

Future in Hope Youth Services, Inc.

OPERATING MANUAL

RECEIVED

DEC 28 2017
PLANNING &
DESIGN SERVICES



**A Future In H.O.P.E.:
Youth Services Inc.**

CEO: Michael McCloud
Address: 3735 Lentz avenue Louisville, Ky 40215

187 CUP 1080

Table of Contents

	PAGE#
Administration and Operation	03
Grievance Procedure	05
Program Description	06
Governing Body	10
Staffing/Supervision Plan	13
Physical Plant	17
Interior Accommodations	19
Ventilation, Lighting, & Climate Control	21
Health, Safety, and Nutrition	22
Health Services	22
Administration of Medication	25
Medical Examination & Treatment	32
Safety	40
Fire Regulations	42
Transportation Safety	48
Food Services	50
General Requirements	52
Incident Notification Procedures	53
Child Abuse and Neglect	54
Fundraising	58
Recreation, Leisure Activities and Work	61
Clothing and Personal Possessions	64
Child's Money	65
Discipline	66
Crisis Intervention & Physical Management	69
Record Keeping & Log Books	73
Admission and Intake	74
Child's Rights	78
Visitation & Communication	80
Child's Case Record	81
Comprehensive Assessment & Treatment Plan	87
Case Work Planning	87
Treatment Environment	88
Substance Abuse Treatment	97
Educational and Vocational Services	98
Independent Living Services	100
Discharge Planning and Aftercare	102
Religion, Culture and Ethnic Heritage	105

RECEIVED

DEC 26 2017

PLANNING &
DESIGN SERVICES

Operations and Services

A Future in H.O.P.E.: Youth Services inc. will operate as a group home residential child caring facility licensed under 922 KAR 1:300 Standards for child caring facilities.

RECEIVED

DEC 26 2017

PERMITS &
DESIGN SERVICES

ADMINISTRATION AND OPERATION

Inspections

POLICY: The Executive Director shall ensure that the facility receives all required annual inspections according to state regulations.

PROCEDURES:

The Executive Director shall ensure that our home has the following inspections at least annually:

- 1) Health Inspection by local County Health Department
- 2) Fire Inspection by local County Fire Department
- 3) Licensing review by THE CABINET

The Executive Director shall ensure that Radon Inspections will be scheduled every 5 years.

RECEIVED
DEC 26 2017
PERMANENT
DESIGN SERVICES

ADMINISTRATION AND OPERATION

RECEIVED

DEC 28 2017

TRAINING &
DESIGN SERVICES

Grievance Procedures for Youth

POLICY: A youth shall be given a grievance form upon request which allows them to make complaints without the fear of retaliation.

PROCEDURES:

A child shall be given a grievance form upon request which allows them to make complaints without the fear of retaliation. The Grievance procedures are as follows:

1. The child may pick up the grievance form (**see Appendix A**) out of the designated area anonymously and fill it out listing the complaint and all parties involved.
2. The child may then turn the grievance form in anonymously to the designated area for the CEO/Program Supervisor or designee.
3. The CEO/Program Supervisor or designee shall then read the grievance and talk to the staff concerning the issue. The supervisor shall discuss the grievance with the staff to help the staff see the issue from the resident's point of view. Then with a new perspective, the staff is given another opportunity to resolve the issue fairly with the resident. The staff must fill out section 2 within 72 hours of discussion with the Executive Director. If the youth is still not satisfied with the staff's response to resolve the issue, the Executive Director will speak to both parties, decide, and document the resolution in section 3, CEO/Program Supervisor resolution.
4. The CEO/Program Supervisor will then call the youth to the office and go over the employee response section with the youth, if they are not satisfied with the employee response to settle the issue, The CEO/Program Supervisor will settle the issue by filling out section 3 (CEO/Program Supervisor response section) and talking individually with all parties involved explaining why and how the final decision was made.

This procedure shall be explained to youth and their parent or legal guardian at the time of admission. The intake staff shall also give the child and parent/legal guardian a copy of the program brochure with these procedures in them.

ADMINISTRATION AND OPERATION

Mission Statement of Purpose

Providing teenagers with noncontingent care from thoroughly trained staff mentors in the form of trauma-informed care, social and daily living skills training, and relationship building all relative to the current levels of each individual to help effectively reintegrate them back into the community and society as a whole.

Program Description

A Future in H.O.P.E.: Youth Services inc. is a five (5) bed group home located in Louisville, Kentucky for abused and/or neglected adolescent youth under the care of the Cabinet.

Target population: Adolescents (boys) ages 15-17;

We will be equipped to provide residential and counseling services to youth with emotional and behavioral disorders such as ADHD, Separation Anxiety Disorder, Generalized Anxiety, Depression, oppositional defiance disorder, and conduct disorder. We are willing to consider other behavioral/emotional disorders depending on the community need.

Environment: A Future in H.O.P.E.: Youth Services inc. is fully equipped to take care of five (5) youth. Our home will provide a positive atmosphere in which are youth have the opportunity to heal, grow, and be successful. Our home will meet the children's needs by providing a safe home and by ensuring education, treatment, social, emotional, medical, and life skills training needs are met.

Key Goals/Objectives

1. Provide caring, loving and compassionate environment
2. Provide the support necessary to assist them in completing their treatment goals
3. Provide support for them to thrive as individuals

RECEIVED

DEC 26 2017

PLANNING &
DESIGN SERVICES

ADMINISTRATION AND OPERATION

(Program Description continued)

Rates

We accept the state's per diem rates:

- Level 4 clients: \$175.87 per day
- Level 5 clients: \$ 218.99 per day

Scope of Services Provided & Method of Delivery

- Mentoring
- Crisis Intervention
- Needs Assessments
- Individualized Treatment Plans
- Contracted counseling services
- Community Service Projects and activities
- Life skills program including social skills, education and career planning
- Transition planning

Below is a summary of the services:

Mentoring

We will use appropriately trained staff as immediate mentors, and based on decisions made by the Treatment team, look into creating partnerships with Big Brother Big Sisters and the Urban League for mentorship outside of the agency.

Crisis Intervention

All administrative and direct care staff will be trained in a nationally recognized behavior management training program called "Safe & Positive Approaches for Preventing and Responding to Crisis". This curriculum was designed by Devereux Institute of Clinical & Professional Training and Research, Direct Care Training Resources department, and all new direct care employees will be trained by a Devereux certified trainer. They will also be trained in Safe Crisis Management through the state approved JKM training program. Through this program the staff will be trained to utilize verbal de escalation, nonphysical, and physical intervention (physical restraint) when necessary.

Assessments

Our Director shall complete an Initial Need Assessment form and an Initial Health Assessment form for each youth referred to our program. the Executive Director shall

RECEIVED
DEC 26 2017
FLORIAN &
DESIGN SERVICES

assess the behavioral, social, emotional, psychological and physical needs of the youth placed and collaborate with the Treatment Planning team to develop an Initial Treatment Plan to address the youth's needs.

Individualized Treatment Plans

All Treatment Plans will be individually created through collaboration of our treatment team which consists of the youth, the Therapist, the parent/legal guardian, and other relevant service providers for the youth. No cookie cutter Treatment Plans shall be used for our program. The Executive Director must ensure that all services identified in the Initial Treatment Plan are provided and must document the frequency and results of the services in the quarterly progress reports.

Mental Health Counseling Services

A Future in H.O.P.E.: Youth Services inc. will provide trauma focused counseling services through a Licensed therapist hired or contracted through The Department for Community Based Services. This will include weekly individualized counseling sessions to assist youth in resolving emotional or behavioral issues. We will ensure our contractors use evidence based practices, including cognitive behavior therapy. Treatment will be given according to each individual Treatment Plan and needs of the youth. Frequency of sessions will also be based on Treatment Plan. Frequency could range from weekly, bi-weekly, or monthly.

A Future in H.O.P.E.: Youth Services inc. will partner with a licensed Psychologist and Psychiatrist in the community to provide medication management and monitoring services for our youth. Our Treatment Team will ensure that our youth are not left on medication for long periods of time without proper evaluation to ensure that each medication is serving its purpose. Many youths in care do not even know why they are taking some prescription medications and cannot remember how long they have been taking it. We will ensure that our youth are educated on the medication they are taking during their medication management appointment and make sure they ask questions and verbalize any complaints or concerns they have voiced at home concerning any side effects of the medication.

Community Service Projects

Research has shown that youth who volunteer just one hour or more a week are 50% less likely to abuse alcohol, cigarettes, or engage in other destructive behavior. The benefits received from volunteering are learning to respect others; learning to be helpful and kind; learning to understand people who are different; developing leadership skills, becoming more patient, and better understanding of citizenship. Therefore, A Future in H.O.P.E.: Youth Services inc. will offer a variety of community service projects throughout the year. Community projects will include activities such as volunteering to feed the homeless with the church or at the local shelter and community clean-up projects.

RECEIVED

DEC 28 2017

DESIGN SERVICES

17 CUP 1080

Life Skills Program

This is the heart of our youth program. the Executive Director and CEO/Program Supervisor of A Future in H.O.P.E.: Youth Services inc. will oversee this program. Our program teaches the youth the life/independent living skills needed to succeed as an adult as well as education and career planning. We use Phillip Roy's Online Life Skills program, which is a computerized curriculum of 77 online lessons and 4 face to face lessons taught by the Executive Director, CEO/Program Supervisor, and the direct care staff of the organization. Within the curriculum are all the life skills required by the state of Kentucky. Education, career planning, social skills, and budgeting are ongoing skills discussed and practiced monthly.

Each youth is required to complete at least four lessons per week. There is a pre-test to evaluate their life skills prior to our program and a posttest to measure their improvement

RECEIVED

DEC 28 2017

PLANNING &
DESIGN SERVICES

after our program. The pre and post test scores shall be used in our Program Evaluation to measure the performance of our programs success rate in our efforts to enhance the life skills of our youth. A certificate of completion is given at the end of each lesson passed with a score of at least 80%. A transition plan will be completed 90 days before each youth 18th birthday identifying where they will live, go to school, and work for the first year after aging out of care.

Transition Planning

Our youth whom is completing our program and/or aging out of foster care will have a pre- discharge planning meeting with the Treatment Planning team within 60 days of the discharge date. During this meeting the service team will collaborate with the youth to complete a Transition Plan/Discharge Plan for an identified place to live, whether that is their own apartment, with a relative, or in a college dorm. We will ensure that the youth has identified a school to attend full time. Also, the President and Director will work with the child to coordinate with their independent living worker to set up all transition services offered by the state. Staff will help them enroll in school if in county, and ensure the youth reach their destination safely the day they age out of care.

If A Future in H.O.P.E.: Youth Services inc. ceases to exist, we will assist the Child Placing Agency as best we can to find new homes for all of our youth in our program.

Our discharge criteria shall be a part of our orientation brochure which is given to all youth and made available to all parent/legal guardians, and child placing agencies during the admission process.

Follow up

During the pre-discharge meeting, the Transition Plan shall be filled out, which includes contact information for follow up purposes. We will use this form to follow up with the youth 30 days, 90 days, and one year after they age out of care to ensure they are stable and to see if they are in need of any social services. A copy of the transition plan shall be placed in the folder labeled "Transition Plans/Follow Up". The original shall be placed in the youth's file. Progress notes may be used to document the follow up phone call. The note shall include current living arrangements, education status, employment status, health, etc. Staff shall ask if the youth is taking medication as prescribed (if applicable), following up with Doctor and counseling appointments, etc. Staff shall make referrals as necessary to the youth, document any referrals needed. File in Transition Plans folder.

RECEIVED

DEC 26 2017

PLANNING &
DESIGN SERVICES

RECEIVED

DEC 26 2017

TRAINING &
DESIGN SERVICES

ADMINISTRATION AND OPERATION

Governing Body

POLICY: The governing body of A Future in H.O.P.E.: Youth Services inc. has the authority and responsibility to ensure that the Executive Director, program, and services remains in compliance with 922 KAR 1:300 and 1:390, Standards for child caring facilities and all other relevant local, state, and federal laws.

PROCEDURES:

According to 922 KAR 1:300. Standards for child caring facilities., the governing body is responsible for the following:

- 1) Must contain at least 7 members
- 2) The term of office is two years
- 3) The members may vote to rotate, replace, or select new members to office after each term; new members should be efficient in an area of expertise needed by the board, such as child welfare, accounting, etc.
- 4) Must vote on terms for office, selection and replacement process for board members
- 5) Must vote on absentee policy for board meetings
- 6) Inspect the home and programs at least annually
- 7) Conduct interviews with youth and staff members during annual inspections, privately.
- 8) Meet quarterly (at least one meeting at A Future in H.O.P.E.: Youth Services inc.) and maintain minutes of all meetings
- 9) Review and approve policies, independent audits, and annual budget
- 10) Have procedures in place to ensure that staff receives ongoing training
- 11) Obtain a criminal records check of prior convictions of the executive director prior to employment; and
- 12) Approve a mission statement delineating:
 - a. The purpose;
 - b. Objective; and
 - c. Scope of service to be provided.
- 13) Approve agency personnel policies
- 14) Complete written performance evaluation of Executive Director annually and send to President of the organization. The President shall place the evaluations in the Executive Director's personnel file and ensure that it is available for review by the Department.
- 15) A contact list of the Board members must be maintained and updated annually;

17 CUP 1080

the contact list shall include names, addresses, and demographics, date of election, terms of membership of each member, as well as member title and term of current office. It shall also state when and how often elections are held.

16) In the event of the closing of the facility, the Chairman of the Board is responsible for securing a private storage to maintain youth files for at least 5 years. The President of the agency and the Chairman of the Board shall be responsible for maintenance of the storage unit.

Accreditation

The CEO and governing body is responsible to ensure that the facility is accredited by a nationally recognized accreditation organization within two (2) years of initial licensure.

RECEIVED

DEC 26 2017

PLANNING &
DESIGN SERVICES

RECEIVED

DEC 28 2017

PLANNING &
DESIGN SERVICES

ADMINISTRATION AND OPERATION

Finances

- 1) A Future in H.O.P.E.: Youth Services inc. shall maintain a current organization chart (See **Appendix K**) showing lines of authority in our agency.
- 2) the Executive Director or designee shall prepare a budget annually to show anticipated income and expenditures. A copy shall be given to the licensing agency and approved by the Governing body annually.
- 3) A Bookkeeper or Certified Public Accountant shall be hired for contracted services to complete the monthly bookkeeping, prepare annual financial statements, and prepare taxes.
- 4) An Independent audit shall be completed by a Certified Public Accountant annually. The Licensing agency shall receive a copy of this audit annually. This audit shall not be completed by the same CPA that completes the monthly bookkeeping.
- 5) the Executive Director shall ensure that A Future in H.O.P.E.: Youth Services inc. has a rate agreement with each agency or a rate agreement for each individual child. A rate breakdown shall be available upon request to the Department or all Child Placing Agencies describing our fee for services.
- 6) The license holder shall notify the Department of Licensing within 30 days of a change in the Executive Director, statement of purpose, or admission criteria.
- 7) the Executive Director will ensure that the organization maintain general liability insurance throughout the life of the organization.

Record retention. the Executive Director shall:

- (a) Retain all records, books, and reports related to financial conditions and status for auditing purposes for a minimum of five (5) years.
- (b) Make available all books, records, and financial information for review, inspection, auditing, and photocopying by the cabinet or cabinet designee, authorized federal and state agency reviewers and auditors.

RECEIVED

DEC 28 2017

PLANNING &
DESIGN SERVICES

**ADMINISTRATION AND OPERATION
Personnel Policies**

POLICY: The CEO/Program Supervisor will hire sufficient, qualified staff to ensure the health and safety of our residents and to implement the day to day activities of the program.

PROCEDURES:

Personnel policies

All staff will be required to review the Personnel Handbook during new hire orientation and must sign the acknowledgement form stating they have reviewed and understand the handbook.

Staffing requirements/Supervision Plan

The CEO/Program Supervisor will post the work schedule in the administrative office at least one week in advance. Our agency will implement the shift model with 7-3pm, 3-11pm, and 11pm- 7am. During the day, the CEO/Program Supervisor will be there to complete all administrative paperwork and filing. The CEO/Program Supervisor will also be responsible for case management duties and the overall planning and coordinating of social services for a family and child.

There will be one direct care staff on the 7am-3pm shift when children are at school, in case someone stays home sick or has a doctor's appointment. If no children are at home, this staff will do filing and general cleaning of the facility. In cases where a direct care staff calls out or has to leave due to an emergency, the CEO/Program Supervisor will schedule direct care staffs to rotate weekly for on-call duty. The bi-weekly work schedule will designate the on- call person with their contact information. The CEO/Program Supervisor shall ensure through appropriate scheduling that there is a designated emergency on call relief staff member on the schedule at all times. During the summer months and school breaks, there will be at least two staff on each shift at all times. The CEO/Program Supervisor will act as a backup on call person. There will always be at least one staff on duty when a child is in the facility. There shall be at least one (1) staff member certified in first aid and cardiopulmonary resuscitation on duty, if a child is present. Staffing guidelines for sleeping hours:

- (1) A staff must always be awake when caring for a child needing constant supervision, such as a medically fragile child or a child that is an immediate danger to themselves or others.
- (2) To facilitate continuous care for a child, the staff may move a child to a location where the staff can directly and continuously supervise a child until there is no longer an immediate danger to herself or others. The staff must provide

17 CUP 1080

RECEIVED

DEC 28 2017

PLANNING &
DESIGN SERVICES

comfortable sleeping arrangements for the child.

- (3) If a child has a day or overnight visit with family or foster family, the CEO/Program Supervisor will ensure that:
 - a. The child is properly supervised, properly fed and hydrated, and provided with safe housing accommodations, if applicable.
 - b. The child's health, safety, and well-being are protected.

- (4) Prior to the visit, the person responsible for the child during the visit has information for emergency medical care, such as permission for emergency medical care, telephone numbers for the child's licensed physician(s), and medication and treatment information.

- (5) Unless the volunteer is court-appointed, the volunteer must not remove the child from the program for an overnight visit without prior written approval of the child's parent.
 - a. When our youth get invited for an overnight or weekend visit by friends from school or in our community or church, this is not a volunteer activity. Direct care staffs must get prior written approval from the parent to authorize a visit for more than 48 hours.

- (6) No person on parole or probation, or is referred for community services through the courts because of criminal activity, including as an alternative to incarceration shall volunteer at the program. This prohibition applies even if the services do not involve contact with youth.

Ratio

We will always maintain a ratio of no more than:

- a. One (1) staff member to four (4) children; and
- b. One (1) staff member to accompany a child while away from the home.

Staffing schedule

The CEO/Program Supervisor works closely with the direct care staff to ensure they follow our daily schedule and attend to needs of all youth, year-round. The staff is on-site and provides supervision 24 hours per day. There will be at least one direct care staff for each shift designated and they are primarily responsible for maintaining supervision, safety and wellbeing of residents including scheduling all health-related appointments. The direct care staffs are responsible for transporting the children for appointments to and from the program. They also provide transportation support for family visits that take place away from the program.

17 CUP 1080

Hours of Operation: Our agency operates 24-hours a day, 365 days a year, including holidays.

Staff to Child Ratio: Our home has a capacity for five (5) youth. Our agency staff to child ratio is one (1) direct care staff or trained volunteer to every four (4) children during all hours sleep or wake. There shall be at least two staff available at all times. For those instances when one staff person is present for extenuating circumstances, the CEO/Program Supervisor will be on call, for the duration of the shift, and available to provide additional direct care if necessary. As a fail-safe backup, the Executive Director will be on call in case the CEO/Program Supervisor is unavailable to provide additional direct care service.

RECEIVED

DEC 28 2017
PLANNING &
DESIGN SERVICES

77 CUP 1080

The programs operate in three 8-hour shifts over each 24-hour period as follows:

Program Shifts

Shift Hours	Days	Type of Shift	staff on duty
7:00 a.m. – 3:00 p.m.	Monday – Friday	Awake	
Director 3:00 p.m. – 11:00 p.m.	Monday - Friday	Awake	DC1, DC2
7:00 a.m. Monday - Friday		Awake	DC3, DC4
11:00 p.m. – 7:00 a.m.	Saturday - Sunday	Awake	DC5, DC6
7:00a.m.- 11:00 p.m.	Saturday & Sunday	Awake	DC7, DC8

RECEIVED
DEC 20 2017
PLANNING &
DESIGN SERVICES

Administrative staff

Executive Director: 9am-5:30pm; rotate in on-call schedule as needed.

