

Policy Name:	Behavior Support and Management Policy
Domain:	Service Planning and Delivery
Applies to:	Employees and Stakeholders
Policy Location:	Y:/Forms/Policies and Procedures/Policies/Behavior Support and Management Policy.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017; 5/16/2017; 2/9/2018; 5/10/2019; 5/8/2020; 1/31/2021; 8/12/22; 11/10/2023
References:	COA Service Delivery Administration and Service Standards (BSM 1, BSM 2, BSM 3, BSM 4, BSM 5, BSM 6) 10A NCAC 70I .0613 Behavior Support and Management Procedure Critical Incidents Procedure
<p>It is the policy of the MHCO Board of Directors that behavior support and management should be used to provide a means for teaching appropriate and acceptable behaviors and to ensure that the safety of the resident and other stakeholders is guaranteed while using the least amount of intervention possible. Employees shall be trained in utilizing methods for promoting respect, supporting positive behavior, de-escalating volatile situations, promoting a safe work and service environment, reducing emergency situations, reducing distress, and applying behavior management interventions. The administration of behavior support and management techniques shall not be delegated to untrained individuals or stakeholders either by commission, omission, or by default. Expectations and standards for resident behavior must be reasonable, within his or her ability to achieve, and appropriate for his or her age, intelligence, emotional makeup, and past experiences. <u>Behavior support and Management procedures are provided to legal guardians in the Behavior Support and Management Policy Acknowledgement form that is included in the intake and annual consent packets.</u></p> <p>Behavior Support Management policies are monitored by the Department of Health and Human Services as established in Administrative Rule 10A NCAC 70I .0613 which includes using approved behavior management. The following forms of discipline are strictly prohibited:</p> <ul style="list-style-type: none"> • corporal physical punishment inflicted in any manner on a resident's body, • cruel, severe, or humiliating acts as established in G.S. 7B-101(1) and (15), • verbal abuse, threats, ridicule, or humiliating remarks about himself or herself or his or her family, • punishment of one resident by another resident or anyone besides the trained employee, • denial of meals, sleep, clothing, or shelter, • denial of appropriate nurturing or affection, • denial of approved family contact, • assignment of extremely strenuous work or exercise, • group punishment for actions of individual(s), • chemical, mechanical, protective restraints, and • use of isolation time-out, seclusion, or locked rooms. 	

Procedure Name:	Behavior Support and Management Procedure
Applies to:	Employees
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Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017; 2/9/2018; 5/10/2019; 5/8/2020; 1/31/2021; 11/10/2023
References:	COA Service Delivery Administration and Service Standards (BSM 1, BSM 2, BSM 3, BSM 4, BSM 5, BSM 6) 10A NCAC 70I .0613 Behavior Support and Management Policy Safety Plan Systematic Training for Effective Parenting Residential Child and Youth Care Professional CARE Children and Residential Experiences
<p>Personnel shall use a method of behavior support and management as assessed as appropriate for the resident's age, development, behavior, intelligence, emotional makeup, and past experiences. The Program Director shall ensure that employees are trained in behavior support and management techniques that are evidence based and accepted as best practice (i.e. Systematic Training for Effective Parenting, Residential Child and Youth Care Professional, and Children and Residential Experiences). Time-out, Natural and Logical Consequences, work detail, and response meetings are the approved interventions of behavior support and management. Personnel institute a form of behavior support and management shall communicate, counsel, and process with residents after use of the intervention to explain the technique and why the management tool was necessary. Personnel not comfortable in handling any behavioral situation to the best interest of the resident shall seek supervisor assistance. Behavior support and management interventions are documented in Progress Logs, case notes, team staffing reports, and Incident reports. Behaviors and interventions are discussed with team members including legal guardians and debriefed with residents after incidents for ongoing behavior management planning.</p> <p style="text-align: center;">TIME-OUT</p> <p>Non-isolation time-out is defined as the removal of a resident to a separate, unlocked room or other identified location from which the resident is not physically prevented from leaving. The location shall be within hearing distance and in sight of personnel instituting the time out. Personnel instituting the time-out shall not leave the resident alone but remain nearby and continually check on him or her. This behavior support and management technique shall be used for residents up to the age of ten (10). Residents should only be in time-out for a period appropriate to his or her age and development (i.e. one minute per year of age). Time-out should be utilized to give the resident time and space from a situation to decrease frustration, process choices, and reset behavior.</p> <p>Personnel instituting the time-out shall inform the resident of logistics such as:</p> <ul style="list-style-type: none"> • location, • time limit, • behavior that necessitated the use of time-out, and • consequences of noncompliance. <p>In the event of a tantrum or outburst, personnel instituting the time-out shall not leave the resident alone but stay and observe the resident to ensure his or her safety.</p>	

Personnel other than CCWs shall discuss time-out given with the resident's CCWs. CCWs shall document each incident of time-out given to a resident instituted by themselves or other personnel in a Progress Log in ~~KaleidaCare~~ [ExtendedReach](#) and Behavior Logs as assigned by the supervisor. CCWs shall discuss any series of three (3) or more time-out sessions given to a resident in a standard day with the supervisor within twenty-four (24) hours. The supervisor shall review the series and discuss ways to de-escalate and prevent behaviors indicating the use of time-out with the CCW.

NATURAL AND LOGICAL CONSEQUENCES

The Program Director shall ensure that supervisors and CCWs are trained and demonstrate understanding of using Natural and Logical Consequences as a behavior support and management intervention based upon the [Systematic Training for Effective Parenting](#) program. Natural and Logical Consequences shall be utilized to assist residents in analyzing the benefits of choosing appropriate behaviors and understanding how choices impact their lives. A natural consequence results from going against the natural order of events that exist in life. A logical consequence represents a violation of the social order or what it takes to live together cooperatively. For example, if a resident misses the school bus, a logical consequence will be that the resident is late for school and will face a consequence at school such as missing class or social time. The resident learns a lesson without any additional consequences imposed by the CCW.

WORK DETAIL

Work detail requests shall be made in writing on the Campus Work Detail form and submitted to the Program Clinical Coordinator for approval. Residents assigned to work detail must be supervised by the personnel or department that has agreed to provide a work assignment. The Program Clinical Coordinator shall assess the number of work detail hours based on the offense (e.g. property damage shall be assessed based upon the value of the damage to be worked off at \$5 per hour). The Program Clinical Coordinator shall match the nature of the offense, and the age, maturity, and ability of the resident to the type of work assigned. Residents shall not earn money while completing work detail. Prior to work detail, supervisors shall discuss the behavior leading to work detail with the resident. After work detail, supervisors shall debrief how to eliminate future behaviors and reduce the ~~reoccurrence~~ [recurrence](#) of the incident with the resident.

RESPONSE MEETING

Employees shall protect residents from harm, abuse, neglect, and exploitation. If a situation between residents demonstrates bullying or harassment, the CCW shall arrange for an immediate response meeting with the resident, supervisor, and his or her family. The CCW shall assist the resident in developing an anti-bullying [Safety Plan](#), attending additional campus training, attending conflict resolution or anger management class, or participating in other interventions. If the behavior is exacerbated, the supervisor shall arrange for a CFT meeting to determine continued placement and assess the need for a higher level of care.

DE-ESCALATION TECHNIQUES

Employees shall use non-physical intervention techniques to de-escalate or diffuse crisis situations. Staff are trauma informed and are trained in the CARE model from Cornell University. Training and coaching is provided by the Program Director, Program Clinical Coordinator and the Supervisor/Clinicians in recognizing trauma and pain based behaviors and how to effectively address them. The emphasis is placed on intervening appropriately when a change in behavior is first noticed to avoid an escalation. Staff are trained in recognizing behavior changes that may reflect but not be inclusive of anxiety, anger, frustration, sadness, grief, and depression to focus on what is causing the behavior versus the actual behavior. Additionally, training is completed with staff and the residents on the differences between rules (not flexible for safety) and expectations (which are individualized per resident and can be adjusted).

Each resident's behavior plan should match their ability and willingness to comply with expectations and rules. Each resident's team meets to discuss their needs and ~~reviewing~~to review interventions.

~~By implementing proactive teaching techniques, more effective communication skills are provided in alternative ways. This~~ allows for the development of functional, adaptive, and productive communication that will maximize the growth and development of the person. Proactive teaching techniques can be demonstrated by teaching skills of independence and interdependence to include developing personal abilities in all areas of daily living, providing a variety of living and work alternatives that provide full, active lifestyles and choices, ensuring opportunities for full participation in all areas of life, encouraging opportunities to develop and sustain relationships with family, friends, coworkers, and acquaintances, validating success through seeking opportunities, encouraging people to be proud of their accomplishments and to build upon success, and utilizing positive approaches through reviewing what happened.

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Authorizing Signatures

Administrator _____ Date _____

HR Specialist _____ Date _____

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Policy Name:	Confidentiality Policy
Domain:	Introduction
Applies to:	Employees and Stakeholders
Policy Location:	Y:/Forms/Policies and Procedures/Policies/Confidentiality Policy.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	5/9/2017; 11/9/2018; 5/10/2019; 5/8/2020; 8/12/2022
References:	COA Service Delivery Administration Standards (CR 2, CR 2.01, CR 2.02, CR 2.03, CR 2.04) 10A NCAC 701 .0305 Direct Care Daily Living ILP Daily Living IT Policy Resident Records Access Policy and Procedure Resident Health Services, Wellness, and Medication Management Procedure Stakeholder Grievance Policy and Procedure Employee Grievance Policy and Procedure Donation Policy Ethical and Professional Standards of Conduct Public Relations Resident Rights Policy and Procedure Employee Rights Policy Consent to Release and Exchange Confidential Information Form
<p>It is the policy of MHCO’s Board of Directors that personnel shall protect stakeholders (i.e. residents, former residents, donors, personnel, and former personnel) by keeping information confidential and secure with limited exceptions (i.e. imminent danger to the life of an individual, in response to a court order, or a valid Consent to Release and Exchange Confidential Information Form has been obtained that is specific to that resident and the information to be disclosed, or within the program team). MHCO shall comply with federal and state laws and regulations regarding confidentiality of records and other information pertaining to MHCO stakeholders. Access to records and discussions regarding stakeholder information shall be conducted in a professional and ethical manner. Personnel shall refrain from discussing a resident’s progress, lack of progress, family situation, or incidents of behavioral difficulty in the presence of other residents, personnel, or other individuals who do not have a specific need to know. Personnel shall take immediate corrective action whenever they observe a violation of this procedure or any other breach of confidentiality.</p>	
<p>Authorizing Signatures</p> <p>Chairman, Board of Directors _____ Date _____</p> <p>Administrator _____ Date _____</p>	

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Effective Date:	2/2/2009
Date(s) of Revision:	5/9/2017; 11/9/2018; 5/10/2019; 5/8/2020
References:	COA Service Delivery Administration Standards (CR 2, CR 2.01, CR 2.02, CR 2.03, CR 2.04) 10A NCAC 701 .0305 Confidentiality Policy Consent to Release and Exchange Confidential Information Form Consent for Image Creation and Use Form Direct Care Daily Living ILP Daily Living IT Policy Resident Records Access Policy and Procedure Resident Health Services, Wellness, and Medication Management Procedure Stakeholder Grievance Policy and Procedure Employee Grievance Policy and Procedure Donation Policy Ethical and Professional Standards of Conduct Public Relations Resident Rights Policy and Procedure Employee Rights Policy
<p>All personnel must know and understand regulations governing confidentiality and disclosure. Personnel shall not discuss any resident's information with, or in the presence of, another individual who does not have a legitimate need to know the information. This includes, but is not limited to, discussions about residents or personnel in common areas or meetings, postings on the internet, phone calls, or leaving printed materials where personnel who have no need to know the information are in attendance or can access the information.</p> <p>No employee, volunteer, intern, or Board Member may release or disclose information about a current or former resident or applicant, his or her family, identify a current or former resident or applicant, or otherwise verify knowledge of residency or application unless there is an imminent danger to the life of an individual, in response to a court order, or a valid Consent to Release and Exchange Confidential Information Form has been obtained that is specific to that resident and the information to be disclosed. Information considered to be confidential includes, but is not limited to, identity, image, demographics, social history, psychological testing results, medical information, school information, custody information, contributions to the costs of care by family, and reasons why a resident was placed at MHCO.</p> <p>Release of information shall be discussed and verified with the Program Director, Program Clinical Coordinator, or Supervisor. Persons that may give consent and sign a Consent to Release and Exchange Confidential Information Form or other legal forms include:</p> <ul style="list-style-type: none"> • a competent adult resident, • an adult former resident, • an adult applicant, • a legal custodian of a minor resident, former resident, or applicant, • a minor resident seeking services for mental health, substance abuse, or family planning services, • an emancipated minor resident, or 	

- a legal representative of a deceased resident if the estate is being settled or next of kin if the estate has been settled.

Consent may be revoked at any time and shall be updated at least annually. The identity of the individual and Consent to Release and Exchange Confidential Information Form shall be verified before disclosure.

Agencies reviewing MHCO programs that require access to confidential information shall sign a Confidentiality Agreement Form. Such agencies may include, but are not limited to, [Department of Human Resources](#) consultants, program consultants, accreditation reviewers, auditors, or insurance underwriters. Any subpoenas or other requests for release of information to the court, an officer of the court, investigative units, or law enforcement officers shall be discussed and verified through the Program Director or Administrator.

MHCO shall not ordinarily charge a fee for reproduction of resident records. If confidential information is released, the Program Director shall ensure that documentation of what specific information has been released is placed in the resident's record to include, but not be limited to, to whom the information was released, the date the information was released, reason for release, and supporting documentation. Releasing information previously received from other agencies is prohibited.

