



Psychiatric Residential Treatment Center Parent-Student Handbook

**Berryville Residential Treatment Center
180 Grafton Lane
Berryville, VA 22611
540-955-2400**

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Table of Contents

A. Grafton: Who We Are	-----	3
1. Our History	-----	3
2. Our Work	-----	3
3. Our Mission	-----	3
4. Our Vision	-----	3
4. Our Core Values	-----	4
B. Admissions	-----	4
1. Non-Discrimination	-----	4
2. Admissions	-----	5
3. Special Notes for First Day	-----	5
4. What to Bring	-----	6
5. What Not to Bring	-----	6
6. Multidisciplinary Team	-----	6
7. Keeping in Touch	-----	7
8. Professional Visits	-----	8
C. Program Information	-----	8
1. Licensing & Accreditation	-----	8
2. Facilities & Equipment	-----	8
3. Service Plans	-----	9
4. Progress Reports	-----	9
5. Recreation & Phys. Ex.	-----	9
6. Religious Activities	-----	10
7. Transportation	-----	10
D. School Programs	-----	10
1. School Philosophy	-----	10
2. Curriculum	-----	10
3. Educational Objectives of the School Program	-----	11
4. School Attendance & Tardiness	-----	12
5. Grading	-----	13
6. Make-Up Work	-----	13
7. Homework	-----	14
8. Statewide Testing	-----	14
9. Career & Tech. Education	-----	14
E. Nutrition & Special Diets	-----	14
F. Medical Care for Inpatient Students	-----	15
G. Medical Care for Day Students	-----	16
H. Protection from Abuse and Neglect	-----	17
I. Behavioral Supports	-----	17
1. General Information	-----	17
2. Time Out	-----	17
3. Restriction	-----	18
4. Physical Restraint	-----	18
5. Restitution	-----	18
6. Increased Structure	-----	19
7. Punishments/Actions Prohibited at Grafton	-----	19
J. Complaint Resolution	-----	20
K. Confidentiality	-----	20
L. Inspection & Review of Records	-----	20
M. Financial Information	-----	22
1. General Fees	-----	22
2. Medical Fees	-----	22
3. Insurance	-----	22
4. Refund Policy	-----	22
N. Discharge	-----	23
Attachments	-----	25-45



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. In July, 2011, we became Grafton Integrated Health Network (GIHN). Students enrolled may present with academic, developmental, social, and/or mental health needs that cannot be adequately addressed in a traditional educational program. True to Ruth Birch's early determination, we continue to serve individuals with complex disabilities whose options for services are limited.

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.

3. Our Mission

The Grafton Integrated Health Network is dedicated to providing a specialized environment which combines both academic and therapeutic components necessary to facilitate the optimal development of each individual student. 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.
- **FLEXIBILITY** is how we adapt in a quickly changing environment. We shift our focus and respond thoughtfully to new challenges and assignments.

B. Admissions

TUITION & FEES

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

In the event that a student is parentally placed as a private pay, tuition must be paid at the beginning of the month.

1. Non-Discrimination

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. Specifically, Title VI provides that "no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance" (42 U.S.C. Section 2000d).

Grafton is committed to ensuring that no person is excluded from participation in, or denied the benefits of its transportation services on the basis of race, color, or national origin, as protected by the Title VI in Federal Transit Administration (FTA) Circular 4702.1B. If a person receiving services feels they are being denied participation in or being denied benefits of the transit services provided by Grafton, or otherwise being discriminated against because of race, color, national origin, gender, age, or disability, Grafton's contact information is:

James Stewart, Title VI Manager
Grafton Integrated Health Network
P.O. Box 2500
Winchester, VA 22604
540-542-0200
James.h.stewart01@grafton.org

You may access a copy of Grafton's complete Title VI Plan and associated procedures at www.grafton.org.

2. Admissions

We welcome and admit individuals of any race, color, national and ethnic origin, socio-economic background to all the rights, privileges, programs, and activities made available to all individuals supported by 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 Access 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.

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 immunizations prior to enrollment. If your child is currently taking medication, we will need original prescriptions (when possible one week prior to enrollment) as well as the remaining supply in the original container. Our staff will discuss specific state requirements for medication distribution with you. Grafton will ask for primary care physician information for the purpose of keeping the PCP apprised of progress.

You will receive a packet that contains all the forms that 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 cannot occur. Additionally, only the LEGAL GUARDIAN may sign the forms.** Please note that the permission forms will be updated annually.

Forms are to be faxed to the Access 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 staff will be glad to answer any questions you may have so please call.

You may reach the Access 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 Access Department is:

Grafton
Access Department
P.O. Box 2500
Winchester, VA 22604

3. 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.

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 know your child best, so the decision is yours. We will follow your lead.

Parents may access Grafton's Emergency Preparedness Plan which addresses various types of emergencies on www.grafton.org or by requesting a print copy via email to the Principal.

4. What to Bring

- CLOTHING: Approximately two weeks of clothing appropriate to the weather/season is needed. PLEASE DO NOT EXCEED this guideline 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.
- Students who shave (male and female) may be asked to bring electric shavers because of the dangers of razors and razor blades.
- 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.
- 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.
- HYGIENE: For students who utilize toileting supplies such as pull-ups, please send an ample supply no less than daily, however, weekly or monthly supplies are also welcome.

5. What Not to Bring

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

- Please see attachments D for a list of prohibited items.
- Clothing or other items with messages that promote alcohol or drug use or violence are not permitted.

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.

6. 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, therapists, board certified behavior analysts, speech therapists, and occupational therapists.

Teachers: Classrooms are staffed with licensed teachers appropriate to their teaching assignment. Selected on the basis of training and student needs, these individuals are responsible for the implementation of the Individualized Education Program (IEP) or Individualized Instruction Plan (IIP).

Instructional Assistants: Each school is staffed with individuals who have a range of experience and training to meet identified student needs during school hours. Instructional Assistants support treatment and assist the teacher in providing instructional opportunities related to core academics, physical education, art/music appreciation, social behaviors, daily living, community life, and leisure/recreation.

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

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

*All Grafton staff who are responsible for client care are certified in Adult/Child CPR and First Aid. Additionally, all Teachers are certified in Automated External Defibrillator.

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.

7. Keeping in Touch through Family Engagement

It is important for students to remain in contact with family and other members of their home communities. This may occur through the sending and receipt of mail, through telephone contact, and through 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, email, or letter) with parents/guardians regarding all travel arrangements. If you need to change any plans and make alternative arrangements, please contact the case manager or 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.

NOTE: During the COVID 19 pandemic, visitation is being overseen by the COVID Monitoring team and is subject to modification based upon community outbreak levels. Please consult with your child's case manager for the current visitation structure.

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

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

Grafton's Berryville Residential Treatment Center is accredited by Cognia (formally AdvancEd) and additionally holds national accreditation from The Commission on Accreditation of Rehabilitation Facilities (CARF).

2. Facilities & Equipment

Grafton's academic program includes 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 housed within both the school and the dormitory. Teachers and students have access to computers, iPads, iPods, SMARTboards, and additional ancillary technology in each classroom along with a computer lab available for use. All meals are prepared and served onsite.

A full size gymnasium is available, as well as specialized resource facilities such as art and music rooms.

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

3. Service Plans

All students entering a Grafton program will have a Treatment Plan based on the student's symptoms of concern and reason for referral which includes a detailed discharge plan including associated measurable goals and objectives. An Initial Treatment Plan is completed upon enrollment and includes initial treatment strategies. The next Treatment Plan is typically completed within 14 days after enrollment and is updated by the multidisciplinary team during the student's team meeting within 30 days. This second Treatment Plan is developed from historical information, parent/guardian and agency interviews, and current clinical, educational and medical assessments. The ongoing Treatment Plan is designed based on this information, as well as behavioral data collected on a weekly basis. Transition to a lesser restrictive setting is the continued focus of the treatment plan process including monthly updates to the discharge criteria and review of applicable data associated with discharge goals and objectives.

Students enrolling within the Berryville RTC may enroll with either an IEP, 504 plan, or an IIP will be developed based upon educational need. 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/IIP (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 month, 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 IDEIA guidelines.

5. Recreation and Physical Exercise

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

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

Residential activity schedules are developed by direct care staff and students to allow opportunities for individual and group activities, and 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 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, 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) which are owned or leased by Grafton and operated by Grafton employees. Grafton verifies valid drivers' licenses for all staff transporting 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 which includes informal and formal assessments, curriculum alignment, mapping, and data analysis. Emphasis is on data based decision-making which is used to design and monitor 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 lifelong 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. For all students 14 years and above, Career and Technical Education is provided as an option in a variety of venues as exploration, assessment and training.