CEO/CEO/Program Supervisor: 11am-7pm or according to needs of program

Licensed Therapist: 11am-7pm; time varies according to youth schedules. Must be on-call for emergency services and/or designate alternate on-call therapist when not available.

The CEO/Program Supervisor shall post the employee schedule in the administrative office at least one week in advance, including the on-all staff names and contact information.

***Schedules subject to change depending on the needs of the population.

Documentation

The CEO/Program Supervisor shall ensure that the employee weekly schedule:

1. Indicates the date, scheduled work hours, and name of each employee assigned to work, including on-call staff;
2. Includes documentation of the employees who work each calendar day and the hours worked by each employee;
3. Is maintained for 12 months after the last date on the documentation; and
4. Is provided to the Department for review within two hours of the

Department's request;

(see the personnel handbook for personnel policies including job descriptions).

RECEIVED

DEC 28 2017

PLANNING &
DESIGN SERVICES

ADMINISTRATION AND OPERATION

Interstate Placement

POLICY: A Future in H.O.P.E.: Youth Services inc.'s Executive Director and staff will remain in compliance with the applicable provisions of the Interstate Compact on Placement of Children at all times.

PROCEDURES:

- (a) Before accepting a child from another state or placing a child in another state, the Executive Director will ensure that the ICPC packet is in compliance with:
 - 1. Applicable provisions of the Interstate Compact on Placement of Children, KRS 615.030, and 615.040; and
 - 2. The Interstate Compact on Juveniles, KRS 615.010.
- (b) If a child committed to the cabinet makes a brief visit out of state, not accompanied by our facility personnel, the Executive Director shall obtain prior consent from the cabinet staff member responsible for the case.
- (c) If an emergency placement of a child into a licensed child caring facility is made out of state, the Executive Director is still responsible for compliance with KRS 615.030 to 615.040. If our agency receives a child from another state, and our agency is aware of noncompliance by the placement source, the Executive Director shall notify the cabinet's interstate compact coordinator immediately.

RECEIVED

DEC 28 2017
PLANNING &
DESIGN SERVICES

77 CUP 1080

PHYSICAL PLANT
Buildings, Grounds and
Equipment

POLICY: the Executive Director shall ensure that the building, grounds, and equipment receive the proper care and maintenance as needed to maintain working order and in good condition.

PROCEDURES:

Housekeeping and maintenance service.

the Executive Director shall be responsible for the following:

- 1) That routine maintenance is performed as needed to ensure buildings, equipment, and its contents are safe and in good working order.
- 2) The facility shall comply with applicable local and state building and fire codes at all times.
- 3) That reports of all health and fire inspections are reported annually to the licensing agency.
- 4) The staff will ensure the facility will be kept clean, orderly and free of debris and trash, both indoors and out.
- 5) Garbage and trash shall be:
 - a. Stored in an area separate from those used for the preparation and storage of food;
 - b. Removed from the premises regularly; and
 - c. Placed in a container that is cleaned regularly.
- 6) Insecticides, pesticides, and chemical poisons shall be plainly labeled and stored in a secure, locked area. Access shall be given to:
 - a. The facility's maintenance personnel; and
 - b. The contracted provider for pest control services.
- 7) The facility will receive regularly scheduled treatment for insect control and lawn care maintenance; will also be tested for lead paint, asbestos, and radon.
- 8) A Future in H.O.P.E.: Youth Services inc. is a non-smoking facility.
- 9) Exits in living areas shall not be blocked by furniture.
- 10) The outdoor areas shall be safe for children, kept clean, and in

RECEIVED

DEC 26 2017
PLANNING &
DESIGN SERVICES

good repair;

- 11) Outdoor areas shall be well drained;
- 12) Windows and doors used for ventilation shall be screened;
- 13) Flammable or poisonous substances are stored out of the reach of children in a locked storage closet.
- 14) The home is free of rodents and insects; we shall use monthly pest control services.
- 15) A Future in H.O.P.E.: Youth Services inc. shall comply with applicable state and local law relating to:
 - a. Construction;
 - b. Sanitation; and
 - c. Building maintenance.
- 16) The Executive Director shall ensure that our facility shall conform to the Kentucky Standards of Safety in accordance with 815 KAR 10:060.
- 17) The water supply shall be from an approved source and easily available from the refrigerator; or cold purified tap water.
- 18) The plumbing and waste disposal systems shall comply with applicable provisions of the Uniform State Building Code.

RECEIVED

DEC 26 2017

DESIGN SERVICES

17 CUP 1080

PHYSICAL PLANT
Interior Accommodations

POLICY: the Executive Director shall ensure that our facility maintain a homelike environment at all times.

PROCEDURES:

- 1) Our program will provide a home like décor and furnishings.
- 2) We have a living room and dining room area for the youth large enough to accommodate all five youth and have family time and dinner time together.
- 3) The youth shall have a study area and recreation area in the home.
- 4) The study area shall have a computer, a bookshelf with reference and study materials, and table with chairs to accommodate the youth while studying.
- 5) The office space shall be separate from the children's areas of the home. The bathrooms shall be fully equipped with sinks, toilets, running water, and bathtubs.
- 6) Staff shall maintain non-slip surfaces in showers and tubs, toilet paper and holders, and individual hand towels or disposable paper towels, bathroom mirrors, and cabinet space for extra tissue and hair care products for the boys.
- 7) Our home does not cater to non-ambulatory children.
- 8) Staff shall have their own bathroom, separate from the children, but must be close enough to supervise properly.
- 9) **Bedrooms:** A Future in H.O.P.E.: Youth Services inc. shall meet the following requirements for bedroom space:
 - a. Each child shall be assigned their own bed.
 - b. There shall be two to four youth to each bedroom.
 - c. Of adequate size to permit at least three (3) linear feet between each bed or set of bunk beds;
 - d. Each child will have their chest of drawers, but will share closet space.
 - e. The room doors are to remain unlocked at all times.
 - f. Staff is to knock on the room doors before entering.
 - g. Each youth are responsible for cleaning their room daily. A chore list will be posted in the kitchen to assign each youth regular chores. Regular chores will rotate weekly but each youth must clean their room daily including making up their bed, throwing away any trash, putting away all clothes neatly where they belong whether it is the dresser or dirty clothes hamper.
 - h. The direct care staff shall check to ensure that the youth make their

RECEIVED

DEC 26 2017

PLANNING &
DESIGN SERVICES

- bed every morning before going to school.
- i. Bed linen shall be changed at least once per week and laundered by youth
 - j. Staff shall have an office space that is separate from children living areas.
 - k. Our home shall not permit non-ambulatory children to sleep above the first floor.
 - l. We shall provide each child with a safe and comfortable bed. The beds shall be no shorter than the child's height and no less than thirty inches wide. Where bunk beds are used, there shall be sufficient room to allow the occupants of both bunks to sit up in bed.
 - m. Clean sheets, pillowcases, and blankets shall be provided to each child upon arrival. Sheets and pillowcases shall be laundered at least once a week by youth unless greater frequency is indicated.
 - n. Extra bed linen shall be kept in the supply closet and available upon request.

RECEIVED

DEC 20 2017

PLANNING &
DESIGN SERVICES

RECEIVED

DEC 26 2017

PLANNING &
DESIGN SERVICES

**PHYSICAL
PLANT
Ventilation, Lighting, And Climate Control**

POLICY: the Executive Director will ensure that our facility is properly lighted and ventilated at all times.

PROCEDURES:

Ventilation and Lighting

- 1) Every bedroom shall have working windows and air condition vents.
- 2) Every bedroom window shall have screens in the windows that are free from tears and rips.
- 3) Every room in the house shall have working lights.
- 4) Every light shall be protected with a cover; all broken covers shall be replaced within 7 days.
- 5) Hallway lights shall be lit at night for safety.

Climate Control

the Executive Director and staff will ensure that a climate control system shall be provided as follows:

- 1) A minimum temperature of sixty-five (65) degrees Fahrenheit maintained in occupied areas in cold weather conditions;
- 2) In warm weather conditions and periods of extreme heat, an occupied area shall be properly ventilated;
- 3) If not air-conditioned and the temperature in an occupied area exceeds eighty-five (85) degrees Fahrenheit, the child caring facility director shall assure that the following occurs:
 - a) A fan is utilized to circulate air;
 - b) The facility is properly ventilated to outside air;
 - c) Ice water is readily available and served to residents; and
 - d) Staff frequently monitor residents for a sign or symptom of a heat related illness.

RECEIVED

HEALTH, SAFETY, AND NUTRITION
Health services

DEC 26 2017
TRAINING &
DESIGN SERVICES

POLICY: A Future in H.O.P.E.: Youth Services inc. shall ensure that all the medical and health needs of the youth in the home are met.

PROCEDURES:

The Executive Director will also ensure the following:

- (1) Within 72 hours of admission, an appointment must be made for each child to be taken to the primary care provider for a physical if they have not received a physical within the last sixty days.
- (2) Our facility shall have designated licensed physicians, dentists, and psychiatrists for the health care of our youth (See Community Service Provider List-**Appendix B**).
- (3) Our facility shall maintain emergency phone numbers by each phone on each floor of the house, available to both youth and staff for routine and emergency health care. Names, addresses and telephone numbers of doctors, hospitals and ambulance services shall be posted at all times.
- (4) Each child shall be taken to the dentist, if they have not gone within the last 6 months prior to admission, and annually thereafter. If an appointment is needed, it must be made within 7 days.
- (5) Upon admission, each child's immunization record shall be requested. If the child's immunizations are not up to date, an appointment must be made for that child.
- (6) For medical and dental appointments, youths shall be taken to designated physician in whom we have a cooperative agreement.
- (7) Staff shall take child's medical record with child to all doctor's appointments and or emergency hospital visits.
- (8) Staff child immediately check child's record for allergies and inform treating physician.
- (9) Staff shall never sign consent forms for medication of any youth. Parent and or legal guardian must sign consents during admission process.
- (10) Staff shall never take medical consents for psychotropic medication from a case worker without a court order. The court order must have the specific name of

17 CUP 1080

the drug in the court order and may not be more than one-year-old.

RECEIVED

DEC 28 2017

PLANNING &
DESIGN SERVICES

HEALTH, SAFETY, AND NUTRITIONAL REQUIREMENTS
Health services

RECEIVED

DEC 28 2017

PLANNING &
DESIGN SERVICES

Emergency Medical Plan and First Aid Supplies

POLICY: The emergency medical plan shall be accessible at all times to staff working with children. It shall be posted on each floor of the home.

PROCEDURES:

- 1) Emergency phone numbers are to remain by each phone at all times, including 911, local fire department, police department, and poison control.
- 2) Review the emergency medical plan with the youth during orientation.
- 3) At least one first aid kit shall be located on each floor of the home, in the company vehicle, in the kitchen, and a spare kit in the supply closet.
- 4) A designated staff shall check and re-stock the kit monthly.

Emergency Procedures:

- 1) In case of illness, make the youth an emergency (same day) appointment to our primary care physician. Illness includes, fever over 101, vomiting, complaints of dizziness, or headaches that does not go away with OTC medication.
- 2) If a same day appointment is not available, take the youth to the emergency room.
- 3) In case of an emergency (incident that cannot be taken care of by first aid kit) such as heavy bleeding, injury, suicide attempt, loss of consciousness, etc., staff on duty shall call 911 if the staff is there alone, or take the youth to the emergency room if two staff are on duty. If the injury is major, such as loss of consciousness, neck or spinal injury, DO NOT MOVE the resident, call 911.
- 4) If one staff is on-duty, they must direct the remaining residents to stay calm and go to the living room and have a seat while the direct care staff calls the on-call staff person to come to work so one of them can go to the hospital with the youth being transported by 911.
- 5) If there are two people on duty, one will go with the child in the ambulance or drive the child to the emergency room while the other direct care staff stays with the other children to help them to first process what happened and then try to proceed with the daily schedule of the house to get home back to normal.

17 CUP 1080

- 6) The direct care staff will follow incident reporting procedures for proper documentation and notifications.

RECEIVED

DEC 26 2017

**PLANNING &
DESIGN SERVICES**

First Aide

- 1) All staff members shall have first aid and CPR certification within 30 days of hire and shall be able to administer it at all times.
- 2) For any treatment beyond first aid, staff shall take youth to designated physician or to the hospital in case of an emergency.
- 3) There shall be a first aid kit on each floor of the home, available to staff with contents consistent with the American Red Cross current guidelines and the needs of the children in care. The kit shall be inaccessible to youth.

RECEIVED

DEC 28 2017

PLANNING &
DESIGN SERVICES

HEALTH, SAFETY, AND NUTRITIONAL REQUIREMENTS
Health services

RECEIVED

DEC 20 2017

TRAINING &
DESIGN SERVICES

Administration of medication

POLICY: All staff will be professionally trained in medication administration and follow the proper procedures taught in the training.

PROCEDURES:

General

- 1) During admission, intake staff shall be sure to complete all sections of the admission packet pertaining to medication administration. Including all current prescription information, number of pills in the bottle at intake, doctor information, etc.
- 2) Medical consents signed by the legal guardian will be kept in the youth's file.
- 3) Staff must write an incident report and/or fill out a medication error report form documenting if a youth refuse prescribed medication, including psychotropic medication. Their legal guardian and doctor should be notified.
- 4) Only legal guardian consent by a parent or court order may be used for psychotropic medication administration. One of these items must be in the file before psychotropic medication is administered to any youth.
- 5) *Controlled substances may require additional precautions. the Executive Director or designee picking up the prescription shall ask the pharmacist if each medication is a controlled substance. If the medication is a controlled substance, they will ask what additional safeguards should be taken. They will document these instructions in the staff communication logbook and in the Medication Administration Book (MAR), on the Medication log (see Appendix E). They will sign their name by the entry.*
- 6) The controlled substance will be stored per instructions of pharmacist, but will be locked behind double locks in the medication cabinet of the locked supply closet.
- 7) Controlled substances/psychotropic medications will be kept on a separate medication log and labeled as a "Controlled Substance" or Psychotropic Medication.
- 8) All medication shall be kept in their original container with clear labels

RECEIVED
DEC 28 2017
TRAINING &
DESIGN SERVICES

- 9) Medication prescribed for one child may not be given to another child under any circumstances
- 10) Over the counter medication such as Tylenol, Ibuprofen, Benadryl, Neosporin, will also be available for youth and documented if distributed.
- 11) The staff must always check the youth's allergy sheet before distributing over the counter medication to youth.
- 12) Any adverse reaction to any medication, a staff member shall immediately notify the youth's parent or legal guardian and attending physician or 911. Then staff shall follow directives of physician to ensure health and well-being of child.
- 13) The Executive Director shall ensure that the CEO/Program Supervisor takes each youth on medication quarterly appointments with a psychiatrist for medication reviews. These reviews are to review the medication to see if it is working, see if the dosage needs to be adjusted, or changed. Staff will attend review appointment to give the doctor feedback along with the youth.
- 14) *Medication errors shall be reviewed monthly by the Executive Director. the Executive Director will have a contracted RN to review errors quarterly or when deemed necessary.*
- 15) In no event shall staff of our organization begin, alter, or suspend a child's medication without the documented approval of a licensed health professional authorized to prescribe drugs and the permission of the parent/legal guardian.
- 16) If a child misses' dosages of the medication for **less than** a forty-eight-hour period, staff shall follow the instructions of the licensed health professional authorized to prescribe drugs or the pharmacy that filled the prescription before restarting the medication.
- 17) If a child misses' dosages of the medication for **longer than** a forty-eight-hour period, on duty staff shall contact the licensed health professional authorized to prescribe drugs or the pharmacist that filled the prescription and obtain written instruction on how to restart the medication.

Administration

- 1) All direct care staff shall complete a medication administration training by a certified trainer, prior to administering medication to our children. They must complete this training annually.
- 2) Prescription medication, shall only be administered when prescribed in writing by a licensed physician.

- 3) The pharmacy prescription label must be showing the name of the resident, the name of the physician and the instructions for dosage. Whenever over-the-counter medication is administered, it shall be under the direct or standing orders of a licensed physician.
- 4) Prescription medication will be passed out at designated t
will then document in the medication log and have the child initial the log for receipt of medication; staff will follow all procedures for administering the medication being given as described by the physician, pharmacist or as indicated on the label of an over the counter medication or a prescribed medication or both. If the label on prescribed medication is not clear; a staff member shall contact the pharmacy that filled the prescription for clarification.
- 5) Children will not be allowed to self-administer medication to reduce errors and liability.
- 6) Staff authorized to administer medication be required to read all the information that comes from the pharmacy on the medication. This information includes what the medication is used for, the dosage, and any known side effects of the medication and the symptoms of the side effects.
- 7) Staff authorized to administer medication shall read instructions and familiarize themselves with the known possible side effects of the medication and the symptoms of the effects. If staff is not clear of instructions, that staff must call the prescribing doctor for clarification or pharmacist prior to administering the medication.
- 8) the Executive Director shall ensure that the staff has access to a reference book for medication.
- 9) Medication prescribed by a licensed physician shall be administered as prescribed.
- 10) The medication administration record book shall be used to document the administration of all medications received for each resident and shall include:

- a) Date the medication was prescribed;
- b) Drug name;
- c) Schedule for administration;
- d) Strength; dosage (amount)
- e) Route;
- f) Identity of the individual who administered the medication;
- g) Dates the medication was discontinued or changed.

RECEIVED

DEC 28 2017

DESIGN SERVICES

The Distribution of Medication off Campus

- (1) Medications should be administered at the child's/youth's home/placement when at all possible. The prescribing provider or pharmacist may be consulted to arrange a workable schedule.
- (2) Some children/youth do have to take medication while away from home/placement, such as during school hours or on a temporary family visit. Only a pharmacist, physician, dentist, nurse practitioner, or physician assistant may remove medication from the original container and place it in another labeled container. If the child needs to take the medication at various locations and the original container cannot safely be transported with the child, duplicate prescription containers may be requested through the pharmacist. **Putting pills in an envelope is not allowed.** If individual blister packs are separated for later use and distribution, each blister pack must include an original pharmacy label, not a copy of the label.
- (3) Form **Off Site Custody of Medications** must be completed for children/youth that need to take medication while on home/visitor pass. The form shall include the name of the medication(s) being sent, medication count(s), instructions explaining when the medication(s) is to be taken including any special directions, and a space for the pass caregiver to document that the medication(s) was taken. The form is returned with the child/youth at the end of the pass. The adult pass caregiver must sign the medication in and out; the medication should NOT be placed in the hand of the child.
- (4) Narcotic medication should not be sent for work or passes unless special arrangements have been made with the prescribing provider. Youth taking narcotic medications must not be involved in work situations in which side effects could pose a safety issue (e.g., sleepiness while operating machinery or driving, etc.).

Medication Records

- (1) The staff will then document in the medication log book and have the child initial the log for receipt of medication; staff will follow all procedures for administering the medication being given as described by the physician, pharmacist or as indicated on the label of an over the counter medication or a prescribed medication or both. If the label on prescribed medication is not clear, a staff member shall contact the pharmacy that filled the prescription for clarification.
- (2) Staff must write an incident report and/or fill out a medication error report form documenting if a youth refuse prescribed medication, including psychotropic medication. Their legal guardian and doctor should be notified.

RECEIVED

DEC 28 2017

FLORIAN &
DESIGN SERVICES

17 CUP 1080

- (3) Medication that requires refrigeration shall be stored in a separate locked compartment or container that is properly labeled, stored separately from food items, and kept inaccessible to youth.
- (4) Over the counter medication will also be available for youth and documented if distributed.
- (5) The staff must always check the youth's allergy sheet before distributing over the counter medication to youth.

