to provide special education programs consistent with those found in our public schools. The provision of appropriate support services such as speech and hearing should also be a part of this plan.
- c. More comprehensive educational data should be kept on file. This data should include:
 - (1) More comprehensive diagnostic information;
 - (2) Program goals with long and short range objectives;
 - (3) Specific materials used in the program;
 - (4) Documentation of parental and/or surrogate parental involvement in each youngster's educational program;
 - (5) Factors related to the successful reintegration (educationally) of these youngsters into public school settings.

- d. It is recommended that more varied instructional methodologies be implemented in this program. Especially crucial is a need to provide more individualized instructions. This will necessitate an increased teacher inservice program as well as increasing the number and types of instructional materials available in the various programs.
- e. It is recommended that an alternative plan be developed regarding teacher coverage during times of vacation or illness. This may necessitate either the hiring of substitute teachers or reassignment of educational administrative personnel.
- f. It is recommended that:
 - (1) More time be spent in the placement decision including the gathering of more data such as Pupil Interest Inventories, etc.; and
 - (2) There be increased participation by the teaching staff pertaining to each pupil's program placement.
- g. It is recommended that the Boys' Training School develop a more systematic means of communicating with both local school districts and the Area Education Agencies. By improving this procedure, there should be several pay-offs. First, the cumulative folders of youngsters entering the program should be obtained more easily. Also, by directly communicating with LEA's and AEA's there should be a higher probability of a youngster being provided an appropriate program when they return to their home community. The flow of information between these agencies is crucial.

XI. VOCATIONAL PROGRAMS

A. Availability

Vocational programs are offered in five of fifteen possible vocational cluster areas. These offerings have been initiated for varying reasons (manpower demands, availability of equipment, student interest, etc.). Student interests, as reflected through the Career Exploration Center (CEC), are covered in about 67% of the cases. In other words, approximately 67% of the students who are evaluated can be offered a vocational program that deals with one or more of their interest areas. This is very complimentary since the majority of high schools in the State do not offer vocational programs for the majority of their students. Likewise, their vocational programs have no preceding assessment like the one at the Iowa Training School for Boys to determine the interests of students for programming.

Recommendation

Approximately 33% of the students are not interested in the vocational offerings of the school. Consequently, some need for expansion of program offerings is apparent with regard to serving student interest.

B. On-the-Job-Training (OJT)

All supervised vocational activity is limited to the school campus, with limited access to on-the-job training in business or industry. If work experience is provided the student, it usually occurs after release or on a very limited time schedule. Likewise, it appears that if work experience is provided a student, it is not necessarily coordinated with his vocational training or supervised by a vocational instructor.

Recommendations:

1. Vocational instructors view work experience as a potential activity which would strengthen student training if it was tied to the instructional program received through their classes. Likewise, it would provide a means to set some standards for receiving a vocational certificate.
2. Some consideration should be given to a work experience program. It can provide another option to expand program offerings and can serve to strengthen the existing training. The concept of work experience complements the goal established for each vocational program at the Iowa Training School for Boys (ITSB), i.e., to prepare students for entry level work in the community.

C. Program Completion

Students are forced out of programs before they complete training because other students are being forced into the ITSB. This can constitute a disservice to those who are not prepared to perform adequately to get a job in the community.

Recommendation

A vocational training package should be established to follow students into the community. Contractual services through the area schools could be established on an indirect basis.

Students who complete vocational training can receive an on-the-job training certificate and/or a vocational certificate. The OJT certificate is substantiated by hourly participation. No achievement standard need be attained to receive the certificate. Likewise, no documented standards have been established to receive vocational certificates other than in the electricity and auto service programs. Although students are supposed to complete journeyman's tests to get a vocational certificate in electricity, no evidence

exists which indicates they have completed the test. Consequently, no evidence exists, other than attendance, that they should have received the certificate.

Standards for vocational programs will complement efforts to run a sound community-based work experience program. Employers relate to standards and have more confidence in programs that enforce some degree of standards in their training. Standards for vocational programs would increase employer confidence in the school's operations.

Recommendations

1. It is recognized that some students are gaining marketable skills in the vocational programs. However, the standards set for completion are not clear. Standards should be identified and documented through evaluations conducted by instructors. These standards should appear in the vocational programming manual. Once standards are set for completion of the programs, less detrimental change in programs should occur with turnover of staff. In addition, supervisors would have some gauge to judge the issuance of vocational certificates.
2. All test scores and evaluations should appear in student files.

D. Career Exploration

Vocational instructors view the exploration program as being very complementary to their programs. According to the instructors, students who go through the exploration program before entering vocational programs appear to be more properly placed.

E. Staff Development

Some concern exists regarding how staff inservice is being provided. Although a system has been established to get vocational instructors upgraded in their technical areas, the system is only partially being implemented. Instructors are commonly asked what they need for inservice training. Instructors would like some suggestions from their supervisors or principals on what they think should be provided.

Recommendation

A checklist of possibilities would help to begin to identify potential inservice programs. Instructors could use the list to generate their own thoughts about what might be needed. This technique might help to identify group needs as well as individual needs.

Vocational instructors indicate that they are to visit business or industrial sites for a minimum of a week each year to upgrade knowledge of their trade area and new instructional materials or equipment being developed and used. Only five instructors participated in this program to date. No schedule has been established for Fiscal Year 1978.

Recommendation

This is a good technique for inservice and should be implemented for all instructors.

Vocational instructors are not aware that advisory committees have been established to review and suggest improvements for existing programs. The vocational principal and supervisor indicate that these committees do exist, but no documentation was found regarding frequency of meetings or format.

Recommendation

Review teams used to evaluate their programs is viewed as a potential activity beneficial in upgrading vocational programs. It should be considered strongly in future attempts to provide inservice education.

F. Pre-Service

No formal orientation has been developed for new instructors which identifies program operations and administrative responsibilities. Consequently, each employee potentially gets a different orientation. Thus, important factors may be left unattended until instructors encounter problems with students or ask questions about programming.

Recommendation

The Institution should develop a comprehensive and meaningful pre-service training program.

XII. PHYSICAL CARE

A. General Observation

The ITSB is fortunate to have the support of community health personnel. An M.D. and his physician's assistant provide medical exams and diagnoses every weekday plus being available on call. There is good use of local hospital facilities. The Institution encourages the use of diagnostic procedures at considerable expense, both in terms of transporting the boys and funding the diagnostic procedures. Observation of sick call indicates that medical procedures are being used and are appropriate.

A physical examination is done with all new admissions and with returnees. The examination is good in that it covers valuable areas, such as history, actual examination, immunizations, throat culture, VDRL, and sickle cell for blacks. It could be improved by narrative comments.

All new commitments and returnees are scheduled for dental care with a dentist from the Eldora community. He is at the Institution twice weekly for four hours each day. He brings his own assistant which appropriately frees the nurse from a duty she previously assumed. Dental records are filed separately from other health records.

B. Concerns and Recommendations

1. "Sick call" does not provide appropriate privacy. The boys were asked to remove their jeans when further exam was necessary, and no drape was provided. There were three female nurses in the infirmary and a drape would have provided privacy. Screens to separate patients, paper on the examining table, and a closed door to the examination room would have also made "sick call" seem less institutional. This is important to the boys' personal dignity and to the teaching role served by all Training School staff.
2. "Sick call" documentation demonstrates the lack of any comprehensive health evaluation. It also demonstrates confusion of medical-nursing roles since recordings do not delegate responsibility. This tends to perpetuate the problem of boys being seen again and again for the same problem since no one person is being identified to deal with the central issue.

One-line entries are made by the nurse and are the extent of most nurse and physician reporting. The nurse transfers these one-line entries to the boys' records, and this in essence is all that exists to report current health status. A boy who does not come to "sick call" consequently lacks reporting except for the admission physical exam.

The health staff need to appreciate the difference in medical and nursing reporting, and both professions need to improve documentation. The Problem Oriented Record is a time-consuming but effective method for such reporting. A problem that currently exists with Training School records is that there is little health information that can be shared with the community. Many boys were lacking in good health care prior to coming to the Training School, and the lack of documentation (except for psychiatric) may perpetuate this problem when the boy leaves the Boys' Training School.

A complete health inventory should exist for each youngster and should include items like maladaptive nutritional patterns, dental self-care, use of tobacco, use of alcohol and other drugs, ability and willingness to seek self-care for health problems, and knowledge of specific health problems.

3. There are six beds in the Cooper area reserved for boys who are ill. The boys occupying these beds are cared for by the nursing staff. There isn't much activity (television and meals in the rooms) for the boys confined to the Cooper beds, and therefore prompts questions regarding how much nursing care they are receiving. Generally, the environment is not seen as therapeutic. The Cooper Unit also has an isolation room that is used for care of communicable diseases such as hepatitis and mumps. The isolation room doubles for behavior control when needed.
4. Preventive dental care is not a reality. Restorations and emergency work currently occupy the dentist's time. The dentist does not have a dental hygienist in his practice, but he admits there is a need for this at the Training School. There is no regular program for teaching good oral hygiene at the Training School. The dentist states he finds general neglect with the clients he treats. Boys are supposed to brush teeth twice daily, but how well this occurs depends on the student and the personnel in the living area. There is no equipment for fluoridation at the Training School, and the Institution's water supply is only treated with chlorine which does nothing for preventive dentistry. It is suggested that the dental hygiene students at Ankeny Community College might possibly be utilized for help with preventive care.
5. Health teaching at the Institution is inadequate, and an area of major concern. The nursing role should be one of public health. Marilyn Woodworth, R.N., BSN, at the Veterans Home, has developed this role in a chronic health care setting, and is ANA certified in public health. Geraldine Busse and June Triplett, with the University of Iowa College of Nursing, are recognized experts in this area. These women could be of assistance in developing the nursing role.

