



Psychiatric Residential Treatment Center

Educational Parent-Student Handbook

Berryville Service Region
2024-2025

Berryville Psychiatric Residential Treatment Center
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WELCOME TO GRAFTON

Welcome: The following sections in this manual will give you information and helpfully answer many of your questions concerning the enrollment process and life at Grafton.

A. Grafton: Who We Are

1. Our History

Grafton began as one teacher was determined to see further educational opportunities for all of his learning-disabled and at-risk children than public schools could give them. That was in 1978 before we had laws that protected children's right to education. In July 1979, we became Grafton Inclusive Health Network (IHN). Students enrolled may present with academic, developmental, social, and/or mental health needs that cannot be adequately addressed in a traditional educational program. True to both Grafton's early determination, we continue to serve individuals with complex disabilities whose options for services are limited.

2. Our Work

The individual students are at the center of all we do. We bring families, friends, and professionals together on their behalf. Our work is to help a student progress toward maximum independence and community inclusion. Our goal is to support individuals in developing the functional skills they require to be successful in their community of choice.

3. Our Mission

Grafton Inclusive Health Network is dedicated to providing a specialized and personalized service which combines both academic and therapeutic components necessary to facilitate the optimal development of each individual student. Grafton creates relation-focused opportunities for individuals challenged by complex disabilities.

4. Our Vision

Grafton is committed to excellence in the delivery of person-centered care and value added services. We believe that operationalizing our core values of quality, customer focus, integrity, and accountability. Grafton will continue to continually improve as the preferred:

- Provider of choice,
- Employer of choice, and
- Strategic partner of choice.

Grafton believes that its commitment to solving problems through our practice and continuous quality improvement is the standard business model for the best way to ensure thoughtful customer service and excellent care.

5. Our Core Values

- **COMMITMENT** is our foundation. We take pride in the contributions we make to the lives of the people we serve.
- **CONCERNED PARTICIPATION** is the way we do business. We consult, participate, and understand the needs of our customers, both internal and external, to ensure they are satisfied.
- **INTEGRITY** is our path to credibility. We hold ourselves to the highest standards of honesty and ethical behavior.
- **ACCOUNTABILITY** is our responsibility. We own ours by being responsible for all our statements, actions, and needs.
- **ADAPTABILITY** is how we adapt to a quickly changing environment. We shift our focus and respond thoughtfully to new challenges and assignments.

B. Admissions

TUITION & FEES

The tuition paid for educational services covers all materials and instructional services provided to the students. The funding agency is billed at the end of each month. When other services (Speech, Occupational Therapy and Individual Therapy services) are requested by the students, all such services will be billed as per published rate schedule and billed to the funding agency assigned page.

In the event that a student is partially placed, an appropriate pay tuition invoice will be paid at the beginning of the month.

1. Non-Discrimination

The Virginia Civil Rights Act of 1961 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. Specifically, Title VI prohibits that "no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance" (42 U.S.C. Section 2000e).

Griffin is committed to ensuring that no person is excluded from participation in, or denied the benefits of its transportation services on the basis of race, color, or national origin, as prohibited by Title VI of Federal Transit Administration (FTA) Circular 4702.18. If a person receiving services feels they are being denied participation in or being denied benefits of the transit services provided by Griffin, or otherwise being discriminated against because of race, color, national origin, gender, age, or disability, Griffin's contact information is:

James Stewart, Title VI Manager
Griffin Inpatient Health Network
PO Box 8288
Winchester, VA 22601
540-725-2000

www.griffinhealth.com

Please receive a copy of Griffin's complete Title VI Plan and associated procedures at www.griffin.org.

2. Admissions

We welcome and admit individuals of any race, color, national and ethnic origin, socio-economic background to all the rights, privileges, programs, and activities made available to all individuals supported by Grifone. Grifone does not discriminate on the basis of race, color, sex, physical or mental disability.

Grifone's admission decision for each individual is based on a combination of the materials presented and consideration of information obtained during the pre-admission meetings. From these sources, we determine if Grifone can support the level of care needed if the individual enrolls.

The staff in our Intake Department will work with you making the arrangements for admission including the day, time and place of your arrival. An Admissions Case Manager will direct you to the intake site. This may be a school site or a residence.

Each Grifone student is required to have a record of current physical (no older than 90 days as of the first 14 months of transferring from another state licensed facility), a dental exam completed within the last 90 months, and record of immunizations prior to enrollment. If your child is currently taking medication, we will need original prescriptions (when possible) and must provide enrollment) as well as the remaining supply in the original container. Our staff will discuss specific state requirements for medication distribution with you. Grifone will ask for primary care physician information for the purpose of keeping the PCP apprised of progress.

You will receive a packet that contains all the forms that Grifone is required by licensing to maintain in your child's case record. These forms help us better serve your child. Most require your input or require your signature. Without this information, enrollment cannot occur. Additionally, only the father, mother, or legal guardian may sign the forms. Please note that the permission forms will be updated annually.

Forms will be faxed to the Intake Department prior to enrollment (1-800-846-1319). An Admissions Case Manager will review the information received and contact you should additional information be required. All requests are to be brought with you the day of enrollment.

Our staff will be glad to answer any questions you may have; please call.

This may reach the Intake Department at 1-800-846-1319, extention 648 or 648. If the line is busy, please leave a voice mail message and they will return your call as soon as possible. The mailing address for the Intake Department is:

**Grifone
Intake Department
PO Box 2530
Winchester, MA 01890**

3. Special Notes for First Day

When you arrive at school every day your child's case manager or other knowledgeable staff will meet with you. They will review the Individualized and help you complete forms if you have questions about them.

An information sheet that lists important contacts will be given to you before you leave. This will have handy references about for you.

All of the inside activities are easy you can facilitate how to arrive approach your leaving. You know your child best so the facilities is yours. We will follow your lead!

Parents may access Griffin's Emergency Procedures Plan which addresses various types of emergencies on www.griffinva.gov or by requesting a print copy via email to the Principal.

4. What to Bring

- **CLOTHING** Approximately two weeks of clothing appropriate to the weather/season is needed. Parents do NOT include this guideline as shoes and shoes bags is included it is not necessary to purchase new clothing. You child's everyday clothes are fine. Just bring what your child normally wears, e.g. there is no need to buy pajamas if your child wears pajamas and wears them to sleep.
- **SHOES** also shoes (male and female) may be asked to bring athletic shoes because of the dangers of rain and snow shoes.
- **ALL ITEMS NEED TO BE IDENTIFIED OR MONITORED** the goal is to be able to track your child's clothes. However, all clothing items should be in the teacher hands or locker so that the child cannot be identified by a marker/markings.
- **LAUNDRY** is done at least weekly, so plan with this in mind. If your child wears the hoodie right, Parents include some detergent.
- **TOILETRIES** will be furnished by Griffin. This includes shampoo, soap, deodorant, toothpaste, feminine hygiene products, etc. You may furnish your child with specific brands of toiletries at your convenience.
- **WEAPONS** For students who utilize religious supplies such as rosaries, please send an ample supply until such time as arrangements can be made for direct shipment/delivery.

5. What Not to Bring

While your child is at Griffin, he or she will be sharing space with others, so if something is impractical, please do not send it.

- Please see attachment B for a list of prohibited items.
- Sending or other items with messages that promote alcohol or drug use or violence are not permitted.
- Audio/visual/video recording devices are not permitted.

GRiffin VA does not assume responsibility for items that are missing, lost, or stolen. Parents/Students should contact or supervise students and not allow students to bring items that cannot be supervised.

6. Multidisciplinary Team

Definition: a team supports each student. The make up of this team will reflect the individual's needs. The following is a description of the Greater staff membership to be a part of the multidisciplinary team that supports your child:

- **Case Manager:** Each individual enrolled at Greater is assigned a case manager. The case manager coordinates all activities and programs for your child. The case manager will be Greater's communication link for you and for the agencies supporting your child. The case manager is responsible for contacts with the local school districts (LSD) for the children they have placed at Greater. The frequency of this contact is determined by the individual's individual minimum program updates as often as required by IDEA.
- **Clinical Staff:** Each individual is supported by a variety of professional clinical staff depending on their individual needs. These may include physicians, nurses, therapists, board certified behavior analysts, speech therapists, and occupational therapists.
- **Teachers:** Classrooms are staffed with licensed teachers appropriate to their teaching assignments. Based on the basis of training and student needs, these individuals are responsible for the implementation of the Individualized Education Program (IEP) or Individual Instruction Plan (IIP).
- **Instructional Assistants:** Each school is staffed with individuals who have a range of experience and training to meet identified student needs during school hours. Instructional Assistants support treatment and assist the teacher in providing instructional opportunities related to academics, physical education, artistic appreciation, social behaviors, daily living, community life, and leisure/recreation.
- **Self-Manager/Residential Instructors:** Each unit is staffed with individuals who have a range of experience and training to meet identified student needs during residential hours. Residential Instructors support treatment and teach skills related to social behaviors, daily living, community life and leisure/recreation.
- **Overnight Residential Assistants:** Staff unit is staffed with individuals who remain awake to monitor students during sleeping hours and to provide assistance and instruction overnight and during morning routines.

All Greater instructional staff are provided with no less than 18 hours of professional development annually which is directly related to enhancing the instruction of students and are also certified in state Child Care and First Aid. Additionally, all Teachers are certified in use of ABA.

Greater team members involve families and agencies through regular telephone contact and periodic meetings.

An **intake/outake day** (you will be given an information sheet) during the specific people who will be working with your child. Please keep this sheet as a handy reference guide, especially when you wish to talk to the person who will be with your child.

7. Keeping in Touch through Family Engagement

It is important for students to remain in contact with family and other members of their home communities. This may occur through the sending and receipt of mail through telephone contact, and through their visits. Staff will work a parent/guardian weekly at Greater's expense. This is an opportunity for parents/guardians to talk with their child and a knowledgeable staff member about progress during the week. Parents/guardians may give calls to their child and Greater will accommodate this contact as much as possible.

Parents/guardians may visit while the student is at school, in order to ensure the student is not away from the home or campus so that the student is not involved in a scheduled therapy session. It is important to schedule visits in advance with the case manager. If parents or guardians wish for extended family or friends to visit regularly, written permission from the legal guardian must be given before the person will be allowed to visit. This requirement also applies to non-legal parents.

It is our goal to help students reenter the community of their choice. Work-based learning sites are opportunities to maintain family connections and coordinate efforts to help students make progress. Individual schedules will be worked out among the parents, agency/guardians (if applicable), and the multidisciplinary support team.