All students are assessed no less than annually with the written consent of their parent and/or legal guardian. Assessment results are shared with the educational team prior to development of the appropriate educational plan for the student. Assessment tools are adopted for use via internal review team and may be modified at any point during the school year based upon program needs or acquisition of superior options.

All students have access to and instruction in the curriculum standard adopted by their home state. In Virginia this would be the Virginia Standards of Learning/Virginia Aligned Standards of Learning in English/Language Arts, Writing, Mathematics, History/Social Science, and Science. In addition, we provide instruction in Daily Living, Career and Technical Education, Computer Technology and Community Living Skills, as appropriate. This is achieved by the placement in and the monitoring of progress of each student in one or more of the following curriculums. Curriculum and materials are adapted to provide learning at an optimum rate with high retention and broad generalization.

Current available curriculum options include but are not limited to: The Virginia State Department of Education – Standards of Learning Curriculum Framework

- The Virginia State Department of Education – The Aligned Standards of Learning
- Brigance Transition Skills Activities
- The state curriculum or alternate state curriculum of the student's placing state when other than Virginia.
- Wilson Reading Program

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 the School Program (Please see Attachment E for program description and objectives)

Grafton has three different programs that are dependent on the functioning levels of the student and are determined by the student's IEP/IIP team. The different attributes and the educational objective details of each of these programs can be located in the "*Program of Studies Handbook*" which can be accessed on www.grafton.org.

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

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 in the integrated program and 1 teacher for every 10 students in the

general education program 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 cannot meet in full the requirements of the Virginia Standards of Learning (SOL's) or those of the student's home 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, and career and technical education skills. 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 exploration, assessment or training as called for in the IEP. The areas covered include job exploration, a career and technical education assessment (typically situational), and job training via an individualized task analysis for each job skill set. Training areas are tracked according to labor standards and students who participate are paid a stipend based on a predetermined set of work skills and work behaviors. 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 Certificate of Applied Studies or Certificate of Completion.

- **General Education Program**

The General Education Program exists for those students whose IEP/IIP team indicates that they can fully participate in a curriculum based on the Virginia Standards of Learning (SOLs) or the applicable standards of their home state. The objective of this program is to increase competency in the 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 and career skills that lead to successful transitioning into adult living.

No less than annually, Grafton administration will confer with the student's home LEA to ensure that course offerings remain in alignment with graduation requirements.

- **Distance Learning Plan**

During the COVID-19 pandemic, students and families have the option to access education via an online distance learning plan. Choosing to access the distance learning plan ongoing is an IEP team decision. Additionally, the distance learning plan will be utilized whenever COVID exposures dictate the closing of the school or individual classes. The distance learning plan can be accessed in its entirety at <https://www.grafton.org/wp-content/uploads/2020/05/Covid-19-Day-Student-Distance-Learning-Plan-revised-5.1.2020.pdf>.

4. School Attendance and Tardiness

Grafton's annual school calendar is published on www.grafton.org in the Spring and commences July 1 of each school year. Grafton's school programs provide 223 school days each year with approximately 12 early dismissal days.

Maximum benefit from an educational program necessitates good attendance. All students are expected to attend school regularly and to be on time. Instructional staff document attendance and/or tardiness daily with formal submission being made to the home LEA as per the requirement of the LEA.

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

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

1. Illness (if over two days, the school may require a note from the physician);
2. Medical and dental appointments;
3. Court appearance;
4. Death in the family; and,
5. Extenuating circumstances as determined by the principal or assistant principal of the school.

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

If attendance or tardiness becomes a concern it is the teacher's responsibility to report this to the Principal. The Principal then 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 students addressing standards which result in a Standard diploma, or Advanced Standard diploma in Virginia, a formal grading system is used. 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. Individual content teachers are given latitude to develop course specific grading guidelines and procedures with respect to assignment weighting, make-up work, quizzes, tests, and homework. Grafton uses a ten point grading scale.

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

Elementary, middle, and High School students in the integrated program are not required to receive formal letter grades and instead are graded utilizing a pass/fail or ungraded scale, dependent upon the feedback of their placing LEA. Placement in this program is an IEP team decision and is also evidenced by following a program which is based upon Aligned or Modified Standards from their home state. All students are evaluated by ongoing data probes based on the listed criterion in their IEP goals and objectives.

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

6. Make-Up Work

The majority of the students at 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 standard diploma or advanced studies diploma, high frequency of absences impact the student's ability to earn credits and pass the required end of course exams. 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 Principal works with the student, the teacher, and the student's MDT to develop a make-up plan that can be successfully completed.

7. Homework

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

8. Statewide Testing

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

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 Principal, the assessments or 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 or binders with the collection of evidence are returned to the LEA within their predetermined timeframe.

9. Career and Technical Education

During the duration of a student's educational experience and based upon educational program, he/she may participate in career education experiences which include situational assessments, in school work experiences, off-site work experiences and on the job training. Placement in any type of work experience is based upon the student's career and technical education assessment data along with their associated individual interest assessment.

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

E. Nutrition & Special Diets

1. Food Service

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

Grafton will provide a special diet as 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 Access Department.

2. USDA (ATTACHMENT F)

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

F. Medical Care for Inpatient Students

Nursing care is provided for Grafton clients by professional nursing staff or the student's own health care provider. All medications must be packaged in a "cold pack" distribution format and will be disposed of by nursing staff as per all applicable state and federal guidelines. Written prescriptions for 34 days and the remaining 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 and must document administration on the MAR.

Grafton staff will support medical needs through provision of scheduling coordination, staffing support, and transportation to and from community medical providers.

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

Injuries that are not serious enough to require a doctor visit but have left marks, such as 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. Should a Grafton nurse or external healthcare provider determine that a student is unable to attend school due to illness, he/she will be cared for in the residential setting by direct care staff and assessed periodically by a Grafton nurse or external healthcare provider. Return to school will be determined by the attending medical provider based upon Virginia Department of Health guidelines (Attachment A) and remediation of symptoms.

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

All individuals enrolled in the Berryville Psychiatric Residential Treatment Center receiving weekly medication reviews.

Unspecified epinephrine injectors are available at the school site and all school staff are trained as per regulation in proper identification of a crisis event and administration of the injection. Specific locations for each site are monitored by nursing, clearly labeled, communicated to staff via written correspondence, and included in annual refresher trainings.

G. Medical Care for Day Students

Nursing care is provided for Grafton students by professional nursing staff or the student's own health care provider. All medications must be supplied by the legal guardian in the original child-resistant pharmaceutical packaging with directions for administration. All medications should be delivered to Grafton nursing staff by an adult and transported in a locked bag or box which cannot be accessed by the student. Only trained personnel may administer medications and must document administration on the MAR.

Parents/guardians are responsible for the scheduling and transportation to and from all community-based healthcare providers along with ensuring Grafton's medical staff are apprised of any medical needs which will impact the child's care during the school day.

Parents/guardians will be notified 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 daily communication log.

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

Should a student exhibit concerning symptoms of potential illness during the school day, a Grafton nurse or case manager will contact the parent and arrange for early pick-up. Upon assessment by an external healthcare provider, should it be determined that a student is unable to attend school due to illness, he/she will be excluded from school attendance as per the medical provider's order. Should the student not require medical attention, he/she will be allowed to return to school as per and Virginia Department of Health guidelines (Attachment A) and remediation of symptoms.

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

All individuals enrolled in Grafton who receive psychotropic medications are required to have an external treating psychiatrist.

Unspecified epinephrine injectors are available at all school sites and all school staff are trained as per regulation in proper identification of a crisis event and administration of the injection. Specific locations for each site are monitored by nursing, clearly labeled, communicated to staff via written correspondence, and included in annual refresher trainings.

H. Protection from Abuse and Neglect

All Grafton staff are mandated reporters of any suspected abuse and/or neglect. Staff is trained annually in accordance with all applicable state and federal regulations. Policies and procedures for reporting any suspected occurrences of abuse and/or neglect are detailed within the Grafton Policy Manual. (Attachment B)

H. 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. As such, all staff is trained in approved behavior management and de-escalation techniques. Staff within the Berryville Region is trained in both MANDT and UKERU. 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.

NOTE: See Attachment (C) for the Search and Seizure Policy implemented at the Grafton- Berryville Residential Treatment Center

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 of any type across all locations.

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 team 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 to include the prohibition of prone restraint of any type.

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 G for the full explanation**).

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.

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 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.

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

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

Grafton Integrated Health Network student records include the following: Access/Disclosure Record, Current IEP, Phone call record, Transcripts/Grade Cards, Standard of Learning Scores, Diagnostic or Educational Testing, Application, a Parent Rights Form receipt and understanding signature, Correspondence, Physician's Certificate (no more than 3 years old), Critical Incident Reports, if any (Only one student's name appears in any student file).