RECEIVED

DEC 26 2017

PLANNING &
DESIGN SERVICES

Medication record reviews

The Executive Director or designee shall review the medication logs weekly to ensure that prescription medications and injections are being administered according to the directions specified by the licensed physician, certified registered nurse practitioner or licensed physician's assistant. The Executive Director is also responsible for reviewing and monitoring the following:

- 1) Reviewing actual medication and determine if the number of pills actually match the MAR on a weekly or bi-weekly basis; random spot checks as well.
- 2) Reviewing residents' records of "health and dental complaints" and for "reports of incidents, accidents or injury" to note any incidents of drug reactions or medication errors. If any, ask if the appropriate person was notified in each case.
- 3) Verify that the telephone number of the Regional Poison Control Center is posted next to the telephone on each floor of the home.

Medications administration training

- 1) A staff person who has completed and passed a Department-approved medications administration course within the year is permitted to administer oral, topical and eye and ear drop prescription medications and epinephrine injections for insect bites.
- 2) A staff person who has completed and passed a Department-approved medications administration course and who has completed and passed a diabetes patient education program within the past 12 months that meets the Standards for Diabetes Patient Education Programs of the Department of Health is permitted to administer insulin injections.
- 3) A record of the training shall be kept including the person trained, the date, and source, name of trainer, content and length of training.

Medication Error

- 1) All medication errors shall be reported on a Medication Error form.
- 2) In the event of a medication error or an adverse drug reaction, first aid shall be administered if indicated. Staff shall promptly contact a poison control center, pharmacist, nurse, or physician and shall take actions as directed.
- 3) If the situation is not addressed in standing orders, the prescribing physician shall be notified as soon as possible and the instructions given by physician along with the

RECEIVED
DEC 28 2017
DESIGN SERVICES

RECEIVED
DEC 28 2017
PLANNING &
DESIGN SERVICES

actions taken by staff shall be documented.

- 4) The state's interpretation of medication error includes, but are not limited to the following:
 - a. The wrong dosage was administered, the wrong medication was administered, the medication was administered by the wrong method, the wrong child was administered medication, or medication was administered late or a dosage missed when the time of administration has been identified as critical to the maintenance of a therapeutic level. Medication errors must be documented in the resident's record.
- 5) Follow standing orders if an error takes place. Standing orders refer to the documented order of the physician prescribing the medication that indicates how the medication is to be administered and the actions to take if there is a medication error or an adverse reaction to the medication. If there is no standing order from the physician pertaining to the specific medication, the attending physician shall be notified as soon as possible. It is recommended that standing orders be filed in the resident's record when the medication is no longer in use.
- 6) Medication errors shall be reviewed by the Executive Director and a contracted nurse or prescribing physician as they take place. the Executive Director will follow all recommendations by nurse and/or physician to try and keep error from taking place again and make improvements on medication administration procedures.
- 7) The Executive Director shall ensure that the policy and procedures are approved by a healthcare professional. The provider shall keep documentation of this approval in the Health and Fire Safety file.

Medication Storage

- 1) Medication that requires refrigeration shall be stored in a separate locked compartment or container that is properly labeled, stored separately from food items, and kept inaccessible to youth.
- 2) All syringes and other medical implements used for injecting or cutting skin, medication, including controlled substances and OTC medications, will be kept under double lock, in a locked storage cabinet, in the supply closet, inaccessible to youth. The medication log book will also be locked in this storage cabinet. The logbook shall contain written instructions for each youth and the administration of their medication.
- 3) The staff picking up the prescription from the pharmacy shall ensure that all medication is properly labeled for each youth

Medication Disposal

- 1) Medication will be disposed of by flushing down the toilet or current method recommended by pharmacist; an incident report must be written when

disposing of medication documenting how and when it was disposed.

- 2) All medication destroyed shall be entered into the medication destruction log and signed and dated by the staff that disposed of the medication.

RECEIVED

DEC 26 2017

**TRAINING &
DESIGN SERVICES**

HEALTH, SAFETY, AND NUTRITIONAL REQUIREMENTS
Health services

Child Health

POLICY: All screenings and checkups are to be completed annually or more frequently if requested by our licensed physicians.

PROCEDURES:

direct care staffs are responsible for writing Progress Notes on each individual health appointment of each child. The progress notes shall be placed in the youth's file and collectively used to complete the quarterly progress reports. Each note should include but not be limited to: all initial screenings, including the preadmission screening, specifying the date of the screening, the treating practitioner's name and address, results of the screening, follow-up recommendations made, and the dates and provision of follow-up services and treatment, shall be kept in the child's record.

Child health and safety assessment

During admission, admission staff shall ensure a suicide risk assessment and initial health screening forms (within admission packet) are filled out within 24 hours and include the following information:

- (1) Medical information and health concerns such as allergies; medications; immunization history; hospitalizations; medical diagnoses; medical problems that run in the family; issues experienced by the child's mother during pregnancy; special dietary needs; illnesses; injuries; dental, mental or emotional problems; body positioning and movement stimulation for children with disabilities, if applicable; and ongoing medical care needs.
- (2) Known or suspected suicide or self-injury attempts or gestures and emotional history which may indicate a predisposition for self-injury or suicide.
- (3) Known incidents of aggressive or violent behavior.
- (4) Substance abuse history.
- (5) Sexual history or behavior patterns that may place the child or other children at a health or safety risk.

A copy of the assessment shall be kept in the child's record. The assessment shall be completed or coordinated, signed and dated by medical personnel or staff persons trained by medical personnel.

RECEIVED

DEC 20 2017

TRAINING &
DESIGN SERVICES

HEALTH, SAFETY, AND NUTRITIONAL REQUIREMENTS
Health services

Medical Examinations and Treatment

POLICY: Each new intake shall have an initial health screening for illness, injury, and communicable disease or other immediate needs, by a nurse or trained childcare staff.

PROCEDURES:

- (a) Except for a weekend or holiday, a child shall have a health examination within 48 hours of admission, (unless the child has a current physical on file) and annually thereafter. The child shall be seen more frequently if recommended by our primary pediatrician. The intake staff shall consult with the primary care physician if there is evidence that the child may need medical attention.
- (b) Also a physical examination shall be conducted within 30 days following an emergency admission if a report of physical examination is not available.
 1. If we cannot schedule an appointment with the primary care physician for some reason, the designated staff must make an appointment with:
 - a. County health department; or
 - b. The Department for Public Health, Division of Adult and Child Health Improvement.
 2. Staff shall follow all licensed physician orders for:
 - a. Medicine;
 - b. Prescription; and
 - c. Medical care.
- (c) If the child had a health examination prior to admission within the last 90 days, and there is written documentation of the examination, an initial examination upon admission is not required. The next examination shall be required within six months.
- (d) As a part of the health exam, communicable disease detection, **including tuberculosis screening** need to be completed within the seven (7) day time frame as well with required written consent in accordance with applicable laws, unless the screening has been completed within 30 days at another program or hospital. A screening assessment for tuberculosis shall be completed annually on each resident as apart of annual physical.

RECEIVED

DEC 28 2017

PLANNING &
DESIGN SERVICES

(e) After the initial health screening, a physical examination by a licensed physician or a qualified person under the supervision of a licensed physician must be completed, within two (2) weeks of admission, unless it has been documented that the child has received an examination during the past twelve (12) months.

(f) If the child will participate in a program that requires significant physical exertion, a health examination shall be completed before the child participates in the physical exertion portion of the program. The health examination shall be completed, signed and dated by a licensed physician, certified registered nurse practitioner or licensed physician's assistant. Written verification of completion of each health examination, date and results of the examination, the name and address of the examining practitioner and follow-up recommendations made, including each component, shall be kept in the child's record.

(g) The health examination shall include:

1. Information necessary to determine the health and immunization needs of the resident, including:

- a. Immunizations administered at the time of the exam;
- b. Vision exam;
- c. Hearing exam;
- d. General physical condition, including documentation of apparent freedom from communicable disease, including tuberculosis;
- e. Allergies, chronic conditions, and handicaps, if any;
- f. Nutritional requirements, including special diets, if any;
- g. Restrictions on physical activities, if any; and
- h. Recommendations for further treatment, immunizations, and other examinations indicated;

2. Date of the physical examination;

3. Signature of a licensed physician, the physician's designee, or an official of a local health department.

4. Recommendations for follow-up physical and behavioral health services, examinations and treatment.

(h) Immunization records, screening tests and laboratory tests may be completed, signed and dated by a registered nurse or licensed practical nurse instead of a licensed physician, certified registered nurse practitioner or licensed physician's assistant.

RECEIVED

DEC 20 2017

PLANNING &
DESIGN SERVICES

- d) Each resident's health record shall include notations of health and dental complaints and injuries and shall summarize symptoms and treatment given.
- e) Each resident's health record shall include or document the staff's efforts to obtain treatment summaries of ongoing psychiatric or other mental health treatment and reports.

Documentation

The staff shall take a Physician's Report Form (**see Appendix D**) to every doctor's appointment to ensure that the primary care physician or designee shall report, in writing, observations and findings including:

- a. Developmental history of the child, illnesses, operations, and immunizations if available to the physician;
- b. A limitation the child may have that may prevent participation in an activity scheduled by the facility;
- c. Visual and auditory examination results;
- d. Recommendation and order for future care, treatment, and examinations;
- e. TB skin test results, unless contraindicated by a qualified person under the supervision of a licensed physician; and
- f. Other tests for communicable disease as indicated by the medical and social history of the child.

This form must be signed by the physician or nurse.

Dental care

Our Director shall ensure that each child receive the appropriate and necessary preventive and routine dental care while in our home:

- a) Each child shall receive dental care, at as early an age as necessary,
- b) needed for relief of pain and infections, restoration of teeth and overall maintenance of dental health.
- c) Each youth shall have a dental examination and teeth cleaning performed by a licensed dentist or dental technician at least every year. If a child has not had a dental examination and teeth cleaning within 6 months prior to admission, a dental examination and teeth cleaning shall be scheduled within 48 hours of admission.
- d) A Physicians Report form (See Appendix P) must be taken to each dental visit by the direct care staff to document each dental examination, specifying the date of the examination, the dentist's name and address, procedures completed and follow-up treatment

RECEIVED
DEC 28 2017
PLANNING &
DESIGN SERVICES

- recommended and dates provided, shall be kept in the child's record.
- e) Follow-up dental work indicated by the examination, such as treatment of cavities and the application of protective sealants, shall be provided in accordance with recommendations by the licensed dentist.
 - f) the Executive Director shall ensure the treatment of emergency dental needs by a licensed dentist as they arise.

RECEIVED

DEC 28 2017

PLANNING &
DESIGN SERVICES

Vision care

- (a) Each child shall receive vision screening and services to include diagnosis and treatment including eyeglasses, for defects in vision.
- (b) Each youth shall receive vision screening within 30 days after admission in accordance with the periodicity schedule recommended by the American Academy of Pediatrics, "Guidelines for Health Supervision," and "Eye Examination and Vision Screening in Infants, Children and Young Adults (RE9625)."
- (c) If the child had a vision screening within 6 months of admission, the screening is not required. The next screening shall be required within one year.
- (d) Follow-up treatment and services, such as provision of eyeglasses, shall be provided as recommended by the treating practitioner.

RECEIVED

DEC 26 2017

**PLANNING &
DESIGN SERVICES**

Hearing care

- (a) Each child shall receive a hearing screening and services to include diagnosis and treatment including hearing aids, for defects in hearing.
- (b) Each youth shall receive a hearing screening within 30 days after admission in accordance with the periodicity schedule recommended by the American Academy of Pediatrics, "Guidelines for Health Supervision."
- (c) If the child had a hearing screening within 6 months prior to admission, then the screening is not required. The next screening shall be required within one year of admission date.
- (d) Follow-up treatment and services, such as provision of hearing aids, shall be provided as recommended by the treating practitioner.
- (e) A written record of completion of each hearing screening, including the preadmission screening, specifying the date of the screening, the treating practitioner's name and address, the results of the screening, follow-up recommendations made, and the dates and provision of follow-up services and treatment, shall be kept in the child's record.

HEALTH, SAFETY, AND NUTRITIONAL REQUIREMENTS
Health services

RECEIVED
DEC 28 2017
FLORIAN &
DESIGN SERVICES

Medical information

POLICY: Our facility and staff shall document all medical information obtained in the child's individual medical file and assure the confidentiality of that information by maintaining confidential, locked file cabinets for all resident health records.

PROCEDURES:

the Executive Director or CEO/Program Supervisor shall ensure that the "consent to treatment" forms are signed by the parent/legal guardian prior to any form of treatment for the youth in care.

Consent to treatment

The intake staff is responsible for ensuring that we have all medical consent forms (located inside admission packet; **see Appendix M**) within the admission packet signed by the parent/legal guardian. The consent to Routine Medical and Dental treatment, consent to authorize emergency services, and the consent to administer prescription medications.

Only legal guardian consent by a parent or court order may be used for psychotropic medication administration. One of these items must be in the file before psychotropic medication is administered to any youth.

Medical consents signed by the legal guardian will be kept in the youth's file.

Health files

- A. A separate health file shall be maintained for each child, kept on the premises in the administrative office's locked file cabinet, and be made available to the:
 1. Physicians providing services to our residents;
 2. Nurse
 3. Designated staff member

- B. The health file shall contain the following:
 1. Copy of each physical examination, including any recommendations for treatment;
 2. Previous and continuing health and medical history, if available;
 3. Record or report of each test, immunization, periodic re-examination, and

- physician order and instruction;
 - 4. Report and date of each dental examination and treatment;
 - 5. Authorization for regular and emergency medical, dental, and surgical care, signed at admission by the legal custodian;
 - 6. Documentation of medication administered to the child; and
 - 7. Documentation of a special provision made for the child in accordance with a physician's order.
- C. A child's medical need shall be provided for as recommended by a licensed physician.
- D. The facility shall keep an immunization certificate on file for each child.

RECEIVED

DEC 28 2017

DESIGN SERVICES

Medical history

The intake staff must request prior to or at intake:

- 1) The last physical examination of the youth by a licensed physician (can only be used if physical was within 90 days of admission)
- 2) Immunization records
- 3) Child's and family medical history through behavior assessment or social history
- 4) Medical records that includes:
 - a. Medical information and health concerns such as allergies;
 - b. Medications;
 - c. Immunization history; hospitalizations; medical diagnoses; medical problems that run in the family; issues experienced by the child's mother during pregnancy;
 - d. special dietary needs;
 - e. Illnesses; injuries;
 - f. dental, mental or emotional problems;
 - g. Known or suspected suicide or self-injury attempts or gestures and emotional history which may indicate a predisposition for self-injury or suicide.
 - h. Known incidents of aggressive or violent behavior.
 - i. Substance abuse history.
 - j. Sexual history or behavior patterns that may place the child or other children at a health or safety risk.

Upon discharge, medical information shall follow the child if a release form has been obtained.

RECEIVED

DEC 26 2017

PLANNING &
DESIGN SERVICES

17 CUP 1080

Child Death

If a child dies while in the care of our facility or in a home operated or supervised by our facility:

1. the Executive Director shall immediately notify the:
 - a. County coroner;
 - b. Child's parent;
 - c. Guardian or custodian; and
 - d. Cabinet staff;
2. A verbal report of the death shall be made immediately to the Commissioner of the Department for Community Based Services;
3. A written comprehensive report from the executive director outlining the incident shall be forwarded to the Office of the Commissioner, Department for community Based Services, on the next working day following the verbal report; and
4. If a child's death occurred as a result of alleged abuse or neglect, the executive director shall make verbal and written reports to as required in the Mandated Reporter section of this manual.

RECEIVED
DEC 26 2017
PLANNING &
DESIGN SERVICES

HEALTH, SAFETY, AND NUTRITIONAL REQUIREMENTS
Health services

RECEIVED

DEC 28 2017

TRAINING &
DESIGN SERVICES

***Standard Precautions/
Communicable & Contagious Medical Conditions***

POLICY: If a youth has a serious communicable disease that may be spread through casual contact, written authorization from a licensed physician, certified nurse practitioner or licensed physician's assistant is required for the person to be present at the facility.

PROCEDURES:

- (a) Written authorization from a licensed physician, certified nurse practitioner or licensed physician's assistant shall include a statement that the person will not pose a serious threat to the health of the other children and specific instructions and precautions to be taken for the protection of the other children.
- (b) The written instructions and precautions shall be followed.
- (c) If youth does have a contagious condition that puts other youth at risk, the Executive Director shall call the child placing agency immediately for the child's removal in order to preserve safety of other youth;
- (d) A child with a communicable disease shall not be admitted unless a licensed physician certifies that:
 - 1. The youth may remain in group care without jeopardizing the health of the other youth and staff at the facility.
 - 2. the Executive Director is aware of the required treatment for the child and the procedures to protect residents and staff.
- (e) If a youth shall contract a communicable disease while residing in our facility, staff shall isolate youth in their bedroom until child can be taken to our primary care physician or local hospital. The on duty staff shall monitor the youth closely. If a child has to be isolated, temporary arrangements such as removal of other children to other rooms and adding additional bed within appropriate space as outlined in policy.

Our agency shall post and follow Occupational and Safety Health Administration (OSHA) Universal Precautions guidelines for spill and clean up protocols to keep a safe environment for our staff and residents. Protective gear shall be kept in the supply closet for staff.

HEALTH, SAFETY, AND NUTRITIONAL REQUIREMENTS
Safety

RECEIVED
DEC 28 2017
PLANNING &
DESIGN SERVICES

General sanitation and safety

POLICY: Our management and staff will be trained in safety practices during orientation and training.

PROCEDURES:

- 1) the Executive Director will ensure that a first aid/CPR certified staff member is on duty at all times.
- 2) the Executive Director will schedule Health, Fire, and Radon Inspections annually; all inspection forms shall be placed in the fire safety file for annual reviews by the Department.
- 3) A telephone shall remain in the living room and office at all times in case of an emergency, therefore youth and staff will have access to telephone in case of emergencies.
- 4) Emergency phone numbers are to remain by each phone at all times, including 911, local fire department, police department, local hospitals, poison control, and emergency on-call doctor's.
- 5) Hallway lights shall remain lit during bedtime.
- 6) Fire arms are not allowed on property under no circumstances.
- 7) **If the CEO with majority board vote installs a swimming pool at the facility, the facility shall be staffed with a certified lifeguard.**
- 8) **Donated home processed foods shall be prohibited.**
- 9) Cleaning supplies, poisons and toxic substances shall be kept under lock and key in a locked closet away from food. Youth shall not have access to keys. The staff shall retrieve the cleaning supplies for the youth. All supplies shall have original labels as to its contents.
- 10) Alcoholic beverages and illegal drugs are prohibited on property under any circumstances. If alcohol and illegal drugs are brought in by youth or staff, the

Executive Director will implement disciplinary procedures and write an incident report. the Executive Director must then follow notification procedures on the incident report to notify case worker and any relevant parties. The case worker will be notified verbally by phone and faxed a copy of the incident report. The resident will automatically be placed on a 30-day probationary contract (**See Appendix C**) and request a staffing with the case worker to collaborate and see if substance abuse treatment is necessary. The Probation contract must be sent to the case worker for signature. If the youth brings these items in the home again within the 30-day period of the Probation Contract, their placement will be terminated and a referral for substance abuse treatment will be given in the discharge summary by the Executive Director.

RECEIVED

DEC 28 2017

PLANNING &
DESIGN SERVICES

HEALTH, SAFETY, AND NUTRITIONAL REQUIREMENTS

Safety

RECEIVED

DEC 28 2017

PLANNING &
DESIGN SERVICES

Fire Prevention, Safety, and Fire Emergency Procedures.

Policy: Our organization shall ensure that all staff and children are familiar with its fire drills, fire prevention, fire safety, and fire emergency procedures. They shall be conspicuously posted at all times.