The schedule for home visits will always reflect:

- The individual's needs and abilities to cope with his/her home and community setting at each stage of progress at school.
- The ability to ensure the safety and well-being of the student throughout the visit.
- The existing capabilities for using the time effectively (trial experiences and/or assess that the skills learned in school programs/policies to new environments).

The involved case manager will communicate directly (by telephone, email, or letter) with parents/guardians regarding all travel arrangements. If you need to change any plans and make alternative arrangements, please contact the case manager or travel manager so that the changes can be communicated to your children as soon as possible.

If your child will use public transportation to visit family, the following information will be needed:

- Dates
- Origin and destination points
- Times of departure and return
- Whether meals should be provided by school the evening of arrival or departure
- Identification of person who will meet your child

Tickets must be sent at least **ONE WEEK** in advance of a student's trip. Tickets should be mailed directly to the case manager.

Professional Visits: Parents/guardians may be scheduled to attend meetings with staff such as the case manager, therapist, or academic teacher. Please make arrangements to have other children (under 18) who come with you supervised by another adult who is not participating in the professional meeting.

E. Program Information

1. Licensing and Accreditation

The Berryville Residential Treatment Center is licensed by both the Virginia Department of Education and the Department of Behavioral Health and Developmental Services.

Grafton's Berryville Residential Treatment Center is accredited by Middle States Association of Colleges and Schools Commission on Elementary and Secondary Schools (MSA-CES), which is recognized by NCA. Additionally, we are nationally accredited by The Commission on Accreditation of Rehabilitation Facilities (CARF). This site has also been awarded the official seal of approval by National Association of Special Education Teachers (NASSET) since 2004 School of Excellence!

2. Facilities & Equipment

Grafton's academic program includes space for classrooms, therapy services (both in speech/language therapy, occupational therapy, and individual therapy), recreational space, and storage space for teacher instructional materials and resource supplies. There are offices and meeting areas located within both the school and the dormitory. Teachers and students have access to computers, Print, MP3, players, (MSMT) books, and additional writing/working in work classrooms. All meals are prepared and served on-site.

Activities program is available.

Each residential unit includes facilities with accommodations similar to those found in typical homes.

3. Service Plans

All students entering a Grafton program will have a Treatment Plan based on the student's symptoms of concern and reason for referral which includes a detailed discharge plan, including associated measurable goals and objectives. An initial Treatment Plan is completed upon admission and includes initial treatment strategies. The next Treatment Plan is typically completed within 14 days after admission and is updated by the multidisciplinary team during the student's next meeting with the IEP team. This second Treatment Plan is developed from historical information, parent/guardian and agency interviews, and current clinical, educational and medical assessments. The ongoing Treatment Plan is designed based on this information, as well as behavioral data collected on a consistent basis. Treatment team issues continue being met in the residential home of the treatment plan process including monthly updates to the discharge assessment review of applicable data associated with discharge goals and objectives.

Students enrolling within the Berryville RTC may enroll with either an IEP, 504 plan, or an IIP while identified based upon who placed them. In this point, based on current assessments, an updated IIP may be required. All cases staff will assess the student's risk level when updating in the discharge, review and approval of an IIP in accordance with all state and Federal requirements. Participation in the IIP process by the student, parent/legal guardians, and the IEP is documented.

4. Progress Reports

All students have multidisciplinary team (MDT) meetings conducted at least monthly to support and monitor their education and treatment progress. Specific progress on goals and objectives in the Plan of Care (behavioral health) and the IEP/504 (educational) are discussed and reviewed. If progress is not on track according to the minimum growth guidelines for accomplishment based on the plan timeline, the MDT designs strategies and interventions to facilitate student progress.

Additionally, during every month, the supervising administrators (Educational, Clinical) review current scores to ensure satisfactory progress. Specific feedback and guidance is given to staff as individual IEP progress updates are sent to the parents, the local school system and other associated team members in accordance with IDEA guidelines.

The IEP's completion, a plan meeting requirements within all steps of an assignment of a student in a private day school to discuss the Student Improvement Measures form. This measures student progress as well as measure a student's level of function in comparison with average peers. This meeting will occur annually for all students and must be completed by the end of June each year. This is also completed when a student exits the program.

5. Recreation and Physical Exercise

Grades provide and provide recreational and physical exercise activities regularly with an individual's age, developmental level, interests, and needs. These activities may occur at Graden School or residential sites or in the community. Recreational activities occur indoors and outdoors and are structured to enhance the learning opportunities for students. Community recreational resources are allowed including at some service agencies, community athletic leagues.

In school, physical exercise schedules are developed as part of the general school day and are integrated into the individual classroom schedule. Activities may be developed and led by a teacher/teacher aide or a contracted licensed provider. All necessary modifications or accommodations are made to account for medical or physical disabilities which may impede full participation in typically offered physical education activities.

Residential activity schedules are developed by direct care staff and students to allow opportunities for individual and group activities, and the free time for students to pursue personal interests. Consideration is given to the schedule for meals, religious services, educational programs or other regular events when planning the recreational activities.

Recreational activities and field trips are directed and supervised by staff knowledgeable in the safeguards required for the activities.

6. Religious Activities

Grades Graden operates in a non-sectarian manner, neither requiring participation in religious activities nor denying activities on the basis of religious preferences. Graden staff will provide opportunities for students to participate in religious activities of the students' choice. However, religious service selection may be limited by the variety of choices in the local community. Staff and/or students' illnesses, activity schedule conflicts, last-minute abs. may prevent attendance to a particular religious service.

7. Transportation

While at Graden your child will be involved in a variety of activities. Many of these activities will be in the community. Graden students are transported in vehicles (bus or van) which are owned or leased by Graden and operated by Graden employees. Graden will use valid drivers' licenses for all staff transporting students. All of Graden vehicles are properly licensed and licensed according to state requirements.

B. School Programs

1. School Philosophy

Griffin embraces a research-based approach to instruction which includes informal and formal assessments, curriculum alignment mapping and data analysis. Emphasis is on data based decision making which is used to design and monitor instruction strategies to guide each student's educational program. Student performance, interests and abilities are noted and inform the staff of instructional opportunities. The integration of special education and behavioral health enhances opportunities for students to recognize their strengths and use them to achieve success in learning across diverse subjects and environments. This integration allows the teacher and the student to engage in alternative formats for presentation, action, expression, and engagement. This teaching philosophy fosters a motivation for lifelong learning, which is our most essential and functional necessary competency of life.

2. Curriculum

Griffin provides a limited curriculum that balances academic and functional skills. It is designed to provide a variety of instructional opportunities to students with a wide range of disabilities. For all students 10 years and above, Career and Technical Education is provided as an option in a variety of courses as exploration, assessment and training.

All students are assessed to less than annually with the written consent of their parent and/or legal guardian. Assessment results are shared with the educational team prior to development of the appropriate educational plan for the student. Assessment methods adopted for use in the instructional team and may be modified at any point during the school year based upon program needs or acquisition of superior options.

All students have access to and instruction in the curriculum standards adopted by their home state. In Virginia this consists of the Virginia Standards of Learning/Virginia aligned Standards of Learning. In addition, appropriate instruction is fully Living, Career and Technical Education, Computer Technology and Community Living Skills, as appropriate. This is achieved by the placement in and the monitoring of progress of each student in one or more of the following curricula. Curriculum and materials are adapted to provide learning at an optimum rate with high retention and broad generalization.

Current available curriculum options include but are not limited to:

- The Virginia State Department of Education – Standards of Learning/Curriculum Framework
- The Virginia State Department of Education – Virginia Occupational Standards of Learning
- The CTE – Strategies for Teaching Based on Action Research
- Niagara Transition Skills Instructional Series
- Project Learning
- Early onway Self-Help
- Teachmean
- Extreme Reading Level One & Two
- CoreLife Programs
- The state curriculum or alternate state curriculum of the student's placing state other than Virginia.

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- See General Applied Skills (Math/Computer)
- Science
- PE/Health 1, 2&3
- English Functional/Work/Basic
- Life Skills/ESL – Reading/Work/Computer
- ILS (Technology Based Instruction)

Instructional adaptations and modifications, as well as assistive technology, are based on the student's IEP. The instructional methods and accommodations include environmental changes and take into account the student's learning time and gross motor needs of each student. Instructional materials and interventions are state based.

3. Educational Objective of the School Program (Please see Attachment E for program description and objectives)

Grades has three different programs that are dependent on the functioning levels of the student and are determined by the student's IEP/IF team. The different activities and the educational objectives details of each of these programs are located in the "Program of Studies Handbook" which can be accessed at www.doe.virginia.gov.

Students are offered opportunities to participate in arts and music based curricular experiences as part of the student educational day. Additionally, with parental and/or legal guardian consent, and as deemed appropriate by the student's multi-disciplinary team, students may participate in a family life curriculum appropriate to their developmental and developmental level.

In each program, teacher teams or provide teacher to student ratios (defined in state regulations), there is at least 1 teacher for every 10 students in the integrated program and 1 teacher for every 10 students in the general education program along with 1 to 2 instructional aides. The number of instructional aides is dependent on the individualized needs of the students.

- **Integrated Program:** This program exists for those students whose IEPs indicate that they cannot meet or fall the requirements of the Virginia Standards of Learning (SOLs) or those of the student's home state.

This program is designed for the student who needs a highly specialized learning environment to function life skills. The educational objectives include daily living and career and technical education skills. Included in the program objectives are the students' areas of English/language arts, mathematics, history/social science, and science, which are based on the aligned state standards of learning. Students participate in learning with emphasis on communication skills in functional context.

The student may spend a portion of each school day in a career and technology exploration, assessment screening or training for the IEP. The career courses include job exploration, a career and technical education assessment (typically situational), and job training in an individualized real workplace for each job skill set. Training areas are matched according to labor requirements and students who participate are paid a stipend based on a predetermined set of work skills and work behavior. These work experiences may be indirect or community based. The completion of the program and the requirements of the student's Individualized Education Program (IEP) results in the issuance of a Certificate of Applied Studies or Certificate of Completion.

- **General Education Program:** The General Education Program exists for those students whose BIP/IEP team indicates that they can best participate in a curriculum based on the Virginia Standards of Learning (SOLs) or the applicable standards of their home state. The objective of this program is to increase competency in the first core academic subjects areas of English, Mathematics, History/Social Science and Science. In addition to these subject areas, Cochrane Island students receive a balance of functional skills and career skills that lead to successful transitioning into adulthood.