All information of a sensitive nature that is sent from MHCO by mail or fax shall be stamped "confidential" in red ink with a warning that the information is not to be re-disclosed to other parties without separate, specific consent. If confidential information is shared by email, text, or other electronic means, personnel shall ensure that such information is only sent to approved individuals, encrypted if possible, and shared in a way that an accidental receiver of the information will not be able to identify the resident of personnel discussed. Electronically stored resident or personnel information shall be encrypted and password protected.

Photographs and video of residents shall not be taken unless there is a valid [Consent for Image Creation and Use Form](#) in the resident's file. Consent may be revoked at any time and shall be updated at least annually. No employee, volunteer, intern, or Board Member shall release or disclose images of a resident, store images of residents on their personal cell phones or other electronic means, or share images of residents on social media, unless given specific approval from the Administrator for official MHCO business. The Administrator shall designate an official photographer for events that shall distribute approved pictures to interested parties. Pictures and video shall be posed in a way that cannot easily identify the resident. Personnel shall ensure that guests of MHCO shall not photograph or video residents.

Potential security concerns for breach of confidential information shall be assessed through risk management analysis annually by the Board of Directors. Employees, interns, volunteers, and Board Members who have access to confidential information who violate the confidentiality policy shall be denied access to confidential information and may face legal action, civil penalties, disciplinary action, or termination. All employees, volunteers, interns, and Board Members shall sign a statement regarding their understanding of these procedures involving the release of any confidential information annually.

If a potential job site contacts personnel as a reference for a resident, minimal information should be given about how they know the resident without saying that they are a resident at MHCO. For example, the individual could say something like "I've known John Doe for 6 months" or "John Doe is always punctual." If the reference would not be positive, the individual could decline to give the reference.

Personal employee information may not be shared. Employees may choose to share personal information with other employees. Employees may give permission for the HR Specialist or In-Kind Donations Coordinator to share personal employee information (e.g. celebrations, sicknesses, death in the family, etc.) more broadly if they choose, but are not required to do so.

Authorizing Signatures

Administrator _____ Date _____

HR Specialist _____ Date _____

Procedure Name:	Direct Care Admissions, Deferrals, and Intake Procedure
Applies to:	Employees and Stakeholders
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/Direct Care Admissions, Deferrals, and Intake Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/2017; 2/9/2018; 5/10/2019; 5/8/2020; 8/12/2022; 11/10/2023
References:	10A NCAC 70I .0500 10A NCAC 70I .0600 Title VI, Civil Rights Act of 1964 Section 504, Rehabilitation Act of 1973 Multiethnic Placement Act of 1994 Application for Service/Intake Study Form Referral Information Form Visitation Contact Agreement Form Behavior Support and Management Policy Informed Consent Form Resident Rights Policy Acknowledgement Form Stakeholder Grievance Policy Acknowledgment Form Inspection and Search of Resident's Possessions Form Agreement Regarding Admission Conditions Form Consent for Medical Treatment Form Consent for Travel Form Consent for Image Creation and Use Form Consent to Release and Exchange Confidential Information Form Parent Handbook
	<p>Criteria for admission to the MHCO Direct Care program includes youth in North Carolina from birth up to age nineteen (19) who need placement, have been determined to be low to moderate risk level, and are capable of functioning in the public-school setting. Youth over the age of eighteen (18) may still be in high school to be admitted into the Direct Care program. Residents must attend public school while in care. MHCO does not accept applicants who are perpetrators of violent crime, sex offenders, have a history of setting fires, actively using substances, pregnant or parenting, actively involved in the criminal justice system, cannot verify identity, or deemed a danger to themselves or others. MHCO does not discriminate based on race, creed, sex, disability, or religion.</p> <p>Referrals can be received from social service agencies, parents, legal custodians, Masonic Lodges, school systems, and concerned citizens. All referrals shall be sent to the Intake Coordinator. The Program Assistant shall log the information and call the referral source within one (1) business day to gather information about the referred youth. The Program Assistant or Supervisor shall send or arrange for the referral source to receive an Application for Service/Intake Study Form requesting the following information:</p> <ul style="list-style-type: none"> • Family of the child such as biological parents and legal custodians • Social workers or other adults working with the youth • Siblings and other relatives • Medical information including current medications, dentist, physicians, and any mental, physical, or developmental conditions • Educational information • A social history including significant events in the youth's life, the youth and family's strength and challenges, services and supports in place, number of out-of-home placements, and current needs

- Goals and plans including permanency planning

The Supervisor or Program Assistant shall complete a [Referral Information Form](#) to summarize information received on the [Application for Service/Intake Study Form](#). The [Referral Information Form](#) shall then be circulated to the program team for review and initial determination of appropriateness for the program. Applicants for admission shall be screened by the MHCO program team (i.e. supervisors, Education Coordinator, Program Clinical Coordinator, Program Director, and/or the Administrator) to determine eligibility and appropriateness for the program. The [Referral Information Form](#) shall be returned to the Program Assistant after review from all parties. If the applicant is initially deemed appropriate for the program, the Supervisor shall contact the parent or legal custodian of the applicant, or the applicant if over the age of eighteen (18), to schedule a PPA (Pre-Placement Appointment) interview, preferably within twenty-four (24) hours. If the applicant is deemed inappropriate for the program, the Supervisor shall contact the parent or legal custodian of the applicant, or the applicant if over the age of eighteen (18), by mail of the decision to defer the application with referrals to other appropriate resources and appeal or reapplication information.

At the PPA interview, the applicant and family or legal custodian shall meet with the Program Director, Program Clinical Coordinator, supervisor, Education Coordinator (if age appropriate), ~~Vocational Counselor (if age appropriate)~~, and Childcare Worker from the potential cottage to discuss needs, assess the applicant for appropriateness to the program, fitness with the current residential population, and provide additional information about the program and life on campus. The applicant and family or legal custodian shall be given a tour of the cottage and campus by the Supervisor if requested. The program team shall discuss program policies with the applicant and family or legal custodian including family time, mail, gifts, personal possessions, money, telephone calls and any restrictions, discipline and behavior management, search and seizure, religious programming, educational resources, off campus trips, use of volunteers, resident rights, grievance procedures, daily schedules, and reasonable and prudent parenting standards. The parent or legal custodian shall be given a copy of the Parent Handbook outlining all discussion points and sign an acknowledgement form of receipt.

After the interview, the program team shall meet to decide appropriateness for admission to the program at the next team staffing. In emergency cases, the program team can decide at the PPA. If the applicant has been deemed appropriate for the program, the Supervisor from the assigned Cottage shall call the applicant and family or legal custodian, or the applicant if over the age of eighteen (18) to offer a placement and schedule an intake appointment. If the applicant is deemed inappropriate for the program, the Supervisor shall contact the parent or legal custodian of the applicant, or the applicant if over the age of eighteen (18), by mail of the decision to defer the application with referrals to other appropriate resources and appeal or reapplication information.

Documentation shall be collected at the intake appointment by the Supervisor and Program Assistant. The Program Assistant shall assist in obtaining documentation when necessary. The following documents are required:

- Birth certificate
- Social security card
- Immunization record
- Medical insurance card: The supervisor shall ask the parent or legal custodian of a minor resident to have the Medicaid transferred to Granville County within one (1) month of admission if applicable. The supervisor will assist with paperwork if needed.
- Current legal custody paperwork in cases of guardianship or if both parents on the birth certificate are not available. The Intake Coordinator shall conduct a search for the most current legal

custody paperwork with the Clerk of Superior Court in the county from which the custody agreement took place.

- Unexpired photographic identification (i.e. NC Driver's License or US Passport) of a minor resident's parent or legal custodian
- Recent report card (if available)
- Over the Counter Medication Form: listing of all over the counter medications taken to include side effects and clearance from the physician if taking prescribed medications. The supervisor shall ensure that this form is signed by the resident and parent or legal custodian of minor residents annually and if changes occur.
- [Visitation Contact Agreement Form](#): listing of all persons allowed to visit on or off campus or otherwise have contact with the resident and persons restricted from contact with the resident. The supervisor shall ensure that this form is signed by the resident and parent or legal custodian of minor residents annually and if changes occur.
- [Behavior Support and Management Policy Informed Consent Form](#): description of MHCO behavior support and management policy and procedure including time-out, natural and logical consequences, and non-violent crisis intervention. The supervisor shall ensure that this form is signed by the resident and parent or legal custodian of minor residents annually and if changes occur.
- [Resident Rights Policy Acknowledgement Form](#): outlines the rights of all residents. The supervisor shall ensure that this form is signed by the resident and parent or legal custodian of minor residents annually and if changes occur.
- [Stakeholder Grievance Policy Acknowledgment Form](#): describes the rights of residents to file a grievance and instructions for filing grievances. The supervisor shall ensure that this form is signed by the resident and parent or legal custodian of minor residents annually and if changes occur.
- [Inspection and Search of Resident's Possessions Form](#): addresses the policy regarding searches and seizures of the resident's room and property. The supervisor shall ensure that this form is signed by the resident and parent or legal custodian of minor residents annually and if changes occur.
- [Agreement Regarding Admission Conditions Form](#): official agreement to allow the resident to be admitted to MCHO, cooperate with the program, circumstances for discharge, serves as a contract between the resident and MHCO regarding payment and timeframes for making payments, releases MHCO of liability if the resident leaves campus without permission, and acknowledges receipt of the Parent Handbook. The supervisor shall ensure that this form is signed by the resident and parent or legal custodian of minor residents annually and if changes occur.
- [Consent for Medical Treatment Form](#): authorizes MHCO to seek and obtain medical treatment for the resident. The supervisor shall ensure that this form is signed by the resident and parent or legal custodian of minor residents annually and if changes occur.
- [Consent for Travel Form](#): grants permission for MHCO to authorize the resident to attend activities off campus. The supervisor shall ensure that this form is signed by the resident and parent or legal custodian of minor residents annually and if changes occur.
- [Consent for Image Creation and Use Form](#): authorizes or declines the resident to be recorded or photographed. The supervisor shall ensure that this form is signed by the resident and parent or legal custodian of minor residents annually and if changes occur.
- [Consent to Release and Exchange Confidential Information Forms](#): grants permission for MHCO to release and/or obtain information with specified individuals or agencies. The supervisor shall ensure that this form is signed by the resident and parent or legal custodian of minor residents annually and if changes occur.

Applicants who are eighteen (18) years or older and not under DSS guardianship shall complete and sign the admission and intake paperwork individually. Applicants who are eighteen (18) years or older and under Department of Social Services (DSS) guardianship shall complete and sign the admission paperwork conjointly with the DSS representative. Residents who are still in high school and turn eighteen (18) years old while in the Direct Care program shall be discharged from the program and may readmit to the program by completing and signing the admission and intake paperwork individually.

After completion of intake paperwork, the supervisor shall meet with the resident and family or legal custodian for orientation and cottage move in. The Program Assistant shall create a new resident record and input demographic information into [Extended Reach Kaleidacare](#). The supervisor and/or another employee will visually inspect all the resident's belongings in the presence of the legal custodian and resident to inventory items, verify possessions, identify safety concerns, and determine needs. Legal, prohibited items will be given to the legal custodian. If illegal items are recovered, the supervisor shall proceed per the [Non-Critical Incidents Procedure](#).

In the event of an emergency placement for homelessness or immediate danger, efforts shall be made to accommodate youth as quickly as possible after the [Application for Service/Intake Study Form](#) is received. Information and documentation shall be gathered and the PPA interview scheduled. Emergency placements are on a case-by-case basis and require program team consultation for appropriateness to the program.

Procedure Name:	Direct Care Assessment and Service Planning Procedure
Applies to:	Employees and Stakeholders
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/Direct Care Assessment and Service Planning Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017; 2/9/2018; 5/10/2019; 5/8/2020; 8/12/2022; 11/10/2023
References:	COA Service Delivery Administration Standards (PRG 5.01) Resident Assessment Form Ansell-Casey Life Skills Assessment Direct Care Admissions, Deferrals, and Intake Procedure Direct Care Daily Living 10A NCAC 70I .0308 10A NCAC 70I .0504 G.S. 131D-10.2A

Supervisors shall assess all Direct Care residents to determine current needs to be addressed during residency. The supervisor shall ~~complete~~[gather information for](#) a Resident Assessment Form at intake (per the [Direct Care Admissions, Deferrals, and Intake Procedure](#)) during an interview with the legal custodian and resident, or resident only if over the age of eighteen (18).

The Resident Assessment Form contains a child and adolescent history detailing the following:

- demographics
- presenting needs and goals
- general, problem, and developmental behaviors
- family cultural information and medical history
- religious and spiritual preferences
- social, recreational, and sexual information
- adolescent work history
- legal information
- significant life events, abuse history, trauma screening
- family or resident past or current psychiatric issues and substance use

The Resident Assessment Form shall be signed by the legal custodian if the resident is a minor, the resident if twelve (12) years of age or older, and the supervisor. The supervisor shall input the Resident Assessment Form into ~~KaleidaCare~~[Extended Reach](#) and upload the signature page. The supervisor shall update the assessment annually or more often for residents under the age of fourteen (14). ~~The supervisor shall update the assessment at the time the [Ansell-Casey Life Skills Assessment](#) is completed for residents over the age of fourteen (14).~~

~~The [Ansell-Casey Life Skills Assessment](#) shall be administered by the supervisor within the first two (2) weeks of admission and every six (6) months prior to [Individualized Service Plan \(ISP\)](#) development or review. The [Ansell-Casey Life Skills Assessment](#) measures the resident's current abilities in various independent living areas:~~

- ~~• daily living~~
- ~~• self-care~~
- ~~• permanency~~
- ~~• housing and money management~~
- ~~• relationships and communication~~
- ~~• work and study life~~

- ~~career and education planning~~
- ~~looking forward in the future~~

The supervisor will screen all new residents age ten (10) or older using the Adverse Childhood Experiences (ACEs) tool within thirty (30) days of admission. Supervisors will screen all residents who turn ten (10) while in care using the ACEs tool within thirty (30) days after their birthday. The results of the ACEs will be submitted to the Program Director for tracking. Any concerns identified in the assessment will be incorporated into the assessment and Individualized Service Planning process.

