



Psychiatric Residential Treatment Center

Parent-Student Handbook

**Seayville Residential Treatment Center
180 Grafton Lane
Seayville, VA, 22871
(800-859-2400)**

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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 the school.

A. Grafton: Who We Are

1. Our History

Grafton began because one mother was determined to see further educational education in spite of his learning problems and in spite of the fact that public schools turned him away. That was in 1978. Before we had even that protected children's right to education. In July 1981, 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. Due to both Grafton'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. Working families, friends, and professionals together are their belief. 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, applied skills, and social skills in their community of choice.

3. Our Mission:

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 individualized 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 achieving excellence through our practices and continuous quality improvement is the standard business model for the best way to ensure the optimal customer service and consistent care.

5. Our Core Values

- **GOAL-DRIVEN FOUNDATION:** We take pride in the contributions we make to the lives of the people we serve.
- **CUSTOMER-FOCUS:** It's the way we do business. We commit to anticipate and understand the needs of our customers with intention and care to ensure they are satisfied.
- **ETHICALITY:** Our pathway to credibility. We hold ourselves to the highest standards of honesty and ethical behavior.
- **ACCOUNTABILITY:** It is our responsibility. We own trust by being responsible for all our statements, actions, and results.
- **ADAPTABILITY:** It is how we adjust in a quickly changing environment. We shift our focus and respond thoughtfully to new challenges and management.

B. Admissions

tuition & fees

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

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

1. Non-Discrimination

Title VII 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 VII prohibits that "no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance" (42 U.S.C. Section 2004a).

Grifone is committed to ensuring that no person is excluded from participation in, or denied the benefits of, its transportation services on the basis of race, color, or national origin, as prohibited by the Title VII Federal Transit Administration (FTA) Circular C70-10. If a person receiving services feels they are being denied participation in or being denied benefits of the transit services provided by Grifone, or otherwise being discriminated against because of race, color, national origin, gender, age, or disability, Grifone's contact information is:

James Stewart, Title VI Manager
Grifone Inpatient Health Network
PO Box 6000
Winchester, VA 22601
434-744-6000

james.stewart@grifone.com

Having access a copy of Grifone's complete Title VII Plan and associated procedures at www.grifone.org.

2. Admissions

the academic and select individuals of any race, color, national and ethnic origin, socioeconomic background to all the rights, privileges, programs, and activities made available to all individuals supported by Grifone. Grifone does not discriminate on the basis of race, color, sex, physical or mental disability.

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

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 have school site or a residence.

Each Grifone student is required to have a record of current physical (no older than 60 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) and must prior to enrollment) as well as the remaining supply in the original container that staff will discuss specific state requirements for medication distribution with you. Grifone will ask for primary care physician information for the purpose of keeping the PCP apprised of progress.

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

Please arrive at the Access Department prior to enrollment (1-800-866-CLIP). An Admissions Case Manager will review the information provided and request you should additional information be required. Most copies are to be brought with you the day of enrollment.

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

This may reach the Access Department at 1-800-866-CLIP, extention 6666 or 6667. 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:

**Grifone
Access Department
PO Box 2036
Winchester MA 01890**

3. Special Notes for First Day

When you arrive your primary day care child's room manager or other knowledgeable staff will meet with you. They will review the handbook and help you complete forms if you have questions about them.

An information sheet detailing important contacts will be placed in your child's room. This will have handy reference about for you.

After all the intake activities are over, you can decide how to best approach your leaving. You leave your child happy as the transition is yours. We will follow your lead!

Parents may access Grady's Emergency Preparedness Plan which addresses various types of emergencies on www.grady.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 include this guideline as about and shower 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 shorts and wears clothes sleep.
- **CHILD'S** other items (toys and books) may be asked to bring after the shower because of the dangers of water and water bottles.
- **ALL ITEMS GO TO BE IDENTIFIABLE/REMARKS:** We need to be able to track your child's clothes. However, all clothing items should be in the owner's hands or name so that the child cannot be identified by a store/markings.
- **LAUNDRY** is done at least weekly, so plan with this in mind. If your child wears the last of night, please include some changes.
- **TOILETRIES** will be furnished by Grady. This includes shampoo, soap, thoroughly soapings, feminine hygiene products, etc. You may furnish your child with specific brands of toiletries at your convenience.
- **FOODS:** For students who are taking supplies such as snacks, please send an ample supply until such time as arrangements can be made for direct shipment/delivery.