No less than annually, Cochrane administration will confer with the students from ILL to ensure that course offerings remain in alignment with graduation requirements.

4. School Attendance and Tardiness

Cochrane annual school calendar is published on [www.cochraneva.edu](#) in the Spring and commences July 1 of each school year. Cochrane's school program provides full school days each year with approximately 180 any school days.

Students enrolled in from an educational program receive a full attendance. All students are expected to attend school regularly and to be on time. Instructional staff document attendance and/or tardiness daily with formal administrative records in the home ILL as per the requirement of the ILL.

There are times when a student is unable to attend school. Therefore, when a day student will be absent for all or part of a day it is the responsibility of the parent or legal guardian to inform the school each day that he or she child is absent or not in attendance for the entire school day. When a residential student is absent for all or part of the day it is the responsibility of the cell manager to inform the school of the reason for each absence. If a day student is absent without notice, a cell manager employed by Cochrane will make reasonable effort to contact the parent or legal guardian the student every day to obtain the reason for the student's absence.

Absences that may be excused are subject upon receipt of a valid written note or other form of notice approved by the school from the parent or guardian on the day of the student's return to school include:

- Illness (if over two days, the school may require a note from the physician)
- Medical and dental appointments
- Court appearances
- Death in the family and
- Extraordinary circumstances as determined by the principal or assistant principal of the school

Any absence for which there is no valid written excuse and/or communication from the parent will be considered an unexcused absence.

If attendance at Cochrane becomes a concern it is the teacher's responsibility to report this to the Principal. The Principal then informs the various teams for the absence and/or tardiness and supports them in the student's individualized support team (IST). The IST will determine strategies and techniques to encourage attendance and progress and if the reasons fall outside of Cochrane's format, the IST determines the best to contact the student's placing agency.

5. Grading

For all students attending students who enroll in a standard diploma, an advanced standard diploma or Virginia's formal grading system is used. Students placed originally under state rules are working on a state diploma also follow this grading scale. Grades are given based on a predetermined rubric that can include lesson content, skill development, and participation. Individual content teachers are given latitude to develop course specific grading guidelines and procedures with respect to assignment weighting, make-up work, grading tools, and homework. Student course logs give grading scale.

Grading Scale:

- A 90-100
- B 80-90
- C 70-79
- D 60-69
- F 50 and below

Elementary, Middle, and High School students in the integrated program receive letter grades based upon a rubric in consultation with their principal and Education Agency.

All students are evaluated by ongoing data profiles based on the formal rubric in their IEP goals and objectives.

Teacher follows all promotion and/or retention decisions in the home LEA based upon their local standards. Additionally, after teacher may issue a certificate of attendance, it is the responsibility of the student's home LEA to issue the formal graduation document.

6. Make-Up Work

The majority of the students at Guilford do not seek a curriculum in which make-up work would be beneficial.

There are a few students who, based on their curriculum track or diploma option, might encounter the need for make-up work. The teacher's consultation with the Education Administrator makes the determination of this need. The factors considered include the educational value of make-up work, the reason for absence resulting in the need for make-up, and the student's multidisciplinary team's (MDT) recommendation on this topic.

For students who are working at the high school level with the intention of earning a standard diploma or advanced studies diploma, high frequency of absences impairs the student's ability to earn credits and pass the required end of course exams. In this situation, Guilford will contact the student's local educational agency to determine how they would like to proceed. If make-up work is determined to be the best course of action by the LEA and the IEP team, then Guilford's principal works with the student, the teacher, and the student's MDT to develop a make-up plan that can be successfully completed.

7. Homework

Schedule will accommodate time for students to complete homework/study time.

8. Statewide Testing

Statewide testing decisions are made via test centers. For those students who have an IEP, all statewide testing decisions will be made during the IEP meeting and will be administered according to all applicable state standards and timelines. For those students who have an IEP, all testing decisions will be made through conference with the IEP.

The IEP team also determines the state approved assessment accommodations that will be provided to the student in the areas of timing/scheduling, setting, presentation, and response. These selected assessment accommodations are the accommodations, which are also being provided to the student on day to day instruction.

It is the local educational agency (LEA) decision as to whether or not it wants to receive the assessments at its own site. In most cases the assessments are done at Leath's by Leath staff. The needed assessments, criteria for collection of evidence, and other supplementary forms and information are provided by the student's IEP.

Under the direct supervision of the regional Principal, the assessments or the collection of evidence are completed. State and local assessment trainings are attended yearly by Leath's educational staff that in turn provide teacher training and ongoing support in this area.

All assessment administration is based on each IEP's assessment schedule. After all required elements are completed the assessments, criterion, and the collection of evidence are returned to the IEP with their predetermined timelines.

9. Work- Based Learning

During the duration of a student's educational experience and based upon educational progress, Leath may participate in career education experiences which include: on-site assessments in actual work experiences, off-site work experiences and/or job training. Placement in any type of work experience is based upon the student's career and technical education assessment done along with their associated individual student assessment.

Participation in all levels of the career and technical education program are monitored by the Career and Technical Education Teacher, along with the Principal to ensure compliance with all applicable laws governing the employment of children.

Parents/guardians will be required to sign a document in order for their students to enter the community during school hours (this applies for both CTE job sites and community based training).

Students participating in work-based learning may receive a stipend for their work. Parental consent is mandatory for initiation.

E. Nutrition & Special Diets

FOOD SERVICE

Griffin provides balanced nutrition and appropriate meals and snacks as per menus developed by a Registered Dietitian.

Griffin will provide a special diet as prescribed by a physician at enrollment or while the student is at Griffin. Please ensure that your child's physician submits a copy of the prescription that plan at least two weeks prior to enrollment. The prescription should include any notes describing specific guidelines. Please consult with the Office Department.

F. Medical Care for Inpatient Students

Nursing care is provided for Griffin students by professional nursing staff or the student's own health care provider. All medications must be packaged in a "child proof" distribution format and will be dispensed by nursing staff as per all applicable state and federal guidelines. Written prescriptions for all days and the remaining supply of each medication in the original container are to be given to the nurse or case manager at enrollment. Long-acting parenteral/long-acting medications will need document administration on the Mill.

While closely monitored both on-campus and residential students, Griffin staff will support medical needs through provision of scheduling coordination, staffing support, and transportation to and from community medical providers.

Parents/guardians will be notified within 24 hours of any serious incident, accident, or injury to the student. Staff attending the student at the time of the incident (illness, accident, or injury) will determine whether or not the student requires the attention of a community health care professional or emergency care obtained on campus guidelines. If the Griffin nurse is immediately available, he/she will make the determination.

Injuries that are not serious enough to require a doctor visit but have left marks, such as lacerations or scrapes (i.e. student falling on the playground) will be reported to the usually parent telephone calls. Parents who cannot be reached by telephone within notifying times. All attempts at notification will be attempted.

The case manager or nurse will call parents/guardians regarding medication, or any other health-related problems or needs. Should a Griffin nurse or external healthcare provider determine that a student is unable to attend school due to illness, he/she will be available for the residential setting by direct care staff and assessed periodically by a Griffin nurse or external healthcare provider. Return to school will be determined by the attending medical provider based upon Virginia Department of Health guidelines (link to <https://www.vdh.virginia.gov/health-services/communicable-disease-control-and-prevention/communicable-disease-control-and-prevention/>) for more information) and resolution of symptoms.

Griffin uses community hospital services. Local rescue squads provide emergency services on site and transportation to the hospital.

In all programs, purchase the right to administer medical provider of your choice for all medical services. Please contact the Admissions Department if you need this information or available medical provider options. Gadsden requires documentation that such services were provided and any follow-up recommendations be submitted to the Gadsden nursing department.

All individuals enrolled in the Berwynville Psychiatric Residential Treatment Center receive weekly medication services.

Unspecified epinephrine injections are available at the school site and all school staff are trained on per regulation in proper identification of a crisis event and administration of the injection. Specific locations for each site are maintained by nursing (clearly labeled), communicated to staff via written correspondence, and included in written infection trainings.

G. Medical Care for Day Students

Medication is provided for Gadsden students by professional nursing staff or the student's own health care provider. All medications must be supplied by the appropriate in the original child-resistant pharmaceutical packaging with directions for administration. All medications obtained delivered to Gadsden Nursing staff by an adult and transported in a locked bag or box which cannot be accessed by the student. Only trained personnel may administer medications and must document administration on the Health Care Department's Medication Dispensing, Parent/Guardian/Adult Signature/Printed or Authorization on that child's medication. This is important should there ever be a medical emergency.

Parent/guardians are responsible for the scheduling and transportation to and from all community based health-care provider along with ensuring Gadsden's medical staff are apprised of any medical treatment that will impact the child's care during the school day.

Parent/guardians will be notified of any serious incidents, accidents, or injuries to the student. Staff assessing the incident at the time of the incident (those accidents of injury will determine whether or not the student requires the attention of a community health-care professional in emergency room visit based on training guidelines. If the incident nurse or on-duty manager is immediately available for the visit, make the Administration.

Injuries that are not serious enough to require a doctor visit but have left marks, cuts or bruises or scrapes (i.e. student falling on the playground) will be reported in the daily communication log.

The case manager or nurse will call parent/guardians regarding medication, or any other health related problems or needs.

Should a student exhibit concerning symptoms of potential illness during the school day, a Gadsden nurse or case manager will contact the parent and arrange for early pick-up. Upon assessment by an external health-care provider around the town area that a student is unable to attend school due to illness, the school will contact their school administrator as per the medical provider's order. Should the student not require a medical attention to return within administrative rules to attend and continuously the attending medical provider must sign (Virginia Department of Health guidelines) (click here for more information) and coordination of symptoms.

Gadsden uses community hospital services within all regions. Local nurses provide possible emergency services on-site and transportation to the hospital.

All individuals enrolled in Gadsden also receive psychiatric medications are required to have an annual monitoring/physical.

Specialized epinephrine injectors are available at all school sites and all school staff are trained in proper regulation in proper identification of a crisis event and administration of the injector. Specific locations for each site are monitored during morning/drop-off communications for staff via written correspondence, and included in annual refresher trainings.

