

INTAKE FACESHEET

Client Name: _____ SSN#: _____

DOB: _____ Age: ____ yrs ____ mos. Sex: M F DOP: _____

ETHNICITY: _____ RELIGION: _____

PLACE OF BIRTH: _____

CURRENT MEDICATIONS: _____

ALLERGIES: _____

LAST ADDRESS: _____

SCHOOL ADDRESS: _____

PLACING AGENCY / COUNTY: _____

SOCIAL WORKER: _____ PHONE #: _____

AGENCY ADDRESS: _____

LEGAL CUSTODY: _____

<u>NAME/RELATIONSHIP</u>	<u>DOB</u>	<u>ADDRESS</u>	<u>PH#</u>	<u>CALLS</u>	<u>ON GROUNDS</u>	<u>VISITS OFF GROUNDS</u>	<u>MONITORED</u>	
							Y	N
							Y	N
							Y	N
							Y	N
							Y	N

ANYONE PROHIBITED FROM CONTACT? _____

TREATMENT RECOMMENDATIONS

Client's Name: _____

Desired Focus of Treatment:

- | | |
|---|---|
| <input type="checkbox"/> Excessive Dependency | <input type="checkbox"/> Manipulative |
| <input type="checkbox"/> Withdrawal / Isolation | <input type="checkbox"/> Low Frustration Tolerance |
| <input type="checkbox"/> Parent / Child Relationships | <input type="checkbox"/> Property Destruction |
| <input type="checkbox"/> Peer Relationship | <input type="checkbox"/> Hyperactivity |
| <input type="checkbox"/> Acceptance of Authority | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Sexual Appropriateness | <input type="checkbox"/> Verbal Aggression |
| <input type="checkbox"/> Excessive Eating | <input type="checkbox"/> Assaultiveness |
| <input type="checkbox"/> Lying | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Enuresis | <input type="checkbox"/> Avoidance |
| <input type="checkbox"/> Encopresis | <input type="checkbox"/> Stealing |
| <input type="checkbox"/> Impulsiveness | <input type="checkbox"/> Self-destructiveness |
| <input type="checkbox"/> Poor Academic Achievement | <input type="checkbox"/> Delayed Social Development |
| <input type="checkbox"/> Poor Self-Esteem | <input type="checkbox"/> Other _____ |

Discharge Plan:

Parent _____ Relative _____ Sibling _____
Regular Foster Care _____ Specialized Foster Care _____
Other _____ Explain: _____

Estimated Length of Stay: _____

Diagnostic History:

Psychiatric Evaluation?	Yes	No	Psychological Evaluation?	Yes	No
Name of Evaluator		Address	Phone		Date of Evaluation
_____		_____	_____		_____
_____		_____	_____		_____
_____		_____	_____		_____

SCHOOL HISTORY

Client's Name: _____

Type of class child attends:

Regular _____ LH _____ SED _____ Resource _____

Name and address of last school attended: _____

Phone # of last school attended: _____

Does this child have an active IEP: _____

Date of last IEP: _____

If child was or is in special education, how did he/she meet the criteria?

Math _____

Speech _____

Class Behavior _____

Bus Behavior _____

Expressive Language _____

Receptive Language _____

Written Language _____

Cognitive Ability _____

When were these problems first diagnosed: _____

Comments: _____

PLACEMENT HISTORY

Client's Name: _____

Name and Address of Placement	Type of Placement	Phone	Date Placed/Removed	Reason For Removal

Client's Former Physician:

Physician's Name: _____

Physician's Address: _____

Physician's Phone # : _____

Client's Former Dentist:

Dentist's Name: _____

Dentist's Address: _____

Dentist's Phone # : _____

EMERGENCY INFORMATION SHEET

Client's Name: _____

PARENTS:

Mother's Name: _____

Mother's Address: _____

Mother's Phone # : _____
Home Number Work Number

Father's Name: _____

Father's Address: _____

Father's Phone # : _____
Home Number Work Number

LEGAL GUARDIAN:

Guardian's Name: _____

Guardian's Address: _____

Guardian's Phone # : _____
Home Number Work Number

CHILD PLACING AGENCY:

Social Worker's Name: _____

Social Worker's Address: _____

Social Worker's Phone # : _____
Home Number Work Number

PLACEMENT INFORMATION FORM

Client's Name: _____

Parental Status / Family Functioning

Intact _____ Separated _____ Divorced _____ Never Married _____ Deceased _____

Natural Parent Married to Step-parent _____ Whereabouts Unknown _____
Mo Fa

Comments: _____

If parents are or have been married - how many times? Mother _____

Father _____

Has there been a history of spousal abuse? _____

Has there been a history of other marital problems? _____

If yes, what kind? _____

Siblings

	<u>Name</u>	<u>DOB</u>	<u>Sex</u>	<u>Current Placement / Residence</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

How many children are in the home? _____

CLIENT'S FAMILY INFORMATION

Client's Name: _____

To the placing Social Worker - Please have a parent fill out the following. If a parent is unavailable, please complete to the best of your knowledge regarding the child's family.

Social History

Person completing form: Social Worker _____ Mother _____ Father _____

Stepmother _____ Stepfather _____ Other Relative _____ (_____)

Name of person completing form: _____

Date of birth: _____ Education: _____

Current Address: _____

Current Home Phone: _____ Work Phone: _____

Demographic Data of Child Client's Parents

Mother:

Name: _____

DOB: _____

Social Security #: _____

Height: _____

Weight: _____

Hair Color: _____

Eye Color: _____

Ethnicity: _____

Education: _____

Military: _____

Occupation: _____

Father:

Name: _____

DOB: _____

Social Security #: _____

Height: _____

Weight: _____

Hair Color: _____

Eye Color: _____

Ethnicity: _____

Education: _____

Military: _____

Occupation: _____

MEDICAL / HEALTH HISTORY FORM

Client's Name: _____

CLIENT MEDICAL PROBLEMS? Present Yes _____ No _____
Past Yes _____ No _____

Please Explain: _____

Current Medication(s) and Dosage: _____

Allergies: Yes _____ No _____ Please Explain: _____

Neurological Problems: Yes _____ No _____ Please Explain: _____

Physical Limitations? Yes _____ No _____ Please Explain: _____

Medications taken that have been ineffective? Yes _____ No _____ Please explain: _____

MOTHER'S MEDICAL PROBLEMS? Present Yes _____ No _____
Past Yes _____ No _____

Please Explain: _____

Current medication(s) and Dosage: _____

Allergies: Yes _____ No _____ Please Explain: _____

Neurological Problems: Yes _____ No _____ Please Explain: _____

SIBLING'S MEDICAL PROBLEMS? Present Yes _____ No _____
Past Yes _____ No _____

Please Explain: _____

Current Medication(s) and Dosage: _____

Allergies: Yes _____ No _____ Please Explain: _____

Neurological Problems: Yes _____ No _____ Please Explain: _____

Physical Limitations? Yes _____ No _____ Please Explain: _____

SIBLING'S MEDICAL PROBLEMS? Present Yes _____ No _____
Past Yes _____ No _____

Please Explain: _____

Current Medication(s) and Dosage: _____

Allergies: Yes _____ No _____ Please Explain: _____

Neurological Problems: Yes _____ No _____ Please Explain: _____

Physical Limitations? Yes _____ No _____ Please Explain: _____

MEDICAL HISTORY:

Condition	Client	Mother	Father	Sibling	Sibling	Sibling
Alcoholism	Y N	Y N	Y N	Y N	Y N	Y N
Allergies	Y N	Y N	Y N	Y N	Y N	Y N
Anemia	Y N	Y N	Y N	Y N	Y N	Y N
Arthritis	Y N	Y N	Y N	Y N	Y N	Y N
Asthma	Y N	Y N	Y N	Y N	Y N	Y N
Cancer	Y N	Y N	Y N	Y N	Y N	Y N
Diabetes	Y N	Y N	Y N	Y N	Y N	Y N
Hearing Problems	Y N	Y N	Y N	Y N	Y N	Y N
Heart Disease	Y N	Y N	Y N	Y N	Y N	Y N
Hemophilia	Y N	Y N	Y N	Y N	Y N	Y N
Hypertension	Y N	Y N	Y N	Y N	Y N	Y N
Kidney Disease	Y N	Y N	Y N	Y N	Y N	Y N
Malformation	Y N	Y N	Y N	Y N	Y N	Y N
Malnutrition	Y N	Y N	Y N	Y N	Y N	Y N
Mental Retardation	Y N	Y N	Y N	Y N	Y N	Y N
Obesity	Y N	Y N	Y N	Y N	Y N	Y N
Sickle Cell Anemia	Y N	Y N	Y N	Y N	Y N	Y N
Substance Abuse	Y N	Y N	Y N	Y N	Y N	Y N
Tuberculosis	Y N	Y N	Y N	Y N	Y N	Y N
Ulcers	Y N	Y N	Y N	Y N	Y N	Y N
Venereal Disease	Y N	Y N	Y N	Y N	Y N	Y N
Vision Problems	Y N	Y N	Y N	Y N	Y N	Y N

List other major health considerations of physical limitations: _____

MEDICAL HISTORY CONTINUED:

	Surgeries	WHEN	ACCIDENT	WHEN
MOTHER:	_____			
FATHER:	_____			
SIBLING:	_____			
SIBLING:	_____			
SIBLING:	_____			

Current and past prescribed medications and dosage:

Mother:	_____	For what?	_____
Father:	_____	For what?	_____
Sibling:	_____	For what?	_____
Sibling:	_____	For what?	_____
Sibling:	_____	For what?	_____

	Hospitalizations	Dates	Reason
MOTHER:			
medical:	_____		
psychiatric:	_____		
FATHER:			
medical:	_____		
psychiatric:	_____		
SIBLING:			
medical:	_____		
psychiatric:	_____		
SIBLING:			
medical:	_____		
psychiatric:	_____		

DRUG HISTORY

Client's Name: _____

ALCOHOL USE:

number of drinks per week: Mother ____ When did you begin drinking? _____

number of drinks per week: Father ____ When did you begin drinking? _____

Have you ever participated in an alcohol treatment program?

Mother Yes ____ No ____ Father Yes ____ No ____

Dates: Mother: _____

Father: _____

Name of Program:

Mother: _____

Father: _____

OTHER DRUG USAGE:

Mother: _____

Father: _____

Current User:

Mother Yes ____ No ____ Father Yes ____ No ____

Past User:

Mother Yes ____ No ____ Father Yes ____ No ____

When did you begin using?

Mother: _____

Father: _____

Have you ever participated in a drug treatment program?

Mother Yes ____ No ____ Father Yes ____ No ____

Dates: Mother: _____

Father: _____

Name of Program:

Mother: _____

Father: _____

TREATMENT INFORMATION FORM

Mother of Client: _____

<u>Participation in:</u>	<u>Dates</u>	<u>Comments</u>
parenting classes	Y N _____	_____
stress management	Y N _____	_____
anger management	Y N _____	_____
family therapy	Y N _____	_____
individual therapy	Y N _____	_____
marital therapy	Y N _____	_____
child development classes	Y N _____	_____

Childhood

Did you suffer abuse as a child? Yes _____ No _____

If yes, check all that apply:

Physical _____ Neglect _____ Sexual _____ Emotional _____

Were you ever in out-of-home placement while growing up? Yes _____ No _____

Type: foster home _____ group home _____ adoptive home _____
residential treatment center _____ psychiatric hospitalization _____

Occupation of your parents (i.e. client's grandparents):

Mother: _____

Father: _____

How many brothers do you have? _____ sisters? _____

Rate your past physical health: _____

Rate your past emotional health: _____

Happy memory from childhood: _____

Sad memory from childhood: _____

TREATMENT INFORMATION FORM

Father of Client: _____

<u>Participation in:</u>	<u>Dates</u>	<u>Comments</u>
parenting classes	Y N _____	_____
stress management	Y N _____	_____
anger management	Y N _____	_____
family therapy	Y N _____	_____
individual therapy	Y N _____	_____
marital therapy	Y N _____	_____
child development classes	Y N _____	_____

Childhood

Did you suffer abuse as a child? Yes _____ No _____

If yes, check all that apply:

Physical _____ Neglect _____ Sexual _____ Emotional _____

Were you ever in out-of-home placement while growing up? Yes _____ No _____

Type: foster home _____ group home _____ adoptive home _____

residential treatment center _____ psychiatric hospitalization _____

Occupation of your parents (i.e. client's grandparents):

Mother: _____

Father: _____

How many brothers do you have? _____ sisters? _____

Rate your past physical health: _____

Rate your past emotional health: _____

Happy memory from childhood: _____

Sad memory from childhood: _____

**FAIRWINDS
PO Box 35
Bumpass, VA 23024
540/872-4545 Fax: 540/872-4546**

Medical Consent

Name of Child

Date of Birth

I hereby authorize and give my consent for medical and dental care to be given to the above named child while he/she is at Fair Winds or any home operated by that agency. Medical and dental care shall include:

1. Routine admission and placement examinations including blood tests, immunizations, and cervical cultures (when indicated).
2. X-ray examination, laboratory examination, medical or surgical diagnosis will be rendered under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or X-ray examination, laboratory examination, anesthetic, dental or surgical diagnosis or the treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

It is understood by me that in case of serious illness or accident, a reasonable effort to contact me (or my spouse if I am the child's parent) will be made before medical or dental care is commenced, if time and conditions permit. However, in case Fair Winds' cannot, with reasonable diligence, locate me or in case of immediate emergency, I hereby authorize and appoint as my attorney-in-fact, Fair Winds to arrange for and to consent to such medical and dental care as may be recommended by a licensed physician or a dentist.

THE ABOVE NAMED CHILD IS: _____ My Son _____ My Daughter _____ A minor in my legal custody

LIST ANY KNOWN ALLERGIES OR REACTIONS TO MEDICATION:

I further authorize any doctor, hospital to release Fair Winds all information and records in their possession concerning all medical, dental or psychiatric care treatment and examination rendered to the above named minor, who is a resident of Fair Winds, or any home operated by this agency.

Additionally, as parent or guardian of the above named child, I authorize him/her to receive the following services while residing at Fair WInds: psychiatric, psychological, therapeutic, and recreational.