5. What Not to Bring

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

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

Grady's does not assume responsibility for items that are missing, lost, or stolen. Parents/ guardians should always be responsible for their own items and not assume Grady's is responsible for items that cannot be accounted for.

6. Multidisciplinary Team

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

- **Care Manager:** Each individual enrolled at Grifone is assigned a care manager. The care manager coordinates all services and programs for your child. The care manager will be Grifone's communication link for you and for the agencies supporting your child. The care manager is responsible for contacts with the local school districts (LSD) for the children they have placed at Grifone. The frequency of this contact is determining the risk and individual minimum program updates as often as required by LSD.
- **Clinical Staff:** Each individual is supported by a variety of professional clinical staff depending on their individual needs. These may include physicians, nurses, therapists, board certified behavior analysts, speech therapists, and occupational therapists.
- **Teachers:** Classrooms are staffed with licensed teachers appropriate to their teaching assignments. 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.
- **Day 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 Grifone instructional staff are provided with no less than 15 hours of professional development annually which is directly related to enhancing the instruction of students and are also certified in safety/Child CPR and First Aid. Additionally all Teachers are certified in use of AED.

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

On admission 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 use a participation model at Grifone's expense. This is an opportunity for parents/guardians to visit with their child and a knowledgeable staff member discuss progress during the week. However, parents/guardians may place order to their child and Grifone will accommodate this contact as much as possible.

Parents/guardians may visit while the student is at school. In order to ensure the student is not away from the home or campus so that the student is not involved in a scheduled therapy session, it is important to schedule visits in advance with the case manager. If parents or guardians wish for extended family or friends to visit, especially within jurisdictions from the legal guardians, must be given notice. The parent will be advised in first. This requirement also applies to non-biological 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 maintain 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 these visits will always reflect:

- The individual's needs and ability to cope with his/her home and community setting at each stage of progress at the time.
- The ability to ensure the safety and well-being of the student throughout the visit.
- The ongoing availability for using the time to have initial experiences and to ensure that the skills learned in clinical programs generalize to home environments.

The local case manager will communicate directly (by telephone, email, or letter) with parental/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 children as soon as possible.

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

- Dates
- Origin and destination points
- Times of departure and return
- Whether meals should be provided by host(s) the morning of arrival or departure
- Identification of persons who will meet your child

Visitors must be sent at least 1000 miles in advance of a student's trip. Visitors should be mailed directly to the case manager.

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

C. Program Information

1. Licensing and Accreditation

The 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 fully accredited by NCA CASI and Middle States Association of Colleges and Schools Commission on Secondary and Secondary Schools (MCA-CASI), which is nationally accredited (CASI). Additionally we are nationally accredited by The Commission on Accreditation of Rehabilitation Facilities (CARF).

2. Facilities & Equipment

Grafton's academic program includes space for classrooms, therapy services (with an 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 rooms located within both the school and the boarding. Teachers and students have access to computers, iPads, iPads, SMARTboards, and additional writing technology in each classroom along with a computer lab available for use. All meals are prepared and served onsite.

Activities gymnasium is available as well as special education 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 after 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 continuous basis. Treatment team issues resolution setting in the continuation of the treatment plan process including monthly updates to the discharge assessment review if applicable time associated with discharge goals and objectives.

Students residing within the Berryville RTC may enroll with either an IEP, 504 plan, or an IFP will be developed based on educational need. In this case, baseline current assessment, an updated IEP may be required. Student staff will assist the students in the process which includes 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, parent/guardian, and the school is mandated.

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 IFP/IEP (when applicable) are discussed and reviewed. If progress is not on track according to the minimum growth projection for accomplishment based on the plan timeline, the MDT designs strategies and interventions to facilitate student progress.

Additionally, during every month, the supervising administrators (Educational) (Edu) review current across programs satisfactory programs. Quarterly feedback and guidance is given to staff on individual IEP progress updates are sent to the parents, the local school system, and other associated team members in accordance with IEP guidelines.

The IEPB regulations, a team meeting must occur within 45 days of an assignment of a student in a private day school to discuss the student improvement measures taken. This measures student progress as well as measure student's level of function in comparison with same age peers. This meeting will occur annually for all students and must be completed by the end of June each year. This is also completed when a student exits the program.