II. Protection from Abuse and Neglect

All Crofton staff are mandated reporters of any suspected abuse and/or neglect. Staff is trained annually in accordance with all applicable state and federal regulations. Policies and procedures for reporting any suspected occurrence(s) of abuse and/or neglect are located within the Crofton Policy Manual – (attachment 4)

I. Behavioral Supports

1. General Information

Students who receive services through Crofton often display various acting-out behaviors. Crofton is committed to helping our students develop positive behavior patterns that they will be able to take with them when they leave Crofton. As such, all staff is trained in approved behavior management and de-escalation techniques. Staff within the Berkeley Region is trained in both SBMIIT and SBMIS. Functional Behavioral Assessments are completed to identify the functions that the behaviors serve for the client. Individualized positive behavior plans are then developed to teach alternative/replace more behaviors. These new skills are reinforced using a variety of real situation situations.

From time to time however, restorative consequences may be required as discipline for inappropriate behavior by the student. All restorative consequences are designed to reduce the occurrence of the unwanted behavior. Restorative interventions are described below:

SBMIS has attachment (2) to the Youth and Safety Policy implemented at the Crofton Berkeley Regional Treatment Center

2. Time Out

In accordance with state rights regulations, "time out means excluding an individual to regain emotional control by removing the individual from his immediate environment within any open location until he is calm or the problem behavior has subsided". The instruction to the individual to move or remain in the alternative location may not take the form of a threat. An individual may not be in time out for more than 15 minutes per episode. Time out must be part of a written behavioral support plan with approval from a licensed/certified nurse. During a timeout, an individual may not be isolated alone in a bathroom removal area from which he is physically prevented from leaving (restroom).

Note: Crofton does not use seclusion of any type across all locations.

3. Restriction

While receiving staff support, each individual is entitled:

- **Being of the frequency of emergency life threats consistent with his need for services, his protection, and the protection of others, and that do not interfere with his services or the services of others.**
- **Receive services in their setting and under those conditions that are least restrictive of his freedom. Such arrangements must: individualize participation in normal activities and conditions of everyday living and supports each individual's functions; innovations or restrictions on an individual's freedom will occur only when needed to achieve appropriate health, maintain a safe and orderly environment, or intervene in an emergency; Restrictions will not be imposed on an individual unless the restriction is justified and carried out according to state rights regulations. A qualified professional team will regularly review every restriction and ensure the restriction is also reviewed when the individual's status or the entire home/unit.**

4. Physical Restraint

The minimization of physical restraint has been the goal in the Barryville Region for years with a drastic reduction being the result. All employees working with clients are trained and certified in them. Plans to complete all de-escalation strategies as well as physical alternatives to restraint. One intention is to manage crisis situations using de-escalation and other train and certify our employees in another approved system that restricts or prevents restraint.

Physical restraint will only be used once other alternatives have not been successful and the situation has become dangerous. Physical restraint will not be used as punishment, applied or for the convenience of staff. Each use of physical restraint must be documented in the client's individual care plan. If a client requires the use of physical restraint as determined by a clinical partner, emergency use of such procedures must be incorporated in the Plan Behavior Support Plan. There must be a clinical and rights review of the plan. The plan may not be approved for longer than seven-year period. The plan must also include the removal of the client involving services and/or the question's withdrawal up events.

5. Restitution

Restitution may be approved in an effort to provide for more noticeable consequences for the destruction of property by any of the following methods as part of an approved individualized behavioral support plan.

Chores may be performed within the following parameters:

- **Chores may not discipline or replace an employee. Chores assigned do not release an individual and therefore do not count as making the client (example: if an individual messes up the bathroom, he may be required to clean it up but his compliance does not release the housekeeping staff from cleaning client's.)**
- **Chore assignments must be time-limited.**
- **Chores that benefit an individual staff member must be avoided.**
- **Chore assigned should be directly related to the infraction.**

Money may be used as a means of restriction within the following parameters:

- Money from general funds, such as activity credits or a money may be used within the context of a restriction program.
- No more than 50% of an individual's money may be designated for restriction.

The individualized behavioral support plan will:

- Specify the behaviors that may result in the use of restriction;
- Provide written or taped rules that will be used for restriction;
- Designate who has the authority to approve the restriction assigned in a specific incident (manager or therapist - someone not directly involved in the incident);
- Specify the maximum amount or total duration of restriction that can be assigned for any one incident.

6. Increased Structure

Increased Structure Program may be used for students who demonstrate very dangerous behaviors and who are making regularly staffed academic environments unsafe for others or themselves. These students may be assigned to instructional areas with lower student to staff ratios and more highly structured activity schedules. Use of the Increased Structure Program must be incorporated into all approved individualized behavioral support plans.

7. Punishments/Actions Prohibited at Crafton

- Deprivation of drinking water or food necessary to meet an individual's daily nutritional needs except as ordered by a licensed physician for a legitimate medical purpose and documented in the individual's record;
- Limitation on contacts and visits with the individual's attorney, a probation officer, regulators or governing agency representative;
- Home confinement and visits with family or legal guardians except as permitted by other applicable state regulations or by order of a court of competent jurisdiction;
- Seizure or withholding of incoming or outgoing mail except as permitted by other applicable state and federal regulations or by order of a court of competent jurisdiction;
- Any action which is humiliating, degrading, or abusive;
- Corporal punishment;
- Subjecting to unsanitary living conditions;
- Deprivation of opportunities for bathing or access to toilet facilities except as ordered by a licensed physician for a legitimate medical purpose and documented in the individual's record;
- Deprivation of healthcare;
- Deprivation of appropriate services and treatment;
- Application of excessive restraint except as permitted pursuant to applicable state regulations;
- Administration of invasive, aversive, or aversive except as ordered by a licensed physician or person certified under the appropriate medical purpose and documented in the individual's record;
- Deprivation of opportunities for sleep or rest except as ordered by a licensed physician for a legitimate medical purpose and documented in the individual's record; and
- Limitation on contacts and visits with advisors employed by the Department of Mental Health, Mental Retardation and Substance Abuse Services or the Department for Rights of Citizens with

J. Complaint Resolution

Parents, guardians, teacher staff, or other individuals receiving services may filing a complaint or request to the attention of any member of the central regulatory team/committee. The person receiving the problem attempts to resolve it at the time of contact. If the team member is unable to provide immediate resolution, the concern is forwarded to the individual's case manager. The case manager determines the nature of the concern and will be involved in its resolution. The person making the complaint will be contacted within 30 days by the case manager concerning the matter. At any point in the process, if the person making the complaint is not satisfied with the proposed solution, the case manager or other team members may suggest help or needed services/applications to the issue from the regional management team and the response office.

In regard to our Private Day School services, in the event that the complaint is not resolved with the internal resolution or process, they may file a complaint with the office of Private Day Schools for Students with Disabilities, Virginia Department of Education, PO Box 7188, Richmond, Virginia 23268-7188. Information for other regulatory concerns may be obtained from the case manager.

K. Confidentiality

Each individual receiving services is entitled to have all information that Griffin maintains or issues about them remain confidential. Each individual has a right to give his consent before Griffin shares information about them or his case unless another law, federal regulation, or state rights regulations specifically require or permit Griffin to disclose certain specific information.

Griffin will prevent unauthorized disclosure of information from service records and will manage the information in a secure manner.

If consent to disclosure is required, Griffin gets written consent of the individual or the parent/guardian/legally authorized representative, as applicable, before disclosing information.

When information is disclosed, Griffin will attach a statement that informs the person receiving the information that it must not be disclosed to anyone else unless the individual consents or unless the law allows or requires further disclosure without consent.

When required, Griffin will tell individuals the sources of information contained in their service records and the names of anyone, other than Griffin employees, who has received information about them from Griffin. Individuals receiving services will be informed that regulatory authorities may have access to that records.

L. Inspection & Review of Records

Each individual receiving Groffer services has a right to view, read and/or get a copy of his own services record. Others must have their parent or guardian's permission first. If this right is restricted according to law, the individual has a right to let certain other people see his record. Each individual has a right to challenge, correct or explain anything in his record. Injuries or test observations are made as a result, each individual has a right to let anyone who sees his record know that he did so whenever explain his position and what happened as a result. An individual's legally authorized representative has the same rights as the individual himself has.

Groffer will permit each individual to see his records when he requests them and to provide corrections if necessary. Groffer, without charge, will give individuals anything they request to read and understand their service records and provide corrections to them.

If Groffer limits or refuses to let an individual see his service records, Groffer will notify the human rights advocate and let the individual that he can ask to have a lawyer, physician, or psychologist of his choice see his records. If the individual makes this request, the provider will disclose the record to that lawyer, physician, or psychologist.

Groffer will document in the record the decision and reason for the decision to limit or refuse access to the individual's medical records. The individual will be notified of any limits and conditions for removal of the restriction. How, time, limits and conditions will also be specified in the record.

If an individual asks to challenge, correct, or explain any information contained in his service record,

- If the report finds that the service record is incomplete, inaccurate, out-of-date, not timely, or not necessary, Groffer will: 1. Either mark that part of the service record clearly to say so, or also remove that part of the service record and file it separately with an appropriate cross reference to insure that the information was removed; 2. Not disclose the original service record without separate specific consent or legal authority (e.g., if compelled by subpoena or other court order); 3. Promptly notify in writing all persons who have received the incorrect information that the service record has been corrected and request those persons acknowledge the correction.
- If the report does not result in action satisfactory to the individual, Groffer will upon request file in the service record the individual's statement explaining his position. If needed, Groffer will help the individual write this statement. If a statement is filed, Groffer will: 1. Give all persons who have copies of the record a copy of the individual's statement; 2. Clearly state in any later disclosure of the record that it is disputed and include a copy of the statement with the disputed record.

Groffer may deny access to all or a part of an individual's services record only if a physician or a licensed psychologist involved in providing services to the individual tells to the individual, looks over the service record, and as a result of the individual's request for access, signs and puts in the service record contemporaneously a written statement that he/has denied access to the service records by the individual at the time could be physically or mentally harmful to the individual. The physician or licensed psychologist must also tell the individual as much about the service record as he can without telling him to the individual.

An access log will be signed by anyone that sees a student's file for any reason, with the date and purpose for review. Education Administrator or designee is always available to explain the records to parents on request. A designated person will be provided for any parents who need any translation of the records.

If the original original student records will be returned to the home school, local Education Agency (LEA), from which the students came.

Griffin Integrated Health Network student records include the following: Access/Discharge Record, Current IEP, Plans and consent, Transcripts/Grade Cards, Statement of Learning/Interest, Diagnostic or Educational Testing Application, a Parent Rights Form (signed and understanding separate), Correspondence, Physicals/Certificates (for more than 3 years old), Critical Incident Reports, if any (only one student's name appears in any student file).

