

GRAFTON

Helping people with disabilities lead better lives.

Parent-Student Handbook

Locations:

**Grafton – Ruth Birch Campus
120 Bellview Avenue
Winchester, VA 22601**

**Grafton – Elm Street Campus
407 Elm Street
Winchester, VA 22601**

**Grafton – Berryville Residential Treatment Center
180 Grafton Lane
Berryville, VA 22611**

**Grafton – Richmond
4100 Price Club Boulevard
Midlothian, VA 23112**

**Grafton – Corporate Offices
120 Bellview Avenue
Winchester, VA 22601**

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GRAFTON

WELCOME TO GRAFTON

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

A. Grafton: Who We Are

1. Our History

Grafton began because one mother was determined to see that her child received an education in spite of his learning problems and in spite of the fact that public schools turned him away. That was in 1958 before we had laws that protected children's rights to education. True to Ruth Birch's early determination, we continue to serve individuals with complex disabilities whose options for services are limited.

Grafton currently provides services in Northern Shenandoah Valley and Richmond, Virginia.

2. Our Work

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

Today we are an organization that serves over 300 individuals by integrating special education and behavioral health care.

3. Our Mission

Grafton creates solution-focused opportunities for individuals challenged by complex disabilities.

4. Our Vision

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

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

Grafton believes that its commitment to utilizing evidence-based best practices and continuous quality improvement as its standard business model is the best way to ensure that optimal outcomes define our standard of care.

5. Our Core Values

- *QUALITY* is our foundation. We take pride in the contributions we make to the lives of the people we serve.
- *CUSTOMER FOCUSED* is the way we do business. We commit to anticipate and understand the needs of our customers-both internal and external-to ensure they are satisfied.
- *INTEGRITY* is our pathway to credibility. We hold ourselves to the highest standards of honesty and ethical behavior.
- *ACCOUNTABILITY* is our responsibility. We earn trust by being responsible for all our statements, actions, and results.

B. Admissions

1. Admissions

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

Grafton's admission decision for each individual is based on examination of the materials presented and consideration of information obtained during the pre-placement interview. From these sources, we determine if Grafton can support the level of care needs of the individual referred.

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

Enrollments are scheduled Monday through Friday between 9 AM and 3 PM.

Each Grafton student is required to have a record of a recent physical (no older than 90 days or within the last 12 months if transferring from another state-licensed facility), a dental exam completed within the last 12 months, and record of current immunizations prior to enrollment. If your child is currently taking medication, we will need original prescriptions (when possible one week prior to enrollment) and a 3-5 day supply of medications. Our staff will discuss specific state requirements for medication distribution with you.

You will receive a packet that contains all the forms that Grafton is required by licensing to maintain in your child's case record. These forms help us better serve your child. Most require your input; all require your signature. **Without this information, enrollment can not occur.**

Legal guardians must sign these forms; students will not be enrolled into Grafton unless these critical forms are signed. Please note that the permission forms will be updated annually.

Forms are to be faxed to the Admissions Department prior to enrollment (1-540-542-1721). An Admissions Case Manager will review the information received and contact you should additional information be required. Hard copies are to be brought with you the day of enrollment..

Our admissions staff will be glad to answer any questions you may have so please call. **You may reach the Admissions Department at 1-888-955-5205, extensions 6460 or 6461.** If the line is busy, please leave a voice mail message and they will return your call as soon as possible. The mailing address for the Admissions Department is

Grafton
Admissions Department
P.O. Box 2500
Winchester, Virginia 22604

2. Special Notes for First Day

When you arrive on enrollment day, your child's case manager or other knowledgeable staff will meet with you. They will review the intake packet and help you complete forms if you have questions about them.

The case manager will want to know when you would like to receive your child's weekly telephone call. Grafton will accommodate your schedule as much as possible. You may call the case manager with any questions or concerns. All case managers have voice mail and e-mail, so a message can be left at any time.

An **Information Sheet** that lists important contacts will be given to you before you leave. This will be a handy reference sheet for you.

After all the intake activities are over, you can decide how best to approach your leaving. You are welcome to help unpack and settle your child in or you may feel it is best just to say your good-byes. You know your child best, so the decision is yours. We will follow your lead.

3. What to Bring

- **CLOTHING:** Approximately two weeks of clothing appropriate to the weather/season is needed. PLEASE DO NOT EXCEED as closet and drawer space is limited. It is **not** necessary to purchase new clothing. Your child's everyday clothes are fine. Just bring what your child normally wears, e.g. there is no need to buy pajamas if your child wears sweats and a tee shirt to sleep.
- **ALL ITEMS NEED TO BE PERMANENTLY MARKED.** We need to be able to track your child's clothes. However, **all** clothing marks should be in the interior bands or seams so that the child cannot be identified by exterior markings.
- Students who shave (male and female) may be asked to bring electric shavers because of the dangers of razors and razor blades.
- **LAUNDRY** is done at least weekly, so plan with this in mind. If your child wets the bed at night, PLEASE include extra sleepwear.
- **TOILETRIES** will be furnished by Grafton. This includes shampoo, soap, deodorant, toothpaste, feminine hygiene products, etc. You may furnish your child with specific brands of toiletries at your own expense.

4. What Not to Bring

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

- **DO NOT bring:**

controlled substances	guns	telephone
toxic glue	knives	pager
matches, lighters	other weapons	mirror
cigarettes, cigars	slingshots	
smokeless tobacco	fireworks	
- Clothing or other items with messages that promote alcohol or drug use or violence are not permitted.
- **For Berryville students, see Attachment A.**

GRAFTON DOES NOT ASSUME RESPONSIBILITY FOR ITEMS THAT ARE BROKEN, LOST, OR STOLEN. PARENTS/ GUARDIANS SHOULD CAREFULLY SUPERVISE PACKING AND NOT ALLOW STUDENTS TO BRING ITEMS THAT CANNOT BE EASILY REPLACED.