Fire Safety Procedures

- 1) The direct care staff shall conduct a fire drill once per month and document on a "Fire Drill" form (**See Appendix L**) and place in the Fire Safety file.
- 2) The emergency evacuation plan will include a floor plan (picture diagram) of that floor of the home. The floor will show the exits and fire extinguishers on that floor of the home. It shall be posted in each bedroom (on the back of the door or on the wall beside the door above the light switch) and shall include the evacuation route and procedures, and the designated shelter for that area in case evacuation is necessary. It shall also be posted in the hallway of each floor of the home. The emergency evacuation plan and procedures shall be reviewed with youth as a part of the fire drills (See Appendix D).
- 3) A fire inspection by the Jefferson County Fire Department must be scheduled annually by the Executive Director.
- 4) A fire extinguisher will be placed on each floor of the house and inspected annually.
- 5) A smoke detector shall be placed inside of each bedroom, the kitchen, and all common areas and on every floor of the house; batteries are to be changed every 6 months or as needed.
- 6) Fire explosions, or major damage to facilities which threaten the health and safety of the youth, shall be reported to the department within 24 hours of the occurrence, by the Executive Director. The original report shall be placed in the Incident Reporting Log Book and a copy shall be placed in the Fire Safety File. Staff shall follow the appropriate incident reporting procedures for proper notifications (See Appendix F for incident report form).
- 7) The direct care staffs shall ensure that hallways, stairs, and exit areas, shall be

17 CUP 1080

well lit and kept clear for safe exit at all times on each floor of the home.

RECEIVED
DEC 26 2017
PLANNING &
DESIGN SERVICES

Fire Drill Procedures

Procedures prior to drill:

- 1) the Executive Director is responsible for ensuring direct care staffs complete monthly drills alternating time of drill for 1st, 2nd, and 3rd shift.
- 2) the Executive Director is responsible for training direct care staffs on proper fire drill procedures.
- 3) During a drill the direct care staff must first establish assembly point outside of the home.
- 4) Establish secondary means of egress depending on alternate locations of fire.
- 5) Practice evacuation of building procedures.
- 6) Assign responsibilities:
 - a. Person to evacuate individuals.
 - b. Person to close doors, windows, and other fire barriers.
 - c. Person to ensure complete evacuation of building.

RECEIVED

DEC 26 2017

PLANNING &
DESIGN SERVICES

Procedures during a drill or actual fire:

In the event of fire or other emergency, the person first discovering the fire shall alert others in the immediate area by a loud clear voice. If the fire can be safely extinguished, the staff shall take appropriate action with the fire extinguisher and other means immediately available to them. If the fire is not immediately extinguished staff and individuals shall:

- 1) Notify all building occupants of the fire's presence by shouting or blowing a whistle and activation of one of the alarm pull stations in the building. The fire department is notified and dispatched automatically when any pull station is activated.
- 2) Assure that the fire department has been notified immediately by dialing 911.
- 3) Staff shall make certain that people in the restrooms, offices, bedrooms etc. are aware of the emergency and exit the building.
- 4) Evacuate individuals with special needs.
- 5) Close doors and windows and other fire barriers.
- 6) Exit the building, and take a head count.
- 7) Simulate use of firefighting equipment.

Procedures after the drill

- 1) The staff will return to the building with the residents.
- 2) If an automatic system is in place the staff will return it to active status per system procedures.

17 CUP 1080

3) Complete documentation on drill on the Fire Drill Form (**See Appendix L**).

RECEIVED

DEC 26 2017

PLANNING &
DESIGN SERVICES

Emergency and Evacuation Procedures.

Our staff will implement the following practice drills and evacuation procedures on a quarterly basis to maintain the safety of our residents:

- 1) Emergency drills for tornados, hurricanes, floods, severe thunderstorms, or any other usual natural disaster that is normal in the area.
- 2) **Staff on duty shall make sure that the facility has all needed emergency supplies, such as flash lights, batteries, radio, first-aid kits, 3-day supply of food, water, and toiletries etc. The food shall be non-perishable items that will be kept in the pantry along with water sufficient to supply one gallon per day per person including staff on duty.**
- 3) **Designated staff will check the expiration date of emergency supplies monthly and discard outdated supplies; they shall then report the supply list to the Executive Director or designee. the Executive Director or designee will purchase new supplies.**
- 4) Staff must review the evacuation plan (**see Appendix D**) with the youth during orientation.
- 5) Emergency phone numbers are to remain by each phone at all times, including 911, local fire department, police department, poison control, and the local designated storm shelter.

Drill Procedures in the event of local and widespread weather emergencies or natural disasters including tornadoes, hurricanes, ice or snow storms, floods and Earthquakes.

Our staff will implement the following drill practices to prepare for actual emergency evacuations:

- 1) Practice having all staff and clients get in protected area: hallway with no windows, or bedroom walk-in closet or bathroom, whichever has the most space.
- 2) Practice placing outdoor materials not anchored (chairs, etc.) indoors.
- 3) Practice protection of windows by simulating taping of windows to reduce broken glass flying.
- 4) After shock, simulate turning off water at main valves and appliances.

RECEIVED
DEC 20 2017
LIVING &
DESIGN SERVICES

- 5) Practice checking for broken water pipes.
- 6) Practice alerting authorities. In case of emergency situation, call 911 and as situation allows direct care staff, on call management, supervisor and coordinator, and follow through with critical incident report procedures.
- 7) Practice safeguarding records, data files, and client health supply needs i.e. medications.
- 8) Practice evacuation of building procedures. (Follow same procedures as evacuation from fire)
- 9) Ensure complete evacuation of building. Take headcount.
- 10) Simulate assisting/assessing those trapped or injured and those with special needs.
- 11) Simulate determining need and location of emergency residence, transport, etc.

Procedures after the drill

- 1) Return to building after given permission from authorities.
- 2) After event, practice simulating procedures to restore services:
 - a. Public authorities
 - b. Maintenance staff
 - c. Contracted assistance
- 3) Complete documentation on drill
- 4) Continue to listen to Weather stations for local news and latest update if possible.

RECEIVED
DEC 28 2017
PLANNING &
DESIGN SERVICES

In case of fire, emergency, or natural disaster, staff shall implement the following evacuation procedures:

- A. In case of a fire, the smoke detectors will alarm and alert all youth and staff that there is a fire; additionally, the staff will activate the security alarm system's fire notification control and the fire department will then be notified; Staff shall then make sure that all youth are out of the facility. If possible, get the admission and discharge book, and exit the building immediately; Staff shall then do a headcount of the youth and ensure there are no injuries to the youth. The staff will follow procedures as practiced in the monthly fire drills.
- B. Staff on duty shall:
 - a. Gather all youth, complete a head count to ensure that all youth are present, and get the children in the safest location of the house (designated by the fire inspector).

- b. Complete a head count of youth and staff again.
- c. Turn on emergency radio to listen for evacuation instructions by local weather station.
- d. If evacuation is necessary, notify Director and ask for assistance from on-call person if necessary and feasible.
- e. Take admissions log, to notify child placing agencies within 24 hours.
- f. On duty staff shall evacuate and proceed to one of the two designated storm shelters (also posted on the evacuation plan), which is:

To still be determined

RECEIVED

DEC 26 2017

PLANNING &
DESIGN SERVICES

C. The on duty direct care staff must:

- 1) Evacuate immediately if advised to do so.
- 2) Stay tuned to radio or television for information on evacuation routes, temporary shelters, and procedures.
- 3) Take pre-assembled disaster supplies
- 4) Wait for updated instructions from local authorities before returning to facility.

D. Once staff and residents have reached shelter and safety, within 2 hours, staff shall notify the Executive Director and/or the President of the agency and within 24hours, the Child placing Agency and Legal Guardian.

E. the Executive Director will come in and assess the damage and potential safety risks and inquire from fire department and or local health department regarding the extent of the damage and safety issues. the Executive Director will follow the advice of public safety officials as to whether it is safe for the youth to remain in the home or if they need alternative temporary living arrangements. Proper incident reporting procedures shall be followed every step of the way during this process.

F. the Executive Director, Child Placing Agency, and or parent/legal guardian will together decide what is in the children's best interest for alternative temporary living arrangements if necessary.

G. the Executive Director shall then notify the liability insurance company of the damages and start to plan recovery and restoration.

H. If the damages are too extensive and jeopardize the safety of the youth and

employees, the Executive Director shall notify the CPA's and have all youth removed from home and close down the facility until repairs are made.

- I. the Executive Director shall also notify all employee's, vendors, landlord, schools, and all other parties necessary to advise of temporary closing.
- J. the Executive Director shall remove the disaster proof file cabinets and place in storage if necessary until the home re-opens.
- K. Staff on duty will locate and shut off utilities when necessary.

RECEIVED
DEC 26 2017
PLANNING &
DESIGN SERVICES

RECEIVED

HEALTH, SAFETY, AND NUTRITIONAL REQUIREMENTS
Transportation

DEC 20 2017
PLANNING &
DESIGN SERVICES

POLICY: the Executive Director and staff shall practice safety procedures to ensure the safety of youth during every transport.

PROCEDURES:

- (1) the Executive Director and **all** staff may drive at some point, therefore each of them must maintain a valid driver license and practice safety during every transport.
- (2) When transportation is provided by a means other than licensed public transportation, the Executive Director shall ensure:
 - a. The vehicle shall be maintained in a safe mechanical and operable condition;
 - b. A thorough inspection of the vehicle shall be made and documented by a qualified mechanic at least annually; and
 - c. If the driver is not in his seat, the motor shall be turned off, keys removed, and brake set.
 - d. Commercial insurance shall be maintained on any company vehicle at all times.
- (3) Whether the transportation is provided directly, contracted for, or arranged, the Executive Director shall require the vehicle:
 - a) Be in compliance with state laws pertaining to vehicles, drivers, and insurance;
 - b) Has a seat for each child and that the child remain seated while the vehicle is in motion;
 - c) Has a seat belt to be used to secure each child;
 - d) That is used to transport a child off campus to provide a seat for each passenger as manufactured standard equipment;
 - e) Is never left unattended when occupied by a child.
 - f) Compliance with KRS 605.080(3) pertaining to court-ordered transportation.
- (4) The maximum number of children a driver shall supervise alone is four (4).
- (5) A child under forty (40) inches tall or forty (40) pounds in weight shall not be transported unless restrained in an approved safety car seat.

RECEIVED

DEC 20 2017

PLANNING &
DESIGN SERVICES

- (6) A vehicle shall not pick up and deliver a child under the age of six (6) to a location that requires the child to cross a street or highway unless the child is accompanied by an adult.

RECEIVED

DEC 28 2017

PLANNING &
DESIGN SERVICES

- (7) If an employee's license gets suspended while employed at our facility, they must report it immediately and they are ineligible to drive until their license are valid again.
- (8) The Executive Director shall ensure the program's vehicle receives all required maintenance to keep the vehicle in safe operating condition.
- (9) The Executive Director will ensure the vehicle maintain the proper insurance coverage of 100,000/300,000(or current coverage required per the contract or state licensing entity), at all times.
- (10) All services to vehicle must be documented and placed in designated file. The vehicle's travel log shall be filled out by staff for every transport.
- (11) Youth shall wear seat belts at all times. The number of youth in the vehicle shall not exceed the number of seat belts.
- (12) The program vehicle shall be equipped with a first-aid kit at all times.
- (13) The direct care staff shall check and re-stock first aid kit in the vehicle for every transport.

RECEIVED

DEC 26 2017
PLANNING &
DESIGN SERVICES

HEALTH, SAFETY, AND NUTRITIONAL REQUIREMENTS
Food Service

POLICY: Menus shall be approved by a registered dietitian and shall be maintained for 12 months in the "Menus" file.

PROCEDURES:

direct care staffs are in charge of cooking the meals for the house. They are required to follow the meal plan approved by the registered dietitian at the health department. This meal plan will meet the requirements of the United States Department of Agriculture, Food and Nutrition Service. This meal plan will be appropriate to meet the nutritional needs of youth including snacks. The Menu file shall be available for review during each annual audit performed by the Cabinet.

The direct care staffs are responsible to accommodate youth who has special diet restrictions such as lactose intolerant, allergies, vegetarians, etc. Youth whom are vegetarians will be given additional helpings of vegetables and side dishes in place of meats that are given to other youths. The direct care staffs will be sure to order lactose milk and special items when necessary to meet the dietary needs of the residents.

Food Safety

For the safety of our residents, donated home processed foods shall be prohibited.

RECEIVED
DEC 28 2017
DESIGN SERVICES

VED
17
ICES

HEALTH, SAFETY, AND NUTRITIONAL REQUIREMENTS Food & Nutrition

POLICY: The food and nutrition guidelines shall meet the requirements of the U.S. Department of Agriculture and the food quality shall exceed the expectations of state licensing.

PROCEDURES:

Our food will be appetizing and pleasant in taste for our residents. It will also meet the nutritional needs of our residents including snacks. Also, the following guidelines will be met:

- 1) Each child shall be served meals that:
 - a. Meet the nutritional guidelines of the that include foods from the five (5) basic food groups;
 - b. Satisfy the quantity required to meet the needs of each child as to age, activity, and prescribed diet or ITP.
- 2) Any special diets recommended by the doctor for the youth shall be followed.
- 3) During school breaks, the youth shall be served three well balanced meals per day. During school year, youth shall be served breakfast and dinner
- 4) Staff shall provide snacks for youth that are admitted between meals
- 5) When the youth are not present at mealtime, staff shall put away food for that youth or make other arrangements for the youth's meals
- 6) Staff on duty shall eat their meals with the youth in the dining room
- 7) Meal plan for the week will be posted in the dining room or kitchen
- 8) Meal times are posted on the daily house schedule in the living room but dinner maybe served by the direct care staff anytime from 5:30-6:30pm, depending on the after school activity schedule among the current residents.
- 9) We provide a home-like environment, therefore, our residents are allowed to get their own after school snack from the kitchen when they are hungry.
- 10) Additional snacks will be kept in the direct care staffs' room and brought to the kitchen when needed.
- 11) A child shall be encouraged to eat the food served, but shall not be subjected to

RECEIVED

DEC 28 2017

TRAINING &
DESIGN SERVICES

17 CUP 1080

coercion.

- 12) An order for a modified diet from a licensed physician shall be followed by the facility and staff.
- 13) A menu shall be planned at least one (1) week in advance, dated, posted, and kept on file for one (1) year.
- 14) With the exception of a child receiving a meal at school, three (3) meals a day shall be provided at regular intervals and, except for weekends and holidays, no more than fourteen (14) hours shall lapse between the evening meal and morning meal.
 - a. A nourishing snack shall be provided and:
 - i. May be part of the daily food needs;
 - ii. Shall not replace a regular meal; and
 - iii. Shall be recorded on the menu.
 - b. A meal shall be scheduled at set times each day so that at least one (1) hot meal a day is not hurried, allowing time for conversation.
 - c. Food, or withholding of food, shall not be used as a punishment.
 - d. Only pasteurized milk and milk products, and U.S. government inspected meat shall be served to a child.
 - e. Food shall be prepared to preserve nutritive value and heighten flavor and appearance.
 - f. The same food shall be served to children under care and to staff members, unless a food is not suitable for a person because of:
 - i. The person's age;
 - ii. A dietary restriction; or
 - iii. A religious preference.
- 15) Table service shall be provided for a child capable of eating at a table.
 - a. Tables and chairs shall be:
 - i. Of a height that corresponds to the size of the child served; and
 - ii. Constructed of material that can be easily sanitized.
 - b. A child who has not had an opportunity to learn how to handle food with the usual table service shall be managed in a way that he shall not be

RECEIVED
DEC 28 2017
FLORIAN &
DESIGN SERVICES

embarrassed or subjected to ridicule.

- 16) A written report of a food inspection by municipal, county, or federal authorities shall:
 - a. Be kept on file at the facility in the administrative file cabinet; and
 - b. Meet local, state, and federal regulations.

- 17) If the Executive Director chooses to subcontract for food services, applicable federal and state administrative regulations shall apply to these services.

RECEIVED
DEC 26 2017
DESIGN SERVICES

RECEIVED

DEC 26 2017

PLANNING &
DESIGN SERVICES

**GENERAL REQUIREMENTS
Incident Notifications**

Incident Reporting Procedures

A Future in H.O.P.E.: Youth Services inc. will post and follow the Cabinet policy on incident reporting for reporting child on child abuse. All incidents of child abuse will be reported to Child Protection on the Kentucky's Child Abuse Hotline at 877) 597- 2331.

All emergencies including abuse reports, death, and self-injurious behavior by youth, fire, physical injuries, car accidents in program vehicle, etc. must be reported verbally to the Executive Director, legal guardian, and Child Placing Agency immediately, or within 2 hours of incident. An Incident Report (see Appendix F) must be faxed on the Executive Director's desk, immediately, or at least within 24 hours and faxed to the Cabinet case manager.

All other incidents such as mental crisis (no injury), fighting among youth, use of first aid, and other incidents must be reported to the Executive Director, legal guardian, and the child placing agency immediately, or at least within 24 hours.

Staff shall do the following when an above incident occurs:

1. The staff member will complete each of the first and second section of the Incident Report form (**see Appendix F**) which is explaining what the incident was about (who, what, when, where, how) and the second section which is the immediate action the staff member took to correct the situation.
2. The staff will then fill out page two of the incident report which is just checking the box of all persons notified of the incident and the time the incident was reported to each individual or agency. Staff is to follow the reporting instructions above for each incident and document.
3. The Executive Director is to review all incident reports within 24 hours and fill out the follow up section of the incident report. Then sign and date in the space for director's signature.
4. Fax copies of the report to the Cabinet case manager and/or CPA. The CPA is responsible for notifying the youth's biological family.

**GENERAL REQUIREMENTS
Child Abuse and Neglect**

RECEIVED

DEC 28 2017

TRAINING &
DESIGN SERVICES

Mandated Reporting

POLICY: Our staff shall follow the state guidelines regarding proper abuse reporting procedures at all times and shall be trained on Mandated Reporting law and procedures during new employee orientation and annually thereafter.

PROCEDURES:

- 1) All direct care staff are mandated reporters of child abuse and neglect. Upon hire, each staff will sign a mandated reporter form stating they will report any forms of abuse they may witness. This form also includes the definitions of abuse and the penalties for not reporting abuse. This includes abuse by fellow staff members on youth and youth on other youth.

- 2) All incidents of child abuse will be reported to the Kentucky **Child Protection Hot Line at 1-877-KYSAFE1 or 1-877-597-2331**. The Abuse Report form in the intake packet shall be used for documentation. Our Agency will post and follow the proceeding Department's policy on mandated reporting for reporting any allegation of abuse or neglect or child on child abuse:
 - a. After notifying Child Protective Services (CPS), staff must immediately notify the parent/legal guardian, the Community Based Care Agency of any child involved when there is an allegation or suspicion of abuse, neglect, or corporal punishment of any child/children being served.

 - b. the Executive Director and staff must cooperate fully with Child Protection Services, including providing access to the records, staff, and facilities, as dictated by the circumstances of the particular case.
 - i. Child Protection Services investigations will necessitate unannounced visits to various sources, including facility, staff, victims, other residents, schools, neighbors and other collateral contacts. Our staff must cooperate throughout this process.

 - ii. the Executive Director shall comply with the recommendations of the investigation's report and must implement and maintain any required follow-up regarding the safety and well-being of

the child/children in care.

RECEIVED

DEC 28 2017

PLANNING &
DESIGN SERVICES

**GENERAL REQUIREMENTS
Child Abuse and Neglect**

DEC 28 2017
TRAINING &
DESIGN SERVICES

Prevention and Education

POLICY: Our agency's goal is to promote the safety and welfare of our youth and protect and prevent them from suffering child abuse and neglect through providing education to staff and youth and providing proper supervision of youth and staff at all times.

PROCEDURES:

Youth and staff will receive annual child sexual abuse prevention and reporting education and training.

Child Abuse Prevention and Education

- (1) For youth, the curriculum will include information on such pertinent subjects as: personal ownership of the child's body, inappropriate touching, and how to report abuse within the agency.
- (2) For staff, the curriculum will include information on identifying victims, suspicious activity and behavior within the program by staff, family members, and other youth as possible perpetrators or victims. It will also include the penalties for not reporting.

Violations penalties

Our staff will also be educated on the penalties for not reporting suspected abuse.