The physician indicates that he sees a higher incidence of throat and ear infections at the Training School than in private practice. This is another obvious area for public health, and infection studies should be initiated. There are also many boys with headaches, and headache medication is used extensively. Nursing intervention should be used to rectify this problem. Physical injury is also a frequent problem and another area for teaching.

6. The "sick call" routine needs review. Nurses sort complaints in their early morning rounds to the cottages. They try to separate psychosomatic from "real" issues during these rounds and they do significantly reduce the number of students who actually come to the infirmary. The physicians are seeing ten to twenty boys daily so one can appreciate why this sorting is necessary. We are concerned, however, that messages the boys receive about self-care from this system. It is a problem to secure good health care in our society, and this procedure fails to teach students how to know when they do need care and what is the best resource for this care. The community citizen who asks for medical care daily is not likely to be well-received in our health system, and the end result could be no care at all. There are boys who never ask for health care and these students could also be viewed as problematic. We would not suggest "sick care" for these students, but they do need to be included in general preventative instruction or any screening programs that may be developed in the future.

7. The only immunization currently being given at the Institution is diphtheria-tetanus. Since the boys are in the 12 - 18 year age bracket, this may be appropriate. State Health Department immunization recommendations will be more definitive when the mandatory immunization law for school age children is put into practice. Hardin County Health nurses have cooperated with the Training School in the past with mass immunization programs, and this joint planning will occur again.

XIII. MEDICATION

A. General Observations

Procedures for logging and securing drugs is carefully following at Cooper Infirmary. Schedule II drugs are under double lock.

Note: Drug storage in Cottage # 3 was incorrect. Drugs were not organized in one area (Tylenol and merthiolate were in desk drawers) and the medicine cabinet was a jumbled assortment of items such as Q-tips, 4 x 4's, scotch tape, Donnagel, petroleum, and polysporin. Drugs for external and internal use must be separated. The situation could be improved by organizing treatment supplies (4 x 4's, Q-tips, polysporin, merthiolate) in one area and medications (Donnagel, Tylenol) in another.

Schedule II drugs are labelled correctly and are prepared from individual prescriptions. Drugs that are dispensed from the Institution's stock supply lack the pharmacy's name, phone number and address, prescription number, and date of issue. While the pharmacist usually prepares prescriptions, procedure breaks down when a new order is written. This situation could be remedied by the nurses pulling meds from a smaller stock supply than is currently available.

Note: The Cottage # 3 supply of Tylenol is in a hand-labelled bottle. Some hand-labelling in both the central pharmacy and the med room adjacent to Cooper living area were also observed.

Drug disposal is generally occurring as outlined in the Standards in that the pharmacist destroys drugs.

Schedule II drugs are re-ordered every fifteen days and the consulting psychiatrists review all psychiatric medication with their weekly/bi-weekly visits. The general practitioner orders his medications for a specific time period in most instances. The nurse prepares an excellent summary of all meds currently used weekly. The summary provides for constant update and review of all medications. Furthermore, the pharmacist has an audit of all stock medications. This is commendable.

Medical orders are written for boys who leave the Training School with medication. A typical order with psychotropics is for a ten-day supply. The only medication routinely sent with boys on weekend pass is an anticonvulsant or antibiotic. This is appropriate.

Orders for psychiatric meds are often higher than the general practitioner might order, but they do not appear out of line with current psychiatric levels. The physicians tend to use the same medications (Sparine for PRN's for agitation, Dexedrine for hyperactivity) which also indicates good procedure. Since nurses are expected to recognize side effects of the medication they dispense, it certainly is to their advantage to have to deal with fewer medications.

B. Concerns and Recommendations

1. The disposal of Schedule II drugs is a problem. The Team has been told by a licensed pharmacist that the only person who can dispose of these meds is the State Board of Pharmacy Investigator. This investigator has not visited the Training School for more than a year. Therefore, a supply of outdated meds is waiting for the visit of this investigator.
2. The major problem in medications being issued at time of discharge lies in the health teaching area. There is instruction only when the boy leaves BTS. It may be a message relayed from the nurse to the counselor who taking the boy to the community placement or it may be a message from the nurse to the parent who picks up the boy. Potential dischargees should learn techniques for self-medication and the effects of the medication they are taking. This teaching should be geared to individual comprehension levels. When boys cannot be provided adequate instructions, it seems feasible to begin communication with the responsible guardian prior to actual date of discharge. A parent unfamiliar with drug therapy is an example of someone who needs earlier communication.

3. It is difficult to comment on the nurses' awareness of side effects of medications. They did know that Cogentin was being used to counteract the extrapyramidal effect seen with the higher dose of psychotropics. An institutional statement of dress codes demonstrates awareness of photosensitivity. Furthermore, it is commendable that all boys on Dexedrine have weekly weights. There is no nursing documentation on any boy (except for the nursing progress note when he enters the Cooper Unit and this charting is sketchy) so nursing records cannot be evaluated. Nurses should be looking for side effects like urinary retention and tremor with Tofranil, or should be watching for problems like drowsiness, extrapyramidal effect, and weight change with Thorazine. This list is far from inclusive even with the two medications mentioned and it should demonstrate how difficult it is for nurses to be current on pharmaceutical therapy. However, because nurses are administering the medication, they are expected to share this responsibility with the physician. A cottage attendant was asked if the boys could have milk when taking their antibiotic. He was affirmative that there was no restriction. When Tetracycline is administered, dairy products are contraindicated with administration because they interfere with absorption. This information was not cross-checked with the nurses, and it is possible they do know milk should not be given with Tetracycline and simply need to share this information with cottage personnel.

Diuretics are being given to two boys without potassium and sodium levels. Only one of these boys' blood pressure was being checked. Boys are not weighted as is common with diuretic therapy.

4. The administration of PRN medications is a questionable procedure. Sparine IM is commonly used for agitation. The problem arises because non-nursing personnel possess more authority for PRN authorization than do the nurses. The nurse needs to protect herself legally with a nursing record of behavior indicating the need for, and response to, medication. Non-nursing personnel should use incident reports to document their role in the authorization of medication. The psychiatrist has counseled the nurses about their professional right to exercise judgement in the administration of PRN's, and all personnel should be made aware that this certainly is a nursing prerogative.
5. There needs to be far more involvement of the pharmacist in the entire area of meeting medication standards. The physicians should also be consulted for recommendations. Most of the nursing problems mentioned in this section could be dealt with by consultation from a nurse skilled in correct medication administration techniques. This knowledge

is assumed to be part of basic nursing education, and thus almost any nurse current in basic techniques could be consulted. Gaining knowledge of medications (particularly psychiatric levels) may necessitate the help of physicians and specialized nurses, such as a nurse with a Masters Degree in mental health.

6. Probably the biggest area of concern in the administration of drugs at the cottage level is the lack of supervision by nursing personnel. Personnel at the cottage level have the authority to give Tylenol to both employees and residents, and the only control is "logging" in the cottage record. Likewise, when an ointment such as mycolog or polysporin is prescribed for skin treatment, cottage personnel have complete authority for this treatment. The only documentation occurs when the doctor or nurse first initiates the treatment. Follow-up documentation occurs only if a boy returns to Cooper Infirmary for further care. There is really no appropriate work area for dispensing medications, or for good treatment procedure in the cottage. If it is to continue, portable medication carts might be considered.

The dispensing of medication is inadequate. Basic nursing pharmacology texts describe good procedures that are largely ignored. Furthermore, most nursing facilities have their own medication procedure but these are lacking at ITSB, as are nursing procedure guidelines in general. Medications are removed from the boys' prescription bottles on the day before they are actually administered. They are placed in a hand-labelled bottle and administered during the nurse's medication rounds the following day. No hand-washing procedures were observed during the time medications were given even though ear drops were being dispensed along with pills. Pills were handled manually and, of course, it is difficult to administer ear drops without touching the client. A major problem these nurses must contend with is the actual swallowing of the medication. The students are known to hoard drugs and, therefore, the nurses have to use special techniques to make sure the medication is actually swallowed. The nurses are very proficient with this safeguard, but we believe this problem situation helps contribute to sloppy medication procedure.

Medication recording is not done until all meds are given; thus it become an exercise in memory. Medication labels are checked against a checklist rather than a kardex system as is usually initiated. There is no procedure for noting orders, as is common in most nursing care settings.

The pharmacist sets up routine drugs from the nurse's medication sheet. We strongly suggest using a carbon of the physician's order which amounts to the original source. The system used at the Training School is somewhat like a unit dose system. The pharmacist could certainly help with complete initiation of good unit dose systems.

The nurse's medication record is inadequate. Names of medications were recorded, but not amounts. When a boy did not receive any medication, as occurs with a weekend pass, no notation was made.

XIV. EMERGENCY SERVICES

A. General Observations

There is a general lack of written institution policy for procedure regarding emergency services, but staff are consistent in what they orally report. Nursing coverage is available from 6:30 a.m. to 9:00 p.m., and it is assumed emergency medical-nursing situations will be referred to nurses during these hours. This is appropriate. Furthermore, the local hospital and consultive medical services are readily available, and are utilized when necessary.

The emergency equipment includes portable oxygen, an Ambu bag, and IV solution of 5% D/W. Emergency medications are aminophyllin, benadryl and adrenalin. We did not see a CPR policy or procedure, but it has been used at the Boys' Training School. One of the LPN's has recently taught CPR at the Training School, and is currently planning to instruct staff in the use of the Heimlich Maneuver.

The most common health referral from the Institution is to Iowa City University Hospitals. While written procedure is lacking, nursing personnel were consistent in describing procedure. The attending physician writes the order for transfer and completes the Medical Referral Request forms. The nurse sends a form letter to the family concerning the boy's referral.

Emergency medical referrals are handled by special procedure which is the responsibility of the nurse. She contacts the boy's family by phone and documents this in a memo. The nurse also writes the medical reason for transfer in this memo. The doctor makes the contact in some instances. A boy was recently diagnosed as having leukemia, and the doctor made this phone call.