5. Multidisciplinary Team

At Grafton, a team supports each student. The make-up of this team will reflect the individual's needs. The following is a description of the Grafton staff most likely to be a part of the multidisciplinary treatment team that supports your child.

Case Manager: Each individual enrolled at Grafton is assigned a case manager. The case manager coordinates all activities and programs for your child. The case manager will be Grafton's communication link for you and for the agencies supporting your child. The case manager is responsible for contacts with the local school divisions (LEA) for the children they have placed at Grafton. The frequency of this contact is determined by the LEA and includes at minimum, progress updates as often as required by IDEA.

Clinical Staff: Each individual is supported by a variety of professional clinical staff depending on their individual needs. These may include physicians, nurses, counselors, behavior clinicians, speech therapists, and occupational therapists.

Teachers: Classrooms are staffed with licensed special education teachers. Selected on the basis of training and student needs, these individuals are responsible for the implementation of the Individualized Education Program (IEP).

Residential Instructors: Each residence is staffed with individuals who have a range of experience and training to meet identified student needs during residential hours. Residential instructors support treatment and teach skills related to social behaviors, daily living, community life, and leisure/recreation.

Overnight Residential Assistants: Each residence is staffed with individuals who remain awake to monitor students during sleeping hours and to provide assistance and instruction overnight and during morning routines.

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

On enrollment day, you will be given an Information Sheet listing the specific people who will be working with your child. Please keep this sheet as a handy reference guide, especially when you wish to talk to the person who works with your child.

6. Keeping in Touch

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

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

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

The schedule for home visits will always reflect:

- The individual's needs and abilities to cope with his/her home and community setting at each stage of progress at Grafton.
- The ability to ensure the safety and well being of the student throughout the visit.
- The creative possibilities for using the time at home in trial experiences and to ensure that the skills learned in Grafton programs generalize to new environments.

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

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

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

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

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

C. Program Information

1. Licensing and Accreditation

The Virginia Department of Education licenses our three private day schools: Grafton-Ruth Birch Campus; Grafton-Elm Street Campus; Grafton-Richmond Campus. Other children and youth services, including our Berryville Residential Treatment Center are licensed through the Office of Interdepartmental Regulation of Residential Facilities for Children, with both the Virginia Department of Education and the Department of Mental Health, Mental Retardation and Substance Abuse Services reviewing our programs to ensure our compliance with licensing regulations.

Grafton is accredited by the Virginia Association of Independent Special Education Facilities (VAISEF) under the authority of the Virginia Council for Private Education (VCPE). Grafton's high school program is accredited by the Virginia State Department of Education through the VCPE and VAISEF. The VCPE is the only authority recognized by the Virginia State Board of Education to accredit private schools in Virginia.

Grafton's Berryville Residential Treatment Center holds national accreditation from The Commission on Accreditation of Rehabilitation Facilities (CARF).

2. Facilities & Equipment

Each of Grafton's academic programs include space for classrooms, therapy services (such as speech-language therapy, occupational therapy, and individual therapy), recreational space, and storage space for teacher instructional materials and resource supplies. There are offices and meeting areas at each school. Teachers and students have access to a computer in each classroom and some sites have a computer lab available for use. Designated lunchroom space is available at each school.

Gymnasiums are available at several of Grafton's sites, as well as specialized resource facilities such as art and music rooms.

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

3. Service Plans

All students entering a Grafton program will have an Individualized Service Plan or Plan of Care (POC) based on the student's symptoms of concern and reason for referral. An Initial Plan of Care (IPOC) is completed within the first 72 hours of enrollment and includes initial treatment strategies. The Plan of Care is typically completed within 14 days after enrollment and is updated by the multidisciplinary team during the student's team meeting within 30 days. The Plan of Care is developed from historical information, parent/guardian and agency interviews, and current clinical, educational and medical assessments. At the completion of these discipline-specific assessments, an overall synthesis of the student's strengths, interests, and needs are consolidated into an

Interpretive Assessment Summary that is provided to the student's team for consensus. The Plan of Care is designed based on this information.

Each student enters with a current IEP and the services in this plan are implemented for the first 30 days of enrollment. At this point, based on current assessments, an updated IEP may be required. Grafton staff will assist the student's LEA (local school system) in the development, review, and approval of an IEP in accordance with all State and Federal requirements. Participation in the IEP process by the student, parents/legal guardians, and the LEA is documented.

4. Progress Reports

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

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

5. Recreation

Grafton provides and promotes recreational activities consistent with an individual's age, developmental level, interests, and needs. These activities may occur at Grafton sites or in the community. Recreational activities occur indoors and/or outdoors and are structured to enhance the learning opportunities for students. Community recreational resources are utilized including, in some service regions, community athletic leagues.

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

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

6. Religious Activities

By law, Grafton operates in a non-sectarian manner, neither requiring participation in religious activities nor denying admission on the basis of religious preference. Grafton staff will provide opportunities for students to participate in religious activities of the students' choice. However, religious service selection may be limited by the variety of choices in the local community. Staff and/or students' illnesses, management problems, activity schedule conflicts, bad weather, etc. may prevent attendance to a particular religious service.

7. Transportation

While at Grafton your child will be involved in a variety of activities. Many of these activities will be in the community. Grafton students are transported in vehicles (cars or vans). Grafton verifies valid drivers' licenses for all staff who will transport students. All of Grafton vehicles are properly insured and licensed according to State requirements.