- (3) Any person required to report known or suspected child sexual abuse who knowingly and willfully fails to do so, or who knowingly and willfully prevents another person from doing so, is guilty of a misdemeanor.
- (4) Any person who knowingly and willfully makes public or discloses any confidential information contained in the abuse registry or in the records of any child sexual abuse case, is guilty of a misdemeanor.
- (5) Failure to make the reports concerning child abuse as required shall, standing alone, be grounds for denial or revocation of the agency's license.

Reporting False Allegations of Child Sexual Abuse Policy Statement: Our

agency shall report to law enforcement any person who either verbally or by written or printed communication knowingly and maliciously reports, or causes another person to report a false accusation of child sexual abuse.

RECEIVED

DEC 26 2017

PLANNING &
DESIGN SERVICES

Proper Supervision/Visitation Guidelines

Our agency will post the phone number for the Abuse Hotline in common areas for your youth access and our agency will train our staff on following proper visitation guidelines and best practice principles to minimize safety risks to our youth.

- (1) If a staff member wants to take a youth to their personal home, they must get permission from the Executive Director and they must receive written permission of the youth's legal guardian or placing agency before the visit occurs. The written permission shall be kept in the child's record.
- (2) Staff shall ensure that the case worker fill out the visitation page of the admission packet denoting whom the youth is allowed contact with, what type of contact, and how often. They also must denote who the youth is not allowed to have contact with. If there is any court order prohibiting contact with the child's parents or other relatives, staff shall request a copy of that court order to place in our file. This shall be documented in the youth's Treatment Plan.
- (3) The staff must double check to see if the visit is supposed to be supervised or unsupervised and if they are allowed to take the child off site.
- (4) Our Agency will post and follow the Department's policy on mandated reporting for reporting any allegation of abuse or neglect or child on child abuse. All incidents of child abuse will be reported to the **Child Protection Hot Line at 1-877-KYSAFE1 or 1-877-597-2331**. The Abuse Report form in the intake packet shall be used for documentation.

Internal Investigation

- 1) the Executive Director is responsible for conducting internal investigations of reports of abuse, however, such provisions shall not relieve this agency of the requirement to report to Child Protection Services and submitting the proper notifications to licensing.
- 2) the Executive Director is responsible for speaking with all involved parties, child, staff, and any possible witnesses within the agency and then must write a report of the conclusion of the investigation and findings. This report must be given to Child Protection Services and to licensing within 5 business days. This investigation does not take the place of a CPS investigation and must not interfere with the CPS or police investigation.

RECEIVED

DEC 26 2017

PLANNING &
DESIGN SERVICES

17 CUP 1080

Reporting Requirements

- 1) The staff members are required to promptly report suspected cases of child abuse and neglect to the local child protective services unit and mandated to cooperate with the unit during any investigation. This includes allegations of staff on child and child on child abuse of any resident in our care.
- 2) Staff is also to follow incident reporting procedures to notify the **Child Protection Hot Line at 1-877-KYSAFE1 or 1-877-597-2331** and complete an abuse report sheet in from the admission packet. The staff must also notify the Executive Director, primary Case worker and child placing agency of the alleged abuse of the child immediately (within 2 hours) of seeing or hearing about an incident.
- 3) the Executive Director is also responsible for submitting all reports of alleged child abuse and sexual exploitation of residents immediately to the Child Care Licensing Section of the department.
- 4) If recommended by child protective services, **staff members accused of verbal or physical abuse, or neglect**, shall be suspended until investigation is over. The accused staff member is not to be left alone with the child again until the investigation is over and the allegations are unfounded. If the allegations are founded, disciplinary action shall be taken up to termination.
- 5) **Staff members accused of sexual abuse** will be suspended immediately pending investigation. If the allegations are founded, the staff member shall be terminated and the proper authorities notified.
- 6) All staff shall ensure when a case of suspected child abuse or neglect is reported to child protective services, they shall document the following:
 - a) The date and time the suspected abuse or neglect occurred;
 - b) A description of the suspected abuse or neglect;
 - c) Action taken as a result of the suspected abuse or neglect;
 - d) The name of the person who made the report to child protective services; and
 - e) The name of the person to whom the report was made at the local child protective services unit or the department's toll free child abuse and neglect hotline.

The reporting staff member shall fill out an Abuse Report Sheet from the admission packet and keep a copy in the resident's file documenting that a report was made. the Executive Director shall oversee the entire reporting process and ensure that all proper notifications are made and that all staff is cooperating with the investigation.

RECEIVED

DEC 28 2017

PLANNING &
DESIGN SERVICES

17 CUP 1080

Child Abuse Reports-Notifications

Follow incident reporting procedures to make the appropriate notifications. The Cabinet must be notified within 24 hours.

RECEIVED
DEC 28 2017
PLANNING &
DESIGN SERVICES

GENERAL REQUIREMENTS
Fundraising

POLICY: Our agency shall never use a child in our care personally for promotional and fundraising purposes.

PROCEDURES:

1. A child shall not be exploited for promotional purposes, or in a manner that shall cause the child or family to suffer discomfort or embarrassment.
2. If a picture, slide, recording, or other private, personal effect of a child is used in any public format, written permission shall be obtained from:
 - a. A parent or guardian; or
 - b. An authorized:
 - i. Representative of the cabinet;
 - ii. Representative of the Department of Juvenile Justice; or
 - iii. Legal representative.

RECEIVED
DEC 20 2017
TRAINING &
DESIGN SERVICES

GENERAL REQUIREMENTS
Community Interaction

POLICY: The youth will remain visible in the community through attending public school, church, community events and mandatory participation in at least one after school or community activity or organization. Youth participating in sports activities must be physically cleared by the designated primary care physician.

PROCEDURES:

The CEO/Program Supervisor will create an activity calendar to document dates and times of monthly activities.

For cultural enrichment, our CEO/Program Supervisor will ensure that our youth attend local cultural events in our community, such as festivals that celebrate and give exposure to different cultural foods and practices.

From time to time we take pictures of our recreational activities, field trips, and special events, therefore we ask the legal guardian and youth to sign a written consent and release form for any photos taken while at our facility during the admission process. These photos may be used for marketing our program to promote donations and fundraisers from the community in order to take the youth on more trips, and provide more programs and services. All photos and public appearances by the children, for publicity or fund raising purposes, are voluntary and the written consent of the child's parents or guardian will remain on file, but may be revoked in writing at any time.

RECEIVED

DEC 26 2017

PLANNING &
DESIGN SERVICES

GENERAL REQUIREMENTS

Normalcy Policy

POLICY: Our youth will be provided with weekly indoor and outdoor recreational activities and opportunities to gain employment to live as normal a life as possible while in residential care.

We believe that children should be allowed and encouraged to engage in appropriate social and extracurricular activities to promote the child's social development and maturity.

Participants must develop a written plan, of specific goals and objectives that promotes the child's participation in activities similar to those of non-foster care children. These opportunities shall not be withheld as a form of discipline.

PROCEDURES:

A Future in H.O.P.E.: Youth Services inc. is a firm believer in our normalcy policy. Therefore, we have a written normalcy plan that is created with the child at the same time of Treatment Planning. The normalcy plan addresses "age appropriate" chores, curfews, and unsupervised after school activities, dating, overnight stays, etc. This plan is used by many lead Community Based Care agencies to adhere to the State of Kentucky's normalcy policy to allow the children in foster care to live as normal a life as possible while in group care. direct care staffs are normally afraid of the liability of allowing a child to participate in unsupervised recreational activities that are very normal in a regular household. A Future in H.O.P.E.: Youth Services inc. direct care staffs will practice prudent parenting such as meeting new friends the residents make at school and church and getting the contact information of the parents or coaches for unsupervised recreation activities. With these measures in place and using sound judgement, we can give our "responsible" teens more freedom to be a normal child and participate in normal age- appropriate activities based on their Treatment Plan, maturity and behavior at home and at school. **This plan must be signed by the child, case worker, and Director. (See Appendix G for this form)**

RECEIVED

DEC 26 2017

PLANNING &
DESIGN SERVICES

RECEIVED

DEC 26 2017

TRAINING &
DESIGN SERVICES

**GENERAL REQUIREMENTS
Recreation, Leisure Activities Chores
& Work Experience**

POLICY: Our youth will be provided with weekly indoor recreational activities and opportunities to gain employment.

PROCEDURES:

- 1) The CEO/Program Supervisor will create and maintain a monthly activity calendar created by direct care and the youth. The youth will have group activities weekly. These activities will include inside and outside recreation.
- 2) Every other weekend will be outside activities such as bowling, movies, and fishing; and every alternate weekend will be inside activities such as movie and game night, etc. For all outdoor activities, the staff on duty is responsible for transporting the youth to these activities and safeguarding the health and safety of the youth during each activity; The staff-to-child ratios must always be in compliance for these activities.
- 3) Water sports and water parks must first be approved by the Executive Director. The calendar shall be placed in the activities file at the end of the month and available for inspection by the Department.
- 4) Any outside toys or equipment used will be sturdy, clean, of safe construction, and non-toxic.
- 5) We will also take youth to theme parks, stage plays, and special events in the community. All outdoor activities will be supervised by on duty staff.
- 6) the Executive Director shall ensure that all staff shall have water safety training annually.
- 7) Adult supervision is required for all water activities.
- 8) After 45 days at our facility, youth ages 16 and 17 years old maybe permitted go to the mall or movies or other approved, unsupervised activities within reason, with approved friends from school or church if they have demonstrated maturity and capability of being responsible by displaying model behavior in school and in the home; This must be approved by treatment team and reflected in the treatment plan before implemented.

37 CUP 1080

- 9) Youth are allowed to participate in afterschool activities, clubs, sports that are properly supervised by school staff.

RECEIVED

DEC 26 2017
TRAINING &
DESIGN SERVICES

RECEIVED

DEC 28 2017

TRAINING &
DESIGN SERVICES

Chores & Work
Experience

- 1) All youth, 16 years of age and older are encouraged to get a part time job to learn responsibility.
- 2) All youth will be assigned chores that rotate on a weekly basis as a part of life skills lessons. They will be responsible for cleaning their bedrooms and one weekly chore assignment per week.
- 3) Children's participation in work activities, within the facility, shall not be used as a substitute for the duties or assignments of staff members.
- 4) Assigned work activities shall be appropriate to the age and ability of the children in care and shall not conflict with schooling, visitations or other activities associated in meeting the goals of the Treatment Plan.
- 5) The youth normalcy plan will reflect their chores and will be on file and available for review. The youth Treatment Plan will reflect any part-time job they may get in the community.
- 6) An assigned chore or work assignment shall not place the child in physical danger.
- 7) A chore assignments shall be posted in the recreation room and kitchen.
- 8) A child may be given a job in compliance with child labor laws for which he receives payment that shall be clearly differentiated from a chore expected of him to be completed in relation to the routine of daily living.
- 9) A work assignment outside of a daily routine chore shall not be used as a form of punishment.
- 10) An additional chore assignment beyond what is regularly assigned to a child may be:
 1. Performed as restitution for intentional property damage made by the child;
 2. Given to a child for violation of the facility's rule upon mutual agreement between the child and supervisory staff without the child being coerced to enter into an agreement.
- 10) A child shall be given a rest period of at least ten (10) minutes during each hour worked.

17. CUP 1080

**RECREATION, LEISURE ACTIVITIES &
WORK EXPERIENCE**

Daily House Schedule

Below is our daily plan and activity schedule for A Future in H.O.P.E.: Youth Services inc. The Executive Director and/or the CEO/Program Supervisor both reserves the right to adjust the schedule according to the needs of the youth and program and will work with one another to ensure that the schedule fits in with the needs of each resident.

Monday-Friday

5:15am: Wake up for school (high school youth) 5:45am:

Breakfast

6:20am: Off to school 6:40am: Bus

pickup

7:00am: Wake up for school (middle school youth) 7:45am:

Breakfast

8:15am: Off to school

3:30pm-4:30pm: Homework (high school)/Tutoring

4:30pm-5:30pm: Homework (middle school)/Tutoring/Life

Skills/counseling 5:45pm-6:45pm: Dinner and Cleanup

6:45pm-7:45pm: Free time 9:00pm-5:00am: Bedtime

RECEIVED

DEC 26 2017

**TRAINING &
DESIGN SERVICES**

Saturday

9:00am-9:30am:

Breakfast 9:30am-

11:00am: Clean up

11:00am-4:00pm: Laundry/Free day

4:00pm-5:00pm: Voluntary Recreational Activity (outdoor/indoor sport)/free time

7:00pm-9:00pm: Leisure Activity (movie night, bowling, etc) including dinner/Free

time 10:00pm

Bedtime

Sunday

9:00am Breakfast

9:30am Clean up

10:00am Church

1:00pm Free Day

6:30PM Dinner

9:00pm Bedtime

RECEIVED

DEC 28 2017

PLANNING &
DESIGN SERVICES

GENERAL REQUIREMENTS
Clothing & Personal Possessions

POLICY: Our residents will be provided with appropriate, clean, attractive, and in-season clothing and the opportunity to earn allowance.

Clothing

During intake, the intake staff must have the child complete the inventory of belongings form within the admission packet. If the child does not come with enough clothes to last at least two weeks, the intake staff must request that the case worker put in a request for a clothing voucher for the child with the child placing agency. . If they do come with clothing, intake staff shall assess youth clothing for wear and tear and appropriateness.

After 45 days, A Future in H.O.P.E.: Youth Services inc. will provide the child with a \$200 clothing voucher to purchase clothing and shoes. Our facility will provide a \$45 monthly clothing voucher for each child thereafter in order to build the youth's wardrobe (pending funds are available).

All youth will go with direct care staffs when it's time to shop for clothing and will be able to pick out their clothes within reason. Staff shall supervise selection of clothing for appropriateness ensuring no graphic pictures or profane language are on the clothing. Our agency will ensure that our kids clothes are clean, appropriate, fashionable, well-fitting, and in-season.

Each child must sign each receipt on the front and the staff that transported the child to go shopping will sign the back of the receipt. The CEO/Program Supervisor is responsible to review all purchases made with the clothing allowance.

The direct care staffs shall ensure that our children will be well groomed at all times with hair grooming and attractive and seasonal shoes and clothes.

the Executive Director shall also monitor youth apparel.

Personal Hygiene items

All youth will be provided a hygiene packet upon admission. This packet shall include but are not limited to: a toothbrush, toothpaste, deodorant, hair brush, comb, wash cloth and towel. Soap will be kept in the bathrooms.

In the locked storage closet, available upon request, will be items such as lotion, mouth wash, and hair care products, Nair shaving cream, etc.

37 CUP 1080

Youth may use allowance to purchase any specialty hair care products or grooming products to keep in their personal belongings.

RECEIVED

DEC 28 2017

PLANNING &
DESIGN SERVICES

RECEIVED

DEC 26 2017

TRAINING &
DESIGN SERVICES

GENERAL REQUIREMENTS
Clothing & Personal Possessions

Personal Possessions

Youth are allowed to bring personal belongings and clothing to program. They will be given a chest of drawers and closet space to keep their belongings. Youth are allowed to decorate their bedrooms with their personal items as long as the items are not offensive, graphic, or contains nudity, profanity, or anything deemed inappropriate by staff.

The group home is not responsible for lost or stolen property. Each youth is responsible for their belongings.

Upon discharge, staff shall ensure that youth are discharged with all personal belongings and medications. All youth will be given an Inventory of Belongings Sheet form (See Appendix H) upon entrance and exit to the program to track their belongings and ensure they are leaving with everything that belongs to them. This sheet is found in the Admission Packet and must be completed and signed by youth. A copy shall be placed in the file and the original goes with the youth.

If the youth runs away, the direct care staff on duty is in charge of packing the youth's belongings and placing them in a place inaccessible to other youth. The direct care staffs will call the case manager to see when someone will come to pick up belongings.

Child's Money

Each youth will be able to earn \$50 allowance per month for the completion of their chores and good behavior. An allowance log will be maintained and kept in a file for annual audits. The information included on the log will be the date, child's printed name, child's signature, and amount received for allowance. Each child must sign their own name. Youth will be allowed to keep their money with their personal belongings as long as it does not exceed \$50. A minimum of \$12 must be given to the child every month.

All youth will be required to open a bank account as a part of the life skills program when they turn 16 or gain employment, whichever comes first.

If a child receives additional monies from family member that exceeds \$50 per month, that youth will be required to open a bank account also to practice money management. Our facility does not keep any money for our youth.

RECEIVED

DEC 28 2017

PLANNING &
DESIGN SERVICES

DISCIPLINE

POLICY: A Future in H.O.P.E.: Youth Services inc. corrective action plans shall be humane, instructive and shall be administered with fairness, consistency and respect and regardless of the child's race, sex, religion or cultural heritage.

PROCEDURES:

A Future in H.O.P.E.: Youth Services inc. discipline policy is centered on the simple rewards and consequences system, and constant encouragement to take responsibility for individual behavior. When residents follow the rules of the home and receive good reports from school, the administrator will reward this positive behavior. **Rewards** may include but not be limited to, verbal praise, extra time for an activity or outing, additional privileges such as time to go to the mall with friends unsupervised, depending on age and maturity level, local sporting events, school football and basketball games, phone cards for pre-paid phones, small clothing allowance, additional recreation time, formal praise and acknowledgement in house meetings, etc. When clients break or violate rules, the behavior is what is critiqued, rather than the individual. **Consequences** may include time-out, reflective writing assignments, logical consequences, redirection, restriction from certain activities within the home, community, school, etc., and/or a verbal behavioral counseling session with staff. Please see the Corrective Action Plan below for steps in behavior management.

Discipline shall be utilized as an educational tool and shall be related to the child's actions initiating the disciplinary process; and consistent with the child's ITP and in response to the child's lack of control or misbehavior.

A group of children shall not be punished due to the misbehavior of one (1) or more individual group members.

At A Future in H.O.P.E.: Youth Services inc., we believe in positive reinforcement and positive approaches to crisis intervention, therefore our preferred behavior intervention is a "no-touch" approach. Mechanical restraints will not be used. Therefore, this policy will meet the needs of all residents including youth with disabilities. All direct care staff will be provided Staff Effectiveness training on Safe and Positive Approaches for preventing and responding to crisis training.

Corrective Action Plan

A Future in H.O.P.E.: Youth Services inc. has established and follows a written corrective action plan as consequences for inappropriate behavior that will be communicated to the

17 CUP 1080

child, the child's parent, employees, and the placing agency. The CEO/Program Supervisor will be responsible for the oversight of all disciplinary actions. Staff will proceed in the following manner when dealing with a resident that is displaying negative behavior:

1. The first corrective action for discipline shall be a verbal counseling. Staff shall use positive reinforcement through letting the youth know the desired behavior they would like displayed rather than acknowledging the negative behavior. They may use previous days or times the youth demonstrated good behavior as an example or use another child as an example.
2. If child continues to display negative behavior, the child will lose privileges such as TV, phone, or recreational activities for that upcoming weekend.
3. After all other consequences have been exhausted, youth may be placed on a 30-day probationary period. A Probation Contract form (**see Appendix C**) will be filled out outlining the terms of the probation. This form must be reviewed with the youth and case worker; and signed by both. If the youth refuse to sign the document, just write "refused" on the youth's signature line.
4. After third violation of probationary contract within the 30-day period, a request to terminate placement shall be given to the agency. We shall do our best to give a 30-day request, unless that youth is displaying out of control behavior that puts the safety of self, other youth, or the program in jeopardy. When this is the case, a 14, 7, or 3-day notice will be given depending on the severity of the youth's behavior.

5. Out of Control Behavior

Staff shall implement the crisis intervention techniques learned in training for youth starting to escalate in their negative behavior. Also, as taught in the training, whatever calming strategies the youth have listed in her Crisis Intervention Plan (**See Appendix I**), the staff shall encourage the child to implement self-calming strategies such as listening to music, writing, drawing, alone time (if possible) etc. This plan of action must be consistent with the child's ITP.