Previous school information provided may include: Grade cards/Transcripts, Past/current IEP's, triennial reviews, School test evaluation, Psycho-educational evaluations, Speech-Hearing screening or reports, Physician's Certificate.

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

K. Financial Information

1. General Fees

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

- **Educational 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.



Communicable Disease Reference Chart for School Personnel

DISEASE	INCUBATION PERIOD	TRANSMISSION	COMMON SYMPTOMS	RECOMMENDATIONS
Chickenpox* (Varicella)	10-21 days, usually 14-16 days. (Incubation period in persons who receive VZVIG or (GI) extends through day 28.)	By direct contact with vesicular fluid or by airborne spread from respiratory tract secretions.	Sudden onset with slight fever and itchy eruptions which become vesicular (small blisters) within a few hours. Lesions commonly occur in successive crops, with several stages of maturity present at the same time. Communicable for as long as 5 days (usually 1-2 days) before eruption of vesicles and until all lesions are crusted (usually 5 days). Communicability may be prolonged in immunocompromised people.	CASE: Exclude from school for at least 5 days after eruptions first appear or until vesicles become dry. Avoid exposure to women in early pregnancy who have not had chickenpox and/or varicella vaccine. CONTACTS: Check vaccination status of contacts and recommend vaccination if needed. On appearance of symptoms, exclude from school.
Conjunctivitis, Acute Bacterial (Pink Eye)	Varies depending on causative agent.	By contact with discharges from the conjunctivae or contaminated articles.	Pink or red eyeball with swelling of the eyelids and eye discharge. Eyelids may be matted shut after sleep. May involve one or both eyes.	CASE: Exclude from school while symptomatic or until 24 hours of antibiotic treatment has been completed. CONTACTS: School exclusion not indicated.
D diarrheal Diseases* (Campylobacteriosis, <i>E. coli</i> /O157:H7, Giardiasis, Salmonellosis, Shigellosis, etc.)	Campylobacteriosis: 1-10 days, usually 2-5 days, <i>E. coli</i> /O157:H7: 1-8 days, average 3-5 days, Giardiasis: 3-25 days, usually 7-10 days, Salmonellosis: 6-72 hours, usually 12-36 hours, Shigellosis: 12-96 hours, usually 1-3 days.	By the fecal-oral route through direct contact or by ingestion of contaminated food or water.	Ranges from sudden onset of fever, abdominal pain, diarrhea, nausea, and sometimes vomiting in salmonellosis, to cramps and bloody stools in severe cases of shigellosis and <i>E. coli</i> /O157:H7. Dangerous dehydration may occur in younger children. In giardiasis, persons may be asymptomatic or have decreased appetite and weight loss.	CASE: Exclude from school until cessation of acute diarrhea. Stress importance of proper handwashing. CONTACTS: School exclusion and stool cultures not indicated in absence of symptoms. Consult with your local health department for advice during suspected school outbreaks.
Fifth Disease (Erythema Infectiosum)	From 4-21 days.	Primarily through contact with respiratory secretions.	Rash characterized by a vivid reddening of the skin, especially of the face, which fades and recurs classically, described as a "slapped face appearance." Mild symptoms of fever, body aches, and headache may occur 7-10 days before rash.	CASE: Exclusion from school not indicated. CONTACTS: School exclusion not indicated. Pregnant women and immunocompromised persons should seek medical advice.
Hepatitis A*	From 15-50 days, average 28-30 days.	By the fecal-oral route through direct contact or ingestion of contaminated food or water.	Fever, loss of appetite, nausea, abdominal discomfort and weakness followed by jaundice. Many unrecognized mild cases without jaundice occur, especially in children. Communicability greatest from 7 days before to several days after onset of jaundice.	CASE: Follow advice of child's physician and/or your local health department. CONTACTS: School exclusion not indicated. Stress importance of proper handwashing.

NOTE: THESE RECOMMENDATIONS APPLY ONLY TO SCHOOL-AGED CHILDREN - A more complete discussion of these conditions and other communicable diseases may be found in *Control of Communicable Diseases Manual* (2008) published by the American Public Health Association and the 2009 *Report of the Committee on Infectious Diseases (The Red Book)* published by the American Academy of Pediatrics. Additional information and consultation are also available through your local health department.
* Officially reportable in Virginia to the local health department. All outbreaks and unusual occurrences of disease are also reportable.

DISEASE	INCUBATION PERIOD	TRANSMISSION	COMMON SYMPTOMS	RECOMMENDATIONS
Hepatitis B*	From 45-160 days, average 90 days.	By direct contact with infected blood or body fluids. Transmission occurs when the hepatitis B virus enters the body through broken skin or mucous membranes.	Only a small proportion of acute infections have clinical symptoms. Symptoms are similar to those of hepatitis A.	CASE: Follow advice of child's physician and/or your local health department. CONTACTS: School exclusion not indicated.
HIV infection* and AIDS*	Variable	By direct contact with infected blood or body fluids. Transmission occurs when the human immunodeficiency virus enters the body through broken skin or mucous membranes.	A broad range of disease manifestations affecting multiple organ systems. Many children remain asymptomatic.	CASE: Follow advice of child's physician and/or your local health department. CONTACTS: School exclusion not indicated.
Influenza	Usually 1-4 days	Person to person by respiratory droplets created by coughing or sneezing.	Sudden onset of fever, chills, headache, malaise, and nonproductive cough. Subsequently, respiratory tract signs including sore throat, nasal congestion, rhinitis, and cough become more prominent.	CASE: Exclude from school until at least 24 hours following resolution of fever. CONTACTS: School exclusion not indicated. Seasonal influenza vaccination encouraged to reduce spread of influenza.
Measles* (Rubella, Red Measles)	From 7-21 days, usually 8-12 days from exposure to onset of symptoms).	Airborne by droplet spread or direct contact with nasal or throat secretions of an infected person.	Prodrome characterized by fever followed by reddened eyes, runny nose, and cough. Dusky/red blotchy rash appears on day 3 or 4 and lasts 4 to 7 days. Communicable from 4 days before to 4 days after the appearance of the rash.	CASE: Exclude from school until at least 4 days after appearance of the rash. Check immunization records of all students. Discuss with your local health department. CONTACTS: Exclude from school immediately on signs of prodrome. Unimmunized students may need to be excluded from school. Follow recommendations of your local health department.
Meningitis, Bacterial (<i>H. influenzae</i> *, Meningococcal*, Pneumococcal)	<i>H. influenzae</i> : 2-4 days Meningococcal: 2-10 days, usually 3-4 days, Pneumococcal: 1-4 days	By direct contact or droplet spread of nasopharyngeal secretions of an infected person.	Sudden onset of fever, headache, nausea, stiff neck and photophobia. Rash may occur in cases of meningococcal disease.	CASE: Exclude from school during acute illness. Non-communicable after 24-48 hours of appropriate drug therapy. CONTACTS: School exclusion not indicated. Discuss with your local health department to determine if close contacts need prophylactic treatment for <i>H. influenzae</i> or meningococcal meningitis.
Mumps*	From 12-25 days, usually 16-18 days.	By droplet spread or by direct contact with the saliva of an infected person.	Fever with swelling and tenderness of one or both parotid glands located below and in front of the ears. Unrecognized mild cases without swelling may occur. Communicable from 3 days before swelling until 5 days after.	CASE: Exclude from school for 5 days after the onset of parotid gland swelling. CONTACTS: School exclusion not indicated.

NOTE: THESE RECOMMENDATIONS APPLY ONLY TO SCHOOL-AGED CHILDREN. A more complete discussion of these conditions and other communicable diseases may be found in *Control of Communicable Diseases Manual* (2018) published by the American Public Health Association and the 2009 *Report of the Committee on Infectious Diseases (The Red Book)* published by the American Academy of Pediatrics. Additional information and consultation are also available through your local health department.

* Officially reportable in Virginia to the local health department. All outbreaks and unusual occurrences of disease are also reportable.