This authorization is valid from the time of admission. _____
(Date of Admission)

SIGNATURE OF PARENT OR GUARDIAN

SIGNED AT

DATE SIGNED

ADDRESS

CITY

TELEPHONE #

SIGNATURE OF WITNESS

ADDRESS OF WITNESS

CITY

Fair Winds
PO Box 35
Bumpass, VA 23024

INTAKE CONSENT TO CONTINUE MEDICATION TREATMENT

Child's Name: _____ DOB: _____

Legal Custody: _____ DOP: _____

I consent to further use of the following medication(s):

Name & Dosage: _____

To be taken by _____ upon being admitted to Fair WInds.
Name of Child

Parent: I have / have not been informed of the potential risks/side effects/and
benefits of these medications per the current prescribing
physician.
I have / have not received a copy of the Risk / Benefit Medication Sheets
on the above medications:
I do / do not request a conference with the Fair Winds psychiatrist.

Parent Signature

Print Name

Date

Legal Guardian: I have / have not been informed of the potential risks/side effects/and
benefits of these medications per the current prescribing
physician.
I have / have not received a copy of the Risk / Benefit Medication Sheets
on the above medications:
I do / do not request a conference with the Fair Winds psychiatrist.

Legal Guardian Signature

Print Name

Date

Comments: _____

Fair Winds Representative

Date

Fair Winds
PO Box 35
Bumpass, VA 23024
540/872-4545 Fax: 540/872-4546

AUTHORIZATION EXCHANGE INFORMATION

TO: _____

I hereby authorize the exchange of the following information on

between Fair Winds and the above named agency or person:

- _____ Medical
- _____ Psychological
- _____ Psychiatric
- _____ Educational
- _____ Social/Behavior
- _____ Legal

This consent is valid from the date of admission _____ until this child's discharge from Fair Winds.

Signed: _____

Relationship: _____

Witness: _____

Fair Winds
PO Box 35
Bumpass, VA 23024
540/872-4545 Fax: 540/872-4546

REQUEST FOR STUDENT RECORDS

Name and Address of School:

Dear Principal:

_____, DOB: _____

SSN: _____ has enrolled here coming from your school. Please send copies of his/her transcripts, test results, health and immunization records, and any other pertinent data including Category II (confidential data) to the Records Dept., at the above address.

Thank you.

Parent or Guardian's Signature

Date

FAIR WINDS
PO Box 35
Bumpass, VA 23024
540/872-4545 Fax: 540/872-4546

CLIENT RECEIPT OF INFORMATION ACKNOWLEDGMENT POLICY

It is the policy of Fair Winds that clients shall provide signed acknowledgment that they have received specified information. The specified information shall be:

SIGNATURE VERIFYING RECEIPT

- Description of Population Served _____
- Description of Services Offered _____
- Completion of Program & Discharge Policy _____
- Transportation Policy _____
- Visitation Policy _____
- Absences Policy _____
- Religion Policy _____
- Behavior Management Policy _____
- Allowances Policy _____
- Educational Rights _____
- Fair WInds Phone Numbers _____
- Parent Handbook _____

Print Parent Name

Staff Witness

Date

Date

**CERTIFICATION OF NEED FOR ADMISSION
TO
RESIDENTIAL PSYCHIATRIC TREATMENT**

1. Ambulatory/outpatient care does not meet the specific treatment needs of recipient:

2. Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician.

3. The services can reasonably be expected to improve the recipient's condition or prevent further regression so that the services will no longer be needed.

For children who are Medicaid recipients, this form must be completed and signed by the local CSA interdisciplinary team or FAPT and signed by a physician member of the Team. The physician cannot be employed by the facility to which the child will be admitted and cannot be a psychiatrist treating the child as an outpatient.

Team signatures: _____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____

Physician Signature: _____ **Date:** _____

**Residential Treatment
Reimbursement Rate Certification**

Name of child: _____

Medicaid Number: _____

Child Placing Agency:

**Ed Murphy & Associates
DBA: Fair Winds
PO Box 35
Bumpass, VA 23024**

Community Policy & Management Team: _____

County/City: _____

Address: _____

I certify that the following rate of \$_____ per day has been negotiated for Medicaid reimbursable Residential Treatment Case Management for the above named child being admitted to Residential Treatment under the care of the above named placing Agency. This rate shall be effective for date of service beginning on _____ 10/1/07 _____.

CPMT of Designee Signature: _____

Print Name: _____

Title: _____

Date: _____

Child is Title IV-E Eligible Yes_____ No_____

MEDICAL/DENTAL EXPENSES

Fair Winds' fees for services DO NOT include coverage of medical and dental needs. However, because we see the health of the child as vital to all treatment, we have physicians and dentists we take the children to who are MEDICAID providers.

It has come to our attention that some of the children have MEDICAID coverage through an HMO. Some of these HMOs require notification from the guardian to change the Primary Physician or to approve another provider.

We are requesting that prior to admission, the person(s) holding custody of the child contact the insurance carrier to ensure that necessary information has been provided to them (i.e., change of residence for the child) so that we might utilize our providers for services. If this is not done prior to placement, then the custodian of the child is assuming financial responsibility for regular medical and dental expenses that are not covered by the child's insurance. For regular medical and dental appointments, the guardian will be made aware of the necessary appointment and have the option of transporting the child to a known provider or electing Fair Winds to transport the child and being responsible for the expense not covered by insurance.

I have read the above and agree to contact the insurance carrier to ensure the necessary changes are made as my child is now placed at Fair Winds. I agree to pay for emergency medical/dental expenses not covered by insurance and any payments that my insurance does not cover if I opt for Fair Winds to handle routine medical/dental coverage.

Signature of Parent/Legal Guardian

Date

Street Address

City, State, Zip Code

Phone Number

Witness

Date

Fair Winds
PO Box 35
Bumpass, VA 23024
540/872-4545 Fax: 540/872-4546

ADMISSION CRITERIA POLICY

It is the policy of Fair Winds to accept for admission any child from the ages 5 to 12 who has been neglected or abused or those defined as high risk due to school failure, the inability of the guardian to meet the child's needs, or involvement in the juvenile court system. Those accepted for admission must also suffer from any combination of the following disorders and disturbances.

There shall not be more than 5 years difference between the ages of children sharing the same bedroom. Any time there will be an age difference of more than 5 years between children sharing the same residence a discussion by the entire clinical team shall be held in order to determine to determine the appropriateness of such a placement.

1. Severe individual intrapsychic disorders (mental, emotional, and behavioral)

- a) Disturbances of object relations, capacity for attachment, and basic trust.
- b) Imbalances in response to age-appropriate need gratifications and realistic limitations.
- c) Failures in the development of maturationally adequate reality testing.
- d) Unrealistic self-concepts and self-image.
- e) Disruptions in the integration of active, passive, aggressive, and libidinal impulse-control patterns.
- f) Inappropriate affective responses.
- g) Disorganization and confusion of symbolic and formal thought processes.
- h) Difficulties in the sequential development, organization, and utilization of informal and formal learning capacities.
- i) Neurological and other organic or psycho-physiological impairments and complications with primary manifestations in the behavioral or emotional area.

2) Serious developmental disturbances

- a. Failure to achieve progressive psychomotor development and mastery of psychobiological functioning, or pronounced fixation or regressions, for example, motor, speech, cognitive, social, psychosexual.
- b. Developmental deviations likely to produce severe future impairments.
- c. Acute situational crisis related to a developmental stage with inadequate,

inappropriate, or ineffective support for remediation.

- d. Failure of necessary self-sustaining initiative, motivation, and adaptive capabilities.
- e. Behavioral patterns with destructive psychological, physical or social consequences, for example, chemical addiction, lack of self-protective responses, excessive risk-taking and social isolation or conflict.
- f. Impaired or inappropriate anticipatory responses.