The Education Coordinator shall review all school reports and Individualized Education Plans for all residents and conduct educational assessments for residents in need of academic assistance. Educational assessments shall be used to track deficiencies and improvements of resident competencies. ~~The Vocational Counselor shall conduct vocational assessments for residents as appropriate.~~ The supervisor shall make referrals for residents to be evaluated by a local therapist or psychiatrist if there is an indication of a history of trauma, mental health concern, or substance use.

INDIVIDUALIZED SERVICE PLAN

Supervisors shall develop an [ISP](#) with each resident based on the needs identified in the assessments and expressed by the resident and legal custodian of minor residents. The ISP shall serve as the Out of Home Family Services Agreement. The supervisor shall create and update ISPs in ~~KaleidaCare~~ [Extended Reach](#). The [ISP](#) shall be developed with collaboration from individuals during a Child and Family Team (CFT) meeting. (i.e. the resident, legal custodian if the resident is a minor, collaborative sources, supervisor, CCW, Education Coordinator, ~~Vocational Counselor~~, and Program Clinical Coordinator). CFT meetings shall be scheduled thirty (30) days before an ISP is due to allow the team to review the current ISP and develop a new ISP. Accommodations shall be made by MHCO to ensure that the legal custodian and family members can participate in the CFT meetings by offering transportation, phone conferencing, or other options.

Goals developed for the ISP shall be specific, measurable, attainable, realistic, timely, and understandable to the resident and legal custodian, or resident only if over the age of eighteen (18). Goals should be appropriate for the resident's age, intelligence, emotional makeup, and past experiences. [ISPs](#) shall include the resident's individual goals for permanency, education, spiritual development, recreation and wellness, and individual needs. The permanency plan is the anticipated outcome for the resident upon discharge. If the resident is in the custody of the [Department of Social Services \(DSS\)](#), the permanency plan shall follow the objectives established by the courts. The educational plan shall be developmentally appropriate and based on the assessment conducted by the Education Coordinator to include a review of school records, current Individual Educational Plan, and any assessments obtained. The spiritual development plan shall be based on the needs and desires of the resident and legal custodian, or resident only if over the age of eighteen (18). The recreation and wellness plan identifies goals to improve or maintain the resident's overall wellbeing.

The initial [ISP](#) shall be completed within thirty (30) days of admission. The initial PPA counts as the CFT of the resident and some initial goals should be developed at the intake meeting based on the Resident Assessment completed with the legal custodian and with input of the resident when age appropriate. The [ISP](#) shall be regularly evaluated by direct care staff to measure the progress the resident has made in their goals and objectives. During the review, the CFT shall determine whether the goals need to be revised, discontinued, or if new goals and objectives need to be added. Progress toward meeting identified issues, any new needs identified since the previous review, behaviorally specific strategies to meet needs, instructions to personnel, an updated estimate of length of stay, and discharge plan shall be included in each ISP review. The first [ISP](#) review shall be conducted within sixty (60) days of admission (i.e. thirty

(30) days from the initial [ISP](#)). The second [ISP](#) review shall be conducted within ninety (90) days of the initial [ISP](#) (i.e. one hundred twenty (120) days from admission). [ISP](#) reviews shall be conducted every six (6) months after the second [ISP](#) review while the resident is in care. After an [ISP](#) has been developed, reviewed, or revised, the CFT meeting members shall sign the signature page acknowledging the plan. A copy shall be provided to parents or legal custodian. Each resident shall receive a version that is appropriate for his or her age, intelligence, emotional makeup, and past experiences.

If the legal custodian is a county DSS, MHCO shall jointly develop the ISP with the DSS worker, parents or legal custodian of minor residents, other service providers, and the resident. MHCO shall attend court reviews, CFTs, and permanency planning action team meetings.

The Program Clinical Coordinator shall monitor implementation of all [ISPs](#) for appropriateness of interventions, accuracy, completeness of data, goals, objectives, and progress notes. The Program Clinical Coordinator shall meet with the supervisors to review resident cases. The supervisors shall meet with CCWs to review resident cases. Case supervision meetings shall address issues and needs of the resident, frequency and intensity of the services being provided, and frequency of contact with informal caregivers and cooperating providers. Case supervision shall be documented, signed by the supervisor, and kept in the Program Clinical Coordinator's office.

The Program Director, Program Clinical Coordinator, supervisor, Education Coordinator, Vocational Counselor, Recreation Director, Chaplain, and the assigned Childcare Workers for the cottages shall hold a ~~weekly~~ monthly Direct Care team staffing meeting to share progress on each resident, discuss needs, and make team decisions. Each resident will be reviewed monthly by the team unless more frequent staffing is needed. ~~nothi~~

Per [10A NCAC 701.0308](#), MHCO shall utilize Reasonable and Prudent Parent Standards (RPPS) established in G.S. 131D-10.2A when determining whether to allow a resident to participate in extracurricular, enrichment, cultural, and social activities per the Daily Living section. The Program Clinical Coordinator shall document RPPS decisions, train Direct Care staff in standards, and supervise and support staff in implementing standards.

	Direct Care Daily Living
Domain:	Service Planning and Delivery
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/2017; 11/9/2018; 5/10/2019; 5/8/2020; 8/12/2022; 11/10/2023
References:	10A NCAC 70I .0600 NCGS 131D Article 1A Accounting Procedure Resident Health Services, Wellness, and Medication Management Procedure Direct Care Discharge Procedure Cottage Meeting Form PQI Incident Report Form Direct Care Resident Handbook Harassment Policy Fair and Equitable Treatment Policy Prohibition of Preferential Treatment Policy
<p>After admission, residents shall be assigned to a cottage based on the following criteria:</p> <ul style="list-style-type: none"> • needs and safety of the resident to include appropriate licensing regulations for the particular cottage, • needs and safety of the other residents, and • ability of the cottage CCWs to meet the needs of the resident. <p>Siblings shall be kept together when appropriate and if possible. Movement between cottages shall be minimal but are necessary at times due to aging, behavior or unavoidable program needs. Room assignments within cottages are at the discretion of the CCWs and supervisor and shall be assigned based on space and resident needs. Cottages on lower campus have seven (7) rooms that can accommodate one (1) resident each. Cottages on upper campus have eight (8) rooms that can accommodate one (1) resident each.</p> <p>CCWs shall ensure that residents receive the amount of direct supervision that they need. If the situation demands, CCWs are expected to provide nighttime oversight and care.</p> <p>Residents shall be provided with an environment that is reasonably quiet, secure, and conducive to sleep, study, and living. Residents shall be provided with bathing and other facilities and accommodations conducive to the maintenance of good health and hygiene. Cottages have locked external doors and CCWs shall ensure external doors remain locked and the buildings are secured. Laundry facilities are available in the cottage for use. Cottages have kitchen and dining areas and common areas for individual and group living activities equipped with a stove, refrigerator, and microwave. Each cottage shall maintain a locked office space in all cottages where residents obtain medications and may meet individually with personnel. Computer and study areas are available in the cottages for resident use. Furnishings shall reflect resident diversity and must never project an atmosphere that is offensive to people of different races, genders, cultures, or religious backgrounds. Residents shall have input into the décor of the common living areas. The CCW shall determine what is and is not appropriate.</p> <p>Room size for bedrooms shall meet or exceed licensing standards with a minimum of 80-100 square feet per individual. Residents shall be given an individual twin size bed, bedding, and linens. Residents are required to sleep in their own bed. CCWs shall ensure that bedding is washed at least weekly and that rooms are kept clean and neat. Infant and toddler rooms shall be equipped with cribs until over two (2) years old. CCWs shall allow residents to decorate their immediate surroundings in a manner that they</p>	

chose so long as the material and décor is not offensive, sexually graphic or explicit, and does not promote illegal activities.

Residents share a bathroom with either one other resident if in a lower campus cottage or multiple residents if in an upper campus cottage. CCWs in cottages with younger residents shall not expect residents to be solely responsible for cleaning bathrooms. Residents and personnel shall not use the same toilet facilities. Guests and visitors of a cottage shall use guest or personnel bathrooms that are located in the common areas of the cottages.

CCWs have apartments or separate living spaces in each cottage specifically designated for their use. They have separate bedrooms and separate beds. These spaces are for the private use by employees and are not intended for use by residents. Residents are not allowed in staff living spaces. Staff children are not allowed in residents' rooms. Residents are not allowed to be left alone to care for staff children. Staff bears the responsibility for allowing the residents to hold, carry, or otherwise play with their own children and should take all precautions and considerations regarding safety and risk when doing so. Staff who fail to follow these guidelines will face consequences.

Residents cannot store items in bags and boxes in their rooms due to the potential for bugs. Residents may store shoeboxes for athletic shoes if kept on the shelves above hanging clothes in closets. Residents can be provided with plastic storage boxes upon request.

DOCUMENTATION

CCWs shall maintain documentation for all the residents regarding care and progress in the [Individualized Service Plan](#) (ISP). CCWs shall document a Progress Note for each resident during a ten (10) day shift in ~~Extended Reach~~ ~~KaleidaCare~~ ~~Kaleidacare~~. The Progress Note is due the evening before changeover day. The Progress Note should reflect the resident's progress in the program and [ISP](#) during the shift in the areas of daily living skills, education, and general behaviors; and the summary section should note any visits that occurred, medical appointments or illness, and any other pertinent information that should be documented for the ten (10) day shift. Information from Progress Notes is included in ISP reviews by the supervisor. CCWs can also submit casenotes for documentation throughout their shift.

CCWs shall complete a Changeover Form at each changeover documenting upcoming appointments, areas of concerns, scheduled visitations, and any other changes or information that needs to be shared with the incoming CCWs. At changeover, the exiting CCWs shall give the incoming CCWs the cottage money envelope and each set shall count and sign the envelope to verify that the amount stated was the amount received. CCWs shall complete a Changeover Form and give the signature page to the supervisor. The supervisor shall upload the signature page to ~~KaleidaCare~~ [Extended Reach](#). The supervisor shall review the forms during cottage inspections.

CCWs shall document any incidents such as injuries, medication errors, behaviors, and any other extraordinary event on a [PQI Incident Report Form](#) and submit to the supervisor and Program Clinical Coordinator per the [Non-Critical Incidents Procedure](#) or [Critical Incidents Procedure](#).

CCWs shall hold weekly cottage meetings with residents in the cottage. CCWs shall document the date and time of the meeting, who attended, and the content on the Cottage Meeting Form which is located on the Y:drive. Topics for the meetings include information that needs to be shared with the residents as well as topics that are requested by the residents prior to or during the meeting which could include: activity planning, school, chores, resident living problems, social issues, behavior support and management. CCWs shall complete a Cottage Meeting Form in ~~KaleidaCare~~ [Extended Reach](#) and upload the signature page. The supervisor shall review the forms during cottage inspections. Supervisors also attend cottage meetings as needed and upon request.

CCWs shall obtain medical documentation from any medical appointments per the Resident Health Services, Wellness, and Medication Management Procedure. CCWS should upload the documentation to the resident's digital file in Extended [CareReach](#) then turn the originals in to their supervisor. CCWs shall maintain contact with service providers such as counselors, therapists, tutors, mentors, teachers, and legal custodians. CCWs shall share information received from these contacts with the supervisor and Education Coordinator, when appropriate.

CCWs shall complete a CCW/RA Cottage Inspections Checklist Form in Extended Reach monthly. Inspections should include the following:

- Biohazard Kit/First Aid Kit/Emergency Kit/CPR Mask
- Filter check and replacement if necessary
- Out of date over the counter medication
- Van First Aid Kit/Biohazard Kit/Medication Administration Record/CPR Mask Kit
- Cottage file review (quarterly)
- Fire drill

Fire Drills are to be completed monthly in the cottages and an overnight or sleeping fire drill must occur quarterly per the Safety Procedure. Overnight Fire drills are required quarterly. Overnight fire drills should occur from 12:01 am to 5:59 am.

CCWs shall complete a CCW/RA Cottage Fire Alarm/~~Resident Orientation~~/~~Van Oil Change Event Report~~ in Extended Reach every time there is a fire alarm or a new resident admission to the cottage. Supervisors should ensure that that CCWs have completed the required monthly fire drills, inspections, and other required paperwork by monitoring Extended Reach. The information from the reports are shared with PQI for tracking purposes.

CCWs shall participate in individual and team supervision with the assigned supervisor for the cottage. CCWs should come prepared to discuss any concerns, questions, or coverage needs regarding the cottage or the residents. Supervisors shall schedule and document the supervision. Supervisors shall maintain supervision documentation in their offices.

Supervisors shall be present in the cottages a minimum of three (3) times per week in order to provide support, assistance in meeting [ISP](#) goals, and maintain relationships with residents and CCWs. Supervisors shall document a minimum of two (2) Case Notes per month with residents on their caseloads concerning the resident's [ISP](#) progress. Supervisors shall contact legal custodians a minimum of one (1) time monthly and document the contact in a Case Note to reflect the purpose of the contact, the content of the discussion, and results of the contact. All case documentation should be written in a professional manner, avoid slang terms and jargon, should state the facts, and be submitted by the required due dates.

TRAUMA INFORMED ENVIRONMENT

MHCO has developed a Trauma Informed Model of Care from Cornell University across the organization. The model is founded on the following principles: developmentally focused, family involved, relationship based, competence centered, trauma informed, and ecologically oriented. The staff undergo extensive training and ongoing coaching to provide services and make decisions while incorporating trauma approaches to working with the residents and their families with an understanding of how trauma effects child development and behaviors.

The Developmentally focused approach assures that each child is assessed individually on ability and given tasks that challenge them but not overwhelm them. Staff are to provide opportunities to learn and develop their competencies through daily activities with assistance when needed and to promote success.