5. Recreation and Physical Exercise

Grades provide and promote recreational and physical exercise activities consistently with an individual's age, developmental level, interests, and needs. These activities may occur at Graden School or residential sites or in the community. Recreational activities occur indoors and outdoors and are structured to enhance the learning opportunities for students. Community recreational resources are utilized including in community centers, 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 Graden teacher and/or a contracted external 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.

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

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

6. Religious Activities

Graden operates in a non-sectarian manner neither requiring participation in religious activities nor denying activities on the basis of religious preferences. Graden staff will provide opportunities for students to participate in religious activities if the students' choice. However, religious service selection may be limited by the variety of choices in the local community. Staff will offer students' classroom activity schedule conflicts, but students are may present attendance to a particular religious service.

7. Transportation

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

B. School Programs

1. School Philosophy

Geoffrey endorses a research-based approach to instruction which includes informal and formal assessments, continuous alignment mapping, and data analysis. Emphasis is on data-based decisions making which is used to design and monitor intervention strategies to guide each student's educational program. Student preferences, interests and abilities are taken into account by the staff of motivational opportunities. The integration of special education and behavioral health enhances opportunities for students to recognize their strengths and overcome barriers to 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 foundation for Making Learning, which is our mission without our functional autonomy philosophy of life.

2. Curriculum

Geoffrey 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 full part enrollment, Career and Technical Education is provided as an option in a variety of services as exploration, assessment and training.

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

All students have access to and instruction in the curriculum standards adopted by their home state. In Virginia this includes the Virginia Standards of Learning/Virginia aligned standards of learning. 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 curricula. Curriculum and materials are adapted to provide learning at an optimum rate with high retention and broad generalization.

Current available curriculum options include but are not limited to:

- The Virginia State Department of Education – Standards of Learning Curriculum Frameworks
- The Virginia State Department of Education – Virginia Standards of Learning
- The ILLI – Strategies for Teaching Based on Action Research
- Adaptive Transition Skills Instructional Modules
- Project Learning
- Early Intensity Skill Builder
- Teachmean
- Extended Learning Level One & Two
- Core Skills Modules
- The state curriculum or alternate state curriculum of the student's placing state when other than Virginia.

- ⊕ The state curriculum or alternate state curriculum of the student's residing state when other than Virginia
- ⊕ Bar Counselor Development Series (Belt Curriculum)
- ⊕ Sewflies
- ⊕ FGI levels 1, 2 & 3
- ⊕ Emerald Environmental Works Series
- ⊕ Linda Wood Ball – Living Stars Curriculum
- ⊕ M4 (Technology Based Instruction)

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

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

Gateway has three different programs that are dependent on the functioning levels of the student and are determined by the student's IEP/IF team. The different activities and the educational objectives of each of these programs are listed in the "Program of Studies Handbook" which can be accessed at www.gw.k12.va.us.

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

In each program, Gateway assigns or provides teacher to student ratios (defined) in light of regulations. There is at least 1 teacher for every 8 students in the integrated program and 1 teacher for every 15 students in the general education program along with 1 to 2 instructional aides. The number of instructional aides is dependent on the individualized needs of the students.

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

This program is designed for the student who needs a highly specialized learning environment to function in the skills. The educational objectives include daily living and major work-related educational skills. Included in the program objectives are the students' areas of English/language arts, mathematics, history/social sciences, and sciences 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, training and/or related to the IEP. The career course includes job exploration, a career and technical education assessment (typically situational), and job training in an individualized work analysis for each job skill set. Training areas are tailored 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 must indicate that they are to 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 subjects: areas of English, Mathematics, History/Social Science and Science. In addition to these subject areas, GLEB's General Education provides a balance of functional skills and career skills that lead to successful transitioning into adult living.

At least three annually, GLEB 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 receive education via an online distance learning plan. Choosing to access the distance learning plan enrolls in an IEP team decision. Additionally, the distance learning plan will be utilized whenever GLEB experiences the closing of the school or individual classes.

4. School Attendance and Tardiness

GLEB's annual school calendar is published on www.gleb.org in the Spring and commences July 1 of each school year. GLEB's school programs provide 180 school days each year with approximately 14 early dismissal days.