Previous school information provided may include: Grade cards/Transcripts, Placement IEP's, medical notes, School test evaluations, Private educational evaluations, Speech/hearing assessment reports, Physicals/Certificates.

Subject files are maintained in accordance with legal and regulatory requirements regarding confidentiality and access.

M. Financial Information

1. General Fees

General fees are the responsibility of the sponsoring agency(ies).

- Instructional Day:** Please refer to the web site for the Office of Comprehensive Services (OCS) for its *Health and Families* which publishes *Virginia's Service Fee* (<http://www.vocms.org/vocms/parents>). Day fees cover all academic costs including tuition, textbooks, writing and other instructional materials, library resources, program supplies, lunch on each academic day and supervision on those days during school hours. No transportation is used from home is provided.
- Residential:** Please refer to the web site for the Office of Comprehensive Services (OCS) for its *Health and Families* which publishes *Virginia's Service Fee* (<http://www.vocms.org/vocms/parents>). This covers costs for day students plus room, full board (room, meals) costs, all regular recreation programs and supervision and instruction during all non academic times seven days a week.
- Therapy:** When needed, an individual's program will be designed to include speech/language therapy, occupational therapy, or other individualized services as appropriate. Costs will be determined according to rates listed on the Service Fee listing.

2. Medical Fees

- Medical and Pharmaceutical:** Fees for these services (including dental, pharmaceutical and/or clinic services) are not included in the general fees and will be billed by the community provider as needed. If a student is unable to receive the required medical treatment or medication due to unpaid bills, Griffin may suspend services until the matter is resolved.

3. Insurance

Please note that Coaches does not provide accident or medical insurance. However, Coaches does provide liability insurance. Please contact our Finance Office for more information at 603-253-0333, ext.2000-1016.

4. Refund Policy

All charges are provided on a per diem basis, computed from the day of enrollment. In the event an individual does not actually attend Coaches, is withdrawn by the sponsor permanently, or is dismissed by Coaches permanently, any tuition that has been collected that exceeds any actual days beyond those during which the individual was served will be refunded by prior registration supervisor exceptions (including an individual's plan for a specified period through placement assistance). Note that this policy does not include any temporary absences following which the sponsor intends the individual to return to school.

N. Discharge

It is the goal of Coaches staff to teach skills in education, vocational, community living, residential living, leisure and recreation, language and social interactions. Any individual whose skill level permits movement to a less restrictive or preferred residence will be transitioned into that residence with appropriate approvals from providers/staffing agencies, as long as funding is possible.

Discharge from any of Coaches programs can be classified in one of four ways: Planned, Coaches initiated/Emergency, Provider/agency initiated, or Individual initiated. Whenever there is a discharge fee, its purpose is to assist the individual in pursuing individual growth and development. Discharge planning is carried out in coordination with the sponsoring agency and other involved agencies, the individual and the participants/parents to ensure that the best possible alternative placement is selected. In all cases, the agency which referred the individual for placement will be notified immediately regarding a discharge.

- **Planned Discharge:** A planned discharge requires either circumstances such as an individual has met stated objectives, programming alternatives have been unsuccessful, the individual has reached the maximum age allowed in the current program, or an individual is transitioning to their home community. A minimum of 60 days notice will be given to responsible parties involved regarding a planned discharge.
- **Coaches Initiated/Emergency Discharge:** Emergency discharges may be required for individuals who cannot receive necessary and appropriate services from Coaches. This includes individuals who require medical services not provided by Coaches, individuals who require psychiatric hospitalization, and individuals who present other dangers to themselves or others. Notice of such discharges will be requested with the appropriate sponsoring agency and/or Community Services Board. Agencies will be notified of required early program changes which should provide any actual last moment notice.

When regular program procedures do not provide the necessary notification to suitable agencies facilitating treatment plan changes or requests for additional services, including additional staff support will be made prior to consideration of a teacher-initiated/emergency discharge.

If the parent/legal guardian goes to due process to prevent a teacher-initiated discharge, teacher will maintain the placement during due process proceedings. An exception to this policy may occur for individuals determined by a physician or a physician's request to be placed in a more restrictive facility. Teacher does not offer intensive medical, psychiatric or substance services.

- **Parent/Agency Initiated Discharge:** A decision for discharge may be made by a parent/legal guardian or agency for their own purposes and reasons. A minimum of 30 days notice is requested for such a discharge. The specific time of discharge may be negotiated with the parent/legal guardian and funding agency.

If a local school system requests discharge and parents/legal guardians go to due process to prevent the discharge, teacher will maintain the placement as long as there is a contract to pay for the services rendered. Teacher will support movement to an alternative placement only if the parent/legal guardian has agreed to the alternative placement.

- **Individual Initiated Discharge:** When individuals 18 years of age or older initiate discharge from teacher services, teacher staff will work cooperatively with them. Notification will be sent to all agencies in the funding agency and parents. Individuals choose their own legal guardian, and are self-sufficiently entrusted into someone else's care within the court system, are legally entitled to make such a decision.

Within one year of discharge teacher may contact parents, guardians, social workers, other case providers, or the individual served by teacher about adjustments and progress as part of teacher's ongoing quality improvement efforts.

ATTACHMENT A

GRAFTON		Policy and Procedures
State of Policy	Proposed from Team	
Policy Number	1215	
Level	Local Level	
Policy Status	Under for Approval, Drafted and Completed	
Approved/Reviewed by	12/20/2018, 12/20/2018, 12/20/2018	
Policy	<p>All Grafton employees are responsible for the proper treatment of individuals receiving services. Under no condition may any individual receiving Grafton (or district) support, or employee, be found to have mistreated, neglected, abused, or exploited a client with the subject to disciplinary action, up to and including termination.</p> <p>In a condition of employment, any employee who knows or has reason to believe that an individual receiving services may have been abused, neglected, or exploited, will immediately report this information directly to the Quality Assurance (QA) Supervisor or to the instructional program manager. This requirement also applies to contractors, student interns, and volunteers.</p> <p>Grafton's Quality Assurance Department is identified as the internal control center for filing Grafton-related abuse/neglect allegations reports. However, an employee retains the right to make such reports directly to the Department of Social Services (DSS) without filing them.</p> <p>The QA Supervisor and/or program manager will immediately take necessary steps to ensure the safety of individuals receiving services.</p> <p>An abuse or neglect allegation from parent or other persons not employed by Grafton should be forwarded to the QA Supervisor who will take appropriate follow-up action.</p> <p>Employee Interactions with Clients:</p> <p>A. Staff should avoid being alone with individuals receiving services except when required. For example, staff should not go behind closed doors with an individual supported or out of sight of other staff, when possible.</p> <p>B. Harassment is prohibited. Prohibited activities include verbal abuse, gestures that include exchanging slurs (does not include use of "high-top" discrimination), pinches, excessive touching and smacking.</p> <p>C. Staff must use only age appropriate physical touch with individuals supported by Grafton. Consideration should be given to the age of the individual before offering hugs. Exchanging notes or letters with individuals receiving services should be avoided as well as any physical touch that might be misinterpreted.</p> <p>D. When working with students, staff must always maintain authority as the instructor while. When working with adults, staff is expected to maintain a professional supporting relationship.</p>	

- Staff persons are always responsible for behavioral intervention. Individuals receiving services may react to the manager of another individual's behavior.
- Only staff persons approved behavior intervention techniques may be used when attempting to assist an individual with gaining behavioral control.
- The use of manacled groups should be restricted to that which is absolutely necessary.
- When staff are unable to bring their services they are responsible for notifying another staff person known to them (not staff absent) and notify if necessary. Calling in from an individual receiving services is never acceptable. An employee must never touch an individual unless either the employee himself/herself is out of emotional control.
- If another staff person tells an employee to take a break, they must do so without question.

Procedural Outcomes of Investigations

- Managers of staff members are legal responsible for the well-being of individuals with special needs. With awareness of the importance of preserving a constructive rather than destructive milieu, the organization reserves the right to suspend an employee during the investigation and/or during an employee's entire workday. An allegation without sufficient evidence, if this is not substantiated. Further findings will be included in the LPI Supervisor's summary report of the investigation.
- An employee may be held responsible as a manager, director or administrator of the organization or agency manager. The LPI Supervisor may recommend suspension of the employee to any of the individuals listed above.
- Any employee who commits a major violation will be dismissed, the date of dismissal subject to consideration of the wishes of the individual receiving services and any mitigating behavior on the part of the employee.
- Any employee with a minor violation will have personal action as determined by that LPI Supervisor and Human Resources Manager. Examples of personal action include: probation, leave without pay, retraining, or change in location of job assignment.

Procedure

Reporting

The reporting procedure are designed to maximize the confidentiality of those persons reporting such incidents.

Persons observing any identified as mistreatment, abuse or neglect or seeing a situation including the possible mistreatment, abuse or neglect of a client must immediately contact the LPI Supervisor in person or by phone. If the LPI Supervisor is not available, the staff must immediately contact the on-duty or central program manager. Any employee may call 800 directly to make a report of abuse or neglect. If they choose

The program manager who receives a complaint will immediately contact the LPI Supervisor and follow the below incident policy and procedure.

When there is reason to suspect abuse or neglect as defined in state law and regulations, LPI is the area of the alleged abuse or neglect must be notified within 24 hours.

The State Administrator may be contacted if the local department is unable to respond within 24 hours. The Iqit Supervisor at the program manager receiving the report will make this notification.

For programs licensed by the Virginia Department of Behavioral Health and Developmental Services (DBHDS), notifications of allegations will be made to DBHDS in accordance with the Department's reporting protocol. Allegations involving care of children/private day schools will be reported to the Virginia Department of Education. These notifications are made immediately (but no later than 24 hours).

The allegation is not to be discussed with individuals other than those identified in these policies and direct support professionals' immediate attempts to interview the client for additional information.

If the report of alleged abuse or neglect involves an individual other than a resident receiving the information will be turned over to DSHS by whom the alleged abuser might be employed. DSHS will provide assistance to DSHS as requested. Additional notifications to the client's family/provider are made dependent on consultation with DSHS.

Investigation:

Internal agencies may choose to conduct investigations into an allegation. DSHS will work collaboratively with external agencies during this process. An internal investigation will attempt to determine following a written report about a suspect allegation. DSHS will take steps necessary to ensure the health, safety and welfare of clients, including the client alleged to be a victim of abuse/neglect.