The Family involved approach recognizes the importance of family and family connections for the resident. The staff can promote the importance of family connections by helping the child and supporting the family in maintaining contact through phone calls, letters, sibling visits, and on/off campus visitation.

The Relationship based approach recognizes the importance of the staff developing and maintaining trusting relationships with the residents. Trusting relationships help the resident feel safe, develop healthy attachments, have positive interactions, and to learn how to overcome challenges.

The Competence centered approach recognizes that in order for the resident to be able to be competent in managing within their environments, then staff interactions need to be purposeful, and problem focused. Staff provide learning opportunities to help the resident develop new skills and increase motivation to be able to solve problems, develop flexibility, and resolving conflicts.

The Trauma informed approach recognizes the effects of trauma on children's development and behaviors. Staff design activities, routines, expectations, and interactions that take into account the impact of the stress and trauma on their development.

The Ecologically oriented approach recognizes the importance of a caring and supportive environment that is also matched to a child's needs. Staff evaluate and adapt the environment and activities to meet the child's capacity and to encourage learn, grow, and develop.

CULTURALLY COMPETENT ENVIRONMENT

MHCO seeks to provide services in a culturally competent service environment that recognizes, respects, and responds to the unique, culturally defined needs of residents. All employees shall address the cultural needs of the residents by:

- not using slang or other forms of communication that could be perceived as derogatory,
- providing furnishings that reflect diversity,
- not projecting an atmosphere that is offensive to people of different races, gender identities, cultures, sexual orientations, or religious backgrounds,
- allowing input for menu planning, social activities, hair care, church activities, and
- planning recreational events that consider the cultural preferences of residents.

Residents have opportunities to meet with their CCWs, supervisor, Program Clinical Coordinator, Program Director, Administrator and other staff to voice concerns about MHCO, personnel, other residents, their rights, or the program. Protection from harassment and discrimination shall be ensured per the [Harassment Policy](#), [Fair and Equitable Treatment Policy](#), and [Prohibition of Preferential Treatment Policy](#). Residents may voice concerns individually, at the Resident Advisory Council, or per the [Stakeholder Grievance Procedure](#).

PERSONAL POSSESSIONS AND MONEY

Residents shall have a space where they can secure valuables either in separate closet, footlocker, or chest upon request. Items may also be locked in the cottage office. Residents may have spending money on their person based on age. (i.e. residents under age twelve (12) can carry \$5.00, residents twelve (12)-eighteen (18) can carry \$15.00, and no limits for residents over the age of eighteen (18)). All residents are encouraged to keep their money secured. Except for approved spending money, all other monies should be submitted to Finance to place in resident's personal accounts per the [Accounting Procedure](#). MHCO is

not responsible for lost or stolen money. Residents may earn an allowance or Kid\$Earn money per the [Accounting Procedure](#). CCWs shall request resident needs for items or services through a [Purchase Order](#), In-Kind Coordinator, Education Coordinator, or recreation per [Financial Management](#) section guidelines.

Residents may bring all personal possessions with the following exceptions:

- Weapons including guns, BB guns, air rifles, knives, crossbows, slingshots, martial arts weaponry, etc.
- Drugs, drug paraphernalia, alcoholic beverages, or controlled substances
- Pornographic material or magazines, to include sexually explicit books, pictures, clothing, etc.
- Motorized vehicles such as go-carts, motorbikes, mini-bikes, etc.
- Pets other than aquarium fish

Residents may not enter into loan contracts without prior approval of the Administrator and Program Director.

ELECTRONICS

Electronics shall be used per the Information Technology Policy. Residents may have tablets and Kindles with downloaded games and books, can access WiFi on the devices using WiFi passwords or cellular connections per the IT policy and with CCW supervision. Residents may have televisions, game systems, and DVD players with age appropriate movies and games in bedrooms. No cable connections are available in resident bedrooms. MHCO does not provide electronics for resident personal use.

Any electronic device that can be connected to the internet and game system cords shall be turned in each day at the time designated by CCWs and cottage rules. Any items turned in are locked in cottage office.

Any resident caught using electronics inappropriately (e.g. connecting to the internet, sharing with other residents, etc.) shall have the device confiscated and locked up by CCWs or given back to legal custodians. Residents shall not share personal electronics with other residents. In the event that unauthorized activity suspected, the CCW will contact the supervisor who can decide if a search is needed and call the legal custodian for permission.

Electronics provided by the school system for educational purposes shall be used for school work per the school's policy. Electronics provided by the school system shall be used in common areas of the cottages and turned in daily to the CCWs to be locked in the cottage office. CCWs will inform residents that school email accounts are monitored by the school and -by the Education Coordinator, CCWs, and legal custodians during orientation.

CELL PHONES

Any high school resident in good standing will be allowed to have a cell phone. The resident must be meeting program expectations regarding school, cottage, and campus requirements. In order to be in good standing, the resident shall be:

- attending school,
- completing homework,
- passing all classes,
- complying with school rules,
- attending all required program requirement such as recreation, academic support, resident education, church services, donor and sponsored events,
- completing chores,
- practicing good hygiene,
- following cottage schedules, and

- maintaining good behaviors.

A resident who is not in good standing or who uses the phone inappropriately (e.g. not turning in the phone as requested, sending inappropriate pictures or messages, bullying, stealing, anything that could result in criminal charges, etc.) will face consequences and the phone will be confiscated. If a phone is confiscated by the school, the resident will have to follow school procedures to have it returned. In the event that unauthorized activity suspected, the CCW will contact the supervisor who can decide if a search is needed and call the legal custodian for permission.

MHCO is not responsible for any fees associated with the resident's cell phone (e.g. phones, accessories, minutes, replacing missing, damaged, or stolen phones, etc.).

Residents under the age of eighteen (18) must have permission from their legal custodian to have a cellphone. Any resident with a cell phone must show proof of purchase (i.e. receipt or confirmation from the legal custodian) for the phone. Residents may not ask for cell phones or accessories from sponsors, donors, or on Christmas lists.

New residents who are of age to have a cell phone must be willing to have a two (2) week probationary period before being allowed to carry a cell phone. At the end of the probationary period the supervisor and CCWs will make the decision to allow the new resident to have a phone with the same expectations of any resident.

CCWs shall keep phones locked in the cottage offices during the following times:

- church
- recreation,
- resident education,
- academic support,
- Kid\$Earn,
- during study hours in cottages,
- during sponsored events,
- at bedtime, and
- when cell phone privileges have been removed.

Rising freshmen may have a cell phone in the summer after middle school concludes.

Cell phones must be turned in to the CCWs to be locked in the office at the following times:

Residents through age seventeen (17):

Sunday-Thursday - 9:00 pm

Friday & Saturday - 11:00 pm

Residents over age eighteen (18):

Sunday-Thursday - 10:00 pm

Weekends may keep phones

TELEPHONE

Residents have telephone privileges appropriate to their age and within the scope of their ISP per the [Resident Rights Policy](#) to individuals on their approved Visitation Contact Log. Residents are allowed privacy during phone calls, unless restricted by court order, [DSS](#) case plan, or legal custodian. The Program Director or Program Clinical Coordinator shall consider and authorize any telephone restrictions. Any restrictions shall be documented in [ISP](#) and reviewed weekly during supervision. Whenever telephone conversations are restricted in accordance with the [ISP](#), the CCW shall document the occurrence and review

the outcome of any phone calls with his or her immediate supervisor the next working day. The supervisor shall initial the report and ensure follow through of appropriate action, including regular and periodic reviews. The supervisor shall file the report in the resident's record Any changes to the resident's telephone contact list must be authorized by the legal custodian and approved by the supervisor.

CCWs may establish times for telephone use in the cottage schedule. The resident shall pay long distance charges unless otherwise approved as part of the [ISP](#) and visitation plan. The CCWs and supervisor shall assist residents who are too young to locate or dial phone numbers with making calls.

Many CCWs use their cell phones to maintain contact with legal custodians. CCWs may make long distance calls to resident families when discussing concerns by using the calling card assigned to their cottage, available from the Cobb Center. CCWs shall pay for personal long distance calls on the employees' calling card and not charge calls to MHCO.

If a resident has contact with unauthorized individuals, a CFT meeting including the legal custodian for minor residents, to determine the course of action to be taken.

BICYCLES, SKATEBOARDS, AND SCOOTERS

Residents may have bicycles, skateboards, hoverboards, electronic scooters, and non-motorized scooters. Residents shall bring items to the cottage to be locked up safely within the sheds or cottage when not in use. Residents shall wear helmets when riding bicycles, skateboards, scooters, or any device with wheels. Residents are required to ride in safe areas, pay attention to surroundings, and watch for cars. Any resident who fails to follow rules may have the item confiscated and locked up by CCWs or given back to legal custodians.

VEHICLES

Direct Care residents are not allowed to have vehicles on campus unless they:

- Are over the age of eighteen (18) and in good standing at school (i.e. grades, behaviors, and on track to graduate in the current school year)
- Are in good standing in the Direct Care program (i.e. meeting program expectations in the cottage, being compliant with staff and procedures)
- Have a job
- Have a valid NC driver's license
- Pay for and maintain state required automobile insurance and registration
- Provide for and maintain the car properly (e.g. repairs, oil changes, etc.)
- Follow the rules of the road and will be held accountable for any legal charges or fines incurred for not complying and inform the CCW of such occurrences
- Follow all campus rules regarding driving and parking their vehicle on MCHO property (e.g. driving at a safe maximum speed of 10 m.p.h., be observant of any children playing or individuals walking on the campus roadways, parking in designated parking areas, etc.)
- May not leave vehicles idling without the driver in the seat, including warming up the vehicle

Residents who meet these conditions can petition the supervisor for approval of campus driving privileges. This petition would then be discussed in a Child and Family Team (CFT) (i.e. the resident, legal custodian if the resident is a minor, collaborative sources, CCWs, supervisor, Program Clinical Coordinator, Education Coordinator, ~~Vocational Counselor~~, and Program Director) meeting. The CFT shall make the determination to allow the petition to be sent to the Program Director and Administrator who shall make the final decision concerning campus driving privileges.

Residents with campus driving privileges shall:

- ~~Complete the Driving Instruction Preparation Program with the Vocational Counselor, even if completed Driver's Ed at school.~~
- Not drive the vehicle anywhere except for work for the first thirty (30) days and on home visits if approved
- Complete any school vehicle requirements prior to driving the vehicle to school
- Not allow other residents to ride in the vehicle. Residents with younger siblings on campus may transport their siblings if approved by the CFT and with written approval of the legal custodian.

The privilege of maintaining and operating a motor vehicle on campus could be revoked if the resident fails to comply with the conditions above. A resident, and the legal custodian if the resident is a minor, losing campus driving privileges shall receive written and in person notification by the supervisor. The resident can petition the supervisor, Program Clinical Coordinator, or Program Director to reinstate campus driving privileges. The Program Director shall make a recommendation about reinstatement of campus driving privileges to the Administrator. The Administrator shall make the final decision concerning reinstatement of campus driving privileges.

SCHOOL FUNDRAISERS

Residents are prohibited from fundraiser participation except when it is mandatory for the school. In these circumstances, the residents are only allowed to sell to MHCO personnel. Monies collected should be collected, locked, and monitored by CCWs.

RESIDENT ACCOUNTS

Per the [Accounting Procedure](#), any monies received from legal custodians, friends, family members, or donors that are designated for an individual resident shall be placed in his or her account or in the general operating fund and earmarked for use by the designated resident and intended purpose. Residents use funds from their individual account for individual specialty items not otherwise provided for by MHCO (e.g. specialty shoes, accessory items, video games, gifts for family members, manicures, etc.). Residents can designate a portion of their account for savings. Resident accounts do not accrue interest. The Chief Financial Officer shall keep comprehensive records of each residents' account as a part of the finance statements. The Chief Financial Officer shall maintain a separate accounting system to accommodate resident accounts. This system shall conform to local laws, state standards, and accreditation standards. Residents shall have access to the information about their assets upon demand and balances can be requested from the Finance Office. Resident accounts shall be closed upon discharge and any sums of money turned over to the resident or legal custodian of minor residents on the day of discharge. Resident assets for which MHCO employees have custody or information shall be held as confidential information.

The Chief Financial Officer shall require that written authorization is obtained from a resident prior to any deductions made from a personal fund account for any amount owed or alleged to be owed for damages done by the resident to the facility, an employee of MHCO, a visitor to MHCO, or another resident of MHCO. The notification from the resident ensures that he or she approves of the deduction from the account and is aware of the amount owed and amount of damages.

ALLOWANCE AND KIDSEARN

Per the [Accounting Procedure](#), residents nine (9) years of age and younger will be given a \$2 per week allowance to spend in any appropriate manner they choose for completion of cottage chores.

Residents ages ten (10) and eleven (11) earn \$1 per week allowance for completion of cottage chores and may earn additional money by participating in the Kid\$Earn (Level I) program (i.e. \$1 per hour, up to four (4) hours weekly for chores in the cottage).

Residents over the age of twelve (12) are eligible to earn money by participating in the Kid\$Earn (Level II) program (i.e. starting at \$2 per hour for on campus employment and based on duties performed, experience in the position, and performance evaluation). Typically, Kid\$Earn (Level II) residents work four (4) or five (5) hours Monday through Thursday but may work more when on break from school. Residents shall apply for a work position by completing the Kid\$Earn Application Form ~~with the Vocational Counselor~~. Employees may request a Kid\$Earn position by completing a Request for Kid\$Earn Position Form ~~with the Vocational Counselor~~. ~~The Vocational Counselor shall assign positions based on requests and applications biannually in the spring and fall. Kid\$Earn (Level II) residents shall attend an orientation session prior to beginning work and attend two (2) in-service trainings each year. Supervisors of Kid\$Earn (Level II) residents shall attend an orientation and confirm with CCWs concerning missing work. Kid\$Earn residents shall be paid if they miss work to attend required MHCO activities, school obligations, academic support, sick (two (2) days maximum), or medical appointments.~~ Kid\$Earn residents shall not be paid if they miss work and do not call in, refuse to work, attend a sport, or are sick after two (2) days. The [Kid\\$Earn Weekly Time Card and Evaluation Form](#) for Kid\$Earn jobs shall be completed by the position supervisor and turned in to the Finance Office on Friday each week. Residents who are working outside of MHCO are not eligible for allowance or Kid\$Earn.