D. School Programs

1. School Philosophy

Grafton embraces a research-based approach to instruction. Our best practices include informal and formal assessments, curriculum alignment, mapping, and data analysis. Emphasis is on data based decision-making which is used to design and monitor intervention strategies to guide each student's educational program. Student preferences, interests and abilities are noted and inform the staff of motivational opportunities. The integration of special education and behavioral health enhances opportunities for students to recognize their strengths and use them to achieve success in learning across diverse subjects and environments. This integration allows the teacher and the student to engage in alternative formats for presentation, action, expression, and engagement. This teaching philosophy fosters a motivation for life long learning, which in turn creates enhanced functional autonomy and quality of life.

2. Curriculum

Grafton provides a blended curriculum that balances academic and functional skills. It is designed to provide a variety of instructional opportunities to students with a wide range of disabilities.

All students have access to and instruction in the Virginia Standards of Learning/Virginia Aligned Standards of Learning in English/Language Arts, Mathematics, History/Social Science, and Science. In addition, we provide instruction in Daily Living, Occupational Preparation and Guidance, Computer Technology and Community Living Skills. This is achieved by the placement in and the monitoring of progress of each student in one or more of the following curriculums. Curriculum and materials are adapted to provide learning at an optimum rate with high retention and broad generalization.

Placement in the following curriculums is based on age, ability, assessment and transition planning.

- The Virginia State Department of Education – Standards of Learning Curriculum Framework
- The Virginia State Department of Education – The Aligned Standards of Learning
- General Education Development – GED Online and Steck Vaughn GED, 2002
- The STAR – Strategies for Teaching Based on Autism Research
- LCCE - The Life Centered Career Education Curriculum, 2004, The Council for Exceptional Children
- SAIL – Skills to Achieve Independent Living Curriculum
- Phillip Roy Curriculum
- The state curriculum or alternate state curriculum of the student’s placing state when other than Virginia.

Instructional adaptations and modifications, as well as assistive technology, are based on the students’ IEP. The instructional methods and accommodations include environmental strategies and take into account the visual, auditory, fine and gross motor needs of each student. Instructional decisions and interventions are data based.

3. Educational Objective of Each School Program

Grafton has four different programs that are dependent on the functioning levels of the student and are determined by the student’s IEP team. The different attributes and the educational objective details of each of these programs can be located in the “*Program of Studies Handbook*”. In each program, Grafton meets or exceeds teacher to student ratios defined in State regulations. There is at least 1 teacher for every 8 students along with 1 to 3 instructional aides. The number of instructional aides is dependent on the individualized needs of the students.

- **Integrated Program**

This program exists for those students whose IEPs indicates that they can not meet in full the requirements of the Virginia Standards of Learning (SOL’s). The students in this program participate in the Virginia Alternate Assessment Program (VAAP) or the alternate assessment program of their placing state.

This program is designed for the student who needs a highly specialized learning environment in functional life-skills. The educational objectives include daily living, occupational preparation, and guidance. Blended into the program objectives are the academic areas of English/language arts, mathematics, history/social science, and science, which are based on the aligned state standards of learning. Students participate in learning with emphasis on communication skills in functional context.

The student may spend a portion of each school day in career and technology training as called for in the IEP. The areas covered include job coaching experiences, vocational training opportunities, and/or supported work placements. These work experiences may be in school or community-based. The completion of this program and the requirements

of the student's Individualized Education Program (IEP) results in the issuance of a Special Diploma.

- **Modified Program**

The Modified Program exists for those students whose IEP team indicates that they can participate in the Virginia Standards of Learning (SOL's) or Virginia Grade Level Assessment (VGLA) program.

The objective of this program is to increase competency in reading and mathematics while providing a strong functional content-based program.

Satisfactory completion of this program results in the issuance of a Modified Standard Diploma in Virginia.

- **General Education Program**

The General Education Program exists for those students whose IEP team indicates that they can fully participate in the Virginia Standards of Learning (SOL's) or Virginia Grade Level Assessment (VGLA) program. The objective of this program is to increase competency in the four core academic subject's areas of English, Mathematics, History/Social Science and Science. In addition to these subject areas, Grafton's blended curriculum provides a balance of functional skills that lead to successful transitioning into adult living.

- **GED – General Education Development Program**

The General Education Development Program (GED) exists for those students whose IEP team determines that based on their age, past school history, and skill level are candidates for this curriculum. The objective of this program is to increase skill in writing, reading, math, social studies and science with the intention of passing each section of the GED test. Students spend part of their day in this structured program and the other part in a vocational and life skills program with the focus on independent living. The completion of this program results in the issuance of a General Development Program Diploma.

4. School Attendance and Tardiness

Maximum benefit from an educational program necessitates good attendance. All students are expected to attend school regularly and to be on time. The Education Administrator is responsible for ensuring that each student is on time to school and attends class the entire day.

Grafton's school program provides over 220 school days each year.

If attendance or tardiness becomes a concern it is the teacher's responsibility to report this to the Education Administrator. The Education Administrator gathers the various reasons for the absences and/or tardiness and presents this to the student's multidisciplinary team (MDT). The MDT either determines strategies and techniques to encourage attendance and promptness or if the reasons fall outside of Grafton's domain, the MDT determines the need to contact the student's placing agency.

5. Grading

For all high school students working on a Modified Standard diploma or Standard diploma in Virginia, a formal grading system is used. High school students placed in Virginia by another state who are working on a credit diploma also follow this grading scale. Grades are given based on a predetermined rubric that can include lesson content, skill development and participation. Grafton uses a ten point grading scale.