DISEASE	INCUBATION PERIOD	TRANSMISSION	COMMON SYMPTOMS	RECOMMENDATIONS
Norovirus	From 12-48 hours	Primarily by the fecal-oral route through direct contact or ingestion of contaminated food. Transmission is also possible through contact with surfaces contaminated by, or direct contact with, the vomit of an infected person.	Sudden onset of vomiting and/or diarrhea, abdominal cramps, and nausea.	CASE: Exclude from school until 24 hours after symptoms resolve. Stress importance of proper handwashing as virus is shed in stool for weeks after symptoms resolve. CONTACTS: School exclusion not indicated.
Pediculosis (Head Lice)	Eggs hatch in 7-12 days and reach maturity 9-12 days later.	By direct contact with an infested person or their personal belongings such as combs, brushes, and hats.	Severe itching and scratching, often with secondary infection. Eggs of head lice (nits) attach to hairs as small, round, gray lumps.	CASE: Notify parents; inform that child has lice and should be treated. School exclusion is not indicated. CONTACTS: Inspect head for evidence of infestation. Refer for treatment if infested.
Pertussis*	From 4-21 days, usually 9-10 days.	By direct contact with respiratory secretions of an infected person by the airborne route.	The initial stage begins with upper respiratory symptoms and increasingly irritating cough. The paroxysmal stage usually follows within 1 to 2 weeks, and lasts 1 to 2 months. Paroxysmal stage is characterized by repeated episodes of violent cough broken by a high-pitched inspiratory whoop and vomiting. Older children may not have whoop. Convalescence may require many weeks.	CASE: Exclude from school until a physician advises return (usually 5 days after initiation of appropriate antibiotic therapy). Discuss with your local health department. CONTACTS: Exclude on first indication of symptoms.
Ringworm of the Body (Tinea Corporis)	Unknown.	By contact with lesions of an infected person, animals or fomites.	Circular well-demarcated lesion that can involve face, trunk, or limbs. Itching is common.	CASE: Exclusion from school not indicated as long as lesions are covered or child is receiving treatment. CONTACTS: School exclusion is not indicated.
Rubella* (German Measles)	From 12 to 23 days, usually 14 to 17 days.	By direct contact or droplet spread of nasopharyngeal secretions of an infected person.	Mild symptoms; slight fever, rash of variable character lasting about 3 days; enlarged head and neck lymph glands common. Joint pain may occur, especially in older children and adults. Communicable for 7 days before onset of rash and at least 7 days thereafter.	CASE: Exclude from school for 7 days after onset of rash. Avoid exposure to women in early pregnancy. Check immunization records of all students. Discuss with your local health department. CONTACTS: Discuss with your local health department; unimmunized contacts may need to be excluded. Those who are pregnant and not immunized should be urged to seek medical advice.

NOTE: THESE RECOMMENDATIONS APPLY ONLY TO SCHOOL-AGED CHILDREN. A more complete discussion of these conditions and other communicable diseases may be found in *Control of Communicable Diseases Manual* (2008) published by the American Public Health Association and the *2009 Report of the Committee on Infectious Diseases (The Red Book)* published by the American Academy of Pediatrics. Additional information and consultation are also available through your local health department.

* Officially reportable in Virginia to the local health department. All outbreaks and unusual occurrences of disease are also reportable.

DISEASE	INCUBATION PERIOD	TRANSMISSION	COMMON SYMPTOMS	RECOMMENDATIONS
Scabies	Persons without previous exposure: 4 to 6 weeks. Previously infested and sensitized: 1-4 days after re-exposure.	By direct skin-to-skin contact.	Begins as itchy raised areas around finger webs, wrists, elbows, armpits, belt-line and/or genitalia. Extensive scratching often results in secondary infection.	<p>CASE: Exclude from school until 24 hours of appropriate treatment has been completed.</p> <p>CONTACTS: Inspect for evidence of infestation and refer for treatment if necessary. School exclusion is not indicated in the absence of infestation.</p>
Streptococcal Diseases (Including Impetigo, Scarlet Fever, and Strep* throat)	Variable, often 2-5 days, may be longer.	By direct contact with infected persons and carriers or by contact with their respiratory droplets.	<p>Impetigo: Multiple skin lesions usually of exposed areas (e.g., elbows, legs and knees), but may involve any area. Lesions vary in size and shape, and begin as blisters, which rapidly mature into brown crusts on a reddened base. Healing from center outward produces circular areas, which may resemble ringworm.</p> <p>Scarlet Fever: Fever, sore throat, exudative tonsillitis or pharyngitis. Sandpaper-like rash appears most often on neck, chest, and skin folds of arms, elbows, groin, and inner aspect of thighs.</p> <p>*"Strep" throat: Sudden onset of fever, sore throat, exudative tonsillitis or pharyngitis, and enlarged lymph nodes. Symptoms may be absent in some cases.</p>	<p>CASE: Exclude from school until lesions are healed or until 24 hours of antibiotic treatment has been completed.</p> <p>CONTACTS: Exclusion from school not indicated. Observe carefully for symptoms.</p> <p>CASE: Exclude from school during acute illness. Non-communicable after 24 hours of appropriate drug therapy.</p> <p>CONTACTS: Exclude on first indication of symptoms. Culturing of school contacts and treatment of carriers not usually indicated.</p> <p>CASE: Exclude from school until 24 hours of antibiotic treatment has been completed.</p> <p>CONTACTS: Exclusion from school not indicated. Observe carefully for symptoms.</p>

NOTE: THESE RECOMMENDATIONS APPLY ONLY TO SCHOOL-AGED CHILDREN. A more complete discussion of these conditions and other communicable diseases may be found in *Control of Communicable Diseases Manual* (2008) published by the American Public Health Association and the *2009 Report of the Committee on Infectious Diseases (The Red Book)* published by the American Academy of Pediatrics. Additional information and consultation are also available through your local health department.

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MAIN

GRAFTON		Policy and Procedures
Name of Policy:	Protection from Harm	
Policy Number:	CR 50	
Section:	Client Rights	
Policy Owner:	Director of Quality Assurance and Compliance	
Approval/Revision Date:	3/28/2018; 4/24/2017; 3/01/2008; 3/17/2003	

Policy:	<p>All Grafton employees are responsible for the proper treatment of individuals receiving services. Under no condition may any individual served by Grafton be abused, neglected, or exploited. Any employee found to have mistreated, neglected, abused, or exploited a client will be subject to disciplinary action, up to and including termination.</p> <p>As a condition of employment, any employee who knows of or has reason to believe that an individual receiving services may have been abused, neglected, or exploited, will immediately report this information directly to the Quality Assurance (QA) Supervisor or to the on-site/on-call program manager. This requirement also applies to consultants, student interns, and volunteers.</p> <p>Grafton's Quality Assurance Department is identified as the internal central contact for filing Grafton-related abuse/neglect allegation reports. However, an employee retains the right to make such reports directly to the Department of Social Services (DSS) and may freely do so.</p> <p>The QA Supervisor and/or program manager will immediately take necessary steps to assure the safety of individuals receiving services.</p> <p>An abuse or neglect allegation from parents or other persons not employed by Grafton should be forwarded to the QA Supervisor who will take appropriate follow-up action.</p> <p>Employees' Interactions with Clients:</p> <ol style="list-style-type: none"> A. Staff should avoid being alone with individuals receiving services except when required. For example, staff should not go behind closed doors with an individual supported or out of sight of other adults, when possible. B. Roughhousing is not permitted. Prohibited activities include tackle games, games that include exchanging slaps (does not include use of "high five" reinforcement), pinches, excessive tickling and wrestling. C. Staff must use only age appropriate physical touch with individuals supported by Grafton. Consideration should be given to the age of the individual before offering hugs. Exchanging notes or letters with individuals receiving services should be avoided as well as any physical touch that might be misinterpreted.
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	<p>D. When working with students, staff must always maintain authority as the in-charge adult. When working with adults, staff is expected to maintain a professional supporting relationship.</p> <p>E. Staff persons are always responsible for behavioral intervention. Individuals receiving services may never be the manager of another individual's behavior.</p> <p>F. Only Grafton-approved behavior intervention techniques may be used when attempting to assist an individual with gaining behavioral control.</p> <p>G. The use of manual prompts should be restricted to that which is absolutely necessary.</p> <p>H. When staff are at risk of losing their temper, they are responsible for letting another staff person know. At these times, staff should walk away if necessary. Cursing in front of individuals receiving services is never acceptable. An employee must never touch an individual served when the employee himself/herself is out of emotional control.</p> <p>I. If another staff person tells an employee to take a break, they must do so without question.</p> <p>Potential Outcomes of Investigations:</p> <p>A. Because of Grafton's moral and legal responsibility for the well-being of individuals with special needs and because of the importance of preserving a constructive rather than destructive milieu, the organization reserves the right to suspend an employee during the investigation and/or dismiss an employee under such an allegation without conclusive evidence, if this is not obtainable. Such a finding will be noted in the QA Supervisor's summary report of the investigation.</p> <p>B. An employee may be suspended by an executive manager, director or administrator, or by the supervisor or on-duty manager. The QA Supervisor may recommend suspension of the employee to any of the individuals listed above.</p> <p>C. Any employee who commits a major violation will be dismissed, the date of dismissal subject to consideration of the welfare of the individuals receiving services and any mitigating behavior on the part of the employee.</p> <p>D. Any employee with a minor violation will have personnel action as determined by their direct supervisor and Human Resources Manager. Examples of personnel action include probation, leave without pay, re-training, or change in location of job assignment. Continued minor violations by an employee may result in termination.</p>
<p>Procedure:</p>	<p>Reporting The reporting procedures are designed to maximize the confidentiality of those persons reporting such incidents.</p> <p>Persons observing acts identified as mistreatment, abuse or neglect, or receiving information indicating the possible mistreatment, abuse or neglect of a client must immediately contact the QA Supervisor in person or by phone. If the QA Supervisor</p>

is not available, the staff must immediately contact the on duty or on-call program manager. Any employee may call DSS directly to make a report of abuse or neglect, if they choose.