B. Concerns and Recommendations

1. First aid supplies in Cottage # 3 were disorganized and spotty. With some effort, we located things like merthiolate, band aides, and 4 x 4's. Since nurses are not on duty during 9:00 p.m. to 6:30 a.m., non-nursing personnel must be able to render immediate first-aid. The nurses are assigned on call, but

their travel time to the Training School must be considered. Both the nurses and the cottage personnel admitted that first-aid classes had not been offered at the Training School for more than a year. A good resource for such instruction is the Iowa Valley Community College, and staff should pursue this teaching immediately.

2. The major problem seen with hospital transfers is the need for better family communication. While the Boys' Training School does not need family permission to transfer a student to University Hospitals, it would be desirable to secure better family involvement with this procedure. More appropriately, a personal letter rather than a form letter to families could be used. Better family involvement might help assure better relationships between the Institution and community, thus increasing the boy's support system whether he is in the community or at the Training School.
3. Policies and procedures need to be written in the entire area of emergency services.

XV. NURSING SERVICES

The warmth and dedication of the nursing staff is apparent. They have a difficult job, and demonstrate caring and concern for the population they serve.

The nurses are, perhaps, inappropriately placed under the supervision of a non-nurse who carries the title of Treatment Service Director - North Complex. Nursing should be autonomous, having their own administrative structure under the Clinical Department.

The nursing role at the Boys' Training School is perhaps reflective of the problems of the nursing profession. Nurses generally lack direct, or at least effective, contact with their patients (the Training School students). Furthermore, other personnel are assuming functions that should more appropriately be assumed by nursing. The nursing role is pervasive, and the nurses have too much responsibility in areas like recording for the general practitioner and ordering drugs for the Institution. There are typically one R.N. and three LPN's serving this population of over 200 delinquent boys. This staff of two to four nurses sees over 100 boys daily through the administration of medications, "sick call", emergencies, and other duties. The dilution of their role is obvious, and this undoubtedly gives rise to many of the problem areas mentioned in this report.

We believe there is need for direction in understanding the nursing role and nursing mechanisms. A well-known nursing quote states that nursing's unique role is to "do for the patient what he cannot do for himself". The nurses at the Boys' Training School lack authority and indepth contact with the students and are, therefore, not very likely to fulfill this role. Current nursing practice involves use of mechanisms such as nursing history, nursing assessment, nursing care plan, nursing intervention and nursing evaluation. We did not find evidence of these mechanisms at the Training School.

We would particularly like to see nursing expertise developed in the areas of public health, mental health, and child development at this Institution. We would not expect these few nurses to encompass or develop these areas without consultive help and, preferably, the hiring of clinical nurse specialists in these specific areas.

XVI. SPEECH, LANGUAGE, VISION AND HEARING

The services provided by the Boys' Training School in speech, language, vision and hearing are generally lacking because there are no professionals in this area in current employment. Visual needs are probably best identified since nurses do a screening of all new admissions and refer any boys who do not pass this screening to a local optometrist.

The main visual problem encountered was the fact that many boys don't have their glasses in their possession. In practice, some boys go for some time before glasses are in fact retrieved from home. When the doctor does write a prescription, the Institution in turn orders the glasses from an optical company.

Speech, language and hearing services are not presently obtained through local resources. The usual procedure is to medically refer a boy with a suspected deficit to Iowa City University Hospitals for evaluation. This process is not wrong but it is inefficient, considering the length of time most boys are at the Training School.

Recommendations

1. The Boys' Training School should begin immediately to investigate methods by which the above services, especially speech, language and hearing can be obtained locally. It may be possible to contract with the local AEA, or private consultative services may be available on an as needed contractual basis.
2. For youngsters who are known to have glasses available in their home communities, Field Social Workers should be used to obtain them when parents are not cooperative.

XVII. DIETETIC SERVICES

A. General Overview

The primary food source for residents attending the ITSB is regularly scheduled meals. Said meals are planned by the State Administrative Dietitian and State Consultant Dietitian. However, the dietitian at the ITSB occasionally makes slight amendment to their menus.

All dinner and supper meals are prepared in a central kitchen and bakery located in the Dietary Department Building on campus, and all (except for an average of sixty noon meals) are transported in bulk to each of the individual living units on campus for serving. When appropriate, food containers are transported in insulated containers.

Because the cottage residents serve their own meals, each cottage is equipped with serving utensils (spoons, scoops, ladles, and spatulas), eating utensils, plateware, and drinking cups.

The sixty noon meals not served in the housing units on campus are transported to and served in the cafeteria located in the same building as the primary kitchen. Persons eating in this cafeteria include one whole group of residents from a single cottage, incidental employees of ITSB who do not each in the cottage but desire to eat this Institution's meals, and guests of this Institution. The cottage to be represented in the cafeteria on a specific day is determined by a system of rotation among the cottages.

For breakfast the living units must prepare their own eggs, pancakes, french toast, toast, fruit juice, bacon and sausage. Hence, each living unit is further equipped with a small institutional electric grill, a refrigerator and a toaster, plus at least two of each of the following: spatulas, pitchers, large spoons, mixing bowls, gallon containers with lids, and institutional size can openers. All ingredients necessary for the preparation of breakfast menus are dispensed from the central kitchen to the living units.

The campus canteen provides a second source of food in addition to the regularly scheduled meals for the residents. Boys may visit the canteen one day a week during specifically appointed hours. All canteen items are purchased by the residents with canteen coupons issued to the residents by the administration. A maximum of \$5.00 worth of coupons may be exchanged for canteen items (including non-food items such as playing cards) during one visitation. Not all the boys are issued the same amount of coupons. The amount issued is dependent upon the individual's available funds. According to the five residents questioned, a boy with no money on entrance to the Institution, and with no outside source of money being given to him, will automatically be given \$1.00 worth of coupons for use in the canteen. The boy with outside funds (intrusted to the administration) will be issued up to \$4.00 worth of canteen coupons for the same amount of money as coupons purchased plus a free \$1.00 worth of coupons. Thus the maximum of \$5.00 worth of coupons per week.

The five residents interviewed listed items available for purchase at the canteen as follows: hamburgers, french fries, and milk shakes (all of which must be eaten on the canteen premises), plus candy, potato chips, taco chips, peanuts, cans or six-packs of soda pop, all of which may be purchased for the resident's personal storage and consumption in the cottage. According to these residents, no vegetables, other than some form of fried potatoes, no fruits nor any bakery type foods, such as the Hostess line of products (except sandwich buns), are available for purchase.

The only other sources of food besides that offered for meals or snacks purchased in the canteen come from two sources: the Dietary Department, and the residents' parents, relations or significant others. The foods sent from Dietary are: peanut butter, jelly, bread, breakfast cereals (extra boxes left from breakfast) and milk left from meals. Foods sent from significant others vary considerably, but the residents questioned said that most often they are baked goods and salted pre-packaged snack food. Only occasionally did residents receive fruits from significant others.

B. Observations, Concerns and Recommendations

1. As was mentioned previously, the Dietary Department of the ITSB utilizes the five-week cyclic menu prepared by the State Administrative Dietitian and the State Consultant Dietitian. Some positive comments which can be made regarding this menu cycle follow. First, the menu is written with some consideration for the preferences of adolescents as determined by many epidemiologic studies. For instance, it has been determined that corn is typically one of the most (if not the most) accepted vegetable of adolescents and this vegetable appears frequently in the ITSB five weeks of menus. Likewise, sandwiches, especially hamburgers, have been established as a preferred food of teenage children. These, too, are featured frequently as entrees for supper meals. Finally, milk, a fairly popular beverage for adolescent boys is offered at every meal.

A second positive attribute of this set of menus is that on the whole the foods offered in a day, if all eaten, will provide all the servings suggested for this age group in the Basic Four: four servings milk or milk products, at least two 2 - 3 ounces servings meat, four servings fruits and vegetables, with one source being a good Vitamin C source and every other day another being a good Vitamin A source; lastly, four servings of bread and cereals. This is not to say that every day's menu is assured of supplying adequate nutrients for every child, but on the average each day offers a complete supply of recommended foods from each of the four food groups. Possible exceptions will be noted shortly.

A third positive comment regarding the menus at ISBT is that often the food is "inviting". That is to say the menus often show a variety of colors, textures, preparation style, conformations, and temperatures.

Criticism of the nutrient content of menus prepared by this Institution follow. First, the nutritional adequacy of the menus is sometimes questionable when the Basic Four is used as the measurement tool. Examples:

Tuesday of Cycle I -- Four and one-half to five servings of fruits and vegetables are offered this day, but none of the foods offered is a good Vitamin C source, unless the fruit juice is a citrus juice. The breakfast juice often is orange juice according to cottage parents, but it sometimes is a juice which is not a good source of Vitamin C -- fruit punch for instance. It was left to the cooks or the ingredient room workers' discretion as to what juice should be served at breakfast, and these employees showed lack of adequate knowledge in implementing principles of the Basic Four and menu planning. The fruit in the jello salad that night is not specified either. This, too, could provide a good Vitamin C source, but chances are that it won't since the fruit to be used is designated by the ingredient room workers.

Tuesday of Cycle II -- The recipes used for macaroni and cheese furnish about one ounce of meat per recommended serving. The porcupine balls probably provide 1.5 to 2.0 ounces meat. This constitutes the only meat or meat substitutes for the day. Since no portion size is designated for the macaroni and cheese, and since no one designates the number of meatballs which constitute a serving, it is possible that an individual would be offered less than the recommended 4-6 ounces of meat or equivalent this day.

Sunday of Cycle III poses the same problem as Tuesday's menu of Cycle II above. The piece of ham served is not carefully portioned to assure a standard three ounces of edible portion.

Cycle III -- Unless one counts the Vitamin A supplied in egg yolks, the only good Vitamin A source offered during the entire week is broccoli on Wednesday noon. The Basic Four recommends a good Vitamin A source every other day.