In the event that verbal counseling and self-calming strategies does not de-escalate the situation, and the child becomes violent, staff shall implement the crisis intervention plan and if necessary, physical management techniques. If the child still has a hard time calming down, staff may then call 911 and notify the police that we have a resident displaying out of control behavior in which they are threatening to hurt themselves or others or destroy property. Staff shall instruct all other residents to leave the room in which the incident is taking place. Staff shall write an incident report and follow all reporting

RECEIVED

DEC 28 2017

DESIGN SERVICES

17. OUP 1080

procedures in this manual.

Staff Behavior

Staff shall model and exhibit self-control when youth are exhibiting out of control behavior. Staff shall be an example at all times. They shall not scream or use profane language at our youth. A copy of the discipline policy will be provided to the youth and parents/legal guardians in the orientation brochure.

RECEIVED

DEC 28 2017

PLANNING &
DESIGN SERVICES

Prohibitions

1. A Future in H.O.P.E.: Youth Services inc. shall not use chemical or mechanical restraints, humiliation, verbal or emotional abuse, denial of basic rights, seclusion, or excessive exercise or work requirements as a means of discipline.
2. Staff shall never use physical punishment as a means of discipline.
3. Staff shall never ridicule, intimidate, or verbally abuse children. Staff shall never use profane language at or around children.
4. Staff shall never use cruel and humiliating treatment or other emotionally abusive behavior.
5. Staff shall never assign excessive exercise or work duties which are inappropriate to the child's age or development.
6. Staff shall never deny food, clothing shelter, medical care, or prescribed therapeutic activities, or contact with family, counselors, or legal representative as a form of punishment.
7. The following practices shall not be allowed:
 1. Cursing;
 2. Screaming;
 3. Name calling;
 4. Threatening of physical harm;
 5. Intimidation;
 6. Humiliation;
 7. Denial of food or sleep;
 8. Corporal physical discipline, except in accordance with KRS 199.640(6);
 9. Hitting;
 10. Unnecessarily rough handling;
 11. Other physical punishment; or
 12. Denial of visitation with family or custody holder as punishment.
- 8) Children disciplining other children
- 9) Handcuffs, weapons, mechanical restraints, chemical restraints, or other restraint devices shall not be used.

RECEIVED
DEC 28 2017
FLANNERY &
DESIGN SERVICES

17 CUP 1080

Time-out

Our facility does not have a locked time-out room. However, a resident may choose to take a time-out to cool off and de-escalate the situation. A child who removes himself from the group and go to their room or somewhere else in the home to be alone, the child must still be in sight or hearing of staff; and checked by staff at least every five (5) minutes until it is determined the child is ready to continue normal activity.

RECEIVED

DEC 26 2017

**PLANNING &
DESIGN SERVICES**

RECEIVED

DEC 20 2017

TRAINING &
DESIGN SERVICES

PHYSICAL MANAGEMENT AND CRISIS INTERVENTION

Crisis Intervention

POLICY: Each direct care staff will be trained by a Devereux certified trainer on Safe and Positive Approaches for preventing and responding to crisis prior to working with residents.

PROCEDURES:

Crisis Prevention

Each youth will have a crisis intervention plan as a part of their service plan that they help to create. The youth will tell the staff what helps them to calm down on this plan and it will be implemented by staff to de-escalate any potential crisis situation. For instance, if going for a walk, listening to music, or writing helps a youth calm down, the staff will ask the youth do they want to use this technique to help them to calm down and avoid any further escalation. The staff will notate in progress notes if the child was willing to use the crisis plan, did it work and how long it took for youth to calm down. This will help to determine if the crisis plan need to be adjusted. All incident reports and progress notes on crisis plan implementation need to be shared with the youth's counselor.

Informal Crisis Intervention Plans (**see Appendix I**) may also be used with the resident and staff during treatment planning for residents with a history of behavior issues in prior placements so that the resident can list their calming strategies in advance to assist the staff learning how to best approach them when they are upset and to create coping and self-calming strategies when situations arise.

Crisis Intervention

No mechanical restraints shall be used in our program. For emergency behavior intervention, all staff will be trained in non-physical techniques and as a last resort, physical management techniques as well.

Staff Training on Behavior Intervention

During new employee orientation, all administrative and direct care staff will be trained in a nationally recognized behavior management training program called "Safe & Positive Approaches for Preventing and Responding to Crisis". This curriculum was designed by Devereux Institute of Clinical & Professional Training and Research, Direct Care Training Resources department, and all new direct care employees will be trained by a Devereux certified trainer. Below are the 6 objectives within the curriculum:

1. Staff Effectiveness Training
2. Behavior Management
3. Analysis of Staff Behavior

77 CUP 1080

4. Behavioral Guidelines for Positive Interaction
5. Safe and Positive Approaches for preventing and responding to crisis
6. De-escalation techniques without touch

There will be a competency test at the end of training and each staff must pass with an 80% prior to working with residents. The trainer will issue a certificate of completion to each employee when the test is passed and the certificate will be placed in the employee's file for state audit reviews. A copy of the trainer's certification will also be placed in employee's file.

RECEIVED

DEC 26 2017

TRAINING &
DESIGN SERVICES

17 CUP 1080

PHYSICAL MANAGEMENT AND CRISIS INTERVENTION

Physical Management

POLICY: Our staff will be trained in Safe Crisis Management through the state approved program, JKM. However, our policy is that **physical behavior intervention techniques will only be used as a last resort.**

PROCEDURES:

A. Physical management shall be used in an emergency or a crisis situation only:

1. After attempts to deescalate the situation have been made;
2. By trained staff; and
3. To prevent:
 - i. A child from injury to self or others; or
 - ii. Serious property damage or disruption of the child caring facility's program.

B. Physical management shall not be used as:

1. Punishment;
2. Discipline; or
3. For the convenience of staff.

C. Physical management shall be discontinued if a child displays adverse side effects including:

1. Illness;
2. Severe emotional or physical stress; or
3. Physical damage.

Documentation

All physical management must be documented on a Physical Management Use Incident Report form (**see Appendix J**). Staff must follow all incident reporting procedures to make appropriate notifications of incident.

Monitoring

the Executive Director will be in charge monitoring the behavior intervention techniques and curriculum and ensuring staff receive training by certified trainers. the Executive Director will be in charge of monitoring, implementing, supervising, behavior

RECEIVED

DEC 28 2017

PLANNING &
DESIGN SERVICES

17 CUP 1080

interventions by reviewing incident reports and supervising the day to day activities of the program.

The Executive Director will use the quarterly review of incident reports to create and implement Annual Program Improvement Plans to improve the curriculum and program.

RECEIVED
DEC 28 2017
PLANNING &
DESIGN SERVICES

Communication

A copy of these Disciplinary procedures shall be placed in the A Future in H.O.P.E.: Youth Services inc. Orientation Booklet and explained to each child according to their age and functioning level and shall be made available to the resident and persons or agencies who desire to place children in the facility.

RECEIVED

DEC 28 2017

PLANNING &
DESIGN SERVICES

RECEIVED

GENERAL REQUIREMENTS
Record Keeping and Log Books
(All records will be kept for five (5) years)

DEC 28 2017
PLANNING &
DESIGN SERVICES

POLICY: A Future in H.O.P.E.: Youth Services inc. will maintain records for youth, personnel, and administrative files in the office, in locked file cabinets.

PROCEDURES:

Below is a list of log books, files, and their purpose:

1. Admissions and Discharge Book (PERMANENT REGISTER) - Every child admitted into the program shall be entered in this log book after the admissions process is complete. Log information includes for each youth: name of child, date of birth, race, admission date, discharge date, discharge reason, address, and custody status. This data will be gathered from the child resource file and intake packet.
2. Medication Administration Book- All youth admitted into program with prescription medication shall be entered into this book. The log information includes the child's name, name of each medication, use of medication, method of use (oral, topical, etc.), dosage amounts and times, doctor's name and reason for medication, and quantity at the time of admission.
3. Visitor Log Book- All of the youth's visitors including case workers, counselors, and relatives, must sign in and out of the visitor log book. Log information will include the date, person's name, person's relationship to the child, and time in/out information.
4. Transportation Log Book- This log book will be kept in the group home's vehicle. This will be used to document transports of the youth in care. Log information will include the date of each transport, destination, youth transported, and time of departure/return.
5. Health and Fire Safety Book- This file will contain the procedures and evacuation plan in case of a fire. File documentation will include annual fire inspections, monthly fire drills, and a copy of any incident reports relating to fire safety or hazards.
6. Child resource book- This book will come with the child at the time of admission. This book is also known as a life book. It should include all records for the child gathered by the lead based agency and past placements. It should contain all school, medical, psychological, psychiatric, and dental records. It should also include family history by means of comprehensive assessments, and all court orders pertaining to the child. We are to make copies from it only, and never take the originals. We are to add copies of important documents and medical records to the file. When the

27 CUP 1080

child is discharged, this resource book follows the child.

RECEIVED

DEC 26 2017

PLANNING &
DESIGN SERVICES

17 GUP 108 n

CHILD CARING PROGRAM SERVICES
Admissions and intake

RECEIVED
DEC 28 2017
PLANNING &
DESIGN SERVICES

A. Admission Criteria

We review applications for teen males in the foster care system from any lead based agency from the Louisville Kentucky (Jefferson County) and surrounding areas. Our target population will be 15-17-year-old males, in need of trauma informed care and trauma focused counseling. They may be diagnosed with Emotional and/or behavioral disorders such as ADHD, Separation Anxiety Disorder, Generalized Anxiety, Depression, Conduct Disorder, or Oppositional Defiant Disorder. We are willing to consider other behavioral/mental problems depending on the community need.

They may have a history of physical and sexual abuse, behavior issues, delinquency, and /or elopement and a Treatment Plan goal of independent living/and or adoption. The pre-screening process will be used to ensure that our program is capable of meeting the needs of the child referred.

B. Exclusion criteria

Referrals for services can be rejected for the following reasons:

1. The program is at max capacity of 5 residents or sufficient staff is lacked to maintain ratio formulas;
2. The referred client exhibits behavior that puts clients and direct care staff at risk; such as history of suicide or homicide attempts within the past year.
3. Youth with a diagnosis of mental retardation, epilepsy, or similar diagnosis. (referrals with other diagnosis will be reviewed on a case by case basis)
4. Any medically fragile youth that our facility is not equipped to service, such as youth who need nurse care or medical equipment that is not temporary.
5. Youth in need of a residential treatment program services; such as sex offenders who has been charged of abusing other children in or out of foster care.

(a) A child with a history of aggressive behavior or sexual acting out (more than 24 months old) shall be assessed by the treatment team for admission to ensure the safety of the child and other children in the facility, including sleeping arrangements, with the appropriate safety measures included in the child's ITP.

(b) If the child has had allegations of aggressive behavior toward staff or other residents in previous placements within the past 12 months, that referral will not be accepted, in order to ensure safety of our other staff and residents.

(c) If the child has had allegations of sexual acting out within the past 24 months and HAS NOT successfully completed a sexual offender treatment program, that referral shall not be accepted in order to ensure safety of our other residents.

RECEIVED

DEC 28 2017

PLANNING &
DESIGN SERVICES

C. Pre-screening

Each referral will be pre-screened by the CEO/Program Supervisor or Executive Director. The pre-screening process will be used to ensure that our program is capable of meeting the needs of the child referred. This pre-screening shall take place in person or by telephone. The CEO/Program Supervisor shall review each referral form with the CEO/Program Supervisor. The CEO/Program Supervisor or Assistant **shall request** the most recent psychological, psychiatric, psycho-social, and medical reports of the child to make an informed decision. Children shall be accepted only by written placement agreement with legal guardians or by court order referred by a Child Placing Agency. Acceptance of a referral shall be based on the assessment that the child's need is one that our services is designed to address and the child's needs cannot be met in a less restrictive setting.

Safety in Placement of Aggressive of Sexual Residents

A child with a distant history of aggressive behavior or sexual acting out shall be assessed by the treatment team to ensure the safety of the child and other children in the facility, including sleeping arrangements, with the appropriate safety measures included in the child's ITP.

- 1) If the child has had allegations of aggressive behavior toward staff or other residents in previous placements within the past 24 months, that referral will not be accepted, in order to ensure safety of our other staff and residents.**
- 2) If the child has had allegations of sexual acting out within the past 12 months and HAS NOT successfully completed a sexual offender treatment program, that referral shall not be accepted in order to ensure safety of our other residents.**

If the child is admitted and agrees to come to our home, the Executive Director or CEO/Program Supervisor will remind the case worker to bring the child resource file and to make sure it includes the commitment order or signed voluntary admission form, last report card, birth certificate, copy of social security card, immunization record, behavioral assessment, psychological evaluation, or psychosocial history and needs assessment that includes medical, educational, developmental, and family history (or something similar with mental health history) from within the past 12 months, and authorization forms to allow our staff to enroll the youth in school and take them to the doctor. These are mandatory documents that must be received PRIOR to admittance. The intake staff must also ask the case worker to plan to be there for at least 20-30 minutes to complete the admission packet for the youth or we can email it and they can fill it out and bring it with them when they bring the child.

RECEIVED

DEC 26 2017

PLANNING &
DESIGN SERVICES

17 CUP 1080

D. Admissions Process

Director and CEO/Program Supervisor are responsible for new admissions. direct care staffs process new intakes after hours and on weekends only. During the admission process, each child and case worker will be given a brochure of the program and a tour of the house. Staff shall go over the brochure with the child and custodian. The brochure includes resident's rights, rules and consequences, grievance procedures (intake forms), services provided, discipline procedures and behavior intervention, and the day to day activities of the program with the child. The staff will have the case worker sign all consent forms within the Admissions packet (**Appendix M**) where "legal guardian signature" is required including the written consent form for permission to photograph, video, and audio tape; consent for emergency and routine medical care and Release of case record information. The staff shall then complete the remainder of the intake packet, have the youth sign the cooperative placement agreement, and create a case folder for the child.

E. Documentation required

A Document Request form (**see Appendix N**) shall be faxed or emailed to the case manager for all documents that was not brought at the time of admission. These documents must be submitted within 72 hours of intake. The intake staff must document efforts to obtain the remaining documents on a Progress Note form. If the information is not received within 72 hours, our CEO/Program Supervisor must document all efforts to obtain the information on a Progress Note form (**See Appendix O**) on a weekly basis until received. For behavioral assessments or mental health evaluations, if the case workers do not have this documentation because the child just entered the foster care system, the CEO/Program Supervisor is responsible for coordinating with the case worker to make the child an appointment within 48 hours for the child to receive the assessment. **Below is a list of documents the intake staff shall request if it was not brought in the child resource file:**

- a. Request a child behavioral assessment or social history of the youth that must be dated within the past 12 months (if it was not brought by case worker).
- b. Shelter/commitment order placing child in state custody
- c. School records from last school (last report card)
- d. Safety Plan (if applicable)
- e. Department of Juvenile Justice criminal record (if on probation or recently released from Juvenile Detention).
- f. Request, prior to admission or within 2 weeks following admission, a complete physical.
- g. Shall request prior medical records from the case worker including the last physical;
- h. Shall request copy of Medicaid card and birth certificate from the case worker.

RECEIVED

DEC 28 2017

PLANNING &
DESIGN SERVICES

17 CUP 1080

In order to be admitted, the case worker **MUST** fill out our admission packet consent forms, and **MUST** at least bring the child's shelter order and authorization forms allowing us to enroll the child in school and take them to the doctor. No staff may admit any new resident without the minimum forms. Intake staff is responsible for informing the case worker of this **PRIOR** to the child being transported to our home.

RECEIVED
DEC 28 2017
PLANNING &
DESIGN SERVICES

CHILD CARING PROGRAM SERVICES
Admissions and intake

Once the admission paperwork is completed, the intake staff will instruct the direct care staff to:

- a. Show the youth to their room; the rooms are assigned based on youth's history, Treatment Plan, and safety plan (if applicable).
- b. Introduce the youth to the other youths in the home.
- c. Take inventory of youth's belongings on the inventory sheet.
- d. Wash all of youth's clothing if needed.
- e. Within 24 hours make youth a doctor's appointment to get a physical exam if they have not had one within the last 30 days.

F. Written placement agreement

The written placement agreement is located inside the admission packet. The intake staff shall ensure that the placement agreement is read, signed, and dated by both self (intake staff), youth and parent or legal guardian at intake.

Staff shall read the agreement to the youth to ensure that they comprehend the expectations for them and the expectations they should have for our program. **Our placement agreements are utilized for the following:**

- 1) Authorizes the resident's placement;
- 2) Addresses acquisition of and consent for any medical treatment needed by the resident;
- 3) Addresses the rights and responsibilities of each party involved;
- 4) Addresses financial responsibility for the placement;
- 5) Addresses visitation with the resident; and
- 6) Addresses the education plan for the resident and the responsibilities of all parties.
- 7) Notation if a copy of the court order for client was received; for any court ordered clients (if applicable)

The placement agreement shall be completed at the time of admission and cannot be signed by a transporter. It also cannot be signed at a later date.

RECEIVED

DEC 26 2017

TRAINING &
DESIGN SERVICES

17 CUP 1080

**CHILD CARING
PROGRAM
SERVICES.
Admissions and
intake**

Child Rights

Our residents will be informed of their rights during orientation. They will also receive a copy of these rights in their orientation brochure. Each child has the right to:

- (a) Be treated with courtesy and respect
- (b) Be treated with warmth and caring
- (c) Receive positive recognition
- (d) Be spoken to and treated in an age appropriate manner
- (e) Be protected from mental and physical Abuse
- (f) Have the right to call the child abuse hotline at anytime
- (g) Have the right to call their case worker at any time
- (h) Have any rights granted by law or licensing rules;
- (i) Have the right to receive appropriate care and treatment in the least restrictive setting available that can meet the child's needs;
- (j) The right to be free from discrimination on the basis of gender (if facility accepts both genders), race, religion, national origin, or sexual orientation;
- (k) The right to have physical, emotional, developmental, educational, social, and religious needs met;
- (l) The right to be free of abuse, neglect, and exploitation;
- (m) The right to be free from any harsh, cruel, unusual, unnecessary, demeaning, or humiliating punishment, which includes:
- (n) The right to be free from physical abuse including shaking the child;
- (o) Free from subjection to corporal punishment;
- (p) Free from staff threatening the child with corporal punishment;
- (q) Free from any unproductive work that serves no purpose except to demean the child, such as moving rocks from one pile to another or digging a hole and then filling it in;
- (r) Free from staff denying the child food, sleep, toileting facilities, mail, or family visits as punishment;
- (s) Free from subjecting the child to remarks that belittle or ridicule the child or the child's family; and
- (t) Free from staff threatening the child with the loss of placement or shelter as punishment;
- (u) The right to discipline that is appropriate to the child's age and developmental level;

RECEIVED
DEC 28 2017
PLANNING &
DESIGN SERVICES

(v) The right to have restrictions or disciplinary consequences that are based on positive reinforcement.

RECEIVED
DEC 28 2017
PLANNING &
DESIGN SERVICES

**CHILD
CARING
PROGRAM
SERVICES.
Admissions
and intake**

Searches

POLICY: Pat downs shall be limited to instances where they are necessary to prohibit contraband, such as drugs, alcohol, or tobacco products being brought in the home or suspected suicide attempts

(A) Staff may search a child, his possessions, or his room when you have reasonable suspicion:

- (1) Of the presence of a prohibited item or an item that endangers the child's safety;
- (2) That the child made suicidal threats or threatened to hurt himself or others;
or
- (3) That the child was involved in theft.

PROCEDURES:

- (1) Strip searches and body cavity searches are prohibited.
- (2) Pat downs shall be conducted by personnel of the same gender as the resident being searched;
- (3) Pat downs must be done in the presence of another staff member as a witness.
- (4) Pat downs shall be conducted in such a way as to protect the child's dignity.

Documentation

All searches must be documented on an Incident Report form.

RECEIVED
DEC 28 2017
FLORISSA
DESIGN SERVICES

**CHILD CARING PROGRAM SERVICES.
Admissions and intake**

RECEIVED
DEC 26 2017
PLANNING &
DESIGN SERVICES

Orientation

POLICY: the Executive Director or CEO/Program Supervisor shall provide each youth and parent/legal guardian an orientation brochure (**See Appendix P**) during the admission process that includes the written policies for visitation, discipline, grievance procedures, and resident's rights.