Students benefit from an educational program regardless of graduation date. All students are expected to attend school regularly and on time. Impersonal staff document attendance and/or tardiness may with normal administration make 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 the 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 each absence. If a day student is absent without notice, a case manager employed by GLEB 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 are 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 absence. School includes:

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

Any absence for which there is no notification across any line communication from the parent will be considered an unexcused absence.

Attendance or tardiness becomes a concern if the teacher's responsibility is to report this to the Principal. The Principal then gathers the various reasons for the absence and/or tardiness and presents this to the student's individual support team (IST). The IST then determines strategies and techniques to encourage attendance and promptness or if the reasons fall outside of GLEB's ability, the IST determines the next steps concern the student's placing agency.

5. Grading

For all students addressing standards which result in a standard diploma, or advanced standard diploma or diploma with a formal grading system is used. Students placed in originally 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. Student course transcripts grade work.

Grading Scale: A, B, C, D, F

A 90-100

B 80-89

C 70-79

D 60-69

F 50 and below

Elementary, middle and high school students in the integrated program are not required to receive formal letter grades and instead are graded using a pass/fail or ungraded scale, dependent upon the feedback of their planning ELA Facilitator. In this program it is an IEP team decision and is also endorsed by following a program which is based upon diploma or modified standards from their home state.

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

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

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

6. Make-Up Work

The majority of the students at Gadsden do not work in an institution 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 teacher completes/initials the educational value of make-up work, the reason for absence leading to 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 standard diploma, high frequency of absences impairs the student's ability to earn credits and pass the required end of course exams. In this situation, Gadsden 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 LSA and the IEP team then Gadsden's Principal meets with the student, the teacher, and the student's MDT to develop a make-up plan that can be successfully completed.

7. Homework

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

8. Statewide Testing

Statewide testing decisions are made via 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 IEP, all testing decisions will be made in phone conference with the LIA.

The IEP team also determines the state approved assessment accommodations that will be provided to the student in the areas of timing (including testing, 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 (LEA) decision as to whether or not it wants to conduct the assessments at its own risk. In most cases the assessments are done at district by district staff. The needed assessments, findings for collection of evidence, and other supplementary forms and information are provided by the student's LIA.

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 Georgia's educational staff that in turn provide teacher training and ongoing support in this area.

All assessment administration is based on each LIA's assessment schedule. After all required elements are completed the assessments, educators with the collection of evidence are submitted to the LIA within their predetermined timeframe.

9. Work- Based Learning

During the duration of a student's educational experience and based upon educational program, teachers may participate in career education experiences which include educational assessments, in virtual work experiences, off site work experiences and/or job training. Placement in any type of work experience is based upon the student's career and technical education assessment time along with their associated individual student 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 students.

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

E. Nutrition & Special Diets

FOOD SERVICE

Food service followed, nutritious and appropriate meals and snacks as per a menu developed by a Registered Dietician.

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

F. Medical Care for Inpatient Students

Nursing care is provided for Goshen students by professional nursing staff or the student's own health care provider. All medications must be packaged in a "child proof" distribution format and will be dispensed by nursing staff as per all applicable state and federal guidelines. Written prescriptions for all days and the remaining supply of each medication in the original container, may be given to the parent or care manager of the student. Only trained personnel may administer medications and must document administration on the chart.

While closely monitored both residential and non-residential students, Goshen 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, discussed in nursing guidelines. If the Goshen nurse is immediately available, he/she will make the determination.

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

The nurse manager or nurse will call parents/guardians regarding medications, or any other health related problems or needs. Should a Goshen nurse or external healthcare provider determine that a student is unable to attend school due to illness, he/she will be cared for either residential nursing by direct care staff and assessed periodically by a Goshen nurse or external healthcare provider. Return to school will be determined by the attending medical provider. For additional Virginia Department of Health guidelines (link to <https://www.vdh.virginia.gov/health-services/child-care/child-care-licensing-and-regulation/child-care-licensing-and-regulation-frequently-asked-questions>), please go to <https://www.vdh.virginia.gov/health-services/child-care/child-care-licensing-and-regulation/child-care-licensing-and-regulation-frequently-asked-questions> for more information) and notification of symptoms.

Goshen uses community hospital services. Local nurse experts provide emergency services on site and transportation to the hospital.