The program manager who receives a complaint will immediately contact the QA Supervisor and follow the *Serious Incidents* policy and procedure.

When there is reason to suspect abuse or neglect as defined in state law and regulations, DSS in the area of the alleged abuse or neglect must be notified within 24 hours. The State Abuse Hotline may be contacted if the local department is not to be opened within 24 hours. The QA Supervisor or the program manager receiving the report will make this notification.

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

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

If the report of alleged abuse or neglect involves an individual other than a Grafton employee, the information will be turned over to DSS in the area the alleged abuse or neglect occurred. Grafton will provide assistance to DSS as requested. Additional notifications to the client's family/guardian are made dependent on consultation with DSS.

Investigations

External agencies may choose to conduct investigations into an allegation. Grafton will work collaboratively with external agencies during this process. An internal investigation will always be conducted following a Grafton-related abuse or neglect allegation. Grafton will take steps necessary to ensure the health, safety and welfare of clients, including the client alleged to be a victim of abuse or neglect.

The employee named in an abuse or neglect report may be asked by a program manager to leave work immediately, if on duty. The employee will receive general information related to the complaint at that time. The employee's supervisor will contact the employee with more information or to arrange for an interview. There will be opportunities for the involved staff to describe events and discuss information regarding the complaint.

If the allegation leads to an investigation by the Department of Social Services, the

employee named in the allegation may be placed on “investigative suspension”. This step is not intended to be a presumption of guilt or a punitive action. At this point, the complaint is an allegation that must be investigated. Investigative suspension is a safeguard for the employee, to prevent additional allegations of abuse, neglect or intimidation. The employee is paid during a period of investigative suspension.

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

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

The QA Supervisor will determine the date, approximate time of the alleged violation, name of individual(s) involved, and the name of the employee(s) involved based on information gathered.

In the case of suspected sexual abuse, DSS typically requires that a physical examination be scheduled, as soon as possible.

In the case of an allegation of physical mistreatment, abuse or neglect, a nurse or designated manager will examine the individual for physical marks or signs, as soon as possible, and refer the individual for an additional medical examination, as required. Findings of this examination will be documented.

Requested internal documentation will be made available to the DSS investigator, the licensing reviewer, and the Human Rights Advocate. The name of the person making the initial report will be kept confidential except to those directly responsible for the investigation.

Within 10 working days of initiation of an investigation, the QA Supervisor will provide a written report to the Human Rights Advocate via the DBHDS web-based reporting application and to the Director, to include whether abuse, neglect, or exploitation occurred, the type of abuse, and whether the act resulted in injury.

Abuse/neglect reports are reviewed by different agencies for different purposes. The Virginia Department of Education and Virginia DBHDS review a report from the perspective of compliance with licensure standards. The Human Rights Advocate may investigate to ensure an individual's rights were protected. Internally, the allegation is reviewed for the above purposes, as well as to ensure policies and

MAIN	BACK	
	<p>procedures were followed, and to recommend changes, as needed, to ensure proper treatment of all our individuals. DSS investigates to determine specifically if abuse or neglect occurred in accordance with their Department definitions and policies.</p> <p>If Grafton finds sufficient evidence of abuse, the employee will be terminated. Disciplinary actions will be dependent on information gathered during the investigation, even if the DSS disposition is unfounded. For example, an employee's actions may not meet the DSS definition for abuse, but may clearly violate Grafton's policies on the treatment of individuals. Documentation and reporting procedures, maintenance of confidentiality, use of approved behavioral management techniques and other treatment issues are examples of other aspects of an investigation which may lead to employee disciplinary actions.</p>	
Referenced Policies:	RM 10: Serious Incidents	
Referenced Forms:	N/A	

SEARCH AND SEIZURE

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

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

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

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

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

Berryville 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, or any other product with alcohol
- Tobacco products – cigarettes, cigars, smokeless tobacco
- Clothing or other items (posters, music, videos) that reflect or promote gang involvement, alcohol or drug use, violence or offensive language
- Explosive or flammable materials (fireworks, lighters, matches, aerosols, candles).
- Drugs or drug paraphernalia
- Prescription or over the counter medications (all medications must be kept in locked areas and administered per physician orders)
- Pornography
- Communication devices including but not limited to beepers, pagers, 2-way radios, etc. Some of these items may be Grafton issued for employee use.
- Weapons – any instrument, material or substance, animate or inanimate, that is used for or is readily capable of causing death or serious injury including but not limited to knives, chemicals, metallic knuckles, joined rings, firearms, BB guns, pellet guns, slingshots, pepper or mace spray
- Sharp objects - including but not limited to razor blades, metal fingernail files and clippers, metal paper clips, hair picks, tweezers, scissors, mirrors
- Glass items, including glass bottles (nail polish for clients will be kept in the staff office)
- Tools, including but not limited to hammers, pliers, screwdrivers
- Rope or extension cords
- Steel-toed footwear
- Laser pointers
- Irons
- Hair dryers, curling irons, flat irons (will be available for use but kept in staff offices)
- Canned items, including soft drink cans
- Microwaves, refrigerators, popcorn poppers or other electrical equipment (available in some areas)
- Glue, including nail glue (available in offices)
- Jewelry – no earring or necklaces. Plastic watches only with approval by the clients Treatment Team and documented as such. String friendship bracelets are acceptable unless used in an unsafe manner. No parachute line bracelets. No body piercing items.
- Electronic items, including but not limited to radios, cassette players, televisions, MP3 players, video cameras, cell phones, person computers, electronic games. Clients will have access to some of these items when approved by the Treatment Team (usually kept in the staff office for safety).
- Cleaning or first aid items
- Bicycles, minibikes, motor bikes
- Skateboards, scooters, roller skates
- Money in excess of \$20.
- Food or drink (except when approved by the Treatment Team)

- Excessive quantities of clothing – no more than 2 suitcases full
- Battery operated cars (but can be kept in staff office if determined to be an effective reinforcer by the Team)
- Musical instruments (but can be kept in staff office)
- Pets – including fish
- Binders with wire spirals
- Pens, paper, magic markers (may be kept in staff office)

Revised on September 17, 2019

Berryville Educational Objectives and Program Description

By using a synergistic approach, Grafton Integrated Health Network – Berryville Region is committed to:

1. delivering researched based, data driven methodologies in order to support individuals with Emotional Disabilities, Intellectual Disabilities, Specific Learning Disabilities, Autism, along with health impairments, including speech and language impairments.
2. providing a multi-disciplinary continuum of care that will ensure that those we serve achieve maximum independence and the highest level of autonomy.
3. providing each student with the skills necessary to increase their capabilities through a supportive, collaborative, and therapeutic environment.

In order to accomplish these objectives each student will receive instruction through a program that include students being educated under the Virginia Standards of Learning (SOL's). Students that are a part of this program are slated to receive a Standard or Advanced Diploma from their base school system. The school program at Berryville fosters grades 2-12th. All classrooms are equipped with technological support. Each student participates in a program of studies in the areas of English, Mathematics, History and Science. There are also several elective courses for students in the areas of Life Skills, Careers, Horticulture, Library Skills, Computer Science and Music. Berryville also practices an Integrated Program of Studies. This program exists for those students whose IEPs indicate that they cannot 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 program of studies will include skill development in communication, daily living and occupational preparation. Blended into the program of studies are the academic areas of English/reading, mathematics, history/social science, and science, which are based on the aligned state standards of learning. Students participate in learning with emphasis on communication skills in functional context. The student may spend a portion of each school day in career and technology exploration, assessment or training as called for in the IEP. The areas covered include job exploration, a career and technical education assessment (typically situational), and job training via an individualized task analysis for each job skill set. Training areas are tracked according to labor standards and students who participate are paid a stipend based on a predetermined set of work skills and work behaviors. These work experiences are all in school. The completion of this program and the requirements of the student's Individualized Education Program (IEP) results in the issuance of a Certificate of Applied Studies or Certificate of Completion.