The employee named in an abuse or neglect report may be asked by a program manager to meet immediately thereafter. The employee will receive general information about the complaint at that time. The employee's supervisor will contact the employee with more information as appropriate as necessary. There will be documentation for the involved staff to describe events and discuss information regarding the complaint.

If the allegation leads to an investigation by the Department of Social Services, the employee named in the allegation may be placed in "investigative suspension". This step is not intended to be a presumption of guilt or a punitive action. At this point, the complaint is an allegation that must be investigated. Investigative suspension is a safeguard for the employee, to prevent additional allegations of abuse/neglect or harassment. The employee is paid during a period of investigative suspension.

If the allegation does not lead to an investigation by DSHS, the individual's supervisor or on-call manager will determine staff action, including suspension (with or without pay) or reassignment during the investigation.

During an investigation, the Iqit Supervisor will gather documentation, as applicable, including daily narratives/notes, incident notification forms, medical information, telephone call records, work schedules, client care sheet information, and pertinent personnel information. Interviews will be conducted with employees and individuals, as relevant to the case. Additional information may be gathered as needed. For any investigation.

	<p>The ILE Supervisor will determine the date, approximate time of the alleged violation, name of individual(s) involved, and the name of the employee(s) involved based on information gathered.</p> <p>In the case of suspected sexual abuse, ILE typically requires that a physical examination be conducted as soon as possible.</p> <p>In the case of an allegation of physical mistreatment, abuse or neglect, a nurse or designated manager will examine the individual for physical marks or signs, as soon as possible, and take the individual for an additional medical examination, as required. Findings of this examination will be documented.</p> <p>Requested internal documentation will be made available to the ILE Investigator, the licensing witness and the Human Rights Advocate. The name of the person making the initial report will be kept confidential except in those directly responsible for the investigation.</p> <p>Within 10 working days of initiation of an investigation, the ILE Supervisor will provide a written report to the Human Rights Advocate via the ILEHR state-based reporting application and to the Director to include whether abuse, neglect, or exploitation occurred, the type of abuse, and whether the act resulted in injury.</p> <p>Abuse/neglect reports are reviewed by different agencies for different purposes. The Virginia Department of Education and Virginia ILEHR receive a report from the perspective of compliance with licensure standards. The Human Rights Advocate may investigate to assess an individual's rights were protected. Internally, the allegation is reviewed for the abuse purposes, as well as to assess policies and procedures were followed and to recommend changes, as needed, to address proper treatment of all our individuals. ILE Investigator to determine specifically if abuse or neglect occurred in accordance with their Department definitions and policies.</p> <p>If sufficient facts sufficient evidence of abuse, the employee will be terminated. Disciplinary actions will be dependent on information gathered during the investigation, and if the ILE allegation is unfounded. For example, an employee's actions may not meet the ILE definition for abuse, but may clearly violate/contravene policies on the treatment of individuals. Documentation and reporting procedures, maintenance of confidentiality, use of approved behavioral management techniques and other treatment issues are examples of other aspects of an investigation which may lead to employee disciplinary actions.</p>
Influenced Parties:	ILE HR Services Incidents
Influenced Forms:	None

ATTACHMENT B

GRAFTON		Policy and Procedures
State of Policy	Personnel Policies	
Policy Number	HRP 110	
Policy Review Period	Annual/As Needed/Continuous	
Policy Status	Policy Critical	
Approved/Revised Date	HRP 11000 Approved 1/2008/Revised 1/2018/Revised	
Definitions	<p>Manager: For the purposes of this policy, manager is defined as Assistant Education Administrator, Assistant Residential Administrator, Chief Operating Officer, Clinical Administrator, Education Administrator, Executive Director/Deputy Manager, Program Support Manager, Program Support Supervisor, Quality Assurance and Compliance Director, Quality Assurance/Supervisor, Residential Administrator, Residential Manager</p>	
Policy	<p>Griffon assesses the photographs of clients and handles all sensitivity confidentially and with respect for the client.</p> <p>Griffon authorization for the use of photographs in compliance with this policy will be obtained and placed in the client's case record at the time of admission. This authorization will stand in effect until such time as it is notified in writing by the guardian. If authorization is not granted, this will be indicated on the client's file sheet.</p> <p>Griffon acknowledges that photographs of friends and family with our files and an client who lives at Griffon should be able to have such photographs. Griffon is not able to ensure confidentiality of photographs of clients when those photographs are used in client's personal journals.</p> <p>INTERNAL USE</p> <p>When clients are admitted, a photograph will be taken and placed in the client record for purposes such as to support identification by our staff, in the event of a runaway and for possible verification of a client prior to medication administration. This photograph is placed in the case specific release following established process for release of information from the client record.</p> <p>Additionally, photographs may be taken of clients' with permission of a manager in accordance with these specific guidelines:</p> <ul style="list-style-type: none"> ■ Photograph is to be used in construction of daily activity schedule when photograph is by consent in the client's ability to understand the schedule. ■ Photograph is to be used in construction of working tool (such as task analysis) when use of photograph is by consent in client's ability to comprehend instruction. ■ Photograph is used to recognize and celebrate client accomplishments and activities, such as an an individual bulletin board. Such photographs will not be placed in public areas such as the client's entry area or lobby but may be placed in hallways and other areas. 	

	<ul style="list-style-type: none"> ❑ Photographs may be given to clients who are included in the process for their permission. ❑ As part of a client's alternative assessment program, photographs may be sent to a third party assigned to evaluate the client's assessment portion. Specific quantity consent is needed for this use in accordance with other consent protocols. ❑ Photographs must be taken with a professional camera. ❑ All photographic images must be respectful of clients. ❑ Storage of photographic images of clients (prints, negatives, digital storage such as CDs and memory sticks) will be handled in such a way as to preserve the privacy and confidentiality of clients. For example, digital images will not be a mixed collection of health-related professional information (photobanking). <p>Restrictions on Use:</p> <ul style="list-style-type: none"> ❑ Photographs must NOT be taken or used for an employee's personal use. ❑ Photographs must NOT be negative, embarrassing, or demeaning. ❑ Photographs must NOT be taken with a cellphone. ❑ Photographs must NOT be taken with a personal camera. ❑ Copies of negatives or digital images, including CDs, must NOT be personally retained by employees. <p>Additional Use:</p> <p>Specific parties and client permission will be secured prior to taking photographs of a client's treatment or collaboration.</p>
<p>Procedure:</p>	<p>Written authorization for the use of photographs in compliance with this policy will be obtained upon admission. This authorization or lack of authorization, and any subsequent changes in authorization, will be placed in the client's record and included on the client's face sheet.</p> <p>Additional Use:</p> <p>Prior to an employee taking a picture of a client, a manager must give permission for the photograph(s) as noted in the above policy.</p> <p>Additional Use:</p> <p>Use of client images conveys important information about facilities as a service organization and gives potential clients an image that may help them relate to what the organization can offer them. To insure proper use of such images and to avoid duplication of health-related information in addition to ensuring informed consent for this purpose, if a client's picture is used in marketing materials, the parent/guardian will be informed that such use has occurred.</p>
<p>Approved Policies:</p>	<p>None</p>
<p>Approved Forms:</p>	<p>To access client information follow: Client/Photograph Policy - Acknowledgment by Client/Health and Representative</p>

ATTACHMENT C

Strafford Integrated Health Network



Your Information.

Your Rights.

Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you may get access to this information.

Please review it carefully.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a paper copy of your medical record	<ul style="list-style-type: none">1 You may ask to see or get a paper copy of your medical record and other health information we have about you. Ask us how to do this.2 We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable fee, sometimes.
Ask us to correct your medical record	<ul style="list-style-type: none">1 You may ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.2 We may say "no" to your request, but we'll tell you why in writing within 60 days.
Request confidential communications	<ul style="list-style-type: none">1 You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.2 We will say "yes" to all reasonable requests.
Ask us to link what we see or share	<ul style="list-style-type: none">1 You may ask us not to use or share certain health information for treatment or our operations.<ul style="list-style-type: none">2 We are not required to agree to your request, and we may say "no" if it would affect your care.2 If you pay for a service or health care from out of pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.<ul style="list-style-type: none">3 We will say "yes" unless a law requires us to share that information.

<p>Get a list of those with whom we've shared information</p>	<ul style="list-style-type: none"> ➤ You can ask for a list (accounting) of the times we shared your health information for two years prior to the date you ask what we shared it with, and why. ➤ We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you authorize us to make). We'll provide one accounting a year for free but will charge a reasonable cost-based fee if you ask for another one within 12 months.
<p>Get a copy of this privacy notice</p>	<ul style="list-style-type: none"> ➤ You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
<p>Choose someone to act for you</p>	<ul style="list-style-type: none"> ➤ If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. ➤ We will make sure the person has this authority and we will not write you before we take any action.
<p>File a complaint if you feel your rights are violated</p>	<ul style="list-style-type: none"> ➤ You can complain if you feel we have violated your rights by contacting us using the information on page 6. ➤ You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, NW, Washington, D.C. 20201, calling 1-877-684-2474, or visiting www.hhs.gov/omb/foia/privacy-complaint/. ➤ We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a care preference, for instance, we share your information in the situations described below, tell us so. Tell us what you want us to do and we will follow your instructions.

<p>In all the cases, you have both the right and choice to tell us to:</p>	<ul style="list-style-type: none"> ➤ Share information with your family, close friends, or others involved in your care ➤ Share information in a disaster relief situation ➤ Include your information in a hospital directory ➤ Contact you for fundraising efforts <p><i>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interests. We may also share your information when needed to lessen a serious and imminent threat to your health or safety.</i></p>
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<p>In these cases we must share your information unless you give us written permission:</p>	<ul style="list-style-type: none"> • Marketing purposes • Sale of your information • Most sharing of psychotherapy notes
<p>In the case of fundraising:</p>	<ul style="list-style-type: none"> • We may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR USES AND DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in the following ways:

<p>Treat you</p>	<ul style="list-style-type: none"> • We can use your health information and share it with other professionals who are treating you. 	<p><i>Example:</i> A doctor treating you for an injury will consult other doctors about your overall health condition.</p>
<p>Run our organization</p>	<ul style="list-style-type: none"> • We can use and share your health information to run our practice, improve processes, and contact you when necessary. 	<p><i>Example:</i> We use health information about you to manage your treatment and services.</p>
<p>Bill for your services</p>	<ul style="list-style-type: none"> • We can use and share your health information to bill and get payment from health plans or other entities. 	<p><i>Example:</i> We give information about you to your health insurance plan and bill pay for your services.</p>

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see www.hhs.gov/hipaa/for-professionals/privacy/index.html.