3) Significant disturbances in environmental relationships

- a. Severe disruptions of relationships within the family or with significant others.
- b. Pathological relationships which cause the internalization of inappropriate models.
- c. Persistent maladjustment of peer and other social relationships.
- d. Environmental disturbances in family, peers, or other influencing systems which interfere with learning and social development.
- e. Maladaptive or unrealistic development of social behavior.
- f. Overwhelming or seriously traumatizing environmental conditions or events.

4) Exclusionary Criteria

- a) Children with measured IQ below 70 unless a licensed professional believes the child has the ability to score 70 or higher.
- b) Children who need 24 hour RN or LPN assisted medical care.
- c) Children who are actively suicidal or homicidal.
- d) Children over the age of 10.5 or under the age of 5 at time of admission.
- e) Children who do not want to be here.

INTAKE POLICIES & PROCEDURES

I. Initial Screening

1. The Executive Director has the responsibility of making the decision to admit the child for placement including time, date, program, and/or group home. However, s/he will solicit feedback from the group home team members to the extent that this is possible. If s/he has concerns about the appropriateness, s/he will consult with the social services supervisor, and/or the program director.

2. Screen possible candidates. This can be done by phone with the placing social worker. Fair Winds Initial Referral Sheet should be used. This form is then submitted to the Utilization Review Team along with the Utilization Review Plan/Preadmission Review Residential Group Home Sheet for discussion.

3. If referral appears to fit Fair Winds criteria then send the following material to referring social worker:

- A) Description of Population Served
- B) Description of Services Offered
- C) Absences Policy
- D) Religion Policy
- E) Allowance Policy
- F) Completion of Program and Discharge Policy
- G) Visitation Policy
- H) Transportation Policy
- I) Behavior Management Policy
- J) Placement Agreement
- K) Rate Reimbursement Certification
- L) Certification of Need Sheet
- M) Medicaid Residential Requirements
- N) Intake Medical Checklist
- O) Exchange of Information Form
- P) Exposure/Infection Control Policy
- Q) Admission Consent
- R) Medical/Dental Expenses
- S) Intake Facesheet
- T) Consent for Medication Treatment
- U) Statement of Dangerous Behaviors
- V) Art Therapy Release
- W) Emergency Information Sheet
- X) Placement History
- Y) Placement Information Form
- Z) Need for Care
- AA) Treatment Recommendations
- BB) School History
- CC) Family Information
- DD) Medical/Health History Form
- EE) Drug History
- FF) Nutritional & Physical Functioning Screening

- GG) Treatment Information Form
- HH) Request for Student Records
- II) Prior Notice Consent
- JJ) School Entrance Health Form
- KK) Physical Restraint Procedure
- LL) Rights of Residents

5. In addition to sending and requesting the information in above the Client/Medical Records Department will need the following:

- A) Child's Birth Certificate
- B) CAFAS – must have on day of admission
- C) Child's Social Security Card
- D) Child's Medicaid Card
- E) Child's Immunization Records (immunizations must be up-to-date and legible)
- F) Child's Current IEP
- G) Copy of Last Dental Exam
- H) Copy of Last Physical Exam
- I) Date and Results of Last TB Screening
- J) Copy of Child's most recent Psychological Evaluation
- K) Copy of Child's most recent Psychiatric Evaluation
- L) If on prescription medication, we will need a 3-day supply accompanied by written prescriptions for 30 days
- M) Court documents (Removal Order, Foster Care Service Plan, etc.)
- N) Information regarding billing procedure:
 - Agency to be billed
 - Agency address
 - Contact for billing
 - Telephone number
 - Purchase of Service Order
 - Client ID number
- O) FAPT assessment and approval (for Medicaid clients only)

In general the Executive Director will make a reasonable effort to get as much information on the child and family as possible from: Placing Social Worker, past school, current placement, past therapist, parents, relatives, etc. Information the worker will attempt to get will include psychological functioning, family history and relationships, social/developmental history, current behavioral functioning and social competence, current emotional status, educational/vocational schools, medical history, including past or present significant medical problems and use of psychotropic or anti-convulsant medication, and history of previous treatment for mental health, mental retardation, substance abuse and behavior problems.

- 6. When the information is obtained it is given to group home social worker for review.
- 7. Schedule preplacement visit.

II. PREPLACEMENT VISIT

- 1. Get any forms or information from the Social Worker that are still needed.
- 2. Call ahead to group home to notify of visit.

3. Give tour and interview child.
4. Collect as much information as possible.
5. Question child on goals he/she would like to focus on while in treatment. Question attending family and/or placing worker for further input.
6. Complete Intake Procedures and Verification Sheet.

III. BEFORE PLACEMENT

1. Attend treatment team meeting and present child's case.
2. Develop placement information sheet and distribute to required parties.
3. Develop problem behavior list and distribute to necessary parties.
4. Review any medical information.

IV. DAY OF PLACEMENT

1. Call ahead to group home to remind of time of admission.
2. Call ahead to school to remind of admission and confirm school placement.
3. Fill out placement agreement and go over packet with placing social worker. Make SURE all consents are signed, IEP is valid, birth certificate is valid, medicaid card is valid, and immunization records are current. Inform child, worker, parent, etc., of allowance and visitation policies.
4. Arrange for medical department to take possession of medications and review medical needs with parent or placing worker.
5. Take child to group home. Complete family social history and child's developmental history if parents are present.
6. Group home staff will help child get situated, answer any questions for the child to help relieve feelings of tension and stress and build trust. Throughout the day the child will be introduced to the other children and staff and be informed about the details of the program.
7. Clothing and Personal Items Inventory to be taken by RCCWs.
8. Submit Initial Review form to Medicaid Department.
9. Develop Initial Plan of Care and have Psychiatrist sign on day of admission. Distribute to necessary parties.

V. POST PLACEMENT

1. Develop Comprehensive Treatment Plan (CITP) within 14 days of admission.

SERVICES OFFERED POLICY

The following services are offered to children in residence at Fair Winds on an as needed basis:

1. Psychiatric evaluation, diagnosis and medication management.
2. Psychological evaluation and diagnosis.
3. Medical evaluation and diagnosis.
4. Individual therapy.
5. Group therapy.
6. Family therapy
7. Parent Training program
8. Speech, Physical, and Occupational assessment and therapy as needed.
9. Acute crisis intervention.
10. Substance abuse education.
11. Short to long term intensive care and treatment through the milieu.
 - a) Developmental skills program.
 - b) Daily living skills program.
 - c) Behavioral program.
 - d) On-grounds recreation program (including horseback riding)
 - e) Community integration through recreation.
 - f) Religious services upon request.

NOTIFICATION OF ABSENCES FROM FAIR WINDS POLICY

It is the policy of Fair Winds to notify and receive authorization from the party having legal responsibility of any absences from Fair Winds that will take the child away from the facility overnight or longer. The Fair Winds representative who will notify and obtain authorization is the group home social worker.

RELIGIOUS SERVICES POLICY

It is the policy of Fair Winds that efforts will be made to identify each child's religious faith. Fair Winds offers non-denominational religious services off-site.

ALLOWANCE POLICY

It is the policy of Fair Winds that all children shall receive a weekly allowance.

Each child in the program will receive \$10 per week

They generally will be allowed to spend their allowance as they see fit provided it does not run contrary to their treatment plan.

CRITERIA FOR COMPLETION OF PROGRAM POLICY

A target discharge date with planned goals and objectives based on professional expertise shall be set at Intake. This date is subject to modification based on the input of Childhelp, placing worker, parents, and child.