Residents shall be allowed to keep approved spending money at the cottage or on their person. The Program Clinical Coordinator shall determine the allowable amount based upon the resident's age and development. All monies kept by the resident shall be at his or her own risk. CCWs shall submit a list of requested monies from Direct Care residents to the Assistant Finance Officer by Wednesday each week to be picked up Friday. This list shall include the resident's name and amount requested. If the resident has the amount in his or her account, the Assistant Financial Officer shall place the requested money in an individual envelope. If the resident does not have the amount in his or her account, the Assistant Finance Officer will notify the CCW and give the amount that the resident has remaining in the account. The CCW shall sign a receipt and receive the money from the Assistant Finance Officer. The resident shall sign the envelope containing the money as a receipt acknowledging that he or she has received the money. These receipts (i.e. signed envelopes) shall be turned in to the Assistant Finance Officer weekly prior to receiving any additional funds.

Residents who are restricted from receiving allowance shall still earn allowance but will be constrained from withdrawing it from their account. Supervisors must approve any restrictions of allowance and place the reasons for the restriction in the resident's case file. Restrictions of allowances shall not exceed two (2) weeks and may only be administered once per quarter.

Residents above the age of sixteen (16) shall be encouraged to open an account at a local financial institution of his or her choosing to promote independent living skills. The employee assisting with opening the account shall determine and explain fees charged by financial institution applicable to the account to the resident.

DAILY SUPERVISION

MHCO strives to provide a homelike environment. CCWs shall provide a model for running a household, address negative behaviors, and promote personal and group development. CCWs shall be diligent in providing appropriate supervision based on resident needs related to developmental level, maturity, and commitment to following rules, guidelines, and boundaries. On-duty CCWs are expected to spend as much time in the company of residents as possible.

Per licensing standards, residents are required to be provided adequate supervision. During waking hours, CCWs are required to provide a ratio of one (1) staff person per six (6) residents and during sleeping hours a ratio of one (1) staff person per eight (8) residents. Ratios include staff children.

The cottage structure and routine shall be scheduled, communicated, and reinforced daily. This structure shall establish expectations and understanding of who will be where and behavior during those times. In

these meetings CCWs are encouraged to solicit the resident's understanding and commitment to the plans and roles or expectations.

Each cottage has established routines. All residents should have thirty (30) to forty-five (45) minutes of room time prior to lights out. During room time, residents can relax, read, play quietly if age appropriate, shower, and prepare for the following day. Staff shall be available in the hallways during room time and will make a final, in person check with each resident at lights out and do a final check before retiring to staff quarters. Other overnight checks may be necessary if a safety plan is in place, if a resident is ill, for new residents, or if a resident's behavioral situations that need monitored. CCWs may be assisted by other staff and supervisors in these circumstances or to provide relief the following day. Staff will ensure all windows and outer doors are locked and secured and the alarms are activated and functioning. Staff should be awake and ready to interact with residents at least thirty (30) minutes prior to residents' wake up time in the morning to be able to prepare for the day.

Due to safety risks (e.g. busy roads, no sidewalks, distances, etc.), residents will not be forced to walk to school for missing the school bus. Residents who fail to manage their time appropriately and miss the school bus will be taken to school and consequences will be implemented. Consequences could include earlier bedtime, loss of privileges, work detail, and other reasonable forms of behavior modification discussed with the supervisor and CFT.

CCWs shall coordinate with the supervisor to establish appropriate protocol for residents walking to the York Rite Chapel, gymnasium, or academic support relevant to the developmental level of the group. A follow up call may be necessary to ensure safe arrival at the destination. CCWs or supervisors may establish limitations to this freedom due to safety or difficulty following directives. Line of sight supervision is appropriate for most age groups when playing outside. CCWs may sit on the porch and observe from afar as residents participate in unstructured play. When playing outside and in the gym, staff should maintain line of sight of residents in their care. Personnel should provide landmarks and boundaries for the residents outlining where they can play and monitor that residents remain within the boundaries. Residents should not play games that take them out of sight of staff. Any resident that is not visible to staff needs to be located immediately.

As residents mature and develop more independent living skills, they should have the opportunity to have time in unstructured situations and freedom to move about the campus with permission as determined by the program team during team staffing or CFT meeting. Residents shall ask permission from the CCW, or supervising employee if not in the presence of the CCW, before walking on campus without supervision.

Residents are not allowed to walk, run, jog, ride bicycles or be back on the farm or the farm roads without staff supervision. Seniors and residents aged seventeen (17) and over in good standing may earn off campus privileges. The resident must have written legal custodian permission on file. A resident with off campus privileges is allowed to walk downtown or to the Dollar General store with permission based on maturity and responsibility. No residents can walk off campus at night without adult supervision. Residents must carry a cell phone for emergency contact and return to campus within two (2) hours or earlier as mandated by CCWs or supervisor.

Residents aged seventeen (17) and up can stay in the cottage unsupervised for up to three (3) hours. Only one (1) resident can remain alone and unsupervised at a time in the cottage.

All employees are encouraged to observe, listen, and supervise residents by walking about the cottage, campus, and at events. If a resident's behavior needs to be addressed, the employee shall discuss the issue with the CCW or supervisor. There should be documentation in case notes, progress note, supervision notes, and/or PQI Incident reports of resident behaviors. Supervisors may request a written report from a

staff member regarding behaviors they observed or of which they were informed. Any concerning behavior will be discussed by the Direct Care team during weekly staffing. The team will process the behaviors and determine appropriateness for continued placement.

The program team will meet with any resident suspected of substance use and his or her legal custodian will be notified per the Inspection, Search, and Seizure section below. If illegal substances are found or observed in a resident's room, cottage, or other building, the Oxford Police Department will be notified to remove the items. Residents who are using substances will be scheduled for a substance abuse assessment to determine any treatment recommendations. The CFT will meet to make a recommendation regarding the resident's continued placement at MHCO. The information will be shared with the Administrator who will have the final authority on continued placement.

SUPERVISION ON OVERNIGHT TRIPS

Residents attend trips with the cottage for summer and school breaks. Vacations shall be age appropriate and discussed in cottage meetings. CCWs are responsible for planning cottage vacations with resident input and shall utilize sponsors, deals, and cottage funds. Supervisors shall obtain consent for travel and specialized activities from legal custodians. Supervisors shall provide all vacation details, personnel phone numbers, and contact information with legal custodians.

On these trips, CCWs shall ensure that all residents have their own bed or place to sleep. CCWs must reside with the residents (i.e. not in a separate hotel room). CCWs must provide extra monitoring and supervision as the residents are in unfamiliar settings. Residents sharing rooms must keep the doors open with the only exception being when they are individually changing clothes or using the bathroom. During overnight hours, if residents are sharing rooms, the CCW must be keep doors open, check on the residents during the night, and separate any residents that there are any concerns.

CLOTHING AND DRESS CODE

Residents are provided approximately \$100 upon admission for the CCW to purchase clothing items. Residents are provided with a budgeted amount set by the Finance Department to purchase new clothing biannually, in the spring and fall. MHCO follows school dress code guidelines for attire and ensures that residents purchase appropriate clothing. Throughout the year, residents can utilize the campus clothing room for shoes and clothing that has been donated. Legal custodians, and cottage or resident sponsors may provide clothing or money for clothing.

Residents shall be allowed to choose their own clothing within the dress code. Residents will be encouraged to dress in conservative but stylish clothes. CCWs shall ensure residents do not purchase inappropriate clothing with MHCO money nor allow residents to leave the cottage dressed inappropriately. Inappropriate clothing shall not be worn on campus, school, chapel, or any MHCO off campus activity. All inappropriate clothing items shall be confiscated and returned to the legal custodian or put in storage. Clothes should be appropriate to the occasion, season, age, and maturity of the resident. Examples of inappropriate clothing:

- tight fitting or too small clothes
- low-cut or midriff baring shirts
- sagging pants and showing underwear/boxers
- jeans or pants with a lot of rips and holes
- shirts that display logos pertaining to alcohol, curse words, marijuana, drugs, or any offensive pictures or materials
- short shorts, miniskirts, dressers, rompers (the skirt must be past the middle finger)
- lounging clothing: pajamas, scrubs, tights, leggings, yoga pants (must wear a long shirt, dress, etc.)

- dark bra with a sheer shirt over it
- house slippers or barefoot outside of the cottage
- unwashed clothing

If desired, girls shall be taught to wear makeup appropriate to their age and maturity level. Elementary school-aged residents shall be discouraged from wearing make-up, middle school-aged residents may wear make-up in moderation, and high school-aged residents may wear make-up conservatively.

Residents will be expected to dress appropriately for Chapel services which would include not wearing t-shirts, hoodies, ripped and/or torn clothing. CCWs are responsible for ensuring residents are dressed appropriately prior to leaving cottages.

Earrings shall be limited to two (2) earrings per ear. Body piercing in all other body parts is prohibited.

Residents shall not be taken or encouraged to get tattoos. Residents with any tattoos done during a home visit will be asked to cover them during all campus and sponsored events.

Residents shall keep their hair neat, clean, and stylish. CCWs shall ensure that residents are able to get their hair cut or trimmed regularly. Residents are encouraged to choose from appropriate hairstyles. Residents under the age of eighteen (18) shall not use any hair color or chemical products that they purchase in the store (e.g. relaxers, perms, etc.). Legal custodians may sign for the resident to have relaxers, dyes, or perms done by professionals. Employees shall choose licensed barbers and cosmetologists to provide services. Any professional coming to the campus to provide services shall complete a background check through the HR Specialist, must have a tax ID number, and shall be paid by check from the Finance Department.

SOCIAL OPPORTUNITIES

MHCO strives for residents to have as many childhood experiences as possible as aligned with the [Reasonable and Prudent Parenting Standards \(NCGS 131D Article 1A\)](#). Experiences include providing opportunities for residents to join school clubs and other extracurricular activities, participate in community recreational activities, and attend church. CCWS shall provide opportunities for residents to attend movies, skating parties, church and school activities, and other social events together and with friends in the community. CCWs shall be responsible for ensuring the resident has transportation to practices, games, meetings, etc. No resident shall be denied opportunities to participate in activities based solely on the inability to pay. The Program Director will be the designated official to apply the RPPS to any decisions made regarding a resident's participation in an event and will ensure that the decision is documented in the case record. Any training regarding RPPS will be provided by the supervisory team.

Residents who wish to participate in school or extracurricular activities shall request participation from CCWs and the supervisor. The supervisor shall consider requests with consultation from the Program Clinical Coordinator and Program Director. The CFT shall discuss the resident's participation in social opportunities as part of the review of [ISP](#) progress. Residents participating in a school activity shall follow school guidelines. School personnel shall notify the resident and CCWs if the individual is ineligible to participate due to grades or behavior. Resident eligibility for participating in community athletic or other programs shall be determined by the guidelines set forth from the supervising organization (e.g. [City of Oxford Parks and Recreation](#), etc.). If there are serious concerns about participation, the CFT shall meet to determine if the resident should be allowed to continue to participate. Residents shall not be limited in how many social opportunities they participate in as long as they are maintaining program expectations at school and in the cottage. Participation should be in the resident's best interest and not interfere with their ability to maintain grades and health.

Residents shall have the opportunity to have social contacts, associates, and friends of from the community and on campus. CCWs shall promote healthy, normal, positive relationships with others. CCWs shall ensure residents have transportation and material needs for participation in events. CCWs shall not restrict residents by discouraging or forbidding them from normal relationships and interactions.

The CCW or supervisor must obtain consent from the legal custodian for overnight activities outside of the direct supervision for periods exceeding seventy-two (72) hours.

Residents shall be prohibited from visiting in homes off campus or riding in vehicles with anyone other than family or relatives on the approved contact list or authorized MHCO personnel without written permission from the legal custodian.

Residents may continue to have contact with discharged residents if:

- approved by the legal custodian,
- added to the visitation contact list, and
- the discharged resident left on good terms and has been given permission to return to the MHCO campus.

Residents can attend birthday parties of individuals on their approved visitation list. If the birthday party is for a classmate not on the visitation list but is in a public setting (e.g. McDonalds, movies, bowling, etc.) the resident may attend the party with permission of the CCW and supervisor. When a resident is with an employee at an event, the employee does not need to identify as being MHCO personnel.

DATING

Dating is defined as the activity of going out or being with someone on a regular basis as a social or romantic partner. Residents may have the opportunity to date as appropriate to their age and level of maturity. CCWs shall encourage normal relationships to include group activities in cottages, at various campus activities, through double dating, etc. Types of dates and social activities may be individualized based on age, level of maturity, and ability to accept responsibility. Decisions concerning dating shall be determined by the supervisor and will be based on resident(s) performance in school, at work, in the cottage, and compliance with the program. The legal custodian of minor residents may require more restrictions. While MHCO does not promote residents dating one another, residents may consider themselves as dating.