Students can not receive a score below 59%.*

Grading Scale:	A	90-100
	B	80-89
	C	70-79
	D	60- 69
	F	59 *

Elementary and middle school students in the integrated and modified program are not required to receive formal grades. The teacher and the Educational Administrator make this determination.

All students are evaluated by ongoing data probes based on the listed criterion in their IEP goals and objectives.

6. Make-Up Work

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

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

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

7. Homework

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

8. Statewide Testing

All statewide testing decisions are made during the IEP meeting. They include, but are not limited to, the Virginia Standards of Learning (SOL), the high school verified end of course SOL's, the Virginia Substitute Evaluation Program (VSEP), the Virginia Grade Level Assessment (VGLA), the Virginia Alternate Assessment Program (VAAP), the Maryland School Assessment (MSA), the Alternate Maryland School Assessment (ALT-MSA) and the Maryland High School Assessment (HAS).

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

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

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

All assessment administration is based on each LEA's assessment schedule. After all required elements are completed the assessments and binders with the collection of evidence are returned to the LEA within their predetermined timeframe.

E. Nutrition & Special Diets

Grafton provides balanced, nutritious and appropriate meals and snacks based on USDA guidelines and state regulations. Menus are approved by a Registered Dietician.

In the operation of Child Nutrition Programs, no individual will be discriminated against because of race, color, sex, age, physical or mental disabilities or national origin. Any person who believes he or she has been discriminated against in any USDA related activity should write immediately to the Secretary of Agriculture, Washington, DC 20250.

Grafton will provide special diets that are prescribed by a physician at enrollment or while the student is at Grafton.

Please ensure that your child's physician submits a copy of the prescribed diet plan at least two weeks prior to enrollment. The prescription should include any notes describing specific guidelines. Please send this to the Admissions Department.

F. Medical Care

Nursing care is provided for Grafton students by professional nursing staff or the student's own health care provider. All medications must be packaged in a "cold pack" distribution format. Written prescriptions for 34 days and a 5-day supply of each medication in the original container are to be given to the nurses or case manager at enrollment. Only trained personnel may administer medications.

Parents/guardians will be notified within 24 hours of any serious incident, accident, or injury to the student. Staff attending the student at the time of the incident, illness, accident, or injury will determine whether or not the student requires the attention of a community health care professional or emergency room visit based on training guidelines. If the Grafton nurse or on-duty manager is immediately available, he/she will make the determination.

Injuries that are not serious enough to require a doctor visit but have left marks, such as bruises or scrapes (i.e. student falling on the playground) will be reported in the weekly parent telephone calls. Parents who cannot be reached by telephone will be notified by letter. All attempts at notification will be documented.

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

Grafton uses community hospital services within all regions. Local rescue squads provide emergency services on-site and transportation to the hospital.

You have the right to select the medical provider of your choice for all medical services. Please contact the Admissions Department if you would like information on available medical provider options. Grafton requires documentation that such services were provided and any follow-up recommendations be submitted to the Grafton nursing department.

All individuals enrolled in Grafton who receive psychotropic medications are required to have psychiatric follow-ups at least once every three months.

G. Behavioral Supports

1. General Information

Students who receive services through Grafton often display serious acting out behaviors. Grafton is committed to helping our students develop positive behavior patterns that they will be able to take with them when they leave Grafton. Functional Behavioral Assessments are completed to identify the functions that the behaviors serve for the client. Individualized positive behavior plans are then developed to teach alternative/ replacement behaviors. These new skills are reinforced using a variety of individualized reinforcers.

From time to time however, restrictive consequences may be required as discipline for inappropriate behavior by the student. All restrictive consequences are designed to reduce the reoccurrence of the unwanted behavior. Restrictive interventions are described below.

2. Time Out

In accordance with State rights regulations, "time out means assisting an individual to regain emotional control by removing the individual from his immediate environment to a different, open location until he is calm or the problem behavior has subsided". The instruction to the individual to move or remain in the alternative location may not take the form of a threat. An individual may not be in time out for more than 30 minutes per episode. Time out must be part of a written behavioral support plan with approval from a clinical and rights review. During a timeout, an individual may not be placed alone in a locked or secured area from which he is physically prevented from leaving (seclusion). Note: Grafton does not use seclusion in its community-based homes or private day schools; only the Berryville Residential Treatment Center is permitted to use seclusion (**See attachment "B" for students enrolling at the Berryville Residential Treatment Center**).

3. Restriction

While receiving Grafton supports, each individual is entitled to:

1. Enjoy all the freedoms of everyday life that are consistent with his need for services, his protection, and the protection of others, and that do not interfere with his services or the services of others.
2. Receive services in that setting and under those conditions that are least restrictive of his freedom.

Grafton encourages each individual's participation in normal activities and conditions of everyday living and supports each individual's freedoms. Limitations or restrictions on an individual's freedom will not be more than needed to achieve a therapeutic benefit, maintain a safe and orderly environment, or intervene in an emergency. Restrictions will not be imposed on an individual unless the restriction is justified and carried out according to State rights regulations. A qualified professional will regularly review every restriction and ensure the restriction is discontinued when the individual has met the criteria for removal.

4. Physical Restraint

Physical restraint will not be used as punishment, reprisal, or for the convenience of staff. Physical restraints will only be used as emergency measures to assure safety of individuals supported and others. The use of physical restraints will be in accordance with all applicable laws and regulations.

Only employees who hold current certification in Grafton's approved behavior intervention system may implement a physical restraint. For more information on the

specific system(s) approved by Grafton, please contact a case manager. Only approved physical restraint procedures as taught in this curriculum may be used. Less restrictive alternatives must have been tried and failed before physical restraint can be used. The only exception would be for individuals engaging in behavior so quickly or so dangerous that there is not time to attempt alternative strategies. Each use of a physical restraint must be documented and placed in the individual's cumulative record.