Saturday of Cycle V -- This lacks even a fair source of Vitamin C, unless the fruit juice is citrus juice. Again, we cannot take anything for granted as other juices are served for breakfast.

A second criticism regarding nutrient content of meals served at ITSB has been alluded to previously that being poor control of portions. When portion control is poor, nutrient control is poor. There is no doubt that foods served at ITSB are nutritious, but there is basis for doubting the adequacy of meals provided because of this and other problems to be discussed

A case in point is the procedure used by the Dietary Department to order and portion meat for a meal. According to the butcher at the ITSB, meat is ordered at least two weeks in advance of the serving date. The meat ordered is "pulled" from the freezer for defrosting in the thaw box three days prior to serving. The day prior to service, or the morning of service, this meat is portioned into individual serving pieces. The serving size is determined by the butcher who divides the number of persons to be served into the weight of the meat ordered. Should the population to be fed rise significantly without the concomitant increase in meat ordered, the size of the piece of meat served per person would decrease. It could decrease below the recommended weight. Because the population at this Institution can change significantly within a week's time, amounts of meat ordered using head counts two weeks prior to service could easily be less than recommended.

To compound this problem the butcher admitted to not being sure about the appropriate size a serving should be. Though he guessed correctly at four ounces raw meat, he did not mention whether it was four ounces edible portion or four ounces as purchased.

All dietetic scales in the kitchen and butcher shops which could be used to weigh sample portions were grimy and rusty. This was a further indication that portion size is not well controlled.

The Dietary Department nor the the cottages knew of any written policy concerning suggested portioning. In addition, none of the seven employees in dietary at ITSB interviewed could accurately describe the suggested intakes of foods in each of the Four Basic Food Groups. No one present during the visit could verify if a nutritional analysis of meals at this facility had ever been made and recorded. All factors together indicate that the Dietary Department has a less than prudent concern for nutrient control.

Recommendations

- a. Improve portion control by using existing equipment for measuring portions, by re-educating dietary employees on necessity for good portion, by holding inservice meetings on the relationship between good nutrition and good health

and on the Basic Four, by establishing a written policy regarding portion control in the kitchen, cafeteria, and housing units.

- b. Improve the probability that meals served meet the Basic Four recommendations by having an individual who is knowledgeable in the nutrient needs of adolescent boys specify on all menus printed the actual juice to be served for each breakfast and on the kitchen menus the actual fruits/vegetables to be used in jellos, combination salads, or served singly.

The size serving for mixed dish or casserole entrees also are poorly controlled. If an entree is cooked in a large steam kettle, the amount sent to each living unit for serving is "eye-balled". This fact was deduced through observation and questioning of cooks. A small ungraduated sauce pan is used as a dipper. With this dipper each of the serving canisters is filled to what the cook feels to be an appropriate level. Actual numbers of servings sent to the living units are not determined despite the availability of accurate census figures in the residences and the availability of measuring equipment in the kitchen.

The method utilized in dividing vegetables and potatoes is the same as for mixed dishes. Hence, poor control is exhibited in meeting the recommended intakes of foods in at least three of the Basic Four Food Groups: meats or equivalents, fruits and vegetables, and breads and cereals.

2. Some positive comments have already been mentioned concerning the menu and its apparent consideration for typical children's preferences. However, this menu does lack consideration for an individual child's preferences, no matter what the cause for that preference may be, i.e., cultural, ethnic, or individualized taste. According to residents and cottage parents, if a food in a meal is not liked, there is no substitute for that food. Hence, some boys go without items from at least one of the four good groups at meal times. For example, when spinach is on the menu (see Wednesday Cycle I), boys who do not like spinach do not get a vegetable for that meal. Similarly, the individual who does not like fish will go without a meat serving for that meal.

Recommendation

Substitutions or alternates should be made available whenever possible, and the Institution should make certain that reliable food acceptance studies are conducted, documented, and findings are implemented.

3. Foods prepared at the ITSB on the whole could be judged acceptable for appearance, taste, and aesthetic appeal. Considering problems inherent to mass cookery, to the transport and holding systems used at this facility, and to the sometimes lesser aesthetic quality (nutritional quality not impaired) of some ingredients which the State provides, the central kitchen is doing the best it can to supply appealing meals. Cooks and bakers have much experience in quantity cooking and show a reasonable amount of expertise.

Two criticisms are made, however. The first was voiced by a majority of the residents the Team spoke with regarding meals. The criticism was that foods at ITSB frequently were greasy looking and tasting, to the point of being unappetizing. This problem plagues many institutional food service establishments, and often is a result of fat pooling during the holding and transport of food rather than a result of inappropriate means in preparation. It was a common complaint, nonetheless, which should be noted.

Recommendation: The Institution should evaluate the transport and holding system presently used for foods and ascertain the feasibilities for improvement.

The second criticism is one which definitely could be remedied by alteration in the preparation of foods at ITSB. An objectionable saltiness was perceived in the foods at this facility. "What do you think of the seasoning of foods at ITSB?" was asked of several residents, and the reply was often that the vegetables were too salty. In addition, many of the meats served for meals are highly-salted cured meats such as ham and weiners. Research has established an increased risk of hypertension and of related heart and circulatory disease for the American population who consumes, on the average 5 - 20 gms. of sodium per day. A subjective guess is that foods served at ITSB provide upper limits of this average.

Recommendation: As a preventive health precaution, it is recommended that less salt be used in the preparation of foods. If an individual at the ITSB prefers more salt on his food, salt shakers are provided at each meal for use at the individual's discretion.

4. The Iowa Training School for Boys was definitely not in compliance with the standard allowing for the availability of food at short notice. The primary reason for non-compliance is the subjectiveness used in portioning mentioned earlier. Cottage parents said they frequently pad the count they send to the kitchen so a larger amount of food will be sent to

them. Once the food has been divided out to each of the living units and to the cafeteria, only fifteen servings are retained in the kitchen for emergency use or for serving to night watchmen. Should fifty guests or extra employees show up in the cafeteria at noon, portion sizes reportedly would be decreased to accommodate all. The boys from the cottage which are assigned to eat in the cafeteria that day may be shorted along with everyone else.

Recommendation

To alleviate this problem, it is recommended that a more precise count system be established. We suggest that tickets for meals in the cafeteria be purchased at least one to two hours prior to serving time so guests and employees can be accurately tallied. With this time leeway prior to the meal, more food, even if it differs from the original menu, could be prepared should the number of people eating exceed the number of recommended servings prepared that day.

5. The administration and employees of the ITSB are concerned for the health of the residents they are serving, but their knowledge of means for providing optimal nutritional care is unacceptable. This was apparent for several reasons: none of the dietary employees or cottage parents questioned knew the calorie levels recommended for boys of this age group. No references on this subject were available in the kitchen or living units. Only two books were in the school library which had recent but very sparse information on the importance of good nutrition to overall health. No dietary employees knew these books were even there. In reviewing personnel files for all the kitchen employees, the last educational experiences noted were prior to 1970 with the exception of one employee who has had three one-day inservice type experiences since 1970. None of the dietary employees questioned could remember attending a facility meeting which presented the therapeutic needs of these boys -- behavioral, psychological, or whatever. Inservice between dietary employees and other members of the Institutional Staff were non-existent. Finally, no ongoing programs for the residents exist at ITSB which attempt to relay the importance and the means for achieving and maintaining optimal nutrition and health.

Recommendations

- a. Organize more in-service meetings, stressing the interdependence of good nutrition and good health.
- b. Encourage greater participation by employees in extra institutional educational activities.
- c. Formulate an educational program, formal or informal, with a goal to make each resident more aware of the benefits and the means for achieving good nutrition and good general health.

6. As was alluded to in Point Five, there are virtually no lines of communication between other members of the ITSB Staff and dietary employees. Awareness is so poor that neither nursing nor the dietitian have set up nutritional care plans, or even guidelines for the residents of this Institution. Lines of communication must be established between members of the Interdisciplinary Care Team, and more inservice training regarding the relation between good nutrition and good health should be offered.

The inadequacies showed frequently and in many ways. First, in interviewing some of the youth service workers, it was discovered: a) the importance these people have in maintaining and improving the health of the residents, and b) the lack of knowledge these counselors have for even the need to be aware of individual eating habits. For example, most counselors report they do not observe the foods which each boy consumes. When asked, "What does a boy do if he doesn't like an item served for a meal?", the consistent response was, "There is always something they will eat from the menu, even if it's just mashed potatoes and gravy". When asked, "What happens if a boy doesn't like the meat for the day?", the usual reply was, "Well, he skips it for that meal and fills up on something else". Only a couple of counselors mentioned that peanut butter for sandwiches was offered as a substitute and one of those counselors admitted that peanut butter was only allowed as a substitute when liver was served in their cottage. Otherwise, peanut butter sandwiches were not set out and were not allowed to be eaten at dinner or supper.

Second, when talking with the nursing staff at the Institution, it was found that no records of weights or heights were kept for these boys unless they were on Dexedrine or Ritalin. (Those residents numbered about twenty and are weighted weekly.) Since many of these boys are probably growing extremely rapidly, recurrent height-weight assessment should be a high priority prophylaxis.

Recommendations

Recommendations regarding Point Six are the same as for Point Five: Administration should encourage a greater concern for good nutrition by encouraging interdisciplinary inservice training sessions.

7. No records of food acceptance studies were obtainable. The dietitian's job description at ITSB specifies that periodic visitations to the living units be made to assess the acceptability of meals. However, documentations of these visits were not found. Administration reported that menu suggestions were often received via student representatives.

However, implementation of these suggestions could not be traced as past menus and menu changes could not be found in the ITSB Dietary Department.