It is the policy of Fair Winds that the criteria for completion of the program will be decided individually on a case by case basis. The general requirement is that the problems leading to the placement have been remediated to the point the child can function in a lesser restrictive environment.

CRITERIA FOR DISCHARGE BEFORE COMPLETION OF PROGRAM POLICY

Conditions under which a resident may be discharged before completing the program shall include the following:

1. By order of the juvenile court. (requires documentation/copy of order)
2. By order of the placing social worker. (written request or order from DSS)
3. By mutual agreement between the child's county social worker and Fair Winds that the child is no longer benefiting from the program.
4. For the child to exhibit any behavior that is a seriously harmful threat to the safety and well being of himself/herself or others, (e.g., serious attempt at suicide or homicide, setting the group home or surroundings on fire, rape or molest of another child).

VISITATION POLICY

It is the policy of Fair Winds that the contact person at Fair Winds for visitation is the group home social worker. All questions and concerns about visitation should be directed to him/her. The group home social worker is generally available from 8:30 a.m. to 5:00 p.m., Monday through Friday.

The group home social worker will obtain a written list from the county social worker stating who has permission to visit. Visits will only be granted to those on the list. Additions or deletions can only be made by the county social worker.

All visitation must be scheduled in advance with the group home social worker. Visits must be scheduled by Wednesday at noon in order to be arranged. Visits may be limited in time and frequency according to the child's treatment plan. Depending on the service plan for the child, a child care staff may be with the visitor during the visit to observe the interaction and also to provide support if necessary. All decisions regarding monitored, unmonitored, off-grounds, and overnight visitation is determined by the county social worker with input from the treatment team.

INSTRUCTIONS FOR POTENTIAL VISITORS

- 1) All visitors must check in with the Social Worker or person in charge and identify themselves.
- 2) If you arrive for your visit with someone whose name is not on the weekly visit list, the person whose name is not on the list will not be allowed to visit.
- 3) If you are going to be more than 15 minutes late you should call and confirm that the visit can still take place. Often times the children will have other appointments after the scheduled visit hours that they cannot miss. Therefore, it is usually difficult to extend a visit or change the visit times once they are scheduled.
- 4) Your group home social worker or the person at the reception area will be able to show you the designated areas for visitation; i.e., conference room, picnic area, etc. No visits should leave the designated areas.
- 5) If you have an approved home visit, medical consent forms and medicaid cards will be sent for you to utilize in case an emergency occurs during the visit. Please see the on-grounds supervisor before your visit to obtain these forms. If an accident occurs during a visit at Fair Winds or during a visit in the area, please contact Fair Winds staff immediately for help or directions to the nearest medical facility.
- 6) Occasionally, your child may be scheduled to attend a special outing or activity. We any ask for your cooperation in scheduling your visitation to allow your child to participate in the special activity.
- 9) Visitation during school hours is **STRONGLY** discouraged because of the importance of school in your child's life.
- 10) We encourage you to limit phone calls to 10 minutes in length, as there is only one phone in the unit to be utilized for all children and business transactions. Your child is also allowed to call you as arranged with the group home social worker. The frequency of the phone calls will be limited according to your agreement with the cottage social worker.

Children are not allowed to visit staff or former employees unless approval his obtained by the child's legal guardian and/or the placing agency.

TRANSPORTATION POLICY

It is the policy of Fair Winds to provide transportation to families if warranted and approved by all professionals directly involved in the case. If direct transportation is not involved it is also possible to provide mileage reimbursement funds for parents when all professional in the case agree.

Furthermore, if direct transportation is not provided then assistance in arranging bus, train, or plane transportation and reservations shall be provided by the case manager.

ONLY TRAINED STAFF MEMBERS MAY MANAGE RESIDENT BEHAVIOR!

BEHAVIOR MANAGEMENT POLICY

Behavior management techniques are to be utilized toward maximizing the growth and development of the child.

In any stable, healthy, family there are rules that govern all the members behavior. In families these rules are rarely written because all members become aware of them through living together, in the case of children from infancy, and they are clearly understood and usually abided by.

At Fair Winds we do have the opportunity to instill those ways of behavior that lead to a family-like situation. However, since we are dealing with children and staff who come from a variety of backgrounds, the rules of family life are not part of our culture unless we make a conscious effort to establish them. This must be done within a framework of caring, and if you will, love for each child as a distinct individual with distinct needs, abilities and contributions. As we establish parameters of acceptable behavior, these parameters will become a part of our culture at Fair Winds and unacceptable behavior will diminish.

Because our children have been victims of abuse, many of their ways of operating and behaving are based on "survival techniques." It is our responsibility to show, and teach them that they can handle life without using methods that are harmful to themselves or others. Everyone, including children, is responsible for his/her behavior. We need to help these children learn to accept responsibility for their behavior and develop means by which they can handle living with other people that is satisfying to them.

As Bettelheim says, "love is not enough," but without love rules become punitive and self-defeating. These rules are developed with a foundation of caring, loving concern for each individual child. They define the parameters of acceptable behavior and allow for the flexibility of individual needs and developmental abilities.

Before any specific consequences are used, one should always remember to travel from the least restrictive towards the most restrictive. As a general guideline, ten stages of intervention, from least restrictive to most restrictive, are listed first, then the general Fair Winds rules follow, those then are followed by the implementation and monitoring procedures known as the points system.

STAGES OF INTERVENTION FROM LEAST RESTRICTIVE TO MOST RESTRICTIVE.

1. Role modeling.
2. Selective inattention.
3. Non-verbal cues.

4. Redirection.
5. Direct Messages.
6. Counseling.
7. Limit Setting.
8. Individualized consequences.
9. Removal from negative situations.
10. Physical Restraint.

FAIR WINDS EXPECTATIONS AND INTERVENTIONS

- 1. PROFANITY** - The use of profanity by the children is discouraged by giving a two (2) minute time-out. It is important that an intervention follow the inappropriate language as the use of profanity is highly contagious in children. Staff must also refrain from using profanity.
- 2. FIGHTING** - It is extremely important that all children at Fair Winds feel safe and secure. Part of this security is knowing that other children will not be allowed to scapegoat, hit, or assault them in any way. If one child aggresses toward another child by threat or action that child shall receive the maximum allowable time-out in that group home, i.e., 2, 5, or 10 minute time-out. If both children are being assaultive they both receive the time-out. It should be stressed that there are no winners, only losers, when a fight occurs.
- 3. DESTRUCTION OF PROPERTY** - Children should aware that they have to take responsibility for their actions. Intentional property damage should be dealt with according to the following guidelines: First an attempt should be made by the child to restore the damaged property out of his/her own allowance. If this is not feasible then a way for the child to earn money to replace or repair the damage should be found.
- 4. BICYCLES** - Because of the poor care many children take of bikes they borrow, children will not be allowed to borrow other children's bikes. When bikes are stored outside they should be kept clear of all entrances and exits and kept in the upright position.
- 5. STAFF ROOM** - No children should be allowed to be in the staff room unless accompanied by staff. **MUST REMAIN LOCKED AT ALL TIMES.**
- 6. STEALING** - As a general consequence the item should be returned to the owner with an apology and, if appropriate, an explanation of why the item was taken. Compensation should be made if the item cannot be returned. This should follow the same rules as destruction of property. Also, so as to discourage stealing, the individual should receive a consequence of return to staff eyesight supervision.
- 7. RUNNING AWAY** - Running away will result in being returned to constant close supervision for one (1) week following a verbal discussion of the reasons for the action and a resolution of the problem. Exceptions made by social worker.
- 8. LITTERING** - If a child is caught littering or discarding things he/she should be responsible for picking up the litter.
- 9. ROCK THROWING & STICK THROWING** – Removal from the PDS System accompanied by a time-out.