GRAFTON		Policy and Procedures
Name of Policy:	Nutrition and Physical Activity	
Policy Number:		
Policy Manual Section:	Medical/Nutrition/Wellness	
Policy Owner:	Director of Quality Assurance and Compliance	
Approval/Revision Date:		

Definitions:	
Policy:	It is the policy of Grafton that the employees are committed to the optimal development of every student by providing the opportunity to achieve personal, academic, developmental, and social success, through creating positive, safe, and health-promoting learning environments at every level, in every setting, throughout the school year. All students will have the opportunity to practice healthy eating and physical activity behaviors throughout the school day while Grafton ensures commercial distractions are minimized.
Procedure:	<ul style="list-style-type: none"> ▪ Staff will provide the students access to healthy foods throughout the school day—both through reimbursable school meals and other foods available throughout the school campus—in accordance with Federal and state nutrition standards; ▪ Staff will provide quality nutrition education that helps students develop lifelong healthy eating behaviors; ▪ Staff will provide the students with opportunities to be physically active before, during, and after school; ▪ Staff will engage in nutrition and physical activity promotion and other activities that promote student wellness; ▪ School staff are encouraged and supported to practice healthy nutrition and physical activity behaviors in and out of school; ▪ The residential community is engaged in supporting the work of the academic community in creating continuity between school and other settings for students and staff to practice lifelong healthy habits; and ▪ An infrastructure for the management, oversight, implementation, communication about, and monitoring of the policy and its established goals and objectives will be maintained through the School Wellness Committee; ▪ The School Wellness Committee will develop and maintain a plan for implementation to manage and coordinate the execution of this wellness policy. This plan will be modeled after the <u>Model Local School Wellness Policy</u>, developed by the Alliance for a Healthier Generation, has been thoroughly reviewed by the USDA, Food and Nutrition Service and is in compliance with the statutory requirements for local school wellness policies, as per the proposed regulation, "Local School Wellness Policy Implementation Under the

	<p>Healthy, Hunger-Free Kids Act of 2010.”</p> <ul style="list-style-type: none"> ▪ Grafton will retain records to document compliance with the requirements of the wellness policy at the Berryville Campus in the Nutrition Office and/or on Grafton’s shared drive. Documentation maintained in this location will include but will not be limited to: <ul style="list-style-type: none"> ○ The written wellness policy; ○ Documentation demonstrating compliance with community involvement requirements, including (1) Efforts to actively solicit Grafton Wellness Committee membership from the required stakeholder groups; and (2) These groups’ participation in the development, implementation, and periodic review and update of the wellness policy; ○ Documentation of annual policy progress reports for each school; and ○ Documentation of the triennial assessment* of the policy for each school; ○ Documentation demonstrating compliance with public notification requirements, including: (1) Methods by which the wellness policy, annual progress reports, and triennial assessments are made available to the public; and (2) Efforts to actively notify families about the availability of wellness policy. ▪ Grafton will offer school meals through the NSLP and SBP programs, and After School Snack program. All meals: <ul style="list-style-type: none"> • Are accessible to all students; • Are appealing and attractive to children; • Are served in clean and pleasant settings; • Meet or exceed current nutrition requirements established by local, state, and Federal statutes and regulations. (Grafton offers reimbursable school meals that meet USDA Nutrition Standards.) <ul style="list-style-type: none"> ○ Promote healthy food and beverage choices
<p>Referenced Policies:</p>	<p>http://www.fns.usda.gov/school-meals/nutrition-standards-school-meals https://www.healthiergeneration.org/</p>
<p>Referenced Form(s):</p>	

MAIN	BACK
GRAFTON	
Policy and Procedures	
Name of Policy:	Use of Restraint – Residential Treatment Program
Policy Number:	Client Rights 235
Policy Manual Section:	Client Rights
Policy Owner:	Director of Quality Assurance and Compliance
Approval/Revision Dates:	Revised 8/12/2016

Definitions:	<p>Emergency Safety Situation: A situation in which the client’s behavior is violent or aggressive and presents an immediate and serious danger to the safety of the client, other clients, staff or others.</p> <p>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.</p> <p>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.</p> <p>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 <u>not</u> a restraint.</p> <p>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</p> <p>Serious Occurrences: death of a client, serious physical or psychological injury or suicide attempts by clients</p>
Policy:	<p>Personal restraint will be used only in emergency safety situations to prevent harm to self or others, when less restrictive interventions have been utilized and determined to be ineffective, and until the emergency safety situation ends. All application of personal restraint must be ordered by a psychiatrist, other physician, physician’s assistant or nurse practitioner. Medical/nursing staff insures the physical and psychological safety of individuals in restraint by conducting periodic assessments during the procedure when it lasts for an hour, and after the procedure ends regardless of its duration. Duration of 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 personal restraint is initiated, and staff must debrief all incidents of personal restraint with the client, and with his/her supervisor. The treatment team physician is notified as soon as possible and determines if adjustments are needed in the plan of care. Grafton does not use mechanical restraint to manage emergency safety situations.</p>

	<p>Use of seclusion is prohibited in all Grafton programs.</p>
<p>Procedure:</p>	<p>Conditions of Use</p> <ol style="list-style-type: none"> 1. Restraint can be used only in emergency safety situations to ensure safety of the individual or others. The client's record must document the following: <ul style="list-style-type: none"> • methods/techniques that would help the client control his/her behavior. • justification for use of restraint rather than other less restrictive techniques. • behavioral criteria for ending a restraint 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. 2. Restraint can be used only as ordered by a psychiatrist, other physician, physician's assistant or advanced practice nurse trained in the use of emergency safety interventions. 3. Restraint must be applied according to the order and only until the emergency safety situation ends. 4. Restraints must not be used simultaneously. 5. Restraint will only be used by trained staff. Initial and ongoing training will 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. <p>Order to Use Restraint</p> <ol style="list-style-type: none"> 1. When implementing restraint to manage an emergency safety situation, staff must obtain an order for its use. The order may be obtained after the restraint is initiated or immediately upon completion of the emergency safety situation in those cases that present imminent threat of immediate harm. In most cases it is expected that an order will be requested when behavior begins to escalate, obtained prior to implementing the procedure. 2. The order must be obtained from a psychiatrist, other physician, physician's assistant or advanced practice nurse trained in the use of emergency safety interventions. 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 restraint. The maximum limit is 1 hour for each authorized episode. However, the actual duration must be no longer than required to resolve the emergency safety situation. If

the emergency safety situation continues and the need for restraint exists beyond the maximum time allowed for such restraint, the procedure for obtaining a new order must be followed.

6. If the psychiatrist, other physician, physician's assistant or advanced practice nurse is not available on site to sign an order for 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 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 as soon as possible.

Implementation of Restraint

1. Restraint may not exceed the time limits specified in the order. If restraints is discontinued prior to the expiration of the original order a new order must be obtained prior to reinitiating 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 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 and the behavior criteria for its discontinuation.
4. At least every 15 minutes while a person is in restraint, a medical/nursing staff must conduct a face to face assessment to determine the client's physical and psychological wellbeing, his/her current behavior, the appropriateness of the intervention and any complications resulting from the intervention. This includes attention to vital signs, the need for meals, liquids, bathing, and use of the restroom.
5. If the restraint exceeds the time limits of the order, a registered nurse or licensed practical nurse must contact the person who ordered the restraint to receive further instructions.
6. Clients who require the use of 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 restraint will end immediately when criteria for removal is met: i.e., when the client demonstrates that he/she no longer presents an immediate danger to the safety of self or others.

Follow up Procedures

1. Immediately after the restraint ends, medical/nursing staff must evaluate the client to determine his/her physical and psychological well being. When an injury occurs as a result of implementing restraint, it must be treated immediately by qualified medical personnel.
2. Within 24 hours of the restraint, the staff and client involved in the restraint

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 restraint and in a separate debriefing session, staff involved must review the restraint with designated supervisory or administrative staff. In the case of a 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 restraint as soon as possible but at least within 8 hours of the initial use of restraint. The nurse on duty or his/her designee is responsible for making this contact.
3. When the person ordering the 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 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 assurance 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 restraint.
2. The restraint must be recorded on the documentation of emergency safety intervention form with the following information provided:
 - 2.1 Client's name
 - 2.2 Client's Age
 - 2.3 Date
 - 2.4 Time restraint initiated
 - 2.5 Time restraint ended
 - 2.6 Precipitating events
 - 2.7 Description of the emergency safety situation that required use of restraint
 - 2.8 De-escalation techniques attempted in an effort to avoid use of restraint
 - 2.9 Staff responsible for implementation and monitoring of the restraint procedure, and signature
 - 2.10 Notification of parent/guardian when restraint is used with a minor.
 - 2.10 Time order for restraint was obtained
 - 2.11 Psychiatrist, physician, physician's assistant or advanced practice nurse ordering use of restraint and whether the order was written or