Recommendations

- a. It is recommended that food acceptance surveys be done and be documented.
 - b. Old menus with subsequent changes should be retained for one year.
8. As was mentioned under discussion of Point # Two, no substitutes are offered for menu items rejected by an individual. Dietary reported no current modifications to the general menu to accommodate children with special dietary needs, despite the fact that at least two boys could profit from special therapeutic diets.

Recommendations

- a. Employment of a therapeutic dietitian educated in the use of modified diets on at least a consultory basis.
 - b. Encouragement for nursing staff at ITSB to become more educated in the therapeutic possibilities offered by diet modifications.
 - c. Provision of special ingredients in the central kitchen when diet modifications must be made.
 - d. Mandatory continuing education for dietary staff regarding food preparation and diet modification in food preparation.
9. The credentials of the dietitian do not meet the specified standards for the professional title "Dietitian" as set forth by the American Dietetic Association. At this point, the only other professional dietary resource is the State Administrative Dietitian, Mr. Mooseberg, who occasionally calls on the ITSB and who is available for consultation over the phone. Mr. Mooseberg is an administrator at the State level, and acts as consultant to all of the State Institutions, in addition to his administrative duties.

Recommendation

This Institution could definitely profit tremendously from employment of another consultant professional dietitian as the State Dietitian mentioned legitimately does not have the time which should be given to this Institution.

10. The only nourishments available to residents before bed are those which the individuals purchase from the canteen or receive from significant others. However, peanut butter, jelly, and bread are often left over from meals and sometimes are made available to the boys.

On interviewing, we found that several cottage parents discouraged consumption of peanut butter sandwiches at night. Reasons offered for this policy had to do with the cottage parents' belief that eating between meals was not in the residents' best interests. Also, prohibition of between meal snacking was reportedly used as a punitive action in some cottages, according to residents and some cottage parents.

Recommendations

- a. Bedtime nourishment should be available to all children routinely.
- b. The canteen should make fresh and/or dried fruits available for purchase by the residents.
- c. Dietary should supply living units with a greater selection of foods which could be used for nourishment, such as fresh fruit, graham crackers, fruit juice, ice cream, saltine crackers, and cheese.

C. Observations, Concerns, Recommendations of Food Storage, Preparation and Services

1. All perishables in the central kitchen, living units, canteen and cafeteria were refrigerated. However, only one thermometer has been installed in the central kitchen area to monitor temperatures in refrigerators. No other functioning thermometers had been placed in any other refrigerator on campus. The single thermometer observed indicates temperatures in the butcher's "thaw box". No record of temperatures was kept.

Recommendations

- a. It is recommended that thermometers be installed in every refrigerator used on campus.
- b. It is also recommended that one individual be delegated the responsibility in each cottage, or in each department of dietary, for monitoring temperatures in their respective refrigerators and for recording those temperatures at least daily.
- c. A written policy from dietary should be issued for permanent referral regarding monitoring of refrigerator and milk cooler temperatures.

2. The table service used in the cottages at ITSB does not meet standards. Most of the trays inspected were chipped, cracked, and stained. Table service inspected in the cafeteria was free from cracks, chips, and stains, and the evaluator felt that it was acceptably attractive.

Recommendations

New table service is definitely recommended in the cottages for sanitary reasons. A study of the feasibility of plate service rather than the divided trays is a suggestion. Such a change in our opinion would be more aesthetically pleasing and for this reason would be more therapeutic.

D. Observations, Concerns, Recommendations -- Sanitation

1. No one from the Dietary Department knew of a written reference used at this facility for establishing and maintaining sanitation in dietary and other kitchen facilities on campus. The head of dietary reported that the ITSB had not established a written policy for sanitation.

Recommendations

The Dietary Department should develop policies and procedures relative to proper sanitation within the Institution.

2. Smoking by staff was observed in the food preparation areas of the cafeteria and the cottages.

Recommendations

- a. Policies in reference to smoking in food preparation areas should be formalized in written form and distributed to all pertinent employees.
 - b. Signs regarding the policy should be posted in food preparation areas for all to see.
 - c. Rules prohibiting smoking in food preparation areas should be enforced.
3. Clothing of kitchen employees was clean. Clothing of residents responsible for dishwashing, serving in the living units, and employed in the Vocational Education Programs through the Dietary Department did not necessarily comply with this standard. Residents wear their street clothes while performing food related jobs. Since residents are not required to wash their clothing daily (staff and residents alike reported this), we may not assume that the clothing worn in food related jobs is clean. One redeeming factor for bakery and cafeteria employees is that they all wear aprons which supposedly are cleaned daily.

Recommendation

It is recommended that all resident or staff kitchen workers be provided with a clean apron daily.

4. Food and drink appeared to be clean and wholesome. Both presumably complied with local and State ordinances for food and drink in institutions as they were, for the most part, procured from State warehouses. Precarious sanitation practices (discussed throughout this section) currently exhibited by ITSB create greater risk of food becoming unwholesome through contamination during preparation and handling.

Recommendations

A generalized recommendation to remove reasonable doubt of this happening is to formalize in writing sanitation policies for this Institution and to establish penalties for non-compliance.

5. All foods observed at this facility met the standard of being free from contamination within reasonable limits, except in independent living units. However, the canteen was not visited nor was every cottage observed during meal time. The qualification "within reasonable limits" is used regarding compliance to this standard because under the present situation living unit kitchens are not equipped with dust and sneeze guards on their serving tables. Also, total protection against dust and flies during service is impossible; one must remove lids from food containers to serve the food. Dietary employees reported no pest control problems.
6. We observed towel drying of dishes, serving and cooking utensils, silverware and tray service at some point in all cottages visited and in the cafeteria and kitchen facilities.

Recommendations

- a. Provide more space for dishes to air dry (in cottages particularly).
- b. Educate all pertinent persons to the unsanitary conditions created by towel drying.
7. The central kitchen facilities supply no means for sanitizing -- chemical or hydrothermic. Dishware washed in the cafeteria is done so in a small conveyor-type washer. During this evaluation period, the temperature gauge on the machine's rinse cycle was malfunctioning; thus hydrothermic sanitation could not be assured. Boys working in this dishroom reported it had never functioned properly since their employment at ITSB.

Washing procedures used in the cottages were not those recommended for the three-sink method. In two cottages observed, the first sink which contained the garbage disposal unit was not washed and sanitized after plate wastes were discarded. The first two sinks were filled with soapy water rather than soap in the first and hot rinse water in the second. No cottage had thermostats to monitor water temperature in the final rinse sink; however, booster heaters were used. In some cottages the final rinse tank was filled four hours prior to use.

Recommendation

It is recommended that appropriate dishwashing procedures be taught to all persons who are assigned to this duty and that proper dishwashing procedures be posted in all dishwashing areas.

8. In the cottages visited, cupboards and cabinets for dishes, utensils, and cookware were all lined with terry cloth bath towels or newspaper. Such storage is inappropriate for food service establishments. It is particularly unsanitary when such liners are not changed for weeks at a time, as they reportedly were not in some cottages. Only one cottage changed their towel liners daily. In addition, no schedule had been made for cleaning these cupboards. They reportedly were cleaned when cottage parents noted visible dirt and grime.

Cupboards for plate service in the cafeteria were visibly dirty, dusty, and grimy.

Silverware storage was inappropriate in all cottages. In one cottage a battered old wooden box with dividers was used for silverware. The box felt greasy, was visibly dirty, had many cracks, chips and dents in it and hairs in the box along with the "clean" silverware were observed. This container sat on the serving table without a cover. In other cottages, silverware storage was considerably cleaner, though not sanitary. Silverware was usually placed on a tray sandwiched between a terry cloth bath towel. These are just a few of the infractions observed.

Recommendation

The recommendation is for more inservice instruction to be given on sanitary methods of dish, silverware, and cooking utensils storage. Also, funds should be allocated to purchase new, more sanitary equipment designed for storage.

9. The central kitchen was apparently clean with minor exceptions (see Point Twelve); however, it was not sanitary as no chemical sanitizers are used in the entire facility. No chemical sanitizers were even stocked, according to employees interviewed.

Work areas in the cafeteria were visibly dirty. For example, steam tables had crusted, baked-on food; the dumbwaiter used for transporting food was dusty and half of the paint was chipping off; the dishroom had a very dirty set of cupboards.

The cottages often had dirty refrigerators with food spilled in the interiors; tables other than the stainless steel serving table had wooden or linoleum surfaces which were often in ill-repair. Such table tops would be ideal places to nurture bacteria.

Recommendations

- a. Inservice training on sanitation in relation to good health and on the means for achieving and maintaining sanitary living spaces.
 - b. Use of a warm water chemical sanitizer throughout the facility for use on kitchen/dining area surfaces and storage places.
10. There are no such things as written policies and procedures for any aspect of the Dietary Department according to the head of the Dietary Department. No procedures, if established, are written. No one questioned made, posted, or followed a cleaning schedule. In the Dietary Department proper, food preparation equipment is washed by the user after each use but it is not sanitized. Other items are cleaned "sometimes". Times for cleaning are generally determined by central kitchen employees. Their criteria is when they have time and when they feel an item needs cleaning. Many items and areas in the cottages are not cleaned until they become visibly dirty, according to cottage counselors and workers.

Recommendation

Establish written procedures, set policies in writing, enforce those policies and post cleaning schedules which will be followed.

11. Rubber waste and garbage containers in the Dietary Department were properly lined, cleaned, and emptied when full during the evaluation period. Metal waste cans in the Dietary Department were not necessarily emptied daily and were seldom cleaned.

Waste cans in the kitchens of living units were made of metal, but were not covered and were lined improperly, if at all. Lining, if used, was newspaper. Wastebaskets observed in some cottage kitchens on one day had not been emptied and cleaned the following day of observation, despite presence of food in the can. Cleaning of these waste cans is not scheduled, and is infrequently done, according to kitchen workers.