The following guidelines shall be followed:

- Legal custodians must agree to any dating arrangements for residents under eighteen (18) years old.
- Dating is allowed for residents aged fifteen (15) years and older only.
- Dating age range must be within one (1) year of each another. The Program Director may approve greater age differences up to two (2) years.
- ILP/Direct Care resident dating is prohibited except if the couple was dating in Direct Care when one (1) partner transitioned to ILP. The Direct Care resident would be prohibited from visiting in the ILP cottage.
- Communication is allowed through phone calls on cottage or cell phones and is limited to thirty (30) minutes once daily before 9:00 pm if the individual is on the resident's approved visitation list. Texting is allowed but will be restricted if deemed excessive by the CCWs or supervisor.
- Visitors on campus must be on the approved visitation list. Visitors may attend campus activities or visit the cottage if approved by the supervisor in advance and approval must be communicated to the resident(s) and CCW by the supervisor.

- Specific occasions and conditions of time together must be requested by the resident(s) at least a week in advance, approved by CCWs and the supervisor, and approval must be communicated to the resident(s) by the supervisor.
- Couples shall remain in close proximity and in line of sight of CCWs or conform to other supervision guidelines.
- Residents are prohibited from visiting their partners' houses off campus.
- Appropriate public displays of affection include sitting together at certain events, holding hands when walking, putting an arm around a shoulder, and a kiss on the cheek. Inappropriate public displays of affection include other methods of kissing, sitting on laps, and sitting very closely at events. If a CCW determines the public display of affection is inappropriate, the CCW shall address the behavior and the couple shall comply with directives.

If the couple does not follow the guidelines, the following restrictions shall be placed:

- The first offense will result in no contact for the remainder of the day and the following day.
- The second offense will result in no contact for one (1) week.
- The third offense will result in no contact for thirty (30) days.
- If the offense is egregious (e.g. purposely leaving line of sight supervision, engaging in inappropriate behaviors, etc.) the couple will be restricted from contact for thirty (30) days.

FAMILY VISITATION

MHCO seeks to co-parent with families of residents whenever possible. Maintaining contact between the resident and his or her family is encouraged except where expressly prohibited by court order or legal custodian per the Resident Rights Policy. Invitations to MHCO events, birthday parties, and other activities shall be considered and extended to families when feasible. Supervisors shall attempt to include the resident's family in decision making concerning service delivery. Restricting family contact and visitation or threats of restricting contact as a means of punishment is prohibited and may be grounds for termination of employment. Per the [Resident Health Services, Wellness, and Medication Management Procedure](#), a Visitation Medication Form must be completed when transferring medications to legal custodians to administer on overnight home visits.

Residents shall be able to communicate freely with their families by mail and by telephone. Residents shall be permitted to visit with their families per their ISP. In cases involving [Department of Social Services \(DSS\)](#) and court-ordered supervision, the [DSS](#) worker shall provide supervision for the family visit.

MHCO may assist the resident in maintaining contact with their families by providing transportation, food, or other items for home visits. The supervisor and the CCWs shall coordinate and schedule visitation with legal custodians. Families are encouraged to visit the resident on campus and may use guest facilities for overnight visits if available. The supervisor shall make a reservation for an apartment with the Financial Development Assistant. While on campus, families are allowed to spend time with the resident on and off campus if not prohibited by the [ISP](#). Residents are prohibited from spending the night in guest facilities. When legal custodians and family members are visiting on campus, they are required to behave appropriately and follow campus rules (e.g. no smoking in campus buildings or on the grounds, not having alcohol or any illegal substances on campus, following the campus speed limit, etc.). Staff who observe visitors engaging in any activity on campus that is concerning will need to notify the supervisor, Program Clinical Coordinator, Program Director, or Administrator immediately.

Residents are given opportunities for extended visitation with their families several times per year on breaks from school and holidays. Residents have two (2) weekends per month observed on the MHCO calendar with no scheduled activities to allow for weekend visitation with their families. CCWs are to

contact the family and residents during extended breaks. Residents are expected to return to campus by 6:00 pm on Sunday evenings or by the designated end date of the visitation to prepare for school and the next days' schedule.

If the needs of the cottage limit sibling groups from residing with one another, visits and telephone calls among resident sibling or familial groups on campus shall be encouraged. CCWs and supervisors will arrange and conduct organized activities for sibling and familial groups. CCWs and supervisors shall encourage sibling and familial groups to share meals, spend free time, or plan other activities.

CCWs shall document all visitation and contacts in progress notes in Extended Reach. Supervisors shall document contacts made with legal custodians or other individuals pertaining to a resident in case notes in Kaleidacare.

If safety concerns are present when a legal custodian or approved person is transporting the resident for a home visit such as no car seat, suspected substance use, etc., the CCW should immediately notify the supervisor, Program Clinical Coordinator, or the Program Director to address the concern. In the event of no car seat, the CCW will provide a loaner car seat for the safety of the resident. A CFT meeting will be conducted to make decisions about the safest methods of transportation for home visits.

MAIL

Residents may receive mail and packages at the MHCO address (i.e. 600 College St, Oxford NC). The Administrative Assistant shall place mail and packages in the cottage mailbox to be picked up by CCWs. Resident mail and packages shall be opened in front of the CCW or supervisor. MHCO personnel shall not read resident mail unless sent from someone that is not on the approved visitation or contact log. If a package or mail is received from someone not on the approved [Visitation Contact Log](#) or if there is a suspicion about the contents of such, then the CCW shall call the legal custodian for approval prior to allowing the resident to receive it.

BIRTHDAYS

CCWs shall provide a party for each resident on the date of his or her birthday unless the resident and family have made other plans for the resident's birthday. Food and other suitable party snacks are available through food service for these special occasions. CCWs shall obtain a birthday bag from the In-Kind Coordinator. If the resident chooses, his or her birthday may be celebrated in conjunction with a recreation activity and involve other cottages. CCWs will receive a specified amount of cottage funds to procure a gift, pay for a party, or give to the resident to choose their own gift. CCWs may procure a gift from Critcher if the money is used to pay for a party. CCWs shall invite the family of the resident having a birthday to attend the event if not in violation of law or contraindicated by the [ISP](#).

Personnel shall honor resident requests to not to have a birthday celebration. The resident will still receive a gift.

Milestones will be celebrated per the resident's requests and preferences. Additional cottage funds may be utilized for milestone celebrations upon supervisory approval.

RECREATION

Residents shall have opportunities to participate in recreation and wellness per the [Resident Health Services, Wellness, and Medication Management Procedure](#) and per guidelines in [Facilities](#).

The Recreation Director shall discuss wellness activities with the Program Director, Program Clinical Coordinator, ~~Financial Development Assistant~~, and Education Coordinator to ensure cultural diversity and relevance with consultation with the Museum Director when relevant. The Recreation Director shall develop short term and long term physical and emotional wellness goals for each resident as part of their

ISP and provide input at team staffing meetings. Residents shall be given opportunities to discuss wellness activity preferences at cottage meetings, with supervisors, with the Recreation Director, or in the Resident Advisory Council.

Wellness for residents shall meet at least once weekly in addition to other activities planned by the Recreation Director and CCW staff. Wellness shall focus on healthy lifestyles (e.g. weight training, meal selection and preparation, trail walks, personal coaching, reading and understanding food labels, making healthy lifestyle choices, substance use prevention, etc.). The Recreation Director and supervisors shall sponsor various parties, dances, and trips to social activities. Activities shall be planned in advance to allow time for preparation and schedule adjustment. CCWs and supervisors shall assist and encourage participation and provide supervision for activities. Residents will be encouraged to join extracurricular activities through school programs and community organizations to promote recreation and wellness. The Recreation Director will assist with obtaining all athletic equipment for residents and signing them up for activities.

Residents are prohibited from participating in any activity that can pose significant risks (e.g. horseback riding, extreme watersports, etc.). If a donor wishes to sponsor an activity or a request is made for a proposed activity that has associated risks, then the activity will be discussed by the program team with a recommendation to the Administrator who has final approval authority for the activity. All information would then need to be shared with legal custodians for written approval for the resident's participation in the activity.

The Recreation Director shall:

- meet monthly with the Program Director to review recent and upcoming events and activities,
- set up and cleanup of wellness activities,
- track attendance,
- rate participation and goal progress, and
- send tracking data to PQI monthly.

SCHOOL BREAK TRIPS

CCWs, supervisors, ~~Finance Development Assistant~~, and the Recreation Director shall plan and coordinate trips for residents not in school. CCWs shall provide supervision at all trips with assistance of the Supervisors, the Recreation Director, and other employees on the trip. The Program Clinical Coordinator and supervisors will obtain necessary waivers or special permission including adventure-based activities. Trips and activities are funded by sponsors and the recreation budget.

EDUCATION

Residents shall be enrolled and participate in public school. MHCO strives to assist residents in academic achievement by promoting life-long learning, cultivating good study habits, and improving self-esteem and self-image with the support of the Granville County School system, donors, and various community organizations. Education is promoted through:

- campus academic support opportunities,
- incentive programs recognizing improvement and academic achievement,
- collaboration between schools, MHCO personnel, and resident families,
- participation in school extracurricular activities and clubs,
- participation in community programs,
- all school supplies are provided,
- fees for extracurriculars and other school needs are provided under certain circumstances,
- on-going skills retention activities and enrichment during the summer, and
- scholarships and financial aid assistance.

Residents are provided quiet, study time in the cottage every day to complete homework, skill build, or read. CCWs and the Education Coordinator have access to Parent Portal to monitor residents' grades, assignments, and school news. CCWs are requested to attend the Parent/Teacher conferences, attend Individualized Education Plan (IEP) and other meetings, and attend school and extracurricular events. Each spring, residents graduating from high school or college are honored and scholarships are awarded at the Baccalaureate church service and awards ceremony. Each quarter, residents receive recognition, encouragement, and incentives for academic achievement of GPA and honor roll at the Troutman Awards.

The Education Coordinator shall be active in the school district and community related activities to advocate for resident needs. The Education Coordinator shall meet with school and district level administrators to discuss learning opportunities for residents.

The Education Coordinator shall work with the residents, school staff, MHCO personnel, volunteers, tutors, and legal custodians in:

- understanding a resident's 504 or Individualized Education Plan,
- identifying target areas for educational needs,
- scheduling academic support as needed,
- adjusting schedules to meet graduation or promotion requirements,
- finding education programs that best suit personal abilities and needs,
- completing admittance and financial aid paperwork,
- rewarding academic achievement,
- ~~arranging GEMS (Giving Educationally Motivating Signals) Program participation between groups of volunteers and residents to reinforce the importance of education and build fundamentals,~~
- attending campus days and interviews, and
- obtaining materials or resources needed to attend school.

MHCO personnel shall not share detailed personal information with teachers or other school staff. MHCO personnel may share limited background information if a resident is having behavioral or academic challenges (e.g. "John is on a new medication and may experience...", "John had a rough night or weekend and may be struggling", etc.).

VOCATIONAL EDUCATION AND EMPLOYMENT

MHCO strives to assist residents in developing skills necessary to obtain and maintain employment when age appropriate. Residents have opportunities to develop skills through various work experiences, trainings, and staff assistance. Employed residents are exposed to various work-related and life experiences. These experiences enhance employment skills through learning responsibility, independence, good work habits, time management skills, money management, and teamwork. Younger residents earn allowance for completing chores in the cottage. Older residents may participate in the Kid\$Earn program per the Accounting Procedure. Residents are encouraged to seek off-campus employment when they reach age sixteen (16), pending approval of the supervisor as documented on the [ISP](#). Residents are not required to provide paid or unpaid labor for MHCO or on behalf of MHCO. Any paid opportunities should be voluntary. Supervisors and staff should be meeting with residents to ensure that they do not feel exploited. -

The ~~Vocational Counselor~~ Educational Coordinator shall be available to assist with employment needs through pre-employment counseling such as completing applications, writing resumes, practicing

interview skills, and arranging interviews. ~~The Vocational Counselor shall serve as a liaison with the business community.~~

The ~~Vocational Counselor~~Educational Coordinator shall organize and schedule Summer Academy annually. Unemployed residents in high school may participate to address pre-employment skills, career planning, cultural awareness, and community service through visiting businesses, industries, manufacturing enterprises, and educational institutions.

INDEPENDENT LIVING SKILLS

Residents shall be provided opportunities to develop independent living skills. Residents are assigned chores based on their age to increase the ability to take care of themselves, learn responsibility, and maintain a household. Residents shall write thank you notes to donors to teach manners, accountability, and gratitude. Residents are taught independent living skills such as:

- cleaning
- laundry
- cooking meals
- time management
- personal hygiene
- budgeting
- conflict resolution
- appropriate public interaction

High school senior residents shall meet weekly with assigned personnel to discuss topics about life after high school (e.g. college and training planning, establishing career goals, banking and financing, housing, accessing community resources, decision-making, etc.).

NUTRITION AND FOOD SERVICE

Per the Resident Health Services, Wellness, and Medication Management Procedure, dieticians shall develop menus that are nutritious, aligned with current recommended daily guidelines, appetizing, and consider ethnic and cultural heritage of residents. Personnel preparing food for residents shall utilize feedback from residents. The Food Services Manager shall ensure that food products are available for CCWs to obtain for cottage meal preparation. MHCO shall collaborate with the Staff Advisory Council, CCWs, and dieticians to develop menus with choices that are appealing to the residents and personnel.

CCWs shall prepare meals and snacks for the residents and personnel eating in the cottage. Residents may assist in meal preparation if directly supervised by the CCWs to ensure proper safety and sanitation standards are followed. Residents should not prepare meals in cottages without CCW supervision. Residents shall not be denied meals. If a resident does not like the hot meal that has been prepared, he or she shall be offered a choice of a cold meal (e.g. sandwich, cereal, etc.). Personnel preparing food for residents shall maintain certification in sanitary and safe food handling. Personnel preparing food for residents shall not handle or prepare food if they have or present symptoms of an acute illness or have any open, untreated wound.

Cottages are to maintain a garbage can that is adequate in size to meet the needs of the cottage and has a tight-fitting lid. Garbage should be removed at least once per day. CCWs should ensure that any residents who take the garbage to the dumpster are putting them in the correct receptacles and are cleaning up spilled items. Residents should not be going unsupervised to the dumpsters. Bags should not be so full that they cannot be safely lifted into the dumpsters. Residents and staff shall wash their hands in the approved handwashing station located in the laundry room or bathrooms.