If an individual requires the use of physical restraints as demonstrated by a defined pattern, emergency use of such procedures must be incorporated in his Behavior Support Plan. There must be approval from a clinical and rights review of the plan. The plan may not be approved for longer than a one-year period. The plan must also include the consent of the individual receiving services and/or his guardian/authorized representative, as applicable. **(See Attachment "B" for students enrolling at the Berryville Residential Treatment Center.)**

5. Response Cost

Response cost is removing a reinforcer contingent upon undesirable behavior, such as removing tokens for the demonstration of physical aggression. Use of this technique must be incorporated into a behavioral support plan approved following a clinical and rights review.

6. Restitution

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

Chores may be performed within the following parameters:

1. Chores may not displace or replace an employee. Chores assigned do not release an individual paid to perform that chore from doing that chore. (Example: If an individual messes up the bathroom, he may be required to clean it up but his compliance does not release the housekeeping staff from having to clean it.)
2. Chore assignments must be time-limited.
3. Chores that benefit an individual staff member must be avoided;
4. Chores assigned should be concretely related to the infraction;
5. The individual may be asked to fix what he has broken, if able.

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

1. Money from general funds, such as activity or reinforcer money, may be used within the context of a response cost program (even if the individual earns that money for a different behavior);
2. No more than 50% of an individual's money may be designated for restitution.

The individualized behavioral support plan will:

1. Specify the behaviors that may result in the use of restitution;
2. Provide a menu of specific tasks that will be used for restitution;

3. Designate who has the authority to approve the restitution assigned to a specific incident (manager or therapist – someone not directly involved in the incident);
4. Specify the maximum amount or total duration of restitution that can be assigned for any one incident.

7. Increased Structure

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

8. Punishments/Actions Prohibited at Grafton

1. Deprivation of drinking water or food necessary to meet an individual's daily nutritional needs except as ordered by a licensed physician for a legitimate medical purpose and documented in the individual's record;
2. Limitation on contacts and visits with the individual's attorney, a probation officer, regulators or placing agency representative;
3. Bans on contacts and visits with family or legal guardians except as permitted by other applicable state regulations or by order of a court of competent jurisdiction;
4. Delay or withholding of incoming or outgoing mail except as permitted by other applicable state and federal regulations or by order of a court of competent jurisdiction;
5. Any action which is humiliating, degrading, or abusive;
6. Corporal punishment;
7. Subjection to unsanitary living conditions;
8. Deprivation of opportunities for bathing or access to toilet facilities except as ordered by a licensed physician for a legitimate medical purpose and documented in the individual's record;
9. Deprivation of health care;
10. Deprivation of appropriate services and treatment;
11. Application of aversive stimuli except as permitted pursuant to applicable state regulations;
12. Administration of laxatives, enemas, or emetics except as ordered by a licensed physician or poison control center for a legitimate medical purpose and documented in the individual's record;
13. Deprivation of opportunities for sleep or rest except as ordered by a licensed physician for a legitimate medical purpose and documented in the individual's record; and
14. Limitation on contacts and visits with advocates employed by the Department of Mental Health, Mental Retardation and Substance Abuse Services or the Department for Rights of Virginians with Disabilities.

H. Complaint Resolution

Parents, guardians, Grafton staff, and/or individuals receiving services may bring a complaint or concern to the attention of any member of the multidisciplinary treatment team. The person receiving the problem attempts to resolve it at the time of contact. If the team member is unable to provide immediate resolution, the concern is forwarded to the individual's case manager. The case manager determines the nature of the concern and who must be involved in its resolution. The person making the complaint will be contacted within 24 hours by the case manager concerning the matter. At any point in the process, if the person making the complaint is not satisfied with the proposed solution, the case manager or other team members may request help as needed and/or appropriate to the issue from the regional management team and the corporate office.

In regard to our Private Day School services, in the event that the complainant is not satisfied with the internal resolution or prefers, they may file a complaint with the office of Private Days Schools for Students with Disabilities, Virginia Department of Education, P.O. Box 2120, Richmond, Virginia 23218-2120. Information for other regulatory contacts may be obtained from the case manager.

I. Confidentiality

Each individual receiving services is entitled to have all information that Grafton maintains or knows about him remain confidential. Each individual has a right to give his consent before Grafton shares information about him or his care unless another law, federal regulation, or State rights regulations specifically require or permit Grafton to disclose certain specific information.

Grafton will prevent unauthorized disclosures of information from service records and will convey the information in a secure manner.

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

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

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

J. Inspection & Review of Records

Each individual receiving Grafton services has a right to see, read and get a copy of his own services record. Minors must have their parent or guardian's permission first. If this right is restricted according to law, the individual has a right to let certain other people see his record. Each individual has a right to challenge, correct or explain anything in his record. Whether or not corrections are made as a result, each individual has a right to let anyone who sees his record know that he tried to correct or explain his position and what happened as a result. An individual's legally authorized representative has the same rights as the individual himself has.

Grafton will permit each individual to see his records when he requests them and to provide corrections if necessary. Grafton, without charge, will give individuals any help they may need to read and understand their service records and provide corrections to them.

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

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

If an individual asks to challenge, correct, or explain any information contained in his service record, Grafton will investigate and file in the service record a written report concerning the individual's request.