	<p>verbal</p> <p>2.12 Nurse receiving the order for restraint in the case of a verbal order, and signature</p> <p>2.13 Written verification of a verbal order within 24 hours</p> <p>2.14 Face to face check of client's physical and psychological well being by medical/nursing staff within the first hour and or immediately after the restraint is terminated</p> <p>2.15 Summary of debriefing meeting between staff and client.</p> <p>2.16 Summary of debriefing meeting between staff and supervisor/administrator</p> <p>2.16.1 Injuries that occurred during restraint, medical attention obtained, and record of meeting with staff and supervisor/administrator on how to avoid injuries in the future</p> <p>2.17 Summary of Administrative Review</p> <p>3. A record of consultation by the person ordering restraint with the treatment team physician, indicating date and time of consultation, must be submitted to the client's file.</p> <p>4. The manager on duty, as delegated by the chief executive officer, must review and sign off on all uses of restraint after every occurrence.</p> <p>5. The documentation of emergency safety intervention form must be placed in the client's record located in the nurse's station as soon as possible but not more than two hours after implementation.</p> <p>6. The emergency safety intervention monitoring form is completed every 15 minutes during the intervention by staff monitoring the procedure (direct care employee or nurse) and attached to the documentation of emergency safety intervention form for inclusion in the client's file.</p> <p>7. Aggregate record of all incidents of emergency safety situations and the use of restraint and outcomes will be maintained and reported to the appropriate licensing agency.</p> <p>8. Members of the quality assurance department will review all aggregate data and identify opportunities for improvement.</p> <p>Complaints: Clients have access to a complaint process if they feel that restraint has been used in an inappropriate or unfair manner. They may address complaints within Grafton to the Director of Quality Assurance. If preferred, they may address complaints to the regional human rights advocate or the disAbility Law Center of Virginia. Contact information for these individuals is kept posted in the residences and classrooms, and provided to clients and guardians in annual human rights notice.</p>
Referenced Policies:	N/A Note: Former Revision Dates - 3/26/03, 9/01/04, 12/20/04, 8/17/06, 2/19/10
Referenced Forms:	<u>To access click on form(s) below:</u> Documentation of Emergency Safety Intervention Documentation of Emergency Safety Monitoring



Education Calendar
July 1, 2020 - June 30, 2021
 Berryville-Psychiatric Residential Treatment Center
 180 Grafton Lane
 Berryville, VA 22811
 540-955-2400

Yellow	No School, Principal, Asst-Principal & Teacher Break Day
Light Yellow	No School, Teacher Break Day
Light Purple	No School, Acad. Break, Teacher Workday
Blue	Early Dismissal Teacher Workday

July 2020	July, 2020:	January, 2021:	January 2021
S M T W T F S			S M T W T F S
1 2 3 4	July 1st-3rd: No School, Teacher Break Day	January 1st: No School, Teacher Break Day	1 2
5 6 7 8 9 10 11	July 6th-10th: No School, Teacher Break Day	January 18th: No School, Teacher Break Day	3 4 5 6 7 8 9
12 13 14 15 16 17 18	July 15th: Early Dismissal	January 20th: Early Dismissal	10 11 12 13 14 15 16
19 20 21 22 23 24 25			17 18 19 20 21 22 23
26 27 28 29 30 31			24 25 26 27 28 29 30
			31

August 2020	August, 2020:	February, 2021:	February 2021
S M T W T F S			S M T W T F S
1	August 3rd-7th: No School, Teacher Break Day	February 12th: No School, Teacher Work Day	1 2 3 4 5 6
2 3 4 5 6 7 8	August 19th: Early Dismissal	February 15th: No School, Teacher Break Day	7 8 9 10 11 12 13
9 10 11 12 13 14 15		February 17th: Early Dismissal	14 15 16 17 18 19 20
16 17 18 19 20 21 22			21 22 23 24 25 26 27
23 24 25 26 27 28 29			28
30 31			

September 2020	September, 2020:	March, 2021:	March 2021
S M T W T F S			S M T W T F S
1 2 3 4 5	September 7th: No School, Teacher Break Day	March 5th: No School, Teacher Work Day	1 2 3 4 5 6
6 7 8 9 10 11 12	September 16th: Early Dismissal	March 17th: Early Dismissal	7 8 9 10 11 12 13
13 14 15 16 17 18 19		March 29th-31st: No School, Teacher Break Day	14 15 16 17 18 19 20
20 21 22 23 24 25 26			21 22 23 24 25 26 27
27 28 29 30			28 29 30 31

October 2020	October, 2020:	April, 2021:	April 2021
S M T W T F S			S M T W T F S
1 2 3	October 21st: Early Dismissal	April 1st-2nd: No School, Teacher Break Day	1 2 3
4 5 6 7 8 9 10		April 21st: Early Dismissal	4 5 6 7 8 9 10
11 12 13 14 15 16 17		April 30th: No School, Teacher Break Day	11 12 13 14 15 16 17
18 19 20 21 22 23 24			18 19 20 21 22 23 24
25 26 27 28 29 30 31			25 26 27 28 29 30

November 2020	November, 2020:	May, 2021:	May 2021
S M T W T F S			S M T W T F S
1 2 3 4 5 6 7	November 18th: Early Dismissal	May 19th: Early Dismissal	1
8 9 10 11 12 13 14	November 25th-27th: No School, Teacher Break Day	May 31st: No School, Teacher Break Day	2 3 4 5 6 7 8
15 16 17 18 19 20 21			9 10 11 12 13 14 15
22 23 24 25 26 27 28			16 17 18 19 20 21 22
29 30			23 24 25 26 27 28 29
			30 31

December 2020	December, 2020:	June, 2021:	June 2021
S M T W T F S			S M T W T F S
1 2 3 4 5	December 16th: Early Dismissal	June 16th: Early Dismissal	1 2 3 4 5
6 7 8 9 10 11 12	December 24th-31st: No School, Teacher Break Day	June 28th-30th: No School, Teacher Work Day	6 7 8 9 10 11 12
13 14 15 16 17 18 19			13 14 15 16 17 18 19
20 21 22 23 24 25 26			20 21 22 23 24 25 26
27 28 29 30 31			27 28 29 30

School takes in at 9:00 AM and Dismisses at 3:15 PM

FAMILY ENGAGEMENT WORKGROUP NOTIFICATION

Dear Parent or Guardian:

Thank you for choosing Grafton during what is I'm sure a very complicated and difficult period of your family's life. We understand that you are putting your trust in us, and we will do our best every day to live up to those expectations.

Please know that Grafton is working hard to ensure that families are an integral part of our programs. We want to engage you not only in the care of your child, but also in the life of this company.

To this end, Grafton has a "Parent Engagement Workgroup" that meets regularly to develop plans for improvement, provide feedback to the administration, and to ensure that we are moving toward a future in which families really feel that they are a part of every decision at Grafton. The Parent Engagement Workgroup is focused solely upon the organization and its policies and procedures around family engagement.

If you have feedback that you would like to provide this group, please reach them at any time, by emailing

family-engage@grafton.org

If you would like to discuss participating in or joining the Parent Engagement Workgroup, please reach out to Scott Zeiter, Chief Operating Officer at:

scott.zeiter@grafton.org

Please understand that you will have an assigned case manager and therapist who will be your primary contact for any information regarding your child, specifically.

Thank you!

A Parent's Guide to Grafton's Treatment Plan

Treatment plans serve a variety of purposes in residential and community-based care. Foremost, it is a record of your child's treatment and progress while at Grafton. Treatment plans are also used by insurance, educational and local agencies as a way to help plan for your child's current and future needs. **Our goal is to provide a single document for the entire team to work from—and your input is essential!**



Client Name: Client ID: 376726-Medicaid ID:01800000 Pending Client DOB: 10-Jun-2010
 Gender: Ethnicity: OT - HISPANIC (LATINO) Phone (404) 987-8300
 Address: Program Adm. Date: 03-Jun-2018
 Program: PRT Program Medical Staff:
 Lead Clinician: Benjamin Lester/Supervisor: Location Code: 00040
 Service Site: Licensee Code: 00040
 Prepared by: Jeremy Utterich Date Prepared: 03-Jun-2018
 Reviewed by: Benjamin Lester Date Reviewed: 25-Sep-2018
 Implementation Date: 01-Jan-2018 Effective Until: 23-Sep-2020
 Prefer a Language Other than English? No Plan was Integrated? No
 Language: English Language Note (Specify):

Diagnosis Code History

SN Code/Description	Context	Start Date	End Date	Provisional/Rule Out
F20.0 Paranoid schizophrenia	Principal Diagnosis	01-Feb-2018	10-Jun-2018	No
F1A.0 Intoxic disorder	Principal Diagnosis	01-Jun-2018		No