10. WHEREABOUTS OF CHILDREN - Staff are accountable for the whereabouts of the children at all times. If a child has permission to be in a certain area and leaves that area without permission, a group home restriction should ensue. Keep in mind that some areas are off limits to children at all times.

11. SEXUAL INTERACTING OUT - A great number of our children have been sexually abused and as a result are prone to sexually interacting out. This type of behavior cannot be permitted as it is destructive to the emotional development of the children. Usually when this happens one child is taking advantage of another. The former "victim" now becomes an "aggressor" and we have a new "victim." Children can become entrenched in these patterns of interacting with others creating life long difficulties. In addition, if we do not alter these patterns of behavior we are seriously hampering children's chance of having successful placements when they leave Fair Winds. Sexual interacting out is one behavior that most parents, foster parents, and adoptive parents cannot tolerate.

Because of the seriousness of the situation whenever a child is suspected of, or found engaged in sexual interacting out, the group home social worker needs to be informed. The child should be under very close supervision for at least a week. Also a consequence in the form of a restriction should follow the sexual interacting out to discourage it in the future. We must remember that sexual interacting out is acting out in an aggressive manner.

Young children showing normal sexual curiosity must be redirected so that they learn such social norms as "It's not good manners to touch one's genitals in public." This is presented in a matter of fact way to the child, avoiding escalating feeling's and transmitting one's own anxiety to the child. We don't want children learning to equate their sexuality with being "nasty" or "bad."

Excessive sexual interest or curiosity on the part of any child needs to be brought to the attention of the social worker as this may be an indication that something could be wrong.

13. SPITTING - If a child is caught spitting at someone, he/she should have the maximum time out allowable per group home as well as 30 days of pool restriction.

RESTRICTIONS shall not interfere with scheduled recreation program activities during the day, therapy appointments, home visits or school.

THE POINTS SYSTEM

The purpose of the Points System is to provide a framework in which treatment goals can be focused and monitored. All efforts should be made to enhance a child's ability to move forward by setting attainable, realistic goals which are stated in terms of expectations. Because of this, it is important that the points system not be used to discipline or punish children, and it should not replace parenting skills and good judgment. Because of our clients' experiences with failure, it is important that the points system translate to success - no matter how small the gain.

The points system is designed so that each child may be treated individually according to their developmental needs and capabilities. It should be noted that on any given stage, children are only given privileges which we are fairly certain they can handle. These decisions are made by the treatment team at team meetings once a week.

EXPECTATIONS AND PRIVILEGES OF STAGES

The system consists of five stages of responsibility with added privileges and independence at each successive stage. There are no consequential or restrictive stages, only stages of growth.

- STAGE 1** - All new children for first 30 days.
All privileges under group home staff supervision with the exception of recreation and therapy.
- STAGE 2** - Controlled independence according to their ability to develop trust in a controlled situation. No major incidents.
- a. Controlled independence (return from therapy, errands)
 - b. Play outside near group home without staff.
- STAGE 3** - Has internalized trust in controlled situations. Expect that trust will be generalized into less controlled situations.
- a. Negotiate bedtime.
 - b. Negotiate snack
 - c. Group home job.
- STAGE 4** - Has exhibited trust in semi-controlled environment. Will exhibit trust within unsupervised boundaries.
- a. Phone privileges (on grounds)
 - b. Staff make bed or do chore once per week.
 - c. Front seat privileges in car.
- STAGE 5** - Has demonstrated good judgment and trust in independent situations.
- a. Off grounds activities per team decision (movie, shopping, etc.)
 - b. Individual outing once per week.
 - c. Allowance increase.
 - d. Negotiate individual responsibilities.

Children generally advance from one stage to the next by earning positive points on the Points sheet in the following ten areas:

PDS

1. Individual goal. (worded positively)
2. Individual goal. (worded positively)
3. Individual goal. (worded positively)
4. Getting along with others.
5. Getting along with adults.
6. Routines/chores.
7. Cleanliness of self.
8. Free time activity.
9. School.
10. Therapeutic goal.

At the end of each week the children will be given the opportunity to review their status. The treatment team will evaluate the children's points status during group home staff meetings and, as a group, will decide the stage most appropriate for each one of the children for that week. Later that same day, the children will be told their stages during a positive and supportive cottage group meeting.

REASONS FOR REMOVAL FROM THE PDS

Generally children at Fair Winds are removed from dropped stages for reasons of safety. Their actions are either jeopardizing their own safety or the safety of others. Initially, time spent frozen should not exceed 24 hours and should not be punitive in nature. It is a time for the child to be able to demonstrate a level of trust that indicates he or she is ready to comply with program expectations.

Reasons for removal from higher stage:

1. Running away / defined as intentionally leaving a supervised area which could create a potentially harmful situation.
2. Racial slurs / as determined by team.
3. Sexually acting out / as determined by team within Fair Winds guidelines.
4. Destruction of property which can cause a potential for harm.
5. Physically causing (or in some cases, threatening) harm to oneself or other children.
6. Off grounds school suspension.
7. By request.

Prior to removing a child from a higher stage, the Supervisor must be consulted, as only she/he can remove a child from a higher stage. Once it is determined that a child is to be lowered from higher stage, he/she should be closely supervised and his/her activities strictly monitored until a level of trust is demonstrated which would allow the child to return to the system. Generally, during frozen time, a child is not allowed to watch TV, go on outings, or play outside (with the exception of therapeutic recreation).

IMPORTANT: The supervisor should be notified and consulted immediately when a child needs to be lowered from a higher stage. An incident report will also be written and filed. After the frozen time is completed, the child will then be placed on Stage 1 until reviewed in the next staff meeting.

****** It is important that a child be lowered from a higher stage or frozen only for the reasons stated previously or per treatment plan, as the system is designed to be positive, not punitive. ******

TIME OUT PROCEDURE

Definition: A Time-out is an interruption of a child's unacceptable behavior by removing the child from the scene of the action.

When a time-out is given a reason why should initially be explained to the child so that he/she has a clear and concise idea of why the time-out is being given.

Time-outs shall be done as close to the inappropriate act as possible (e.g. if an inappropriate act occurs at the dinner table, then the time-out should be given at a place where the child can still observe the appropriate dinner behavior).

If the child's behavior continues to escalate, then the time-out should be done in an area where they cannot observe the others and have a contagion effect (e.g. the child having problems observing the dinner table would then have to do his/her time-out out of sight of the other children but not out of sight of the staff).

A timer or clock should be available so that the child can monitor his/her own time-out.

When a negative behavior that requires a time-out occurs, one staff member will tell the child to take a time-out and why the time-out is being given. No further conversation should be entered into at that time.

The time-out should begin when the child is quietly situated in the designated area.

As a general rule the time-out should be two minutes. Time-out are NEVER to exceed the maximum allowable time out of each group home, i.e., 2, 5, or 10 minutes.

At the end of the time-out there should be a follow-up of how the situation could have been handled better and quick praise of any acceptable behavior as soon as it appears, should be given. If the time-out has been done well, verbal praise will reinforce the ability to use time outs effectively.