- If the report finds that the services record is incomplete, inaccurate, not pertinent, not timely, or not necessary, Grafton will: 1. Either mark that part of the services record clearly to say so, or else remove that part of the services record and file it separately with an appropriate cross reference to indicate that the information was removed; 2. Not disclose the original services record without separate specific consent or legal authority (e.g., if compelled by subpoena or other court order); 3. Promptly notify in writing all persons who have received the incorrect information that the service record has been corrected and request that recipients acknowledge the correction.

- If the report does not result in action satisfactory to the individual, Grafton will, upon request, file in the service record the individual's statement explaining his position. If needed, Grafton will help the individual to write this statement. If a statement is filed, Grafton will: 1. Give all persons who have copies of the record a copy of the individual's statement; 2. Clearly note in any later disclosure of the record that it is disputed and include a copy of the statement with the disputed record.

Grafton may deny access to all or a part of an individual's services record only if a physician or a licensed psychologist involved in providing services to the individual talks to the individual, looks over the services record as a result of the individual's request for access, signs and puts in the services record permanently a written statement that he thinks access to the services records by the individual at this time would be physically or mentally harmful to the individual. The physician or licensed psychologist must also tell the individual as much about his service record as he can without risking harm to the individual.

K. Financial Information

1. General Fees

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

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

2. Medical Fees

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

3. Insurance

Please note that Grafton does **not** provide accident or medical insurance. However, Grafton **does** provide liability insurance. Please contact our Finance Office for more information at 540-542-0200, extension 6478.

4. Refund Policy

All charges are prorated on a per diem basis, computed from the day of enrollment. In the event an individual does not actually enter Grafton, is withdrawn by the sponsor permanently, or is dismissed by Grafton permanently, any tuition that has been collected that covers any service days beyond those during which the individual was served will be refunded by prior negotiation; negotiated exceptions include holding an individual's place for a specified period during a placement elsewhere. Note that this policy does not include any temporary absences following which the sponsor intends the individual to return to school.

L. Discharge

It is the goal of Grafton staff to teach skills in education, vocation, community living, residential living, leisure and recreation, language and social interactions. Any individual whose skill levels permit movement to a less restrictive or preferred residence will be transitioned into that residence with appropriate approvals from guardians and funding agencies, as long as funding is possible.

Discharge from any of Grafton's programs can be classified in one of four ways: Planned, Grafton-initiated/Emergency, Parent/Agency-initiated, or Individual-initiated. Whatever basis a discharge has, its purpose is to assist the individual in pursuing individual growth and development. Discharge planning is carried out in coordination with the sponsoring agency and other involved agencies, the individual and the parents/guardians to ensure that the best possible alternative placement is selected. In all cases, the agency which referred the individual for placement will be notified immediately regarding a discharge.

- **Planned Discharge:** A planned discharge may occur under circumstances such as an individual has met stated objective, programming alternatives have been unsuccessful, the individual has reached the maximum age allowed in the current program, or an individual is transitioning to their home community. A minimum of 90 days notice will be given to responsible parties involved regarding a planned discharge.
- **Grafton-Initiated/Emergency Discharge:** Emergency discharges may be required for individuals who cannot receive necessary and appropriate services from Grafton. This includes individuals who require medical services not provided by Grafton, individuals who require psychiatric hospitalization, and individuals who present clear danger to themselves or others. Notice of such discharge will be negotiated with the appropriate sponsoring agency and/or Community Services Board. Agencies will be notified of required earlier program changes which should preclude any actual last moment notices.

When regular program procedures do not provide the necessary motivation to maintain appropriate behavior, treatment plan changes or requests for additional services, including additional staff support will be made prior to consideration of a Grafton-initiated/emergency discharge.

If the parent/legal guardian goes to due process to prevent a Grafton-initiated discharge, Grafton will maintain the placement during due process proceedings. An exception to this policy may occur for individuals determined by a psychiatrist or physician to require hospitalization or those determined by law enforcement agencies to require a secured facility. Grafton does not offer intensive medical, psychiatric or detention services.

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

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

- Individual-Initiated Discharge: When individuals 18 years of age or older initiate discharge from Grafton services, Grafton staff will work cooperatively with them. Notification of this decision will be made to the funding agency and parents. Individuals who are their own legal guardian and are not legally entrusted into someone else's care such as the court system, are legally entitled to make such a decision.

Within one year of discharge, Grafton may contact parents, guardians, social workers, other care providers or the individual served by Grafton about adjustments and progress as part of Grafton's on-going quality improvement efforts.

Berryville Psychiatric Residential Treatment Center - Prohibited Property List

Material and supplies for educational, therapeutic and recreational activities are provided for clients while at Grafton. This includes supervised access to a variety of arts and crafts, leisure and recreational materials such as electronic gaming systems, music, sports equipment, etc. In addition, Grafton provides all toiletries and hygiene supplies for clients.

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

- Alcoholic beverages
- Tobacco products such as cigarettes, cigars, smokeless tobacco
- Clothing or other items (posters, music, videos) that reflect or promote gang involvement, alcohol, drug use, violence, or offensive language
- Explosive or flammable materials (fireworks, lighters, matches, aerosols)
- Drugs or drug paraphernalia
- Prescription or over the counter medications (all medications kept in locked area and administered per physician orders)
- Pornography
- Communication devices including but not limited to 2-way radios, beepers, cell phones, pagers
- Weapons—any instrument, material or substance, animated or inanimate, that is used for, or is readily capable of, causing death or serious bodily injury including but not limited to knives, chemical weapons, metallic knuckles, joined rings, firearms , BB guns, pellet guns, slingshots, pepper spray, mace
- Sharp objects including but not limited to razor blades, metal fingernail file, hair picks, finger nail clippers, scissors
- Tools including but not limited to hammers, pliers, screwdrivers
- Rope or extension cords
- Steel toed boots
- Laser pointers
- Irons
- Hair dryers, curling irons, flat irons (will be available for use)
- Microwaves, refrigerators, popcorn poppers or other electrical equipment
- Glass items, including glass bottles
- Canned items, including soft drink cans
- Glue, including nail glue
- Jewelry – *including watches*
- Electronic items including but not limited to radios, cassette players, televisions, MP3 players, video cameras, personal computers
- Electronic gaming systems including but not limited to Game boy, Nintendo, Play Station, X-Box, CDs, videotapes, game cartridges
- Cleaning or first aid supplies
- Bicycles, mini bikes, motorbikes
- Money in excess of \$20
- Food or drink
- Excessive quantities of clothing
- *Battery operated cars*
- *Musical instruments*
- *Pets – including fish*
- *Binders/spiral notebooks*
- *Pens, pencils, magic markers (available for use)*