PROCEDURES:

The following policies shall be reviewed during the orientation and admission process:

Family Visitation and Communication

Staff shall ensure that the case worker fill out the visitation page of the admission packet denoting whom the youth is allowed contact with, what type of contact, and how often. They also must denote who the youth is not allowed to have contact with. If there is any court order prohibiting contact with the child's parents or other relatives, staff shall request a copy of that court order to place in our file.

The families of our youth are welcome to come and visit them at our facility as long as they are on the visitation list. They must first call and schedule a visit with the staff to ensure the youth will be home.

The staff must double check to see if the visit is supposed to be supervised or unsupervised and if they are allowed to take the child off site.

Family is also welcome on holidays such as Christmas and Thanksgiving to enjoy the holidays with the youth, as long as there is no court order prohibiting this visitation.

Visitation and communication includes:

- a. An arrangement for visitation that is not in conflict with the ITP;
- b. Documentation of each visit in the case record; and
- c. Access to a telephone to make and receive a telephone call consistent with the child's ITP, current court orders, and the facility's child caring policy.
- d. Allowing a child to contact cabinet staff by telephone within twenty- four (24) hours of the request of the child.

CHILD CARING PROGRAM SERVICES
Child's Case Record

POLICY: All youth files will be maintained by the CEO/Program Supervisor and shall be kept confidential.

Child's Case Record

A file will be created for each youth at the time of admission and shall be stored for a period of 3 years after the youth has been discharged. Each child's file shall be maintained in a confidential and secure manner, and shall include the following documentation:

1. Identifying information on the child to include:
 - a. Name, ethnic origin and gender;
 - b. Date of birth and Social Security number;
 - c. Former residence;
 - d. Name, address, and occupation of each parent, if available;
 - e. Date of admission; and
 - f. Type of commitment;
2. Commitment order or custodian's consent form for admission;
3. Birth and immunization certificates;
4. Education;
5. Medical and dental records that may be maintained separately from the case record;
6. Assessment data or social history;
7. ITP and each review;
8. Each incident report, with a paper or electronic copy maintained in a centralized location within the licensed facility;
9. Chronological recording;
10. Correspondence with court, family, and custody holder;
11. Discharge summary; and
12. Written consent;

RECEIVED
DEC 28 2017
PLANNING &
DESIGN SERVICES

Documentation

The CEO/Program Supervisor shall provide case management services and must document the following:

1. At least weekly, progress made by the resident and his family toward meeting the treatment goal;
2. Record the aftercare service provided to the resident until the service is terminated.

RECEIVED

DEC 26 2017

PLANNING &
DESIGN SERVICES

PROCEDURES:

Upon admission, a case file will be created for each youth. File documentation will include but not be limited to: the child's intake packet, initial suicide risk assessment, Treatment Plan, visitor log, medical authorizations, all court orders, copy of THE CABINET case plan, medical information including allergies, and their cooperative placement agreement. An individual Treatment Plan, reviews and updates, reflecting the youth's adjustment to our home.

Intake staff must ensure that the child resource file contain the following information before the case worker leave the home:

- (a) Information including the name, address, sex, race, religion, birthdate, birth place
- (b) Date of admission, source of referral, and medical information
- (c) Medical history, treatment, clinical records, any psychological and psychiatric reports, educational or vocational records and social history if available.

The Executive Director will then ensure:

- (a) Youth Files shall be kept confidential.
- (b) Staff entries in youth files shall be dated and signed.
- (c) The file shall be stored for 5 years after a youth has left A Future in H.O.P.E.: Youth Services inc..

Paper and electronic records management policy

Our staff will implement the following procedures for maintenance, retention, accessibility, and security of our agency records.

1) Maintenance of Residents' Records.

the Executive Director and CEO/Program Supervisor is responsible for records management and shall ensure that A Future in H.O.P.E.: Youth Services inc. will maintain paper and electronic records for resident's files in the office.

These files will be kept in locked filed cabinets. All files will be kept confidential and protected from unauthorized access, duplication, and dissemination (distribution). All staff will follow the following guidelines when documenting and maintaining youth files:

- 1) Intake staff is initially responsible for gathering and acquiring all initial documentation from the youth's case worker or child placing agency (see below, list of file section for list of required documents).
- 2) We shall keep active resident records (last 12 months) on property where the resident is receiving services. This may include electronic records. Each youth will have an individual file.
- 3) On an on-going basis, the Executive Director must ensure that each resident's record:
 - i. Includes the resident's full name and social security number;
- 4) Includes Medical and Mental Health Alert in the front of the file documenting any known allergies including a notation of "no known allergies" when applicable;
- 5) Progress Notes that includes the date of each data entry and the name of the employee who makes the data entry;
- 6) Is kept accurate and current;
- 7) Management will ensure all files are kept in locked file cabinet in the office or storage area, inaccessible to residents or visitors.
- 8) All documentation must be in the record:
 - a) No later than 10 days after the occurrence or event;
 - b) Within 10 days from the end of the month for monthly summaries; or
- 9) Unless you are releasing the file to the parents, to The Department (any state licensing representative), or as required by law, you may not release any portion of a resident's record to any agency, organization, or individual without the written consent of the person legally authorized to consent to the release.
- 10) Staff shall not duplicate any portion of the youth's file for the purpose of dissemination to any unauthorized person.

RECEIVED
DEC 28 2017
TRAINING &
DESIGN SERVICES

2) Record Retention

the Executive Director and all staff will adhere to the following guidelines in maintaining resident files:

Maintain a resident's complete record from admittance to discharge for three (3) years from the date of discharge, or until the resolution of any investigation involving the resident, whichever is longer.

Documentation policy

the Executive Director and direct care staff will use the progress notes form to document resident files. Progress notes shall be completed on a weekly basis.

RECEIVED

DEC 28 2017

PLANNING &
DESIGN SERVICES

3) Accessibility/Confidentiality

The CEO/Program Supervisor is responsible to ensure that all records shall be maintained in an accessible, standardized order and format and shall be retained and disposed of in accordance with state laws. Our records (paper and flash drives) are kept confidential and in a locked, metal file cabinet. Our records are only accessible to staff and only used according to state law.

Review of records

a. Youth Review of records

Clients are allowed to request to view their files, but staff shall always check with the child's case worker to see if there is any information in the file that would be detrimental for the child to see such as history or statements of other family members.

b. Agency review process for records

Resident records are reviewed monthly by the Executive Director or designee for completeness, accuracy, and timeliness of progress notes and missing documents.

Additional guidelines

The CEO/Program Supervisor shall ensure the following:

- a. Our staff shall not disclose information concerning a child or his family to a person not directly involved in the case, without the written consent of the custodian of the child;
- b. Forward, within twenty-four (24) hours, a request made by an individual or an agency to review the case record of a committed child, to the:
 1. Commissioner, Department for Community Based Services, if the child is committed to the cabinet; or
 2. Other legal custodian, if the child is not committed to the cabinet;
- c. With the exception of a sealed adoptive record, release identifying or personal information including a Social Security card, birth certificate, or driver's license to the child at discharge;
- d. After the discharge of a child the CEO/Program Supervisor shall:
 1. Maintain the case record at A Future in H.O.P.E.: Youth Services inc. for at least three (3) years; and
 2. After three (3) years, A A Future in H.O.P.E.: Youth Services inc. may archive the case record and have it transferred to one (1) of the cabinet's

RECEIVED
DEC 28 2017
DESIGN SERVICES

37 CUP 1080

designated record centers; or

3. Maintain the case record permanently at A Future in H.O.P.E.: Youth Services inc.;

e. All records maintained by A A Future in H.O.P.E.: Youth Services inc. shall be made available to the cabinet or designee upon request.

RECEIVED

DEC 26 2017

PLANNING &
DESIGN SERVICES

RECEIVED

DEC 26 2017

PLANNING &
DESIGN SERVICES

4) *Security Measures*

Administrative and resident files older than 5 years will be preserved electronically on flash drives and CD's. The following procedures will be used to protect our electronic files from unauthorized access, loss, and alterations. All electronic records will have the following:

1. routine back up of data every 30 days
2. Anti-virus and spyware protection systems on all computers to prevent unauthorized access from hackers
3. All computers will have a security login and password for employees
4. All employees including management will sign a confidentiality statement during training.
5. Employees must log off their computer whenever leaving their desk and at the end of their shift to ensure security and confidentiality.
6. All flash drives and CD's will be in a locked metal, fire and flood proof file cabinet, accessible to management staff only.
7. Instructions for what must be in the external paper file and what can be in the electronic file.
8. the Executive Director and managers must limit access to the electronic files to:
 - a. Others outside of the organization such as the State Licensing Department or Child Placing Agencies when required by law.
 - b. If A Future in H.O.P.E.: Youth Services inc. ceases to exist, A Future in H.O.P.E.: Youth Services inc. shall use a professional shredding company to shred our company records.

For paper records, staff shall under no circumstances leave file folders lying around on a desk or in a room that cannot be locked. Staff MUST return all files to file cabinet if the office is not located in a room with a door that can be locked behind them to prevent unauthorized access.

In cases of emergency, staff may leave the file on the desk, ONLY if the office is located in a room with a locked door, inaccessible to unauthorized persons. As soon as emergency situation has cleared, the staff person must properly re-file the child's record.

All entries (including progress notes) in a youth's file shall be current, dated, and signed by the staff person making the entry. Errors shall be corrected by striking through and initialing. Progress Notes may be typed but need to be printed out for a handwritten

27. CUP 1080

signature and filed.

If our facility ceases to operate, the CEO/Program Supervisor shall transfer the case files to the Cabinet for Health and Family Services.

The cabinet shall maintain a file on each record transferred to one (1) of its record centers. The file shall include the following information:

- (a) The child's name, case number, date of birth; and
- (b) Date the case record was sent to the cabinet.

RECEIVED
DEC 28 2017
FURNITURE &
DESIGN SERVICES

COMPREHENSIVE ASSESSMENT & TREATMENT PLAN

POLICY: Treatment Plans are developed to encourage the highest possible level of independence in social-behavioral areas and daily living activities. This plan addresses needed mental health evaluation and treatment, educational goals, social skills, and life skills to be learned by the youth as required by law.

PROCEDURES:

Case Work Planning

Our CEO/Program Supervisor will collaborate with the child, case worker, counselor, and other service providers to create the opportunity for our youth to achieve the highest level of independence possible. The following is a summary of our Treatment Planning services:

- ✓ All youth will set goals for themselves as a part of their Treatment Plan.
- ✓ They must identify their dreams and goals and the treatment team will help them to create a plan and timeline to reach them.
- ✓ Treatment Plans will be modified as required by the child's needs, interests, and circumstances.
- ✓ **the Executive Director/Case manager will coordinate weekly treatment services** with our contracted community service providers including weekly individualized counseling and quarterly psychiatric care for medication management and monitoring.
- ✓ **the Executive Director will provide case management services** through weekly, bi-weekly, or monthly face to face contact (according to Treatment Plan) with each child to encourage the youth towards their Treatment Plan goals and assessing progression or regression of the youth's behavior and attitude toward the goals. Documentation will be provided through daily contact notes, monthly summaries, and quarterly progress reports (every 3 months). The case management services include Treatment Plan updating, service management, and service monitoring to track the child's progress or changes; progress summaries will be used to note the delivery of services specified by the Treatment Plan, the progress toward goal achievement, changes in the individual's status, and if applicable, suggested changes in goals and services delivered; and assurance that the child's needs and progress are communicated.
- ✓ Life skills training goals are developed to encourage the highest possible level of independence in social-behavioral areas and daily living activities.

RECEIVED

DEC 20 2017

PLANNING &
DESIGN SERVICES

17 CUP 1080

COMPREHENSIVE ASSESSMENT & TREATMENT PLAN

RECEIVED

DEC 28 2017

PLANNING &
DESIGN SERVICES

Assessments & Treatment plans

Therapeutic Milieu (treatment environment)

The Executive Director, CEO/CEO/Program Supervisor, and Treatment Director/Licensed Therapist shall assure maintenance of the therapeutic setting in order to foster achievement of a child's treatment goals.

The CEO/Program Supervisor and therapist is responsible to ensure the program's daily routine activity schedule is planned in the following manner in order to create an atmosphere conducive to treatment:

- (a) the Executive Director shall ensure that staff implements the program's daily routine, rules, activities, and monitor child and staff interaction.
- (b) The daily routine activity schedule (on page 64) shall be:
 1. Planned to provide a framework for daily living; and
 2. Reviewed and revised as the needs of the individual child or living group change.
- (c) The daily routine shall be posted in the recreation room, on each floor of the home, and in the administrative office.
- (d) Each program rule shall be clearly stated in language that a child can understand.
- (e) Staff shall interact with a child in a warm, supportive, constructive, and confidential manner and shall treat the child with respect.
- (f) Counseling and interviewing a child and the child's family shall be conducted in a private area.
- (g) A daily recreational activity shall be available to promote mastery of:
 1. Developmental tasks;
 2. Development of relationships; and
 3. Increase in self-esteem, in accordance with the child's ITP.
- (h) A A Future in H.O.P.E.: Youth Services inc. shall provide recreational equipment, maintained in usable and safe condition, to implement the recreational program.

Individual Treatment Plan (ITP)

Individual Treatment Plan forms will be completed for each youth. The ITP will be created by treatment team.

RECEIVED
DEC 28 2017
DESIGN SERVICES

Treatment Team

(a) At a minimum, the following individuals shall participate on a child's treatment team:

- (i) The contracted psychiatrist (if needed);
- (ii) The Licensed Therapist and/or licensed therapist;
- (iii) The CEO/Program Supervisor
- (iv) The child's case worker
- (v) Other program staff who are involved in providing services to the child and family

(b) The Licensed Therapist shall invite, as appropriate and with proper consent, family members and community-based providers of services to the child, including but not limited to school and mental health treatment staff, to participate as members of the child's treatment team.

Initial Assessment

The Admission Assessment (**See Appendix Q**) contains information concerning the child's initial service needs, obtained upon placement. Information will come from referral packets, intake information, family members, previous placements, and information forwarded by the child's case manager. If any information is unavailable for any reason, intake staff must document in the progress notes their reasonable efforts to obtain the unavailable information.

Our admission assessment will be completed within 24 hours of admission. The admission assessment and THE CABINET permanency plan will be used by the service team to complete the Individual Treatment Plan (ITP). The admission assessment will be used for this purpose to assess the child's:

- (1) Identifying information;
- (2) Presenting problem;
- (3) History (behavioral, social, emotional health) ;
- (4) Current level of functioning including strengths and weakness.
- (5) Developmental history;
- (6) Educational history;
- (7) Family history and evaluation of current family status, including legal custody status;
- (8) Home environment;
- (9) Social, emotional, and cognitive development;
- (10) Motor, language, and self-care skills development;
- (11) History, if any, of:

RECEIVED
DEC 26 2017
PLANNING &
DESIGN SERVICES

- a. Substance abuse,
 - b. Physical or sexual abuse, and
 - c. Home or community violence;
- (12) Local department of social services or Department of Juvenile Service's involvement, if any;
- (13) Mental status; and
- (14) Medical history and needs, including, if any, history of allergies, neurologic disorders, and communicable diseases.

Initial Treatment Plan (ITP).

Within 24 hours after a child is admitted, the Therapist shall use the information from the youth's Permanency Plan (developed by DFPS case worker), the intake and referral assessment, previous psychological evaluations, and current observations and reports, to develop the 7-Day Initial Treatment Plan (**Appendix R**). The Treatment Plan will address at a minimum immediate placement issues such as:

- (a) Increased placement supervision and contact with Therapist
- (b) Safety plan if needed
- (c) continuous needs related to:
 - (i) Treatment services needed
 - (ii) Health (including medication management)
 - (iii) Behavioral issues
 - (iv) Educational/Vocational
 - (v) Personal/Social
 - (vi) Family Visitation/Contact
 - (vii) Placement Adjustment
 - (viii) Scheduled Court, treatment team meetings or other case related appointments

RECEIVED
 DEC 28 2017
 PLANNING &
 DESIGN SERVICES

The Therapist will submit the 7-Day ITP to the child's case worker within 3 business days of completion.

This Initial Treatment Plan shall be:

- (a) In collaboration with:
 - (i) The child,
 - (ii) The Therapist,
 - (iii) Parent/legal guardian and, as appropriate, family and others involved in the child's care, and

- (iv) Other providers of care or treatment;
- (vi) CEO/Program Supervisor
- (vii) Case worker

(b) It will identify the:

- (i) Providers of mental health treatment,
- (ii) Providers of medical and dental care,
- (iii) Educational program, and
- (iv) Services to be provided by agency;

RECEIVED

DEC 28 2017

PLANNING &
DESIGN SERVICES

(c) That is coordinated with the child's:

- (i) Individualized educational plan (IEP), when applicable,
- (ii) ITP prepared by the providers of mental health treatment, and
- (iii) Medical care provider;

(d) That documents the following information:

- (i) Based on the physical examination, somatic care recommendations, including any medication prescribed, and precautions,
- (ii) Nutritional requirements and limitations, if any, and
- (iii) Essential medical or non-medical treatments or procedures, if any;

(e) That includes, at a minimum:

- (i) The psychiatric diagnosis, in consultation with the providers of mental health treatment,
- (ii) A description of the child's current behavior, symptoms, and level of functioning that includes the child's presenting strengths, needs, and treatment expectations and responsibilities,
- (iii) A description of the family's or significant others' strengths and needs, as they relate to the child,
- (iv) When appropriate, identification of particular behaviors that result or may be expected to result from the child's psychiatric symptoms,
- (v) Based on consultation with the providers of education and mental health treatment, short-term and long-term mental health treatment goals that are outcome-oriented and that are stated in behavioral, measurable terms,
- (vi) As needed, other goals related to family, socialization and recreation, and activities of daily living, and
- (vii) Identification of any medication prescribed for the treatment of a

mental disorder and required monitoring of same; and

- (f) That specifies treatment strategies to be provided by our agency staff, including:
 - (i) Recommended modality and frequency of interventions,
 - (ii) Target dates for goal achievement,
 - (iii) The designation of our agency staff responsible for implementing the elements of the plan, and
 - (iv) When appropriate, identification of, referral to, and collaboration with other services to support the child's treatment.

RECEIVED

DEC 28 2017

PLANNING &
DESIGN SERVICES

(g) Professional Level Service Provider responsibilities

Our Licensed Therapist will be a part of the Treatment Planning team and assumes responsibilities for PLSP duties and shall be responsible for:

- (i) Reviewing the child's diagnoses
- (ii) Reviewing the identified needs and the plan for treatment based on the child's diagnoses;
- (iii) Reviewing the techniques, strategies, and therapeutic interventions that are planned for the child to improve adaptive functioning; and
- (iv) Reviewing any medications prescribed for a child with special review of psychotropic medications; the presence or absence of medication side effects, including the effects of the medications on the child's behavior; laboratory findings; and any reason the child should not use a medication.

(3) Comprehensive assessment and treatment plan.

(a) A comprehensive emotional and behavioral assessment of each child shall be completed by the Therapist and reviewed and approved by treatment team and entered in the case record within twenty-one (21) days of admission, including the following:

1. A history of previous emotional, behavioral, and substance abuse problems and treatment;
2. The child's current emotional, behavioral, and developmental functioning, including strengths and weakness;
3. A psychiatric or psychological evaluation if recommended by the treatment team;
4. Other functional evaluation of language, self-care, social effectiveness, and visual motor functioning, if recommended by the treatment team;
5. Social assessment that includes:

RECEIVED
DEC 26 2017
PLANNING &
DESIGN SERVICES

- a. Environment and home;
 - b. Religion;
 - c. Ethnic group;
 - d. Developmental history;
 - e. Family dynamics and composition; and
 - f. Education; and
6. Recommendation for provision of treatment.
- (b) A coordinated treatment team approach shall be utilized in the development, implementation, and evaluation of the comprehensive ITP.
- (c) The comprehensive ITP shall be developed and implemented to improve child functioning based upon the individual need of the child, and the child's family if appropriate, and shall include at least the following components:
1. Goals and objectives for permanence;
 2. Time frame projected for completion of each goal and objective;
 3. Method for accomplishing each goal and objective, including utilization of community providers;
 4. Person responsible for completion of each goal and objective; and
 5. Projected discharge date and placement plan.