During the time-out the child should be sitting quietly. As a general rule no toys or similar objects should be present. Staff will need to use professional judgment as to whether a child should be required to put down a toy when doing a time out.

Time-outs are a mild form of discipline that is an effective substitute when the unaccepted behavior does not have a natural and logical consequence (e.g. a time-out is used for swearing because there is not a very effective natural and logical consequence to redirect this behavior. If a child throws his/her bike to the ground, you could restrict the child from riding the bike for a period of time rather than giving a time out).

Never add time to a time-out.

DISCIPLINARY POLICY

It is the policy of Fair Winds to employ discipline as a treatment tool to assist children to learn self-discipline. As a treatment tool, discipline must be constructive, appropriate both to the child's age and needs, and timely. Each child's treatment plan will speak to the type of disciplinary action to be used with the child. The stage and points systems is a level system employing positive steps and reinforcement and is available for review.

The following types of discipline are strictly prohibited at the Fair Winds:

1. All forms of corporal punishment;
2. All forms of aversive stimuli (e.g. physical forces including sound, electricity, heat, cold, light, water, or noises, or substances including hot pepper or pepper sauce on the tongue) which are noxious or painful to a client;
3. All forms of mechanical restraints;
4. The use of locked rooms, or any rooms where the child cannot readily open the door;

5. The deprivation of visits by parents, social workers, or others unless specified in the treatment plan and approved by the placing workers;
6. Deprivation of food, including scheduled snacks,
7. Deprivation of telephone calls or mail unless specified in the treatment plan and approved by the placing workers;
8. Humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with the daily living functions or withholding of shelter, clothing, medication or aids to physical functioning;
9. Symptomatic behavior, such as thumb sucking, enuresis, and encopresis, shall be handled as specified in the child's treatment plan.

STABILIZATION SERVICES POLICY

Crisis Intervention Procedure:

PROGRAM DIRECTOR/DIRECTOR shall have a cell phone and be available from 7 a.m. to 10 p.m., seven days a week. Administrator-on-call shall have a pager and be available 24 hours a day, seven days a week.

*Group home staff shall notify the PROGRAM DIRECTOR/DIRECTOR of the nature of the crisis. After being advised of crisis the PROGRAM DIRECTOR/DIRECTOR shall advise on a plan of action.

*PROGRAM DIRECTOR/DIRECTOR shall attempt to speak to child in person or via the telephone if necessary.

*PROGRAM DIRECTOR/DIRECTOR shall meet face to face with child to arrange for appropriate supervision until crisis has passed.

*PROGRAM DIRECTOR/DIRECTOR shall attempt to notify administrator-on-call and child's Fair Winds social worker and therapist of the nature of the crisis if immediate referral to another facility is necessitated.

*Fair Winds social worker shall contact child's county social worker and formulate a plan of action.

*Should Fair Winds be asked to receive a child on a crisis basis, all standard policies and procedures apply.

*Should a child need medical services either EMT will be called or the child will be transported by staff to Mary Washington Hospital or nearest hospital.

*Should the crisis warrant the involvement of law enforcement, the administrative person in charge shall contact the Fredericksburg Police Department.

*Should the crisis involve school personnel, a decision will be made by the child's teacher, principal and group home social worker.

PHYSICAL RESTRAINT POLICY

It is the policy of Fair Winds that:

1. Physical restraint (MAB hold) shall be used only after less intrusive interventions have failed or when failure to restrain a resident would result in harm to the resident or others.
2. Only trained staff members shall physically restrain a child.
3. The physical restraint shall be only that which is minimally necessary to protect the resident or others and ordered by the physician.

EXAMPLE: When assessing whether to use physical restraint with residents who are attempting to run away, it is necessary to consider both the environmental conditions and the resident's capabilities. Physical restraint may be used only when an assessment determines that harm is likely. Capabilities to assess include, but are not limited to: the resident's age, maturational level, emotional state, adaptive behavior skills, disabilities, past behavior when under stress, impulsiveness, and judgment. Environmental factors to assess include, but are not necessarily limited to: the time of day, weather, temperatures, and geographical location.

4. The MAB technique shall be the only physical restraint methods used.
5. An incident report shall be written after any and all restraints.
6. All child care staff shall be trained in this policy and the MAB technique within seven days of employment and prior to assuming sole responsibility for the supervision of one or more residents.

PHYSICAL RESTRAINT PROCEDURE (Revised 3/20/02)

1. Definition: A **Physical Restraint** is defined by CMS (formerly HCFA) as " the application of physical force by one or more individuals that reduces or restricts the ability of an individual to move his or her arms, legs, or head freely. This does not include the temporary holding of an individual to assist him or her to participate in daily living activities." This also does not include a **physical escort** which is defined as the "temporary touching or holding of the hand, wrist, arm, shoulder, or back for the purpose of inducing an individual who is acting out to walk to a safe location."
2. A Physical Restraint may be used "only in emergency circumstances and only to ensure the immediate physical safety of the individual or others when no other less restrictive intervention has been, or is likely to be, effective."

Procedure for when a Physical Restraint is necessary: (emergency situation only)

1. An order for the restraint must be issued by a physician, physician or nurse practitioner (immediately prior to, during, or immediately following the restraint).
2. If the physician is on-grounds, the physician must be contacted immediately to issue the order. If the physician is not on grounds, the nurse (LPN or RN) will need to contact the physician to receive a verbal order.
3. Within one hour of the Physical Restraint ending the client will be assessed by the nurse on duty (RN). They will check vital signs, and assess the client's physical and emotional condition. This information will be documented on the restraint form.
4. Within 24 hours the staff involved, the client, and the supervisor or POG will be involved in a "debriefing" which will include a discussion about the need for the physical restraint and possible alternative interventions which may be used in the future.
5. If the restraint goes beyond the time authorized by the person issuing the order, that person will be notified for further authorization and instructions.
6. The results of the above procedure will be documented on a separate **Physical Restraint Form**, signed by the person issuing the order, reviewed by the administrator, and placed in the child's permanent record.
7. The child's parent or guardian must be notified when a restraint occurs, unless a signed document is on file that indicates that they do NOT wish to be notified after each incident. In this case, this information would be supplied in the monthly report.

MANAGING INAPPROPRIATE AND/OR DANGEROUS BEHAVIORS POLICY

MANAGEMENT OF ASSAULTIVE BEHAVIOR

Physical involvement with acting out children should have two major objectives: assuring the physical safety of both the child and the adult caretaker, and enabling the child to regain control in a learning way. Physical involvement is a technique of last resort, yet there are some situations in which it may be necessary:

- 1) To promote the physical safety of a child. If a child's behavior is so self-destructive as to be dangerous, external limits must be set to maintain a positive and safe environment.
- 2) To promote the physical safety of adults and other children. It is unacceptable to become physically involved simply because one's status or authority is threatened. The adult must remain objective and intervene physically only to promote safety.
- 3) To prevent or end the destruction of property which could lead to a dangerous situation.
- 4) If a child needs to be in a physical restraint to insure his/her or another's safety the MAB hold shall be used. All staff shall be certified through MAB (Managing Aggressive Behavior) training.
- 5) To de-escalate a potentially dangerous situation. This is not defined by acting out destructive or harmful behavior, but is rather a preventive measure to keep a situation from getting out of control. A child who poses a serious threat to be harmful to the group, may be physically escorted by the forearm if s/he refuses to de-escalate or leave on his/her own. If, however, a child does not pose a threat, but is simply refusing a time-out or request no physical intervention shall be used.