Recommendations

- a. Provide waste and garbage cans with covers to all kitchen areas.
 - b. Provide a constant supply of plastic disposable garbage bags for each kitchen facility to be used in every garbage and waste can.
 - c. Provide sanitation training to all workers involved in food service, and particularly to cottage personnel who are the most capable of maintaining cleanliness and sanitation in the living units.
 - d. Make periodic sanitation checks an integral part of dietary service and include documentation of sanitation checks.
 - e. Devise a system for rewarding those units who comply with sanitation codes and for penalizing units who do not meet specifications.
12. Frequent floor cleaning has been established throughout the Institution; however, mops used in cleaning cottage floors were not clean. Cleaning of walls and ceilings is not regularly done and is never regularly scheduled. Some areas in the cafeteria, bakery, and living units were particularly dirty. Central kitchen employees reported that they couldn't ever remember the ceiling being cleaned.

Recommendation

Again, formulation of written policy regarding sanitation in dining/kitchen areas should be done. Then written cleaning schedules which include cleaning of floors, ceilings, and walls should be followed, and documentation made when jobs are completed.

13. The central kitchen keeps all of the towels and rags used for drying and cleaning in the ingredient room pantry. Cooks reported that such items were always folded in the kitchen on preparation tables. Folding of rags to be used in the kitchen was also reported occasionally by cottage parents and counselors.

Recommendation

Find more appropriate places to fold and store rags and linens.

E. Observations, Concerns, Recommendations and Organization of Food Service and Menu Planning

1. Most, but not all employees, have completed the specified home study courses offered by the Health Department. However, completion was prior to 1970 in the majority of cases. These home study courses have been altered considerably since 1970.

Recommendation

It is advised that all dietary employees be encouraged to take these courses, including those who have had the courses previously. Such repetition would serve as a much needed reminder of proper sanitation and food preparation practices.

2. The cyclic menus for this Institution are reportedly the same menus used for at least the last three years. They definitely were written at least one week prior to serving. Substitutions for menu items and comments were recorded on the master menu located in the central kitchen during the week of evaluation. However, no changes were marked on menus posted elsewhere on campus.

Recommendation

Mark menus distributed on campus so that they are identical to the master menu posted in the kitchen.

3. Although no menu was repeated on the same day of consecutive weeks, many items on the menus do recur frequently. For example, Cycle II Menu indicates potatoes will be mashed for six of the seven noon meals that week. Example # 2: The entire set of menus indicates weiners in some form will be served two nights every week, a situation which was frequently criticized by residents and cottage personnel interviewed. Example # 3: Food acceptance studies frequently do show that most adolescents like, and many prefer, cured meats; but these meats serve as entrees on the average of four times per week. We have already remarked upon the wisdom of such a practice in lieu of current research finding.

Recommendation

Menus should be studied carefully by personnel educated in menu planning in an effort to constantly improve the aesthetic appeal and nutritional adequacy of meals.

4. A file of tested recipes is maintained in the central kitchen and bakery. The ingredient room worker does use these quantity recipes provided by the State for determining amounts of ingredients to be used in preparing items on the menu. A base of 300 people is used in figuring the number of servings needed for noon meals regardless of actual census. The method used for figuring number of servings needed for night meals was not determined.

Recommendation

Old menus with their changes should be filed in an accessible place.

F. General Comments and Recommendations

Not all housing units on campus were observed. Those not observed were Detention, Cooper Hospital, and Stewart Hall.

The Independent Living Unit was evaluated in terms of dietetics and sanitation. The ILU is a disaster in the area of sanitation. Infractions of nearly all standards were found. The gross lack of cleanliness observed here indicates a shortcoming of the Institution, e.g., inadequate programs for habilitating the residents in areas of everyday living and preventive health care. This is not an easy task, but an essential one.

At this time ITSB is not a good preventive health care model. Sanitation is poor in many respects: nutrition education is virtually nil (two weeks in an elective health class), there is poor nursing follow-up for residents needing this care (see nurse's medical services evaluation), there is no monitoring of residents' nutritional statuses by dietary or nursing personnel, dentistry provides only restorative care in dental appointments. It seems reasonable to assume that if the ITSB became more conscientious in practicing and promoting good preventative health care, its clients would have a greater chance of assimilating positive self-care habits.

Recommendations

General recommendations applicable to the dietary service improving ITSB's role as a rehabilitator and preventive health care provider are:

1. Employ a registered or degreed dietitian to act as a consultant to the facility on a regular weekly basis.
2. Improve sanitation by continually re-educating all kitchen, cafeteria, bakery, nursing, and cottage personnel in the means for achieving and maintaining good sanitation, and in the health benefits which can be derived from compliance with high sanitation standards.
3. Formalize all sanitation policies and procedures by setting them in writing.
4. Formulate and write improved policies on: nourishment service, modified diets, portion control, assessing and monitoring of ITSB residents' nutritional statuses and staff development.

5. Document and retain documentation of important actions performed or observed by dietary, for example: menu changes, sanitation inspections, results from food acceptance surveys, participation in inservice or educational activities and programs, etc.
6. Implement and enforce the policies described above.

XVIII. CONSULTANTS AND PROGRAM SPECIALISTS

A. Psychiatric

The Boys' Training School contracts for psychiatric services with two psychiatrists. Neither were on campus during the evaluation, so assessment of psychiatric services is based upon interviews with other staff who rely upon these services, and on review of psychiatric documentaion.

One psychiatrist spends three days every other week at ITSB and is largely responsible for the South Campus. He evaluates all boys coming into RDC for guest evaluation, and sees new commitments and other boys in the regular programs on referral from staff in RDC or the cottages.

The other psychiatrist is on campus every Tuesday and deals primarily with boys on the North Campus in the areas of conducting evaluations and re-evaluations, and ordering PRN's, and monitoring their use. He is readily available by phone for consultation in psychiatric emergencies.

Documentation of psychiatric evaluations and follow-up is thorough. Both psychiatrists appear to provide excellent cooperation and communication with other staff.

Recommendations

It would appear that the psychiatrists' time at ITSB is well spent. However, with the implementation of the ICP and the resulting need for Interdisciplinary Team Staffings, we would recommend that arrangements be made for enough additional time to allow for their participation, on a regular basis, in those staffings.

(NOTE: Shortly after the Evaluation, one of the consulting psychiatrists passed away. This is obviously a great loss to the Institution's program, and we would recommend that a replacement be found to fill this gap as quickly as possible.)

B. Psychology

The Psychology Department, located on the lower level of Cooper Hospital, offers a full range of professional psychological services for the residents of the Training School. The staff consists of the director, two staff psychologists, two psychometrists, and a secretary.

Among other things, the Psychology Department has the task of screening and evaluating new admissions to the Training School. Typically, this involves the administration of an individual intelligence test and a number of other instruments, the precise nature of which depends upon the special needs of each individual being evaluated. Generally included in the battery of tests, however, are instruments designed to provide information about personality and behavioral characteristics. Also, vocational interest inventories are generally administered to those newly admitted residents who are old enough for these instruments to be relevant.

The Psychology Department also takes referrals of residents for psychodiagnostic services when an indepth or more comprehensive study of an individual may be needed. Psychodiagnostic services are also provided for those individuals who have been referred for evaluation by the juvenile courts of Iowa and who have not yet had a final disposition made of their case. Such services are also provided to individuals who are sent to the Training School for evaluations by other institutions and the Iowa Department of Social Services.

Referrals of residents are also taken for counseling and psychotherapy. Consultation with staff and treatment team members concerning program planning, post-release planning, and other matters are other activities in which psychologists are engaged.

1. Strengths

- a. The quality of work appeared excellent and was recognized as such by staff. The work was accurate, thorough and complete.
- b. The assignment of a psychologist to specific units is seen as an excellent concept. However, the role and relationship of the psychologist to his assigned units are not clearly defined.
- c. The use of groups was felt to be an excellent idea allowing for increased involvement by psychological staff.

2. Concerns

- a. The Psychological Department is giving priority to providing service to guest evaluation client dues to time limitations as defined by a court order. There is some concern that clients in the regular institutional program are being slighted due to this.
- b. Cottage staff expressed concern in regard to the timeliness in receiving psychological testing reports from the Psychology Department. This may be in part due to the priority given to guest evaluations.

- c. Cottage staff also expressed concern about the lack of documentation of individual counseling services provided to clients who have been referred to the Psychology Department.
- d. There appears to be a lack of viability of the Psychology Department within the Institution.

3. Recommendations

- a. We would recommend that a work/time analysis be conducted to determine present utilization of the Psychology Department's time. The Institution should develop objectives for the Psychology Department, with priorities given to insure maximum utilization of staff time. If testing of both guest evaluation and new admission clients is seen as the first priority, other activities of this Department, i.e., individual/group counseling, may have to be reduced. We firmly believe that there is adequate staff to conduct timely testing for all clients if that is determined to be the priority.
- b. It would appear that there may be past psychological information available regarding any client referred to the Training School. We would recommend that the Training School institute procedures to obtain all such testing, particularly that completed within the previous year. This could alleviate some unnecessary testing, as well as aid in compiling a psychiatric history of previous treatment.
- c. In that it is essential that cottage staff receive immediate feedback on counseling services provided to individual clients by the Psychology Department, we would recommend that a reporting procedure with specific time frames be developed.
- d. We would recommend that the role of the Psychology Department within the cottage units be clearly defined. We would suggest that this would include both the participation on the Interdisciplinary Treatment Team as it is developed, as well as ongoing involvement in the cottage program.
- e. It would appear that current staff development for new staff deals primarily with institutional rules and procedures. We would recommend that the Psychology Department be utilized in developing a formal training program geared toward a humanistic treatment-oriented approach.