Unspecified splint/brace injuries are available at all school sites and all school staff are trained in proper regulation in proper identification of a child's onset and administration of the injury. Specific locations for each site are meticulously nursing, clearly labeled, communicated to staff via written correspondence, and included in annual school training.

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 or confirmed abuse and/or neglect are detailed within the Grafton Policy Manual (attachment ii).

I. Behavioral Supports

1. General Information

Students who receive services through Grafton often display various 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 Barnstable Region is trained in both SBM21 and SBM16. 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 techniques.

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

SBM16 See Attachment (ii) for the Search and Seizure Policy implemented at the Grafton Barnstable Residential Treatment Center

2. Time Out

In accordance with state rights regulations, "time out means isolating an individual to regain emotional control by removing the individual from his immediate environment with/without your location until he is calm or the problem behavior has subsided". The instruction to the individual to move or remain in the alternative location may not take the form of a threat. An individual may not be in time out for more than 15 minutes per episode. Time out must be part of a written behavioral support plan with approval from a school psychologist. During a timeout, an individual may not be placed alone in a location removed from where he is physically prevented from leaving (seclusion).

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

3. Restriction

While receiving shelter services, each individual is entitled to:

- Enjoy all the freedoms of everyday life that are consistent with his need for services, his properties, and the protection of others, and that do not interfere with his services or the services of others.
- Receive services in their setting and under those conditions that are least restrictive of his freedom. Shelter services encourage each individual's participation in normal activities and conditions of everyday living and supports each individual's freedom. Limitations or restrictions on an individual's freedom will involve more than needed to achieve self-respect, health, safety and orderly environment, or otherwise in an emergency. Restrictions will not be imposed on an individual unless the restriction is justified and cannot not according to state rights regulations. A qualified professional team will regularly review every restriction and ensure the restriction is discontinued when the individual achieves the criteria for removal.

4. Physical Restraint

The minimization of physical restraint has been the goal in the Barryville Region for years with a serious reduction being the result. All employees working with clients are trained and certified in them. There is emphasis on de-escalation strategies as well as physical alternatives to restraint. One intervention is to change the situation using clearly defined call-out cues and clearly not employees to another approval system that results in a standing restraint.

Physical restraint will only be used once other alternatives have not been successful and the situation has become emergent. Physical restraint will not be used as punishment, reprimand or for the convenience of staff. Each use of physical restraint must be documented in the client's individual treatment record. If a client requires the use of physical restraint as demonstrated by a clinical picture, emergency use of such procedures must be reviewed in the future behavior log entries. There must be medical and rights review of the plan. The plan may review approval for longer than a one page period. The plan must also include the consent of the client receiving services and/or his guardian/ authorized representative.

5. Seclusion

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

Changes may be performed within the following parameters:

- Changes may not discipline or replace an employee. Changes assigned do not release an individual participant from their standing that others (examples: If an individual makes up the bathroom, he may be required to clean it up but his compliance does not release the housekeeping staff from keeping it clean.)
- Change assignments must be time-limited.
- Changes that benefit an individual staff member must be avoided.
- Changes assigned should be directly related to the infraction.

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

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

The individualized behavioral support plan will:

- Specify the behaviors that may result in the need for restitution;
- Provide means of open the books that will be used for restitution;
- Designate who has the authority to approve the restitution assignment in specific incidents (manager or therapist – someone not directly involved in the incident);
- Specify the maximum amount or total duration of restitution that can be assigned for any one incident.

6. Increased Structure

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

7. Punishments/Actions Prohibited at Grafton

- Deprivation of drinking water or food necessary to meet an individual's daily nutritional needs except as ordered by a licensed physician for a legitimate medical purpose and documented in the individual's record;
- Limitation on contacts and visits with the individual's attorney, a probation officer, regulators or policy agency representative;
- Bars 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;
- Seizure or withholding of incoming or outgoing mail except as permitted by other applicable state and federal regulations; or by order of a court of competent jurisdiction;
- Any action which is humiliating, degrading or abusive;
- Corporal punishment;
- Subjection to unsanitary living conditions;
- Deprivation of opportunities for bathing or access to toilet facilities except as ordered by a licensed physician for a legitimate medical purpose and documented in the individual's record;
- Deprivation of healthcare;
- Deprivation of appropriate nursing and treatment;
- Application of excessive restraint except as permitted pursuant to applicable state regulations;
- Administration of isolation, seclusion, or aversive except as ordered by a licensed physician or police commissioner for a legitimate medical purpose and documented in the individual's record;
- Deprivation of opportunities for sleep or rest except as ordered by a licensed physician for a legitimate medical purpose and documented in the individual's record; and
- Limitation on commercial visits with associates employed by the Department of Behavioral Health, Mental Retardation and Substance Abuse Services or the Department for Rights of Persons with Disabilities.