ATTACHMENT B
BERRYVILLE RESIDENTIAL TREATMENT PROGRAM
USE OF SECLUSION AND RESTRAINT POLICY & PROCEDURES

NOTE: This policy only applies to students receiving supports in Grafton's Berryville program.

Emergency Safety Situation: A situation in which the client's behavior is violent or aggressive and presents an immediate and serious danger to the safety of the client, other clients, staff or others.

Residential Treatment: Any program within the system of services at Grafton that conforms with regulations of Virginia's Department of Medical Assistance Services (DMAS) governing residential treatment.

Seclusion: The involuntary confinement of an individual receiving services alone, in a room or an area from which he/she is physically prevented from leaving.

Definitions: Personal Restraint: Any method of physically restricting a person's freedom of movement, physical activity or normal access to his/her body, without the use of any device. Briefly holding without undo force a resident for the purpose of comforting him or her, or holding a resident's hand or arm to safely escort him or her from one area to another is not a restraint.

Mechanical Restraint: Any device attached or adjacent to a person's body that he or she cannot easily remove that restricts freedom of movement or normal access to his or her body

Serious Occurrences: death of a client, serious physical or psychological injury or suicide attempts by clients

Policy: Seclusion or personal restraint shall be used only in emergency safety situations to prevent harm to self or others, when less restrictive interventions have been utilized and determined to be ineffective, and until the emergency safety situation ends. All application of seclusion or personal restraint must be ordered by a psychiatrist, other physician or nurse practitioner. Medical/nursing staff insures the physical and psychological safety of individuals in restraint or seclusion by conducting periodic assessments during the procedure when it lasts for an hour, and after the procedure ends regardless of its duration. Duration of seclusion or personal restraint may not exceed the time designated in the order, and ongoing monitoring of physical and psychological well being is required. Parents/guardian must be notified when seclusion or personal restraint is initiated, and staff must debrief all incidents of personal restraint or seclusion with the client, and with his/her supervisor. The treatment team physician is notified as soon as possible and determines if adjustments are needed in the plan of care. Grafton does not use mechanical restraint to manage emergency safety situations. Use of seclusion is restricted to Grafton's residential treatment program.

Procedure: Conditions of Use:

1. Seclusion or restraint can be used only in emergency safety situations to ensure safety of the individual or others. The individual treatment plan must document the following:
 - methods/techniques that would help the client control his/her behavior.
 - justification for use of seclusion or restraint rather than other less restrictive techniques.
 - behavioral criteria for ending a restraint or seclusion must be specified.
 - the physician's assessment of any pre-existing physical or psychological conditions that would put the individual at greater risk during restraint or seclusion.
2. Seclusion or restraint can be used only as ordered by a psychiatrist, other physician or advanced practice nurse trained in the use of emergency safety interventions.
3. Seclusion or restraint must be applied according to the order and only until the emergency safety situation ends.
4. Restraints and seclusion must not be used simultaneously.
5. Seclusion may only be implemented in rooms designated for that purpose
6. Restraint and seclusion shall only be used by trained staff. Initial and ongoing training shall include: techniques to identify staff and client behaviors, events and environmental factors that may trigger an emergency safety situation, use of de-escalation techniques, verbal and nonverbal intervention strategies, non-intrusive behavior modification techniques; cardiopulmonary resuscitation, and techniques for use of personal restraint as instructed through the organization's approved behavior management system. Training emphasis is placed on the use of non-physical intervention strategies.

Order to Use Seclusion or Restraint

1. When implementing seclusion or restraint to manage an emergency safety situation, staff must obtain an order for its use. The order may be obtained after the seclusion or restraint is initiated or immediately upon completion of the emergency safety situation.
2. The order must be obtained from a psychiatrist, other physician or advanced practice nurse trained in the use of emergency safety interventions.
3. The order may never be written as a standing or PRN order.
4. After consultation with staff, the person giving the order must decide the least restrictive emergency safety intervention most likely to be effective in resolving the emergency situation. The order must then be based on the least restrictive intervention possible.
5. The order must specify the maximum duration of the seclusion or restraint. These limits may not exceed those specified in regulation. (age 18+ for 4 hours, age 9-17 for 2 hours, under 9 for 1 hour for each authorized episode). However, the actual duration must be no longer than required to resolve the emergency safety situation.
6. If the psychiatrist, other physician or advanced practice nurse is not available on site to sign an order for seclusion or restraint, the order may be given over the phone. A registered nurse or licensed practical nurse must take the order when it is given verbally.
7. The person giving the order for seclusion or restraint must be available to staff at least by phone for the duration of the emergency safety intervention
8. The person giving the verbal order must verify the verbal order in a signed written form to be placed in the client's record as soon as possible but no later than 24 hours after the order was issued.