Fair Winds CHILD PLACEMENT AGREEMENT

Child Placed by Placing Agency in Fair Winds Residential Treatment Center

Name of Child		Parent's Name	
Birthdate of Child	Date Placed	Street	
Person or Agency holding custody at time of placement:		City, State, Zip Code	

Anticipated duration of placement is _____ months. Current Medical Insurance is _____

The Placing Agency will pay \$ 394.96 per day for room and board, clothing, personal needs, recreation, transportation, incidentals, supervision, and social services. First payment is to be made within 45 days after placement with subsequent payments to be made monthly. If additional amounts are to be paid, the reason amount and conditions shall be set forth here: an additional fee of \$140.00 per day for education

Special Problems: Yes No If yes, explain: _____

Placing Agency Agrees To

1. Provide Fair Winds with knowledge of the background and needs of the child necessary for the effective care. This shall include a social work assessment, medical reports, educational assessment, psychological and psychiatric evaluation, and identification of special needs when necessary. This shall be made available to Fair Winds prior to placement.
2. Work with Fair Winds toward development of a treatment plan.
3. Work toward termination of child's placement with Fair Winds staff.
4. Continue paying for this child's care as long as eligible and Fair Winds maintains child on an active status or until the agency requests that placement be terminated.
5. Assist in the maintenance of this child's relationships with parents and other family members and to involve parents in future planning for this child.
6. Contact this child in the group home at least once a month. If case plan would indicate less frequent contact, Fair Winds will be informed.
7. Inform Fair Winds if child has any tendencies toward dangerous behavior.
8. Provide a Medicaid card or other medical coverage at the time of placement.
9. Provide authorization for medical treatment, signed by this child's parents or legal guardian.
10. Provide a clothing allowance as permitted to meet initial clothing needs.
11. Provide assistance with emergencies. Telephone number for after-hours or weekends is: _____

Fair Winds Agrees To

1. Provide this child with the nurture, care, clothing, treatment and training suited to his needs.
2. Follow admission requirements related to medical screening, physical examination, medical testing and immunization.
3. Develop an understanding of the responsibilities, objectives and requirements of the agency in regard to the care of this child and work with the agency in planning for this child.
4. Encourage the maintenance of the natural parent-child relationship and include the child's parents in the treatment plan when possible.
5. Not use corporal punishment, punishment before the group, deprivation of meals, monetary allowances, visits from parents, home visits, threat of removal or any type of degrading or humiliating punishment and to use constructive alternative methods of discipline.
6. Respect and keep confidential information given about the child and his family.
7. Work toward termination of placement on a planned basis with maximum involvement of the child, parents and the agency.
8. Conduct a staffing or review on this child at least quarterly.
9. Submit an initial diagnostic summary to the agency within three (3) months from the date of placement.
10. Submit ongoing written evaluations to the agency quarterly.
11. Immediately notify agency of significant changes in this child's health, behavior, or location.
12. Submit copies of any pertinent information such as school reports, medical reports and psychological/psychiatric reports as completed.
13. Give agency prior notice of at least 7 days notice of intent to discharge this child unless it is agreed upon with the agency that less notice is necessary.
14. Conform to the licensing/certification requirements.
15. Provide state and federal agencies access to documentation when documentation is maintained on children in their care.
16. Notify the agency immediately if an application is made on behalf of this child for any kind of income. Examples of income include, but are not limited to child support payments, Veterans Benefits, Social Security, RSHDI, and Supplemental Security Income/State Supplemental Program (SSI/SSP).
17. Remit to Placing Agency any income received on behalf of this child while in foster care up to the full cost of board and care plus medical cost. In addition, I will cooperate to have the Social Security Administration, or the appropriate agency, make the Department of Social Services the payee for any funds received on behalf of this child.

By signing this Placement Agreement I am authorizing placement, consent for all medical and other treatment of this client. I understand that the client's placement may be terminated if the client is absent from Fair winds for 3 consecutive days unless prior approval or arrangements have been made.

I have read the foregoing and agree to conform to these requirements. The terms of this agreement shall remain in force until changed by mutual agreement of both parties or this child is removed from Fair Winds.

Signature of Child Placement Worker		Signature of Authorized Fair Winds Representative	
Title	Name of Placing Agency	Title	Name of Agency Providing Residence: Fair Winds
Address		Address PO Box 35, Bumpass, VA 23024	
Phone Number	Date	Phone Number 540-872-4545	Date

PHYSICAL RESTRAINT PROCEDURE (Revised 3/20/02)

1. Definition: A **Physical Restraint** is defined by CMS (formerly HCFA) as " the application of physical force by one or more individuals that reduces or restricts the ability of an individual to move his or her arms, legs, or head freely. This does not include the temporary holding of an individual to assist him or her to participate in daily living activities." This also does not include a **physical escort** which is defined as the "temporary touching or holding of the hand, wrist, arm, shoulder, or back for the purpose of inducing an individual who is acting out to walk to a safe location."
2. A Physical Restraint may be used "only in emergency circumstances and only to ensure the immediate physical safety of the individual or others when no other less restrictive intervention has been, or is likely to be, effective."

Procedure for when a Physical Restraint is necessary: (emergency situation only)

1. An order for the restraint must be issued by a physician, physician or nurse practitioner (immediately prior to, during, or immediately following the restraint).
2. If the physician is on-grounds, the physician must be contacted immediately to issue the order. If the physician is not on grounds, the nurse (LPN or RN) will need to contact the physician to receive a verbal order.
3. Within one hour of the Physical Restraint ending the client will be assessed by the nurse on duty (RN). They will check vital signs, and assess the client's physical and emotional condition. This information will be documented on the restraint form.
4. Within 24 hours the staff involved, the client, and the supervisor or POG will be involved in a "debriefing" which will include a discussion about the need for the physical restraint and possible alternative interventions which may be used in the future.
5. If the restraint goes beyond the time authorized by the person issuing the order, that person will be notified for further authorization and instructions.
6. The results of the above procedure will be documented on a separate **Physical Restraint Form**, signed by the person issuing the order, reviewed by the administrator, and placed in the child's permanent record.
7. The child's parent or guardian must be notified when a restraint occurs, unless a signed document is on file that indicates that they do NOT wish to be notified after each incident. In this case, this information would be supplied in the monthly report.

I have read and understand Fair Winds' policy regarding physical restraints.

Parent or Guardian's signature

Date

I do NOT wish to be contacted after each individual incident. However, I would like to receive this information in each monthly report.

Parent or Guardian's signature

Date

Intake Screening Report

1. Immunization Record Received and current with all required vaccinations.

Signature of RN, or MD

Child may not be admitted until all immunizations are current and we have verification in writing in the clients file.

2. Considering the age and level of aggression displayed by prospective client, placement would be best placed at:

Dusty Road Location

Horshoebend Location

Hunter Street

Referral only appropriate with the following supports in place prior to placement.

Referral is not appropriate for placement due to the following reasons:

3. Due to the level of sexualized behavior the client would be best suited for placement at:

Dusty Road

Horseshoe Bend

Hunter Street

Referral is not appropriate for placement due to documented incidents of sexualized behavior

Reccomendations:

After reviewing the above information the child is deemed *appropriate or not appropriate* for placement at Fair Winds.

Psychiatrist

Executive Director

Nurse

Date