The 30-Day Comprehensive Individual Treatment Plan

The Therapist will ensure to complete the first 30-Day Comprehensive Treatment Plan form (**Appendix S**) by the 21st day of placement. The Therapist will update ITP's at least every six months or whenever needs assessments warrant a change in the Treatment Plan. The comprehensive Treatment Plan contains the following information:

- (a) The results of the assessment and identified needs;
- (b) Statements of time-limited goals and objectives for the child and family and methods of achieving them and evaluating them;
- (c) Statements of activities to be followed by the child and staff members in pursuit of the stated goals and objectives;
- (d) Statements of any special care and services that will be arranged for or provided directly;
- (e) Statements of goals and preliminary plans for discharge;
- (f) Statements about the types of discipline that should be employed when necessary; and
- (g) Statements about any restrictions of communications or visitations with any persons;
such statements shall clearly show that the health, safety, and welfare of the child would be adversely affected by such communications or visits.

The Therapist shall prepare each 30-Day ITP:

- (a) In collaboration with:
 - (i) The child
 - (ii) The Case worker
 - (iii) The parent/legal guardian and, as appropriate, family and others involved in the child's care
 - (iv) Other providers of care or treatment

- (b) That identifies the:
 - (i) Providers of mental health treatment
 - (ii) Providers of medical and dental care
 - (iii) Educational needs and goals
 - (iv) Therapist from our agency

- (c) That is coordinated with the child's:
 - (i) Individualized educational plan (IEP), when applicable,
 - (ii) any treatment plans prepared by contracted providers of mental health treatment
 - (iii) Medical care provider (if needed);

- (d) That documents the following information:
 - (i) Based on the physical examination, somatic care recommendations, including any medication prescribed, and precautions,
 - (ii) Nutritional requirements and limitations, if any, and
 - (iii) Essential medical or non-medical treatments or procedures, if any;

- (e) A behavior intervention plan that shall identify each behavioral management technique to be used with the child and the techniques that are contraindicated based upon the child's medical, psychological or developmental history. Behavioral management techniques selected shall be based, at a minimum, upon the following considerations:
 - (1) The age of the child.
 - (2) The nature, pattern, and number of complaints or adjudicated felonies against the child.
 - (3) The previous placement history of the child (absences without leave, disciplinary problems).
 - (4) An assessment completed by a certified or licensed health care professional that document whether there are medical contraindications to the use of specific behavior management

RECEIVED
DEC 26 2017
FLANNING &
DESIGN SERVICES

interventions or behavior management techniques.

- (5) An assessment completed by a certified or licensed practitioner of behavioral science that document whether there are psychological or developmental contraindications to the use of specific behavior management interventions or behavior management techniques.
- (f) That specifies treatment strategies to be provided by our agency staff, including:
 - (i) Recommended modality and frequency of interventions,
 - (ii) Target dates for goal achievement,
 - (iii) The designation of our agency staff responsible for implementing the elements of the plan, and
 - (iv) When appropriate, identification of, referral to, and collaboration with other services to support the child's treatment.

Our youth are supported and encouraged to maintain and strengthen connections with their birth families, especially their parents and siblings, by our agency. the Executive Director and Therapist shall ensure that children are provided with practical support to maintain contact with parents, family and other significant people as a part of Treatment Planning, unless expressly prohibited by the Cabinet.

If the Case worker is not in attendance of the Treatment Planning meeting, the Therapist will ensure that the ITP be submitted and approved by the child's County Case worker within 3 business days of completion. A signature by the case worker reflects approval.

RECEIVED

DEC 26 2017

PLANNING &
DESIGN SERVICES

ITP Reviews and Updates (Progress Reports)

The treatment team which consists of the Licensed Therapist, parent/legal guardian, counselor, the child (if age appropriate), and other interested parties legally able to be involved, will schedule and hold a treatment team meeting once per month to **review** the child and family's progress towards the goals identified on the ITP and shall meet quarterly to **evaluate** the comprehensive ITP. The treatment team shall:

- (a) Review and record in the child's medical record:
 - (i) The child's and family's progress toward the accomplishment of each treatment goal identified on the ITP
 - (ii) Goal changes based on a review of progress,
 - (iii) Changes in treatment strategies, and
 - (iv) Changes in diagnosis; and
- (b) Communicate the results of the treatment plan review to:
 - (i) The child, if the child did not attend the ITP review team meeting,
 - (ii) The primary caretaker,
 - (iii) Relevant program staff, and
 - (iv) Mental health and substance abuse treatment providers (if applicable)
- (c) ITP updates must be completed every 180 days (6 months) or when the child's goals changes, whichever is earlier.
- (d) Every effort shall be made to involve the child and his family in the monthly treatment team review.
- (e) An additional assessment shall be completed upon the recommendation of the treatment team.
- (f) Evaluation and assessment information shall be documented and maintained in the child's record.

RECEIVED

DEC 26 2017

DESIGN SERVICES

Signature of the ITP and ITP Reviews

- (a) The child and the child's parent or guardian shall be afforded the opportunity to sign or tape-record agreement or disagreement with the ITP and reviews, signifying that they understand the treatment plan.
 - 1. If the child refuses to sign or is developmentally unable to understand the circumstance, this shall be documented in the record.
 - 2. The child and his family or custodian shall receive a copy of the ITP.
- (b) A child's primary caretaker, if other than the parent or guardian, shall sign or tape-record acknowledgment of the ITP and reviews.
- (c) In addition, the following agency staff shall sign the ITP and reviews:

17 CUP 1080

- (i) CEO/Program Supervisor;
- (ii) Licensed Therapist; and
- (iii) Contracted Psychiatrist or Psychologist (if applicable)

RECEIVED
DEC 28 2017
PLANNING &
DESIGN SERVICES

Other Monitored Progress/Documentation

- (1) **Daily Progress Notes form-** Staff involved in the contact shall document on the Daily Progress Summary Notes form (**Appendix O**) and place it in the child's medical record. All significant clinically relevant face-to-face, telephone, and written contacts with or about the child, including the dates, locations, and types of contacts shall be documented on this form. For examples, all doctor visits, school visits, life skills classes, etc.

- (2) **Clinical Progress Notes form-** This form (**Appendix V**) can be used by the case manager and Therapist to document bi-weekly or monthly summaries. At least every 2 weeks, the Therapist shall:
 - (a) Record in the child's medical record a progress summary note regarding:
 - (i) The delivery of services specified by the ITP
 - (ii) Progress toward goal achievement,
 - (iii) Changes in the individual's status, and
 - (iv) If applicable, suggested changes in treatment goals and services delivered; and
 - (b) Assure that the child's needs and progress are communicated to all parties involved in treatment.

RECEIVED

DEC 26 2017

PLANNING &
DESIGN SERVICES

Treatment and Support Services

Case Coordination

The CEO/Program Supervisor shall assure that the contracted Therapist:

- (1) Integrates appropriate therapeutic and educational services into the child's ISP by coordinating with the child's previous placement provider, school, clinic or other mental health providers, and, if any, employer;
- (2) Makes home visits and meets with the primary caretaker to ameliorate problems in the home and facilitate reunification; and
- (3) Participates in treatment team meetings for the purposes of collaborating in service delivery and advocating for the child.

Group Therapy

The licensed Therapist will conduct group therapy on a weekly basis for all youth, unless otherwise indicated in a child's ITP.

The Licensed Therapist shall assure that the child has the opportunity to participate in appropriate groups for youth who have special needs, including but not limited to groups for youth who have been affected by:

- (1) Substance abuse;
- (2) Sexual assault;
- (3) Physical abuse; or
- (4) Home or community violence.

RECEIVED

DEC 28 2017

PLANNING &
DESIGN SERVICES

Substance Abuse Treatment

This treatment will be provided through a community based service provider on an as needed basis according to each youth needs assessment and treatment plan. The initial needs assessment shall specify if inpatient or outpatient services are needed. When treatment is needed the therapist will complete a referral form treatment and send to the substance abuse counselor.

The therapist is also responsible to collaborate with the substance abuse counselor to ensure wrap around services for the resident and to follow up on progress of treatment. Substance abuse treatment goals shall be stated in the treatment plan when needed.

EDUCATIONAL & VOCATIONAL SERVICES

POLICY: All youth are expected to attend school while they are living at A Future in H.O.P.E.: Youth Services inc., in accordance with the laws of the State of Kentucky.

PROCEDURES:

Those that are eligible for public school services will receive education services from the local school system which is with the **Jefferson County Public Schools**. An educational plan will be created according to the admission assessment. The educational plan will be documented on the youth's treatment plan. Our CEO/Program Supervisor or designee will work with the school to enroll each youth within 48 hours of admission, unless admitted on a Friday or holiday. The child will be enrolled in school within this time frame, provided that our agency has received all necessary school records and related documents from the parent/legal guardian. Each resident ineligible or unable to attend an accredited school shall have an educational program specific to the individualized need of the child that may include a General Education Diploma or vocational training.

We will work cooperatively with the local school system to provide timely information, including education and immunization records, to facilitate the child's enrollment in school and ensure that the child attends the local school whenever feasible and appropriate. Staff will accompany youth to school initially to meet with school officials to help orient youth to educational plan and school rules and regulations, whenever possible prior to the first day of attendance. Our CEO/Program Supervisor will facilitate this meeting. We will also participate as appropriate in the child's educational activities, to include school outings and events. We will encourage youth participation in sporting events, proms, school dances, and attend parent teacher night meetings, etc.

For youth 16 and above who are at least 2 or more grade levels behind, they will be encourage to enter the General Education Development (GED) program. The Licensed Therapist and/or CEO/Program Supervisor will collaborate with the child and the parent/legal guardian concerning the child's best interest. All students with disabilities will receive special education and related services as provided for in the child's individualized education program. All youth who have not earned a high school diploma will participate in a tutoring program If needed according to their educational plan.

All staff members will be required to introduce themselves to school officials prior to our program opening and as any new staff is hired as a part of our orientation and ongoing relationship with the school. We will be meeting also be involved in all meetings with the school, including but not limited to the parent/teacher conferences and administration meetings regarding behavior. Any youth identified as having a disability or requiring a special education plan will have a staff assigned to them who must be in attendance at all Individualized Education Plan (IEP) meetings.

RECEIVED

DEC 26 2017

DESIGN SERVICES

17 CUP 1080

Any child needing transportation outside of the local school bus areas will be transported by a member of the staff, in unmarked vehicles provided by the agency. Staff is also responsible for providing transportation to extra-curricular activities, events, etc. All employees will receive training on confidentiality. We will secure signed documentation of completed training to be placed in each employee's file.

All staff and personal will drive a non-identifiable vehicle, provided by the agency, to the school and not wear clothing that will identify them as part of an agency.

They will have the office call the youth to be seen to a private office when needed. This practice is the children as normal a life as possible and to keep them from ever feeling embarrassed at school about being in foster care. A Future in H.O.P.E.: Youth Services inc. and staff will also provide the following services:

- A)** All youth will have the opportunity to attend the local public schools or the GED program in our community.
- B)** The direct care staff will participate in all school meetings and attend as many school functions as possible that the youth are participating in to show support.
- C)** the Executive Director or designee will participate in all parent/teacher conferences, IEP planning meetings, reviews, and updates for our youth.
- D)** Also, vocational training opportunities, if available in the community, shall be offered to those youth for whom a formal educational setting is not appropriate.
- E)** the Executive Director shall ensure that after school tutoring is provided for all youth when needed.
- F)** Transportation will be provided for after school tutoring and activities at the school.

RECEIVED

DEC 26 2017

DESIGN SERVICES

17 OUP 1080

INDEPENDENT LIVING SERVICES

POLICY: Our CEO/Program Supervisor will coordinate with Child Placing Agency Independent Living Coordinator to attend all IL meetings and to ensure that each youth is afforded the opportunity to comply with State guidelines to receive transition and education funding and assistance.

PROCEDURES:

Life Skills program

This is the heart of our youth program. the Executive Director and CEO/Program Supervisor of A Future in H.O.P.E.: Youth Services inc. will oversee this program. Our program will teach each resident the life/independent living skills needed to succeed as an adult as well as education and career planning. We use Phillip Roy's Online Life Skills program (**See Appendix W**), which is a computerized curriculum of 77 online lessons and 4 face to face lessons. Within the curriculum are all the life skills required by the state of Kentucky. Education, career planning, social skills, and budgeting are ongoing skills discussed and practiced monthly.

Each youth will be instructed to complete at least four lessons per week. They must document completion of each lesson on their Life Skills Form (**See Appendix X**). There is a pre-test to evaluate their life skills prior to our program and a posttest to measure their improvement after our program. The pre and post test scores shall be used in our Program Evaluation to measure the performance of our programs success rate in our efforts to enhance the life skills of our youth. A certificate of completion is given at the end of each lesson passed with a score of at least 80%. Below are the core 17 of the 82 life skills lessons taught at A Future in H.O.P.E.: Youth Services inc.:

- 1) Life/Time management skills
- 2) Domestic training (cooking, house cleaning/ maintenance, hygiene)
- 3) Shopping
- 4) College Preparation
- 5) Employability skills
- 6) Money Management/Must open savings account (age 16)
- 7) Taxes/Insurance
- 8) Emergencies & Safety
- 9) Community Support Systems/Resources
- 10) Housing (apartment hunting/lease agreements)
- 11) Career Exploration/Goal Setting
- 12) Transportation

RECEIVED

DEC 28 2017

DESIGN SERVICES

- 13) Health
- 14) Legal Issues

RECEIVED

DEC 28 2017

PLANNING &
DESIGN SERVICES

- 15) Social Skills/Personal Information
- 16) Parenting classes
- 17) Runaway Prevention

Ongoing Assessment and Preparation

- 1. Education planning and College Preparation
- 2. Career planning
- 3. Budgeting
- 4. Social skills

RECEIVED

DEC 26 2017

PLANNING &
DESIGN SERVICES

DISCHARGE AND AFTERCARE

POLICY: Discharge planning start at admissions with our needs assessment and Treatment Plans. We strive to insert long term and short term goals in Treatment Plans with the end result in mind.

PROCEDURES:

Discharge planning shall begin with the development of the ITP and shall continue throughout subsequent ITP reviews. The treatment team shall consider the following matters related to discharge planning:

1. Identification of placement;
2. Community resources to provide support for youth;
3. Family services.

Reasons for Early Discharge

We will strive to keep youth until all corrective actions have been exhausted.

Youth may be discharged early for life threatening behaviors towards self or others or refusal to work the program and follow the rules for at least a 30-day period. The approval of the CEO/Program Supervisor shall be required for an unplanned or emergency discharge.

Standard Discharge

When a child is leaving our facility as a planned discharge, a pre-discharge conference shall be held to ensure that the child and family are prepared for successful transition into placement. The parent, guardian or custodian, the child, and the treatment team shall attend this conference. The child shall have at least one (1) preplacement visit prior to the planned discharge, or the CEO/Program Supervisor or designee shall document unsuccessful efforts to arrange a visit.

Discharge Summary

Staff releasing a child shall fill out a Discharge Summary form (**See Appendix Y**), which is a final summary of the child's performance in the program; their health, dental and mental health needs and appointments coming up, and recommendations for continued services and follow ups. The Therapist shall prepare a written discharge summary within fourteen (14) days following the date of discharge. A copy shall be provided to the custody holder. The summary shall also include:

- a. Information related to progress toward completion of each ITP goal;
- b. Each barrier to treatment;
- c. Each treatment method used in working with the child;
- d. Date of discharge;
- e. Reason for discharge; and

RECEIVED
DEC 28 2017
PLANNING &
DESIGN SERVICES

- f. Name, telephone number, and address of person or child caring facility to whom the child was discharged.
- g. medication count,
- h. school information.

RECEIVED

DEC 28 2017

FLANNERY &
DESIGN SERVICES

Once the child is released, the Executive Director or designee shall put an end date in the admission book by the child's name, and close out the file.

Transitioning out of Care

Our youth who are completing our program and/or aging out of foster care will have a pre- discharge planning meeting with the Treatment Planning team within 60 days of the discharge date. During this meeting the service team will collaborate with the youth to complete a **Transition/Discharge Plan form (See Appendix Z)** for an identified place to live, whether that is their own apartment, with a relative, or in a college dorm. Youth who have not graduated high school and would like to receive their Independent Living benefits, we will encourage them to stay in our home through extended foster care or move to a transition home for youth 18-23 years old until they are finished with high school or GED.

For youth who approaching completion of their high school diploma or GED with interest in attending college, or trade school, we will assist the youth in completing the admissions process. The transition form will include a physical address and phone number for the youth's new place for follow-up purposes. This form will address educational and career plans and the remaining steps to be taken to successfully reach their goals. Also, the CEO/Program Supervisor and Director will work with the youth to coordinate with their independent living worker to set up all transition services offered by the state.

Staff will help them enroll in school and other transition tasks, if in county, and ensure the youth reach their destination safely the day they age out of care.

Transition Plan and Follow up

The CEO/Program Supervisor will use the Transition form to follow up with the youth 30 days, 90 days, and one year after they age out of care to ensure they are stable and to see if they are in need of any social services.

Aftercare services shall also be provided to a child where no other agency has responsibility for the child's transition or adjustment to a new environment. Upon discharge, the following needs of the child shall be assessed and a referral made for needed aftercare service:

1. Educational;
2. Medical;
3. Vocational;
4. Psychological;
5. Legal; and
6. Social.

RECEIVED

DEC 26 2017

DESIGN SERVICES

A Transition plan shall be completed for this child and a copy shall be placed in the child's file and another copy in the Transition/Follow up file.

RECEIVED

DEC 28 2017

PLANNING &
DESIGN SERVICES

DISCHARGE AND AFTERCARE

Documentation

A copy of the transition plan shall be given to the CPA and/or parent/legal guardian, and the child. Another copy shall be placed in the folder labeled "Transition Plans/Follow Up". The original shall be placed in the youth's file. A Progress Note form maybe used to document the follow up phone call. The note shall include current living arrangements, education status, employment status, health, etc. Staff shall ask if the youth is taking medication as prescribed (if applicable), following up with Doctor and counseling appointments, etc. Staff shall make referrals as necessary to the youth, document any referrals needed. File in Transition Plans folder.

Financial Assistance

All youth, aging out of care, whom have been at our home for at least 90 days, will be given a \$200 check from our facility to help with transition out of care upon discharge (when funds are available). The youth will be encouraged to stay in contact with our staff for support.

RECFIVED

DEC 26 2017

DESIGN SERVICES

RELIGION, CULTURE, AND ETHNIC ORIGIN

POLICY: Opportunities for spiritual growth and development will be offered through local churches, based on individual preference.

PROCEDURES:

The CEO/Program Supervisor and staff shall demonstrate consideration for and sensitivity to:

1. The racial, cultural, ethnic, and religious background of each child in care;
2. Availability of activities appropriate to the child's cultural or ethnic origin.

No resident will be allowed to participate in a religious practice that is destructive or places a child in physical danger. However, an opportunity shall be provided for a child to:

1. Practice the religious belief and faith of the child's individual or family preference;
2. Participate in a religious activity without coercion.

Youth will be transported to church by direct care staff as long as a minimum of 5 children wants to attend. If there are only 4 children or less who wants to attend church regularly, alternative transportation arrangements must be made for them by the Executive Director. They must be given an opportunity to attend church as least once per month.

A child shall never be forced or coerced into submitting to any religious practices. If they choose to participate in special religious rituals or practices, that are different from their up-bringing (this does not include regular church attendance), this will only be allowed with prior consent of the child according to their age and functioning level and prior approval of the child's parent, guardian or custodian.

Youth will also be taken to local cultural events to learn about different ethnic heritages.

RECFIVED

DEC 26 2017

PLANNING &
DESIGN SERVICES