<p>Help with public health and safety issues</p>	<ul style="list-style-type: none"> • We can share health information about you for certain situations such as: <ul style="list-style-type: none"> • Preventing diseases • Helping with emergencies • Reporting adverse reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing serious threat to anyone's health or safety
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For research	<ul style="list-style-type: none"> We may share your information for health research.
Comply with the law	<ul style="list-style-type: none"> We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Work with unusual patients or special situations	<ul style="list-style-type: none"> We may share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests	<ul style="list-style-type: none"> We may share your health information about you: <ul style="list-style-type: none"> For workers' compensation claims. If for law enforcement purposes or with a law enforcement official. With health oversight agencies for activities authorized by law. For special government functions such as military, national security, and presidential protection services.
Respond to lawsuits and legal actions	<ul style="list-style-type: none"> We can share health information about you in response to a court or administrative order or in response to a subpoena.

OUR RESPONSE LITICS

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the rules and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us or we are in writing. If you tell us or we are in writing, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see <https://www.guifon.org/privacy-policy/our-response-litics>.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request in our office, and on our website.

Effective date: July 1, 2015

This Notice of Privacy Practices applies to the following organizations:

Guifon Integrated Health Network

120 Bellvue Avenue, Rochester, NY 14620 guifon.org
 email: Privacy@guifon.org Phone: 585-588-1222 ext. 1440

ATTACHMENT D

SEARCH AND SEIZURE

Searching of the student by using a metal detector of their belongings and the therapeutic environment may under certain circumstances and conditions be required to insure student and staff safety. Consideration shall be given to relevant student privacy.

Searches are to be conducted anytime staff suspects a student is concealing a potentially dangerous or prohibited object or substance.

Locks and storage spaces provided to the students are the property of the school. The Education Administrator or designee may conduct parent/inspections on a periodic or random basis and may open locks or storage spaces in the presence of a witness and examine the contents, including personal belongings of the students.

Locks, storage spaces and personal belongings may be similarly inspected on an individual basis when there are reasonable grounds to believe that they contain illegal drugs, weapons, stolen property, or other contraband provided the search is conducted primarily for law enforcement in the school. Reasonable efforts to locate the student shall be made prior to the circumstances justifying the search and notice of the objects that the official believes the search may disclose. If the student is not present, the school shall be informed of the search. Student items and items that are specifically prohibited by law, school policy, or other regulations may be impounded. The student shall be given a receipt for items of monetary value should they be impounded.

Students believed to have any such contraband on their person may be searched and metal detectors may be used. Such personal search may extend to pockets, to the removal and search of outer garments such as jackets, coats, sweaters, or shoes, and to items such as backpacks or bookbags. Student suspicion of alcohol consumption may also be administered a breathalyzer test.

ATTACHMENT E

Beypile Residential Treatment Center - Prohibited Property List

Material used supplies for educational, therapeutic and recreational activities are provided for clients while at Beypile. This includes supervised access to a variety of art and media, literary and recreational materials such as electronic gaming systems, music, sports equipment, etc.

In addition, Beypile provides all toiletries and hygiene supplies for clients.

To promote a safe and therapeutic environment for our clients and our staff, clients are prohibited from having the following items or any other items deemed inappropriately management:

- Alcoholic beverages, or any other product with alcohol
- Tobacco products - cigarettes, cigars, smokeless tobacco
- Clothing or other items (jackets, coats, shoes) that reflect or promote gang involvement, alcohol or drug use, violence or offensive language

- Appliances or flammable materials (flamewax, lighters, matches, candles, candles)
- Drugs or drug paraphernalia
- Prescription or over-the-counter medications (all medications must be kept in locked areas and administered per physician orders)
- Photography
- Communication devices including but not limited to laptops, papers, iPads, tablets, etc. Some of these items may be locked (used for emergency use)
- Weapons - any instrument, material or substance, animated or inanimate that is capable or is readily capable of causing death or serious injury including but not limited to knives, sherrifins, metal knuckles, jointed staps, firearms, BB guns, pellet guns, slingshots, pepper or mace spray
- Sharp objects - including but not limited to razor blades, metal (long) nail files and clippers, metal paper clips, hairpins, tweezers, scissors, mirrors
- Glass items, including glass bottles (not plastic for clients will be kept in the staff office)
- Tools, including but not limited to hammers, pliers, screwdrivers
- Keys or extension cords
- Handcuffs/Restraints
- Laser pointers
- Items
- Hair dyes, styling tools, flat irons (all are available for use but kept in staff office)
- General items, including soft drink cans
- Microwaves, refrigerators, popcorn poppers or other electrical equipment (available in some areas)
- Glass, including nail glue (available in offices)
- Jewelry - no earring or necklaces. Plastic neckties only with approval by the clients Treatment Team, and discontinued as such. Being friendly, respectful, and appropriate unless used in an unsafe manner. No pants from low retailers. No body piercing items
- Electronic items, including but not limited to radios, music players, televisions, MP3 players, video cameras, cell phones, personal computers, electronic games. Clients will have access to some of these items when approved by the Treatment Team (usually kept in the staff office for safety).
- Cleaning or floor air items
- Bicycles, motorcycles, motor bikes
- Handcuffs, restraints, other devices
- Money in excess of \$20
- Food or drink (usage often approved by the Treatment Team)
- Excessive quantities of clothing - no more than 2 suitcases full
- Battery operated cars (but not be kept in staff office if determined to be an effective restraints by the team)
- Medical instruments (but not be kept in staff office)
- Pets - including fish
- Restons with straps/pins
- Pens, paper, magic markers (may be kept in staff office)
- Audio and/or video recording devices

ATTACHMENT F

BERRYVILLE EDUCATIONAL OBJECTIVES AND PROGRAM DESCRIPTION

By using a strengths approach, *Center Integrated Health Network – Berryville* begins its commitment to:

- Following research-based data-driven methodologies in order to support individuals with learning disabilities, intellectual disabilities, Specific Learning Disabilities, Autism, along with health impairments, including speech and language impairments.
- Providing a multi-disciplinary continuum of care that will ensure that those we serve achieve maximum independence with the highest level of autonomy.
- Providing each student with the skills necessary to increase their capabilities through cooperative, collaborative, and therapeutic environments.

In order to accomplish these objectives each student will receive instruction through a program that includes students being educated under the Virginia Standards of Learning (SOLs). Students that are a part of this program are stated to receive an Advanced or Alternative Diploma from their home school system. The school program at Berryville features grades 1-12th. All classrooms are equipped with technological support that student participates in a program of studies in the areas of English, Mathematics, History and Science. There are also several elective courses for students in the areas of Life Skills, Career, Art/Artistic Ability Skills, Computer Science and Health. Berryville also practices an Integrated Program of Studies. This program aims for those students whose IEPs indicate that they (or eventually) will fall the requirements of the Virginia Standards of Learning (SOLs). The students in this program participate in the Virginia Alternate Assessment Program (VAAP) or the alternate assessment program of their placing state. This program is designed for the student who needs a highly specialized learning environment to functional skills. The program of studies will include skill development in communication, daily living, and occupational preparation. Included into the program of studies are the academic areas of English/Reading, Mathematics, history/social science, and science, which are based on the aligned state standards of learning. Students participate in learning with emphasis on communication skills in functional context. The student may spend a portion of each school day in career and technology application, assessment or training as called for in the IEP. The core courses include job exploration, career and instructional education assessment (typically vocational), and job training via an individualized task analysis for each job skill set. Training areas are tracked according to labor specialties and students who participate are paid accordingly upon successful completion of each skills and work behaviors. These skills experienced are all functional. The completion of this program, and the requirements of the students Individualized Education Program (IEP), results in the issuing of a Certificate of Applied Studies or Certificate of Completion.

ATTACHMENT G

GRAFTON		Policy and Procedures
Name of Policy	Name of Feature: Residential Treatment Program	
Policy Number	Policy Number: 001	
Policy Scope/Level	Local Only	
Policy Status	Under Review/Revised and Reapproved	
Approved/Revised	Revised by 2016	
Definitions	<p>Emergency Safety Situation: A situation in which the client's behavior is violent or aggressive and presents an immediate and serious danger to the safety of the client, other clients, staff or others.</p> <p>Restraints: Any program within the system of services at Grafton that conforms with regulations of Virginia Department of Medical Assistance Services (VDAS) governing restraints treatment.</p> <p>Seclusion: The voluntary confinement of an individual receiving services alone, in a room or an area from which he/she is physically prevented from leaving.</p> <p>Restraints: Personal restraints: Any method of physically restricting a person's freedom of movement; physical activities; normal access to his/her body without the use of any device. Body holding without arms being a restraint for the purposes of restraint; leg-hair or hair or holding a resident's hand or arms to safety exercises or hair-thin use are not restraints (see VDAS website).</p> <p>Mechanical Restraints: Any device attached or adjacent to a person's body that he or she cannot voluntarily remove that restricts freedom of movement or normal access to his or her body.</p> <p>Serious Inconvenience: death of a client, serious physical or psychological injury or serious attempted harm.</p>	
Policy	<p>The policy/restraint will be used only in emergency safety situations to prevent harm to self or others, when less restrictive interventions have been utilized and determined to be ineffective, and until the emergency safety situation ends. All application of personal restraints must be ordered by a psychiatrist, other physician, physician's assistant or nurse practitioner. Medical/nursing staff assess the physical and psychological safety of individuals in restraint by conducting periodic assessments throughout the procedure when clients are awake, and after the procedure ends regardless of its duration. Duration of personal restraints may not exceed the time designated in the order, and ongoing monitoring of physical and psychological well-being is required. Documentation must be completed when personal restraint is initiated, and staff must submit all incidents of personal restraint with the client, and with his/her supervisor. The treatment team physician is notified as soon as possible and determines if adjustments are needed in the plan of care. Grafton does not use mechanical restraints to manage emergency safety situations.</p> <p>Use of seclusion is prohibited in all Grafton programs.</p>	

Procedure:

Conditions of Use

- Restraints can be used only in emergency safety situations to ensure safety of the individual or others. The client's current most restrictive behavior should be documented, including:
 - methods/techniques that would help the client control teacher behaviors.
 - justification for use of restraint rather than other less restrictive techniques.
 - behavioral criteria for ending restraints must be specified.
 - the physician's assessment of any preexisting physical or psychological conditions that would put the individual at greater risk during restraint.
- Restraints can be used only as ordered by a psychiatrist, other physician, physician's assistant or advanced practice nurse trained in the use of emergency safety interventions.
- Restraints must be applied according to the order and only until the emergency safety situation ends.
- Restraints must not be used simultaneously.
- Restraints will only be used by trained staff. Initial and ongoing training will include techniques to identify staff and client behaviors, assess and environmental factors that may trigger an emergency safety situation, use of the seclusion techniques, verbal and nonverbal de-escalation strategies, non-invasive behavior modification techniques, simultaneous documentation, and techniques for use of personal restraint as instructed through the organization's approved behavior management system. Training emphasis is placed on the use of nonphysical intervention strategies.