All food contact surfaces including serving areas (e.g. main counters, stove tops, etc.) that cannot be removed shall be washed and rinsed, then shall be wiped or sprayed with a properly prepared sanitizing solution (i.e. chlorine solution of 50 ppm in water between 75-100 F lukewarm tap water, 3 oz bleach added to a 32 oz bottle and filled with lukewarm water to the 32 oz fill line, or EPA-registered tuberculocidal disinfectant). Bleach solution shall be prepared daily and disposed of at the end of each day. Once prepared the solution shall be tested with a test strip to assure proper sanitation. CCWs shall acquire supplies from the food service department (e.g. test strips, bleach, spray bottles, masking tape, black markers, needle nose pliers, food thermometers, thermometers for food refrigerators and freezers, disposable gloves, etc.).

Freezers and refrigerators shall be checked each day by CCWs. Medical refrigerators shall be checked daily. CCWs shall record the temperature of the inside of the appliances on the appropriate Inspection Log. At the end of the month, the Inspection Log shall be placed in the food service binder by CCWs. ~~At the end of the year, Inspection Logs shall be turned in to PQI and begin a new Inspection Log.~~

Stored food items shall be utilized based on the first in and first out rule. Menus shall be posted for the week in the kitchen.

SPIRITUAL DEVELOPMENT

Although no employee is required to join any church or religious organization as conditions for employment, CCWs are required to accompany residents to religious services as part of the residents' spiritual development. Most residents will attend York Rite Chapel as a part of their religious and spiritual development. Residents shall be encouraged to attend church service, but not forced or coerced to attend against their will. CCWs shall ensure adequate supervision is provided for any resident who does not wish to attend church services and that supervision does not serve to intimidate, isolate, coerce, or punish the resident for not attending.

Direct Care program personnel shall consult with legal custodians at intake regarding spiritual and religious preferences and participation and will honor requests when feasible. Residents shall be permitted to attend church services in the local community in a faith group of their choice. CCWs shall arrange transportation and adjust schedules to accommodate when feasible. CCWs shall attend York Rite Chapel every Sunday with remaining residents. Residents shall not be permitted to join a church or be baptized without the expressed written permission of their legal custodian.

INSPECTIONS, SEARCH, AND SEIZURE

Upon intake, residents shall be informed of MHCO inspection guidelines for the resident's possessions. The supervisor and another employee will visually inspect all the resident's belongings in the presence of the legal custodian and resident to inventory items, verify possessions, identify safety concerns, and determine needs. Legal, prohibited items will be given to the legal custodian. If illegal items are recovered, the supervisor shall proceed per the [Non-Critical Incidents Procedure](#). CCWs shall inspect rooms regularly to ensure they are kept clean and neat. CCWs or supervisory staff can inspect the room and bathrooms and open dresser drawers to check that clothes are folded. However, CCWs may not move items around. CCWs may not open desk drawers or locked boxes without following the search and seizure procedure detailed below. Searching resident items shall be authorized by the supervisor, Program Clinical Coordinator, Program Director, or Administrator. Search and seizure must be authorized by the legal custodian if the resident is under the age of eighteen (18). If legal custodian consent is not given and there is an emergency need, police must conduct the search.

The resident's secured possessions are subject to inspection and search by CCWs in the direct presence of the supervisor, Program Clinical Coordinator, Program Director, or Administrator when there is substantial or reliable cause to believe that the resident:

- may have items in his or her possession that are dangerous, illegal, or otherwise prohibited by MHCO.
- is under the influence of drugs or alcohol or a controlled substance. Evidence of reliable or substantial cause may include, but are not limited to, resident's behaviors such as slurred speech, ataxia, odor of controlled substance, or disruptive or unusual behaviors.
- has stolen an item or items as evidenced by reliable eyewitness accounts.

The supervisor, Program Clinical Coordinator, or Program Director shall ask the resident for permission to conduct the search. Documentation shall include:

- scope of the search,
- reason for the search,
- procedures followed in the search,
- description of any property seized, and
- an account of the disposition of the seized property.

The legal custodian of residents under the age of eighteen (18), or resident if over the age of eighteen (18), shall be notified of the results of the search immediately after its completion. The supervisor shall document notification and results in the case record. If items are recovered, the supervisor shall complete a [PQI Incident Report Form](#) per the [Non-Critical Incidents Procedure](#).

RESIDENTS OVER THE AGE OF EIGHTEEN (18)

If residents who turn eighteen (18) while in the Direct Care program wish to stay in the program until they finish high school, they shall comply with program expectations including:

- signing all new consents and agreements,
- attending school,
- abiding by cottage rules (i.e. chores, room cleanliness, respect, hygiene),
- informing CCWs of whereabouts, discussing their schedule, and abiding by the agreed upon return time,
- working on [ISP](#) goals,
- not smoking on campus,
- not engaging in substance usage, and
- not engaging in criminal activity.

Residents who fail to comply with program expectations shall meet with the CFT to discuss continued participation in the program. If the resident is unwilling to comply, a discharge plan will be developed per the [Direct Care Discharge Procedure](#).

Residents who wish to enter the Independent Living program may apply for admittance.

Procedure Name:	Non-Critical Incidents Procedure
Applies to:	Employees and Stakeholders
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/Non-Critical Incidents Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	5/31/2017; 2/9/2018; 5/10/2019; 5/8/2020; 8/12/2022; 11/10/2023
References:	COA Service Delivery Administration Standards (RPM 2.01, RPM 2.02, BSM 1.04, BSM 5, BSM 5.03) PQI Incident Report Form Critical Incidents Procedure Resident Health Services, Wellness, and Medication Management Procedure Safety Procedure Behavior Support and Management Policy and Procedure

An incident is defined as an unplanned, undesired event that hinders completion of a task and may cause injury, illness, or property damage or some combination of all three in varying degrees from minor to catastrophic.

Non-critical incidents may include:

- Resident illness or injury that is deemed not serious per the [Critical Incidents Procedure](#)
- Personnel or guest injury
- Resident contraband seizure
- Resident altercation
- Property incident (e.g. fire department involvement, accident involving a resident or MHCO vehicle, etc.)
- Campus lockdown, hold and secure, evacuation, bomb threat, poison, fire alarm, animal control per the [Safety Procedure](#)
- Resident missing or runaway lasting less than twenty-four (24) hours
- Other incidents not otherwise described per the [Critical Incidents Procedure](#) (e.g. law enforcement involvement, etc.)
- A near miss to an incident (i.e. an unplanned event that did not result in injury, illness, or damage, but had the potential to do so)

Employees are expected to act in emergencies, and at all other times, as directed by various publications, policies, and procedures. The absence of a director or department head does not sanction inaction in emergencies. Employees should act in the best interest of MHCO and the residents jointly and should communicate as soon as feasible and practical after an incident has occurred. Employees can call for police assistance if it is reasonable to assume that a serious danger exists. Police intervention shall be used to assist in stabilizing the situation and not as a means for removal of a resident. The Program Director or the Administrator shall be notified immediately whenever law enforcement officials are summoned. Critical incidents shall be handled and documented per the [Critical Incidents Procedure](#).

If an incident occurs off campus, the Program Director or Administrator shall contact the community partner and notify employees working with the community partner (e.g. Education Coordinator with schools, ~~Vocational Counselor with employment, etc.~~).

In situations where an employee may be the cause of an injury to any person or property damage (e.g. driver of an MHCO vehicle during an accident, etc.), the employee shall arrange for drug testing and failure to comply will be grounds for disciplinary action. A drug test form for Granville Medical can be

obtained from the HR Specialist. If the employee has to go to a different hospital or doctor for the drug test, he or she shall request the results to be forwarded to the HR Specialist. The HR Specialist shall obtain drug test results and inform the Program Director that results are in the employee's file. The Program Director shall update the Incident Report form referencing the results in the employee file.

DOCUMENTATION

Whenever an incident occurs, documentation of the rationale for actions shall be made on a [PQI Incident Report Form](#) and in the resident's case record if involving a resident.

Non-critical incidents shall be documented as follows:

- The individual who sought assistance and all other employees involved or witnessing the Non-Critical Incident shall document their points of view on a [PQI Incident Report Form](#) within twenty four (24) hours of the incident.
- The [PQI Incident Report Form](#) shall be emailed to the supervisor and copied to the [Program Director](#) within seventy-two (72) hours of the incident. Incidents involving Direct Care residents shall be copied to the [Program Clinical Coordinator](#) and supervisor of the resident when emailing to the Program Director. Incidents involving ILP residents shall be emailed to the Resident Advisor of the resident, Program Clinical Coordinator, and Program Director. Incidents involving personnel not working in Direct Care or ILP shall be copied to the individual's supervisor when emailing to the Program Director. Incidents involving a guest, visitor, or other individual on campus shall be copied to the [Administrator](#) when emailing to the Program Director.
- If the Non-Critical Incident involves a Direct Care resident, the individuals involved or witnessing the incident shall discuss the incident with the resident's CCW and supervisor. The supervisor shall complete a case note in [Kaleidacare](#) within seventy-two (72) hours in addition to the [PQI Incident Report Form](#) completed by the individuals involved and witnesses. If the Non-Critical Incident involves an ILP resident, the individuals involved or witnessing the incident shall discuss the incident with the resident's Resident Advisor and the Program Director. The Resident Advisor shall complete a case note in [Kaleidacare](#) within seventy-two (72) hours in addition to the [PQI Incident Report Form](#) completed by the individuals involved and witnesses.

A [PQI Incident Report Form](#) shall contain a complete, objective, and accurate account of the incident from the author's point of view including the following information:

- Day, date, and time of the incident
- Name and title of the person writing the report
- Exact location of the incident (e.g. building, floor, address, room number, hallway, etc.)
- Conditions (e.g. weather, lighting, slippery floor, etc.)
- Key participants and relationship to one another (e.g. names and titles of personnel, names and contact information for witnesses, etc.)
- Complete description of the incident in chronological order (e.g. precipitating events, at what point the author was alerted to the situation, verbal interventions attempted, resolution, etc.)
- Emergency action taken (e.g. police, security, medical, etc.)
- Consequences (e.g. injuries, property damage, etc.)
- Listing of persons notified of the incident with name, title, date, time, notification method, and response
- Quotations of second-hand information heard from persons involved in the incident and clearly identified source
- Signature of the author and date of the report
- Action plan to describe follow up process with due dates
- Completion documentation about action plan tasks to include day, dates, and times
- Addenda of supplemental documentation or information

The Administrator or Program Director shall save any camera footage from the incident and reference the location of the footage on the incident report.

Refrain from including the following on a [PQI Incident Report Form](#):

- opinions, accusations, and conjecture
- speculation about who or what may have caused the incident
- drawing conclusions or making assumptions about how the incident occurred
- suggestions about ways that similar occurrences could be prevented.

INCIDENT REVIEW

The Program Director shall distribute completed [PQI Incident Report Forms](#) to the PQI ~~Core~~ [Group/Review Team](#) for review at the next monthly meeting to ensure the incident reports and summaries are complete and accurate and fully represent the incident. Any recommendations as a result of this review will be forwarded to the appropriate department.

~~Incidents shall be deemed closed on the date all action plan tasks are completed. The Program Director shall forward the original PQI Incident Report Forms and other supplementary documentation of all closed incidents to the HR Specialist shall redact each PQI Incident Report Form received to protect confidentiality of individuals involved in the incident. The HR Specialist shall distribute the redacted reports to the PQI Subcommittee meeting for review at the next monthly meeting to discuss preventative measures for incident recurrence. The HR Specialist shall prepare recommendations for improvement to the PQI Core Group based on discussion from the PQI Subcommittee. The Program Director shall discuss the recommendations for improvement and implementation with the PQI Core Group at the next monthly meeting and share improvement plans with the Administrative Teams and the HR Specialist will return for discussion with the PQI Subcommittee.~~

RESIDENT NON-SERIOUS ILLNESS OR INJURY

In the event of injury or illness to any resident at MHCO, the immediate concern is to aid the injured or sick resident. If an employee feels the need is critical (e.g. severe bleeding, stopped breathing, poisoning, hospitalization, etc.), he or she shall render appropriate first aid, call 911, and intervene and document per the [Critical Incidents Procedure](#).

In the event of a resident injury or illness that is not deemed critical per the [Critical Incidents Procedure](#), individuals responding to the resident may contact the supervisor, Program Clinical Coordinator and/or Program Director for consultation, contact the doctor for an appointment, call 911, or go to the emergency room per the [Resident Health Services, Wellness, and Medication Management Procedure](#) and documented as described above. If the individual responding to the resident is not a resident's CCW or Resident Advisor, the individual shall contact the resident's CCW or Resident Advisor immediately. The CCW or Resident Advisor shall contact the supervisor immediately. The supervisor shall contact the Program Clinical Coordinator or Program Director immediately. Resident Advisors shall contact the Program Director immediately. Supervisors shall contact the legal custodian of minor residents in Direct Care and the Program Director immediately to inform them of injuries or illnesses that require medical attention, medical consultation, or affects a vital area of the body (i.e. head, eyes, chest, or stomach). CCWs and Resident Advisors shall forward medical paperwork, copies of all prescriptions, and incident documentation to the supervisor, Program Clinical Coordinator, and/or Program Director the same day if medical attention or consultation was sought. Very minor resident injuries or illnesses (e.g. scraped knee, elbow, fall, etc.) that occur during age appropriate play and do not require medical attention, consultation, or affect a vital area of the body (i.e. head, eyes, chest, or stomach) do not require documentation on a [PQI Incident Report Form](#), but shall be documented as a case note in [Kaleidacare](#) by the supervisor. The Program Director, Program Clinical Coordinator, or supervisor shall provide debriefing for personnel,

residents, or families involved in the incident as needed as soon as possible. On site counseling may be made available as needed.