Linked Medications:
 -Lorazepam 2mg/1 TABLET Three Times A Day
 -Carbamazepine 150 MG TABLET Three Times A Day
 -Citalopram HCl 10 MG TABLET Three Times A Day
 -Lorazepam 1.0 MG TABLET Three Times A Day
 -Pan-Pan 1500 MG TABLET Three Times A Day

Allergies:
 -Allergy Due Date Reported: 06-FEB-18 Status: Chronic
 -Allergy Unknown! Date Reported: 23-JUN-18 Status: Chronic

Other:

AUTHORIZATION PERIOD (VA Only)
 BEGIN DATE: 01-Jun-2018
 END DATE: 01-Jun-2018

CANS (VA Only)
 CANS DUE DATE:

REASON FOR REFERRAL:
 REASON FOR REFERRAL:

DESCRIPTION OF THIS INDIVIDUAL
 STRENGTHS, ABILITIES AND PREFERENCES or WHAT DOES THIS PERSON REALLY LIKE?
 NEEDS:
 PERSONAL EXPRESSION OF NEEDS
 CASE CONCEPTUALIZATION:

INTERVENTIONS AND STRATEGIES
 ADDITIONAL THERAPEUTIC INTERVENTIONS AND STRATEGIES:

DE-ESCALATION STRATEGIES
 What helps this individual calm down when they are angry or agitated?
 What things should be avoided to prevent escalation from this individual?

CHANGES TO THERAPEUTIC INTERVENTION AND STRATEGIES
 CHANGES TO THERAPEUTIC INTERVENTION STRATEGIES:

FAMILY / GUARDIAN INVOLVEMENT
 NARRATIVE:
 THERAPEUTIC FEEDBACK:
 TOTAL NUMBER OF DAYS ABSENT FROM THE PROGRAM:

CURRENT MEDICATION REGIMEN
 MEDICATION CHANGES SINCE LAST REVIEW:
 ALLERGIES:
 SPECIAL ORDERS:

SUMMARY OF COMPLETED MEDICAL TREATMENT, LABEL, OR ASSESSMENTS
 EMERGENCY MEDICAL TREATMENT: Emergency medical and psychiatric services will be provided by one of the following: Winchester Medical Center, Winchester, VA; Jefferson Memorial Hospital, Charles Town, WV; RUCVA Loudoun Hospital, Loudoun, VA; or RUCVA Shenandoah Hospital, Shenandoah, VA. The use of 911 dispatch is used to secure ambulance service, which is typically 15-20 minutes and 5-10 miles.

JUSTIFICATION FOR CONTINUED STAY
 JUSTIFICATION FOR CONTINUED STAY:

DISCHARGE PLAN
 PROJECTED DISCHARGE PLAN:
 PROJECTED DISCHARGE DATE:

DISCHARGE ACTIVITY PLAN
 SERVICE PROVIDER, SERVICES PROVIDED, COMPLETION DATE, COMMENTS / FOLLOW UP:
 SERVICE PROVIDER, SERVICES PROVIDED, COMPLETION DATE, COMMENTS / FOLLOW UP:
 SERVICE PROVIDER, SERVICES PROVIDED, COMPLETION DATE, COMMENTS / FOLLOW UP:
 SERVICE PROVIDER, SERVICES PROVIDED, COMPLETION DATE, COMMENTS / FOLLOW UP:
 SERVICE PROVIDER, SERVICES PROVIDED, COMPLETION DATE, COMMENTS / FOLLOW UP:
 SERVICE PROVIDER, SERVICES PROVIDED, COMPLETION DATE, COMMENTS / FOLLOW UP:

This is the demographics section. Please be sure that the information is correct. The "location code" is for internal use only.

This is the diagnosis code box. This will include both psychiatric and medical diagnoses. If you have questions on any of the diagnoses please do not hesitate to ask your primary therapist.

This is a list of your child's current medications and allergies. Please make sure that this is correct and you understand the medications being given. Please direct any questions to the doctor, or nurse.

The CANS is an assessment used in Virginia—it stands for Child and Adolescent Needs and Strengths. The 'authorization period' is refers to the dates approved by your child's insurance.

Please make sure you review this to help us understand your child to the best of our ability.
 PLEASE NOTE: From the very beginning, Grafton has tried to use the child's preferences to help them change. What does your child REALLY LIKE TO DO? What do they do REALLY WELL? What makes them PROUD? It's very important we understand

We keep track of all passes here. Please make sure that we have this information correct. Also, we use this section to describe your involvement. Please be sure that this reflects your work with the team, and direct any questions to your assigned case manager.

This section discusses any changes made to the current medical and medication services for your child.

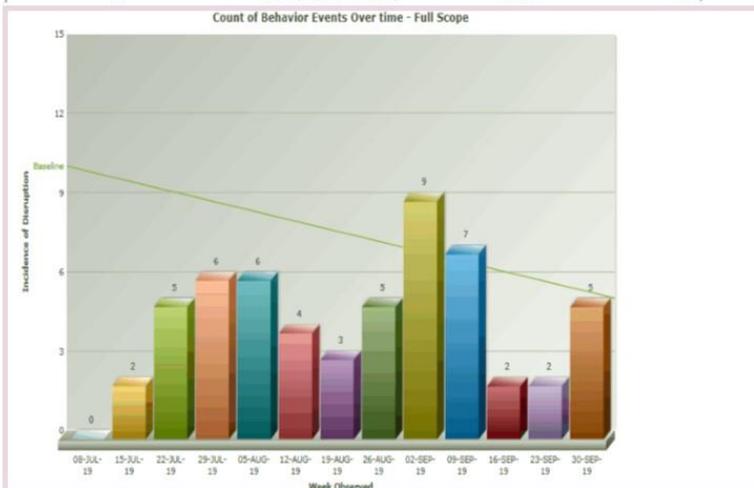
It is our belief that discharge planning should begin at the time of admission. This does not mean your child's discharge is imminent, only that we are always assessing what needs to be in place for their discharge to be successful Please keep an eye on this space to ensure that it reflects the teams current planning regarding your child's eventual discharge.

Grafton uses a specific process to create treatment plans, called the **Foundation of Care Model™**. We do this for a number of reasons...

- ◆ We want to be very clear about each child’s progress;
- ◆ We want to ensure that our treatment strategies are based in science;
- ◆ We want to be able to understand “what works”;
- ◆ We want to be sure all team members are “using the same language” and are “coming from the same place”.

Activity	Frequency	Type of Support	Start Date	End Date	Notes
Household Chores			30-Jan-2019		
Oral Care			30-Jan-2019		
Sleep Tracking (Overnight)			30-Jan-2019		

Behavior	Frequency	Type of Support	Start Date	End Date	Notes
Problem #1:					
Disruption					
Goal #1:					
will disrupt the environment no more than once per week.					
Effective Date	Date Completed	Target Rating	Target Date	Status	Individualized
30-Jan-2019		2	29-Apr-2019	Accepted	Yes
Baseline Target Rating	Data Tracking Method	Mastery Duration	Tracking Frequency		
10	Discrete (i.e. count each incident)	4 weeks	Weekly		



This chart shows the number of occurrences of the problem behavior per week. The **problem** are the behaviors that made this treatment here necessary. Incidents of the behavior are entered as close to when they occur as possible. We use the green line to determine if we are on track to accomplishing our goal.

The **Evidence Based Practice (EBP)** is the specific method the therapist and team is using to address the problem behavior. Grafton has a specific list of evidence based practices that we use. You child’s therapist can describe the evidence based practice we are choosing, and the reason why we are choosing it.

Intervention Objectives are the specific steps that we are taking, picked from a list under each Evidence Based Practice. All intervention objective steps are individualized for your child. Again, your child’s therapist will describe the intervention objective, and how they are individually using it to help your child.



The graphic above depicts the core philosophy that all Grafton employees share about care and services. Please don’t hesitate to ask your team to describe them. “Meeting them at their best” was a core belief of our founder—she felt that all children have special interests that can be used to help motivate change and growth.

Our **Foundation of Care™** approach uses specific rules to determine if we are accomplishing our goals as we hope to. If you want more information on this process please ask your case manager.

Effective date: the date the goal started
Date completed: the date the goal was closed (if blank it is still open)
Baseline Rating: The number of incidents per week that the child was displaying prior to coming to treatment, set by the therapist.
Target Rating: the number of incidents of the problem behavior per week that we are striving for.
Mastery Duration: the number of consecutive weeks that the target rating must be reached to master the goal
Target Date: the date we expect the target rating to be met for the mastery duration.
Data Tracking Method: either discrete —one incident equals one count, or interval —no matter how many incidents occurring within a timeframe set by the therapist equals one count.

Reach Grafton’s Family Engagement Committee at family-engage@grafton.org