Order to Use Restraint

- When implementing restraint to manage an emergency safety situation, staff must obtain an order for its use. The order may be obtained after the restraint is initiated or immediately upon completion of the emergency safety situation in those cases that present imminent threat of immediate harm. In most cases it is expected that an order will be requested when behavior begins to escalate, obtained prior to implementing the procedure.
- The order must be obtained from a psychiatrist, other physician, physician's assistant or advanced practice nurse trained in the use of emergency safety interventions.
- The order may never be written as a standing or PRN order.
- After consultation with staff, the person giving the order must decide the least restrictive emergency safety intervention most likely to be effective in resolving the emergency situation. The order must then be based on the least restrictive intervention possible.
- The order must specify the maximum duration of the restraint. The maximum limit is 1 hour for each authorized episode. However, the actual duration must be no longer than required to resolve the emergency safety situation. If the emergency safety situation continues and the need for restraint exists beyond the maximum time allowed for each restraint, the procedure for obtaining a new order must be followed.

- If the physician (either physician, physician assistant or advanced practice nurse) is not available or able to sign an order for restraint, the order may be given over the telephone if appropriate verbal or licensed practical nurse must take the order when it is given verbally.
- The person giving the order for restraint must be available to staff at least by phone for the duration of the emergency safety intervention.
- The person giving the verbal order must verify the verbal order in a signed written form as soon as possible.

Implementation of Restraint

- Restraint may not exceed the time limits specified in the order. If restraint is discontinued prior to the expiration of the original order a new order must be obtained prior to continuing restraint.
- Staff involved in the use of emergency safety interventions must be physically present, continuously assessing and monitoring the client's physical and psychological well-being in constant. Periodic rotations about the client's behavior and physical and psychological condition are encouraged on the emergency safety incident; non-monitoring form.
- The client is made aware of the rationale for restraint and the behavior criteria for its discontinuation.
- At least every 15 minutes while a person is in restraint, a medical/nursing staff must conduct a face to face assessment to determine the client's physical and psychological well-being. Staff monitor behavior, the appropriateness of the intervention and any complications resulting from the intervention. This includes attention to vital signs, the baseline needs, dignity, bathing and/or use of the restroom.
- If the restraint exceeds the time limits of the order, a registered nurse or licensed practical nurse must contact the person who ordered the restraint to receive further instructions.
- Clients who require the use of restraint must have the opportunity for nutrition and hydration to eat at normal meal times and take fluids, to use the restroom and toileting as needed.
- Each use of restraint will end immediately when criteria for removal is met (i.e., when the client demonstrates that he/she no longer presents an immediate danger to the safety of self or others).

Follow up Procedures

- Immediately after the restraint ends, medical/nursing staff must evaluate the client to determine his/her physical and psychological well-being. When an injury occurs as a result of implementing restraint, it must be treated immediately by qualified medical personnel.
- Within 24 hours of the restraint, the staff and client involved in the restraint must have a written face meeting to debrief the event using language that is understood by the client. The parent or legal guardian may be involved in this discussion when possible.

- Within 24 hours of the restraint and in a separate identifying service, staff involved must review the restraint with designated supervisory or administrative staff. In the event of a restraint that results in injury to the client, the staff must meet with designated supervisory or administrative staff to evaluate the circumstances that caused the injury and develop a plan to prevent future injuries.

Notifications

- At the time of admission, families/clients will be informed of Southco's policy on the use of seclusion and restraint during an emergency safety situation that may occur while he/she is in residence. If the client is a minor, the responsible parent will also be informed.
- The parent/legal guardian of a client who is a minor must be notified of the usual restraint as soon as possible but at least within 48 hours of the initial use of restraint. The nurse on duty at the facility is responsible for making this contact.
- When the parent seeking the restraint is not the treatment team physician, he/she must consult the treatment team physician as soon as possible following the start of the emergency safety situation that required the use of restraint. The treatment team physician then evaluates the situation and determines if modifications are needed in the comprehensive individualized plan of care.
- Safety circumstances are reported to the regional office of DHS and the regional administrator by the quality assurance supervisor.

Documentation

- The client and parent/guardian in the case of a minor must sign an acknowledgment of Southco's practice in the use of restraint.
- The restraint must be recorded on the documentation of emergency safety intervention form with the following information provided:
 - Client's name
 - Client's age
 - Sex
 - Time restraint initiated
 - Time restraint ended
 - Precipitating events
 - Description of the emergency safety situation that required use of restraint
 - De-escalation techniques attempted in an effort to avoid use of restraint
 - Staff responsible for implementation and monitoring of the restraint procedure, and signature
 - Notification of parent/guardian when restraint is used with a minor
 - Time when the restraint was obtained
 - Psychiatric/physician/physician's assistant or advanced practice nurse ordering use of restraint and whether the order was written or verbal
 - Name(s) of the order for restraint in the case of a verbal order, and signature

- Written certification of a verbal order within 24 hours
 - Factors less than 24 hours of client's physical and psychological well-being by medical nursing staff within the first three and of immediately after the restraint is terminated
 - Summary of debriefing meeting between staff and client
 - Summary of debriefing meeting between staff and supervisor/ administrator
 - Update that occurred being restraint, medical attention desired, and record of meeting with staff and supervisor/administrator as to how to avoid injuries in the future
 - Summary of Administrative Review
- A record of consultation by the person ordering restraint with the treatment team physician, including date and time of consultation, must be submitted to the client's file.
 - The agency facility, as delineated by the chief executive officer, must review and report all at case of restraint after implementation.
 - The documentation of emergency safety intervention form must be placed in the client's record located in the nurse's station as soon as possible but not more than two hours after implementation.
 - The emergency safety/ intervention monitoring form is completed every 15 minutes during the intervention by staff monitoring the procedure (direct care employees or nurse) and attached to the documentation of emergency safety intervention form for inclusion in the client's file.
 - Aggregate record of all incidents of emergency safety situations and the use of restraint and seclusion will be maintained and reported to the appropriate licensing agency.
 - Members of the quality assurance department will review all aggregate data and identify opportunities for improvement.

Complaints:

Clients have access to a complaint process if they feel that restraint has been used in an inappropriate or unfair manner. They may address complaints within 60 days to the Director of Quality Assurance. If resolved, they may address complaints to the region's human rights advocate or the facility's use manager of Virginia. Current information for these individuals is kept posted in the guidelines and documents, and provided to clients and guardians in annual human rights notice.

Reference #
Policy:

NR
New Forms/Revised Dates: 11/2022 10/1/24, 12/2022 8/1/24, 1/1/24

Reference #
Forms:

[Document click on Emergency Safety](#)
Documentation of Emergency Safety Intervention
Documentation of Emergency Safety Monitoring



Education Calendar

July 1, 2024 - June 30, 2025

Berryville-Psychiatric Residential Treatment Center

180 Grafton Lane
Berryville, VA 22611
540-955-2400

	No School, Principal, Asst.-Principal & Teacher Break Day
	No School, Teacher Break Day
	No School, Acad. Break, Teacher Workday
	Early Dismissal Teacher Workday

July 2024

MON	TUE	WED	THU	FRI	SAT	SUN
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

July, 2024:

July 1st-5th: No School, Principal, Asst.-Principal & Teacher Break Day

July 17th: Early Dismissal

January, 2025:

January 1st: No School, Principal, Asst.-Principal & Teacher Break Day

January 15th: Early Dismissal

January 2nd, 3rd & 20th: No School, Teacher Break Day

January 2025

MON	TUE	WED	THU	FRI	SAT	SUN
	1	2	3	4	5	
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

August 2024

MON	TUE	WED	THU	FRI	SAT	SUN
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August, 2024:

August 5th-9th: No School, Teacher Break Day

August 14th: Early Dismissal

February, 2025:

February 3rd: No School, Teacher Work Day

February 12th: Early Dismissal

February 2025

MON	TUE	WED	THU	FRI	SAT	SUN
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

September 2024

MON	TUE	WED	THU	FRI	SAT	SUN
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

September, 2024:

September 2nd: No School, Teacher Break Day

September 18th: Early Dismissal

March, 2025:

March 12th: Early Dismissal

March 2025

MON	TUE	WED	THU	FRI	SAT	SUN
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

October 2024

MON	TUE	WED	THU	FRI	SAT	SUN
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

October, 2024:

October 16th: Early Dismissal

October 21st: No School, Teacher Work Day

April, 2025:

April 9th: Early Dismissal

April 14th-18th: No School, Principal, Asst.-Principal & Teacher Break Day

April 2025

MON	TUE	WED	THU	FRI	SAT	SUN
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

November 2024

MON	TUE	WED	THU	FRI	SAT	SUN
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

November, 2024:

November 13th: Early Dismissal

November 27th: No School, Teacher Break Day

November 28th-29th: No School, Principal, Asst.-Principal & Teacher Break Day

May, 2025:

May 2nd & 26th: No School, Teacher Break Day

May 14th: Early Dismissal

May 2025

MON	TUE	WED	THU	FRI	SAT	SUN
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

December 2024

MON	TUE	WED	THU	FRI	SAT	SUN
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

December, 2024:

December 11th: Early Dismissal

December 23rd: No School, Teacher Break Day

December 24th-31st: No School, Principal, Asst.-Principal & Teacher Break Day

June, 2025:

June 18th: Early Dismissal

June 19th: No School, Teacher Break Day

June 26th-27th: No School Teacher Work Day

June 30th: No School, Principal, Asst.-Principal & Teacher Break Day

June 2025

MON	TUE	WED	THU	FRI	SAT	SUN
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

School takes in at 9:00am and dismisses at 3:30pm.
Early Dismissal is 1:00pm for all students.