PERSONNEL INJURY

In the event of injury or illness to any employee or volunteer at MHCO, the immediate concern is to aid the injured or sick individual. If the individual responding to the employee or volunteer feels the need is critical (e.g. severe bleeding, stopped breathing, poisoning, etc.), he or she shall render appropriate first aid and call 911. Personnel that have been injured on the job, regardless of severity, shall seek medical attention, discuss the incident with his or her supervisor, obtain a post-accident drug test within twenty-four (24) hours of the incident, and document the incident as described above. Primary care providers and urgent care should be utilized before Emergency Room visits if appropriate and timely. The injured employee shall arrange for post-accident drug testing and failure to comply will be grounds for denial of Workers' Compensation Insurance benefits if needed per the Insurance section. A drug test form for Granville Medical can be obtained from the HR Specialist. If the employee has to go to a different hospital or doctor for the drug test, he or she shall request the results to be forwarded to the HR Specialist. The HR Specialist shall obtain drug test results and inform the Program Director that results are in the employee's file. The Program Director shall update the Incident Report form referencing the results in the employee file. The department head shall provide debriefing for personnel, residents, or families involved in the incident as needed as soon as possible. On-site counseling may be made available as needed.

GUEST INJURY

In the event of injury or illness to any guest or visitor on campus or attending an MHCO event, the immediate concern is to aid the injured or sick individual. If the individual responding to the guest or visitor feels the need is critical (e.g. severe bleeding, stopped breathing, poisoning, etc.), he or she shall render appropriate first aid and call 911. Personnel responding to injury or illness of a guest or visitor, regardless of severity, shall seek medical attention or consultation, discuss the incident with his or her supervisor, and document the incident as described above. The department head shall provide debriefing for individuals involved in the incident as needed as soon as possible. On-site counseling may be made available as needed.

RESIDENT CONTRABAND SEIZURE

Per the [Direct Care Daily Living](#) and [ILP Daily Living](#) information concerning Inspections, Search, and Seizure described in the [Service Planning and Delivery](#) section, if items are recovered from an authorized search and seizure, the supervisor shall complete a [PQI Incident Report Form](#) as described above and dispose of any items per best practice.

The supervisor shall immediately contact the Program Clinical Coordinator and Program Director if drugs, weapons, or other illegal contraband are found and cease the search and seizure. The Program Director shall contact law enforcement to confiscate drugs, weapons, or other illegal contraband immediately. The Program Clinical Coordinator shall schedule a CFT meeting with any mental health professionals working with the resident to discuss the appropriateness of continued placement and develop a plan for residents (e.g. mental health or substance abuse assessments, screening, etc.) caught using or in possession of illegal substances or with other dangerous contraband. The Program Director and/or Program Clinical Coordinator shall provide debriefing for personnel, residents, or families involved in the incident as needed as soon as possible. On-site counseling may be made available as needed.

RESIDENT ALTERCATION

Resident behavior that is extreme, assaultive, destructive, self-injurious, or self-destructive (e.g. aggressive, pushing or pulling with resistance, verbal tone, throwing equipment objects directly at someone else, not resulting from age appropriate play or age appropriate social interaction, etc.) that has the potential to lead to a critical incident as described in the [Critical Incidents Procedure](#) shall be documented as above. Employees shall attempt to deescalate the situation and intervene per the [Behavior](#)

[Support and Management Policy and Procedure](#) to include protection of other residents and personnel exposed to violence. If the individual responding to the resident is not a resident's CCW or Resident Advisor, the individual shall contact the resident's CCW or Resident Advisor immediately. The CCW or Resident Advisor shall contact the supervisor immediately. The supervisor shall contact the Program Clinical Coordinator or Program Director immediately. Resident Advisors shall contact the Program Clinical Coordinator or Program Director immediately. Supervisors shall contact the legal custodian of minor residents in Direct Care involved in the altercation immediately to inform them. The Program Clinical Coordinator or supervisor shall schedule a CFT meeting with any mental health professionals working with the resident to discuss the appropriateness of continued placement and develop a plan for residents (e.g. anger management assessments, screening, etc.) involved in altercations. The Program Director, Program Clinical Coordinator, and supervisor shall provide debriefing for personnel, residents, or families involved in the incident as needed as soon as possible. On-site counseling may be made available as needed.

CAMPUS LOCKDOWN, HOLD AND SECURE, EVACUATION, BOMB THREAT, FIRE ALARM, ANIMAL CONTROL CALL

Efforts shall be made to prevent risk management issues. Employees shall report and intervene in issues requiring a campus lockdown, hold and secure, evacuation, bomb threats, fire alarms, or calls to animal control per the [Safety Procedure](#). Employees shall document these incidents as described above.

PROPERTY DAMAGE

Property damage that occurs due to more than normal wear and tear shall be documented as above. Employees shall alert the Maintenance Director per the [Facility Use Procedure](#).

DIRECT CARE RESIDENT MISSING OR RUNAWAY LASTING LESS THAN TWENTY-FOUR HOURS

Efforts shall be made to prevent instances of missing residents or runaways and identify risks or triggers that may indicate the likelihood of such instances. Employees shall inform the supervisor of residents under the age of eighteen (18) as soon as he or she realizes that the resident is missing.

The employee who identified the resident is missing shall contact the [Oxford Police Department](#). The supervisor shall notify the resident's legal custodian, Program Clinical Coordinator, Program Director, and Administrator.

Employees shall be prepared to inform the person taking the report the following information:

- Name and age of the resident
- Height and weight of the resident
- Any other physical descriptive information
- Clothes the resident was wearing when last seen
- Time the resident was last seen
- If the resident has a history of running away from placements or home
- County from which the resident was placed
- Home address and names of parents or custodian
- Employee's informed opinion as to whereabouts of the missing resident or any reason the resident may run away
- Where other residents believe that the resident has gone
- Employee's name, address, and where to return the resident or instructions for them when and if they find him or her
- Other descriptive or identifying information that would assist law enforcement in efforts to find the resident

If the resident is in DSS custody, the supervisor shall inform the county DSS worker. CCWs shall keep a list of emergency notification numbers for residents in their care. In the event that the supervisor cannot reach the DSS worker, he or she shall notify the Sheriff's Department in the county where the resident was living immediately prior to placement.

For private placements, the supervisor shall notify the resident's legal custodian that the resident is missing. Family members shall be informed of all details of the event and encouraged to assist by notifying MHCO if the resident arrives at their home.

If the resident is still missing at the start of the next school day, the supervisor shall notify the resident's teachers and school administrators that he or she is missing, and that law enforcement and other authorities have been notified.

If the resident is in therapy or sees a psychologist or psychiatrist, the supervisor shall notify the mental health professionals.

When the resident returns, staff shall welcome the resident back and treat him or her with respect, tolerance, and understanding. The supervisor shall notify all parties involved when and if the resident returns so that they may cease their efforts to find the resident.

The supervisor shall ensure that a medical screening is conducted within twenty-four (24) hours of entry back into care to treat any injury or illness. The Program Clinical Coordinator shall schedule a CFT meeting to discuss the appropriateness of continued placement or to develop a plan for the resident.

The Program Director and/or Program Clinical Coordinator shall provide debriefing for personnel, residents, and families involved in the incident as needed as soon as possible. On-site counseling may be made available as needed.

If the resident is missing for twenty-four (24) hours or less, the incident shall be documented as described above. If the resident does not return within twenty-four (24) hours, the incident shall be documented per the [Critical Incident Procedure](#).

Authorizing Signatures

Administrator _____ Date _____

HR Specialist _____ Date _____

Policy Name:	Resident Rights Policy
Domain:	Service Planning and Delivery
Applies to:	Employees and Stakeholders
Policy Location:	Y:/Forms/Policies and Procedures/Policies/Resident Rights Policy.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017; 2/9/2018; 5/10/2019; 8/12/2022; 11/10/2023
References:	COA Service Delivery Administration Standards (CR 1, CR 1.01, CR 1.02, CR 1.03, CR 1.04) 10A NCAC 701 .0306 G.S. 31D-10.2A Conflict of Interest Policy Harassment Policy Fair and Equitable Treatment Policy Nepotism Policy Prohibition of Preferential Treatment Policy Protection of Suspected Misconduct Reporting Policy Resident Rights Procedure Direct Care Daily Living

It is the policy of MHCO's Board of Directors that MHCO should respect the rights and dignity of all residents. No MHCO personnel shall restrict or deny any of these rights or protections except with the expressed, written approval of the Administrator. Within the limits of the law and safety, residents shall be afforded the right to:

- privacy and confidentiality.
- ~~not be identified as a resident in care~~~~foster child in any way~~
- decline participation in activities that identify them as living at MHCO or as a foster child in any way.
- be provided with food, clothing, and shelter that is ~~reasonably~~-sufficient and appropriate to the individual resident.
- have access to family time and have telephone conversations with family members, when not contraindicated in the visitation and contact plan.
- have personal property and ~~reasonable~~-a space for storage.
- express opinions on issues concerning his or her ~~care or~~ treatment individually or with an advocate of his or her choice.
- be free from coercion with regard to religious decisions ~~and be assured that, whenever practical, the wishes of the parents or guardians with regard to a child's religious participation are ascertained and followed.~~
- not be forced to acknowledge dependency on or gratitude to MHCO.
- participate in extracurricular, enrichment, cultural, and social activities as appropriate and in accordance with N.C.G.S. 31D-10.2A.
- review their records with personnel present, unless the Administrator ~~or Program Director~~ deems that it would be extremely harmful to them.
- decline participation in research projects.
- refuse medication and medical treatment but ~~shall~~ be informed of the consequences if they refuse any treatment(s) to include prompt discussion with the prescribing physician or representative.
- be free from ~~any form of harassment,~~ including sexual harassment or exposure to other sexual advances or offenses.

Commented [GW1]: Licensing: Client Rights (10A NCAC 701 .0306)

Commented [GW2]: Licensing: Client Rights (10A NCAC 701 .0306)

Commented [GW3]: Licensing Client Rights (10A NCAC 701 .0306); COA Client Rights

Commented [GW4]: Licensing, COA

- not be punished by any of the following methods: corporal punishment, physical punishment, verbal abuse, humiliating acts, punishment by another resident, denial of meals, clothing, or shelter, denial of appropriate affection and nurturing, denial of family contact, extremely hard work or exercise, group punishment, or secluded or locked time-out.
- file grievances per the [Stakeholder Grievance Policy and Procedure](#) without fear of discharge or other reprisal, if the stakeholder reasonably believes that some policy, practice, or activity is in violation of the law.
- not be discriminated against for race, ethnicity, religious affiliation, color, gender, creed, national origin, handicapping condition, sexual orientation, political belief, ancestry, or age.
- protection from physical or mental harm, intimidation, and restraint.
- living accommodations that are reasonably quiet and secure with appropriate places for sleep, study, or meditation.
- space for bathing and caring for their health and hygiene needs.
- hire attorneys or medical specialists at their own expense.
- receive care and services that are respectful of and responsive to ~~respects~~ their culture, ethnicity, and differences in racial, cultural, linguistic, religious upbringing, and heritage.
- not fear or be threatened with unwarranted discharge.

Commented [GW5]: COA CR 1.03

Procedure Name:	Resident Rights Procedure
Applies to:	Employees and Stakeholders
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/Resident Rights Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/2017; 8/10/2018; 5/10/2019; 8/12/2022
References:	COA Service Delivery Administration Standards (CR 1, CR 1.01, CR 1.02, CR1.03, CR 1.04) Stakeholder Grievance Policy and Procedure Resident Rights Policy Resident Handbook Resident Health Services, Wellness, and Medication Management Procedure
<p>Residents shall receive a copy of their rights upon intake and request. Resident rights shall be reviewed at intake, annually, and when revised with the resident and legal custodian if the resident is under eighteen (18) years of age. Resident rights shall be posted in cottages, buildings, and supervisor offices. Resident rights shall be included in the Resident Handbook. The Program Assistant and supervisor shall ensure that the resident receives the rights and that they are explained to them in language that the resident can understand. Residents who feel their rights as stated in the Resident Rights Policy have been violated shall be encouraged to submit a grievance per the Stakeholder Grievance Policy and Procedure.</p> <p>If a resident exercises his or her right to decline participation in activities that identify them as living at MHCO or as a foster child in any way, the resident shall discuss the refusal with his or her supervisor. The supervisor will assist in finding alternate supervision for the resident during the event. The resident's concerns will be followed up in a Child and Family Team meeting with the resident.</p> <p>If a resident exercises his or her right to refuse medication and medical treatment, staff shall follow directives outlined in the Resident Health Services, Wellness, and Medication Management Procedure.</p> <p>Residents shall be given the opportunity to voice concerns, discuss program issues, make suggestions, and provide feedback at quarterly biannual Resident Advisory Council meetings, and more often as needed. The Resident Advisory Council is open to all residents and is facilitated by the In-Kind Gift Coordinator and Financial Development Assistant assigned personnel who are not part of residential programs and services or involved in the resident's care, such as childcare workers and supervisors. No other personnel shall be present. Discussion and debate shall be solution based, be conducted respectfully, and honor anonymity. Facilitators shall prepare agendas and minutes for each meeting. Facilitators shall report anonymous recommendations through meeting minutes to the Administrator and Program Director for submission, evaluation, and review by the Program Planning Committee of the Board of Directors and PQI Subcommittee Incident Review team. The Administrator shall provide minutes and recommendations for feedback and action plan recommendations to the Program Planning Committee of the Board of Directors. The Administrator shall provide feedback to the Resident Advisory Council based on the recommendations of these committees. A representative of the Resident Advisory Council shall make a presentation to the Board of Directors at the third quarter meeting annually.</p>	