C. Family Therapy

1. Strengths

- a. The family therapists appear to be a very resourceful, innovative and motivated team. It was quite apparent that the team is willing to extend themselves to reach the client and their families despite the extended hours involved.
- b. To create a more unified approach, the Team attempts to involve those persons who work with the family as a member of the team. This allows for an overall treatment approach and enables the family therapy team to be better facilitators.
- c. After each session, a report is written by one of the co-therapists, and copies of the report are distributed to the central file, cottage director, field office, Mr. Tully, Mr. Sims, family therapy file and ITSB file. This enables all team members to have a report of what went on in the therapy sessions, and provides appropriate feedback should a member of the team be unable to attend.
- d. The therapists are also keeping some helpful statistics on each family which will provide the basis for research to be done concerning those type of clients and families which are most appropriately served by family therapy.

2. Concerns

- a. Family therapy is apparently initiated approximately one month after the child is admitted to the Institution, which often leaves only six weeks to two months for family therapy. This may provide insufficient time to facilitate significant change.
- b. There may be problems with cottage staff's ability to attend family therapy sessions. The team reports excellent cooperation from the cottages. However, due to the shortage of coverage in the cottages, it is felt this may be an area of concern.

3. Recommendations

- a. While the child is at ITSB on guest status for evaluation, the family therapy team could be an additional resource. Their review of the family and the client at that time could provide insight into the home situation.

- b. There is a need to continue to involve those team members closely involved with the child, particularly those individuals who work closely with the student at the Institution.

D. Recreation

The recreation program at the Boys' Training School is divided into the three basic programs that are administrated by the gym staff, and also includes other programs which take place in the cottages. This report will focus primarily on the programs which are administrated by the gym staff.

The three programs in which the gym staff are involved are the physical education program through the school vocational programs and are mandated by Iowa law, the Intramural Program which operates to give the boys competition between the cottages, and the Leisure Time Activities Program which attempts to teach the boys life-time sports such as golf, tennis, sailing, etc.

1. Strengths

- a. The gym staff consists of three persons. The staff at the gym are extremely dedicated to their program and to providing recreation activites for the boys at the Training School.
- b. The Intramural Program run through the Boys' Training School seems to be very adequate for the needs of all the students. Approximately 70% of the children are involved in some type of Intramural Program, and the program is structured to include both physically active and sedintary students. Programs involve traditional intramural programs such as football, basketball, track, etc., and also involve programs such as chess, pool, and card tournaments.

2. Concerns and Recommendations

- a. The recreation staff have developed good programs for the cottages but seem to have some trouble administering them due to a lack of staff and lack of commitment to recreational activites. One of the concerns which was expressed is the lack of attendance at Physical Education Programs, which at one point was at 67% unattendance, and which may be the result of administration endorsing unattendance in favor of various other activities in the Institution. Many times in the past, students have been called out of or excused from Physical Education activities for reasons of counseling, visiting the Chaplain, etc., even though this may be in opposition to the State mandate that the child receive a certain amount of physical education each week when attending a school or vocational program. In the cases of medical excuses, a boy must have a card from the nurse explaining the nature of the injury or illness, and that he is excused from class. Complaints and requests for medical

excuses are questioned by the gym staff, and are not automatically referred to the nurse.

Recommendation

Consideration needs to be given by the administration, and by counselors and pastors, to the importance of the physical education activities which the gym staff are conducting. Sessions which result in a boy missing physical education activities should be held to a minimum if at all possible.

- b. Discipline carried out by the gym staff appears to be rather subjectively applied in regard to infractions of minor rules within the recreational setting. For example, the handing out of various numbers of push-ups or extra running for such things as getting a drink without authorization or passing the leader while running laps. Subjective application of discipline has no place in a Training School which is attempting to teach students to be equitable and fair in their dealings with the public.

Recommendation

A system of policies and procedures should be developed for the most common infractions of rules in the gym and within recreational programs. These policies and procedures should spell out the punishments which can be received for the infractions. A reporting system, such as a daily log, should be kept by the gym staff. This record-keeping could be merely a matter of writing down following each gym class period, the disciplines handed out by the gym's staff within the gym or recreational period. Of the students interviewed regarding the gym staff, many felt that the gym staff was the most unfair staff on the grounds. They felt that filing a grievance against the gym staff would result in greater harrassment by those staff members. This is a problem which must be handled by the gym and cottage staff, and again could be alleviated by the presence of written policy and procedure.

- c. While the recreational programs, including those in the cottage, are sufficient on the south side of the campus, the North side, which consists of Stewart Hall, Cooper Hospital, and the Detention Unit, are lacking significantly in recreational activity for the boys. Of these, Stewart Hall seems to have the best program. Boys who are placed in Stewart Hall and are involved in a regular academic or vocational program do have the regular Physical Education segment for recreational activity. Those boys in Stewart Hall who are on low-status have no

leisure time activities whatsoever, but are involved in some sort of recreation program within the cottage five times a week, and twice a week in the gym. Stewart Hall also has weight lifting and exercise equipment in the basement of the cottage which is used extensively.

The Cooper Hospital Program is deplorable in regard to recreational activities available. Every morning the boys from Cooper are taken to the gym or outside for a period of approximately one hour on a regularly scheduled basis. However, this is not sufficient recreational activity for these younger, more inadequate boys. There is no integration between the Cooper Hospital recreation program and the South Side cottages, even if the Cooper boys are in the school program. At the time of the Evaluation, no boys in Cooper were involved in a Leisure Time Activities Program. It is the Cottage Director's responsibility to see that these boys get involved in that Leisure Time Activity Program. One of the problems is that there is no area available to accomplish any leisure activities on a large scale.

Recreation in the Detention Unit is nearly non-existent. This is the result of the lack of staff and the necessity of maintaining security in the detention area. The boys in detention are allowed to play ping pong or watch television for one-half hour in the morning. Boys on status one and two in detention are allowed to go to arts and crafts class for three hours every morning.

Recommendations

- (1) In order to increase the Recreation programs on the North Campus, we would recommend the addition of one more full-time employee assigned to the North Complex.
- (2) For the Cooper Program, an area could be set aside, possibly underneath the Cooper Hospital area, for these boys to set up a recreational program to give them something of a recreational nature to do in the cottage.
- (3) Within the Detention Unit, there should be more time allotted to recreation as this is an excellent vent for pent-up aggression. Equipment should be made available for the boys in detention to use. Perhaps weight-lifting equipment that could not be construed or used as a weapon can be purchased and placed in the Detention Unit, as well as several other devices by which boys can receive some physical exercise. There needs to be a written policy within the Detention Unit on recreational activity.

- (4) Leisure Time Activities in the entire North Side Complex should be part of a written policy statement.
- d. The RDC Unit is also lax in its recreation program and recreational training. This is due in part to the high client turnover and low staff ratio for the RDC Unit. However, more could be done in the area of recreation for these boys than is currently the case. The only recreation that the boys receive, other than pool, ping pong, and watching T.V., is to be taken outside every decent day during the summer to play an organized game under strict supervision, or to the gym during the winter for approximately one hour a day. The gym staff sets up these programs during the winter, and are always available to RDC.

Recommendations

- (1) The gym staff should be available during the summer, as well as winter, to provide the boys in RDC with a regular recreational program while in the receiving cottage.
- (2) There should be a written program regarding recreational activities, and a schedule implementing that program for the receiving cottage.

e. General Comments and Recommendations

The three basic recreational programs within the Training School are sufficient, if used correctly. However, due to lack of manpower, and the lack of written policy regarding the educational/recreational activities, these activities are not being accomplished with the regularity that they need be. We would recommend that more staff be allotted to the recreational programs, especially on the North Side Complex and RDC, and that more care be exercised in providing for the recreational needs of the students. We would also recommend that the gym staff be given adequate training and support in regard to discipline procedures within the institutional limits, and that they keep records of any discipline which is handed out.

XIX. CHILDREN'S RIGHTS

A. Revocation/Replacement

We found no formalized policy dealing with the Institution's role in the revocation/replacement process. Examination of the present practice leads us to conclude that ITSB should formalize its present practice regarding revocation.

The principal concern for ITSB is its role in obtaining a waiver of hearing, when such is given at the Institution. The present practice is as follows:

1. Inform the juvenile of the right to a hearing and the method of obtaining a hearing.
2. Inform the juvenile he is allowed to call either his field social worker, parent or attorney.
3. Allow the juvenile twenty-four hours after signing a waiver to withdraw the waiver, i.e., maintain the boy on guest status, rather than change to "placement violator".

The present practice of rapid programming for boys on revocation is commendable, especially in obtaining input from the field social worker, people at ITSB who worked with the boy during prior placement, and the boy himself. Experimental involvement of the boy's family also appears appropriate -- especially in that it is being examined in detail before being formalized.

In light of the increased review process in the event of a contested revocation, it is appropriate to make the original placement contract as detailed as possible when the worker desires to control specific behaviors of a boy. This would seem especially applicable in the event a worker is preparing placement for a manipulative boy.

B. Grievance Process

It is commendable that ITSB has a formal grievance policy and procedure available to its students. We would, however, suggest the following alteration of the present policy.

The process for seeking clarification of policy or procedure should be separated and distinguished from the process for grieving alleged unfair treatment. Lodging a protest for unfair treatment raises different legal connotations than asking for an official determination of policy or procedure.

Requests for official determination (whether grievance or interpretation) should be dealt with more formally than requests for information only. We recommend that the grievance procedure be initiated by submitting a completed "Grievance Form" (ITSB, Student Grievance Procedure, Step 1) to the designated persons. We believe it is preferable to initiate a formal grievance other than by a simple oral notice.

It might be appropriate to attempt to define the nature of those things which are grievable. For example, the policy appears to attempt to say that the Detention Review Panel, not a grievance committee, shall deal with detention placements.

If a separation of grievance process and policy or procedure clarification process is accomplished, the procedure for the clarification process should be established. We would also note that no separate clarification procedure (other than the Cottage Community meeting or Student Council) is given in the present policy. If these are the only avenues of official clarification, that should be so stated.

It would also be appropriate to determine and specify the nature of the grievance hearing process. Can witnesses be called? Is cross-examination allowed? What kind of record, if any, must be made? At this point, we view these as policy choices with no particular legal implication.