Implementation of Seclusion or Restraint

1. Seclusion or restraint may not exceed the time limits specified in the order. If restraints/seclusion is discontinued prior to the expiration of the original order a new order must be obtained prior to reinitiating seclusion or restraint.
2. Staff trained in the use of emergency safety interventions, must be physically present, continually assessing and monitoring the client's physical and psychological well being in seclusion or restraint. Periodic notations about the client's behavior and physical and psychological condition are documented on the emergency safety intervention monitoring form.
3. The client is made aware of the rationale for restraint/seclusion and the behavior criteria for its discontinuation.
4. Before the end of an hour, a medical/nursing staff must conduct a face to face assessment to determine the client's physical and psychological wellbeing, his/her current behavior, the appropriateness of the intervention and any complications resulting from the intervention.
5. If the seclusion or restraint exceeds the time limits of the order, a registered nurse or licensed practical nurse must contact the person who ordered the seclusion or restraint to receive further instructions.
6. Clients who require the use of seclusion or restraint must have the opportunity for motion and exercise, to eat at normal meal times and take fluids, to use the restroom and bathe as needed.
7. Each use of seclusion or restraint will end immediately when criteria for removal is met: i.e., when the client demonstrates that he/she no longer presents an immediate danger to the safety of self or others. A structured interview (attached to the seclusion monitoring form) may be used to determine that a client meets criterion for termination of the intervention.

Follow up Procedures

1. Immediately after the seclusion or restraint ends, medical/nursing staff must evaluate the client to determine his/her physical and psychological well being. When an injury occurs as a result of implementing restraint or seclusion, it must be treated immediately by qualified medical personnel.
2. Within 24 hours of the seclusion or restraint, the staff and client involved in the seclusion must have a face to face meeting to debrief the event, using language that is understood by the client. The parent or legal guardian may be involved in this discussion when possible.
3. Within 24 hours of the seclusion or restraint and in a separate debriefing session, staff involved must review the seclusion with designated supervisory or administrative staff. In the case of a seclusion or restraint that resulted in injury to the client, the staff must meet with designated supervisory or administrative staff to evaluate the circumstances that caused the injury and develop a plan to prevent future injuries.

Notifications

1. At the time of admission to Grafton, clients will be informed of Grafton's policy on the use of seclusion and restraint during an emergency safety situation that may occur while he/she is in residence. If the client is a minor, his/her parent/guardian will also be informed.

2. The parent/legal guardian of a client who is a minor must be notified of the use of seclusion or restraint as soon after initiation of the procedure as possible. The nurse on duty or his/her designee is responsible for making this contact.
3. When the person ordering the seclusion or restraint is not the treatment team physician, he/she must consult the treatment team physician as soon as possible informing him/her of the emergency safety situation that required the use of seclusion or restraint. The treatment team physician then evaluates the situation and determines if modifications are needed in the comprehensive individual plan of care.
4. Serious occurrences are reported to the regional office of CMS and the regional advocate by the quality improvement supervisor.

Documentation:

1. The client and parent/guardian in the case of a minor must sign an acknowledgement of Grafton's practice in the use of seclusion and restraint.
2. The seclusion or restraint must be recorded on the documentation of emergency safety intervention form with the following information provided:
 - 2.1 Client's name
 - 2.2 Date
 - 2.3 Time seclusion or restraint initiated
 - 2.4 Time seclusion or restraint ended
 - 2.5 Precipitating events
 - 2.6 Description of the emergency safety situation that required use of seclusion or restraint
 - 2.7 De-escalation techniques attempted in an effort to avoid use of seclusion or restraint
 - 2.8 Staff responsible for implementation and monitoring of the seclusion or restraint procedure, and signature
 - 2.9 Notification of parent/guardian when seclusion or restraint is used with a minor
 - 2.10 Time order for seclusion or restraint was obtained
 - 2.11 Psychiatrist, physician or advanced practice nurse ordering use of seclusion or restraint and whether the order was written or verbal
 - 2.12 Nurse receiving the order for seclusion or restraint in the case of a verbal order, and signature
 - 2.13 Written verification of a verbal order within 24 hours
 - 2.14 Face to face check of client's physical and psychological well being by medical/nursing staff:
 - 2.14.1 Within one hour when the seclusion or restraint continues that long
 - 2.14.2 Immediately after the seclusion or restraint is terminated
 - 2.15 Summary of debriefing meeting between staff and client.
 - 2.16 Summary of debriefing meeting between staff and supervisor/administrator
 - 2.16.1 Injuries that occurred during seclusion or restraint, medical attention obtained, and record of meeting with staff and supervisor / administrator on how to avoid injuries in the future.
3. A record of consultation by the person ordering seclusion with the treatment team physician, indicating date and time of consultation, must be submitted to the client's file
4. The documentation of emergency safety intervention form must be completed within 24 hours and placed in the client's file. The form is kept in the nurse's station until documentation is completed, then transferred to the client's file.
5. The emergency safety intervention monitoring form is completed during the intervention by staff monitoring the procedure and attached to the documentation of emergency safety intervention form for inclusion in the client's file.
6. Aggregate record of all incidents of emergency safety situations and the use of seclusion or restraint and outcomes shall be maintained and reported to the Department of Mental Health, Mental Retardation and Substance Abuse Services.
7. Members of the quality Improvement department shall review all aggregate data and identify opportunities for improvement.

Complaints:

Clients have access to a complaint process if they feel that seclusion has been used in an inappropriate or unfair manner. They may address complaints within Grafton to the Director of Quality Improvement and Human Rights. If preferred, they may address complaints to the regional advocate or the Virginia Office for Protection and Advocacy. Contact information for these individuals is kept posted in the residences and classrooms.