C. Student Council

We found no written policy describing the Student Council. It would be appropriate, if no such policy exists, to formalize a policy dealing with the Student Council.

In practice, the concept of the Student Council seems well received by staff and students. However, we did note that there was concern that there was no action by the administration on matters brought before the Superintendent by the Council. We are aware of no legal requirement to act upon the recommendations of a Student Council. Having initiated the process, however, we believe it would be beneficial to provide follow-up to students on matters raised by them.

D. Use of Chemicals

Our information in this area is not conclusive. However, based upon the information we do have, we believe some policy changes must occur, and a further investigation should be conducted. The Department of Social Services' Legal Office officially requests to be informed of progress regarding this recommendation.

Initially, we believe it is clear that a more specific policy regarding the prescription and administration of drugs should be developed. The conditions of use and authority to approve should be restricted.

Documentation of the reason for use of a chemical should be improved. A factual description of the reason for use is most appropriate. A description of the method of approval and administration should also be included. The policy should state under what circumstances and by whom an incident report shall be prepared.

Based upon material we have reviewed, we are concerned that chemicals are given, in certain incidents, to students upon the student's request without further documentation, or chemicals

may be administered as a convenience in controlling merely unpleasant behavior. This is not a conclusion. It is a serious concern.

It also appeared that there was a significant incidence of inappropriate staff reaction to student behavior which culminated in a confrontation resulting in the administration of a drug to the student. Whereas all such staff reaction is not unreasonable, it was not clear that more clearly defined policy, more staff development, or closer monitoring of staff, would not alleviate the eventual "need" to administer chemicals to students.

Nothing we have stated in this portion of this report is a conclusion. However, there is a need to obtain further information.

E. Miscellaneous

Other areas briefly examined included dress code, chapel attendance, transfer between institutions, pursuit of runaways, visitation, contact with attorneys. Of these, the only area needing comment at this time is transfer between institutions.

The present procedure for transfer appears appropriate. However, we feel attention should be given to a formal determination of the circumstances in which a hearing must be afforded the individual to be transferred.

XX. CASE RECORDS

The Evaluation Team reviewed approximately thirty-five case records, representing current cases from each of the cottage programs, as well as a sampling of closed cases and diagnostic guests. The following observations and recommendations are made:

- A. It is the feeling of the Team that case records contain some good basic information. There is, perhaps, too much material, i.e., outdated psychiatric/psychological testing, old social histories, duplicate information. In addition, material within the records is difficult to locate. Records contain a list of order of filing, but no division is made between categories.

Recommendations

1. Records should be gleaned of outdated and non-pertinent information. Reducing the bulk of the records should make the remaining information more accessible and consequently more viable in its use by Institutional personnel.
2. Records should be organized with dividers and/or tabs between categories of material to provide better access to information.

- B. All records were found to contain face sheets that include all necessary information, and applicable Court Orders. Most contained current social histories, correspondence, psychiatric and/or psychological information, documentation of significant incidents, and summaries of staffings and/or conferences. Information in regard to case plans provided by referring workers, most medical and school information, medical/surgical releases, summaries of parental contacts, and summaries of therapy contacts varies greatly from record to record. Of particular concern was the total lack of Interdisciplinary Care Plans, and reports of ICP reviews and updates. Progress notes were found in the files, but there was no time consistency in the reporting, notes tended to be subjective in nature, and were not related to progress of a case plan. One other item missing from most records was previous medical information, including immunization records.

Recommendations

1. Management needs to review records to assess the degree to which various materials are lacking. Priorities should be assigned to the updating of those missing materials, and staff held accountable for seeing that these items are obtained.
2. The Institution should design a list of pertinent materials necessary in order to best serve the clients of ITSB. These should be requested of field staff, with follow-up of written requests through appropriate channels if information is not forthcoming. The Evaluation Team would recommend that past medical records, particularly including immunizations, be a top priority.
3. We would recommend that the Institution adopt and implement the use of the ICP, with subsequent documentation, review and follow-up, included in the case records.

XXI. CONTACTS WITH REFERRING AGENTS

Contacts were made with twenty referring community personnel including probation officers, social workers from County Departments of Social Services, and field social workers. The purpose of these telephone contacts with community-based personnel was to gain a knowledge of the attitudes toward the Boys' Training School and of its strengths and weaknesses as perceived by them. Seven standard questions were asked, with an opportunity given for persons to make other comments as they wished. The questions were:

1. How do you feel about your experiences in working with the Boys' Training School?

2. What do you think about the quality of the evaluations you have received?
3. Did you get useful help in planning for your child?
4. What do you think of on-campus treatment and methods of helping provided?
5. What do you think of the adequacy of communication -- written and phone?
6. Do you visit the Boys' Training School? How often?
7. Are there any other thoughts or comments you might wish to make?

Comments and observations made in response to the questions asked were not necessarily consistent from person to person but some consensus was reached on various items.

Those responses that were generally consistent included the following:

1. The Training School's guest-diagnostic evaluation program was viewed as good to excellent. Most referring persons felt that information and recommendations were clear and comprehensive and provided a realistic basis for case planning.
2. Staff members at all levels were seen as concerned about youths and desirous of providing a good treatment program.
3. It was generally felt that the academic programs were good.
4. Communication was viewed as a strong point, especially written communication.

Concerns which were expressed by many respondents were the following:

1. Boys are being returned to the community too quickly. There was an understanding that population pressure is great but the result is seen as a failure to provide a comprehensive and complete treatment program. OJT's, academic remediation, GED preparation and testing, counseling programs, etc., are not completed or thorough because of short stays.
2. Boys are being trained in vocational areas in which they cannot gain employment as they are under 18 and/or in which employers require further training. Boys are leaving the Training School with the idea that they are trained for a job and are disappointed when one is not forthcoming. Realistic vocational goal planning must be stressed, along with the importance of good work habits.

3. It was felt that more time should be spent in individual counseling sessions with the boys. Again, staff turnover and population pressure was seen as a contributing factor, but it was felt individual, formal counseling sessions must be maintained on a regular basis.

Listed below are other comments that were made, although they were not expressed by the majority of workers. These comments should be given consideration in evaluating the Training School program.

1. It was expressed that within the GED program there should also be an emphasis on upgrading academic skills and not just preparing boys to pass the equivalency test.
2. An expansion of the vocational programming was seen as ideal.
3. A need for specific programming for alcoholism and drug abuse was viewed as necessary.
4. There were some concerns that parents as well as field staff are not being kept informed of medical problems and treatment.
5. It was recommended that preplacement reports contain a larger section on educational assessment and educational planning. The recommendations for education should be realistic and related to the youth's ability, availability of community programs, the boy's age, etc.
6. It was suggested that staffing times needed to be definite, with at least thirty days' advance notice given if possible so field staff can be involved.
7. There was some concern that field staff reports and recommendations were not being given much weight when programming was made.
8. It was suggested that progress reports were more like behavior logs and needed to emphasize treatment assessment.
9. Meals were considered too starchy, with a need to give more attention to nutritional needs.
10. Concern was expressed that there needed to be more supervision of cottage directors and counselors by administration.

Visits to the Training School by field staff varied from at least twice monthly to once every two months, according to those reporting. Most field staff said they planned to go to the Training School at least once a month for regular client and staff contacts.

Although negative points were frequently mentioned by field staff when questioned about the Training School, their comments were usually linked with qualifiers, and with recommendations on how they and the Training School could more effectively provide services to youth. There was an understanding by field staff that the Training School had to deal with the problems of population pressures and funding in

providing a treatment program. It was felt that even with these inherent problems, improved services and treatment could be provided by a joint effort on the part of both institutional and field staff.

XXII. GENERAL OBSERVATIONS AND RECOMMENDATIONS

- A. Lack of written policy and procedure within the Institution cannot continue. Such a lack leads to misinterpretation, misunderstanding, confusion and bad feelings. We evaluated no area within the Institution that has adequate written policies and procedures. We recommend that the Institution take steps to rectify this situation.
- B. Cottages must have some standard operating procedures applicable to the campus as a whole. Given the population the Institution is dealing with, no one cottage can be allowed to be a "weak sister", and in the same light, no one cottage should be forced to take the toughest students because of the "strength and structure" of that cottage. This problem must be dealt with at an administrative level in the areas of supervision and standardization of policies and programming.
- C. Interdisciplinary Care Plans need to be developed. Given the mobility of this population, some modifications may need to occur in the design of the ICP for BTS. Nonetheless, the ICP concept can be of great benefit in documenting individual client needs, improving consistency, and assuring that all disciplines are involved in and aware of the goals and objectives for each boy.
- D. There apparently needs to be a better plan of communication from Management to the line staff and from staff to Management. At the same time, Management must exercise its prerogative to manage. The Team believes that all staff within the Institution genuinely care about the students served. In trying to do more than might be possible for some of these youngsters, frustration develops between management and line staff with management seen as not "doing all they could". Management should make every effort to communicate to staff the constraints under which it must operate, i.e., financial, legislative, Department, etc., and to also be willing to change if change is indicated and possible.

Again, much "bad communication" within any agency or Institution, could be related to "bad supervision". Administration should make efforts to upgrade supervisory techniques and methods, as well as personnel, when needed.

XXIII. SUMMARY

One doesn't have to delve too deeply into the Boys' Training School program to find the warmth and caring on the part of staff relative to children served. This is the overriding strength of the Institution and the resource that will continue to make it grow and mature.



The Team would hope that this report will serve to point up some areas of deficiency that can be corrected immediately within the Institution. We would also hope it makes Department management and the legislature aware of the very real monetary constraints under which the facility operates. We believe that the Boys' Training School could be a viable Residential Treatment Center. This will not happen on any grand scale, however, until funding is improved and intake is controlled.

Regardless, much can be done now and we would hope that that will be the attitude and direction taken by both management and staff at the Boys Training School.