J. Complaint Resolution

Parents, guardians, teachers staff, and/or individuals receiving services may bring a complaint or concern to the attention of any member of the complaint/resolution team. The person making the problem attempts to resolve it at the time of concern 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/or may be involved in its resolution. The person making the complaint will be contacted within 28 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 suggest help or needed action 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 complaint is not resolved with the internal resolution or process, they may file a complaint with the office of Private Day Schools for Students with Disabilities, Virginia Department of Education, P.O. Box 5120, Richmond, Virginia 23261-0120. Information for other regulatory contacts may be obtained from the case manager.

K. Confidentiality

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

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

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

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

L. Inspection & Review of Records

Each individual receiving Grafton services has a right to view, read and get a copy of his own services record. Others must have their parent or guardian 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 record in what he requests, when and in private conversations if necessary. Grafton, without charge, will give individuals anything 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 record (except). The individual will be notified of this policy 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,

- If the report finds that the service records are incomplete, inaccurate, out-of-date, not timely or not necessary, Grafton will: 1. Either mark that part of the service record clearly, to say so, or also remove that part of the service record and file it separately with an appropriate cross reference to indicate that the information was removed. 2. Not disclose the original service record without separate specific consent or legal authority (e.g., if compelled by subpoena or other court order). 3. Promptly notify in writing all persons who have received the incorrect information that the service record has been corrected their 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 regarding his position. If needed, Grafton will help the individual 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 every 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 tells to the individual (note over the service record) as a result of the individual's request for access, signs and puts in the service record permanently a written statement that he denied access to the service records by the individual at this time could 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 sees a student's file for any reason, with the date and purpose for viewing. 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 policy may affect the students' return.

Griffin Integrated Health Network's student records include the following: Assessment/Screening Report, Current IEP/Plan and record, Transcripts/Grade Cards, Student Self-Reporting/Screening, Diagnostic or Educational Testing, Application, a Parent Rights Form (signed and understanding signature), Correspondence, Physically Certificate (no more than 3 years old), Cultural/Language 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, medical records, School test evaluation, Psycho-educational evaluations, Speech/Reading screening or reports, Physician's Certificate.

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

M. Financial Information

1. General Fees

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

- **Educational Day:** Please refer to the web site for the Office of Comprehensive Services for for its Help Youth and Families which publishes Virginia's Service Fee Directory (<https://www.vahs.org/vahs/parents>). Day fees cover all academic costs including tuition, textbooks, writing and other instructional materials, library resources, program supplies, lunch on each academic day and supervision on those days during school hours. No transportation to and from home is provided.
- **Residential:** Please refer to the web site for the Office of Comprehensive Services for its Help Youth and Families which publishes Virginia's Service Fee Directory (<https://www.vahs.org/vahs/parents>). This covers costs for day students plus room, full board (meals, 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 applied. If a student is unable to receive the required medical treatment or medication due to unpaid bills, Griffin may suspend services until the matter is resolved.

3. Insurance

Please note that Grafton does not provide accident or medical insurance. However, Grafton does provide liability insurance. (Please contact our Finance Office for more information at 603-624-6100, extension 6015)

4. Refund Policy

All charges are provided on a per diem basis, computed from the day of enrollment in the program until either the child does not actually enter Grafton, is withdrawn by the sponsor permanently, or is discharged by Grafton permanently. Any tuition that has been collected that covers any service days beyond those during which the individual was enrolled will be refunded by prior negotiation, negotiated exceptions (including an individual's placement in a specified period during placement elsewhere) that this policy does not indicate any temporary absences following which the sponsor intends the individual to return to school.

N. Discharge

It is the goal of Grafton staff to teach skills in education, creating community living, occupational 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 supports from specialists 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. Whenever there is a discharge from, its purpose is to assist the individual in pursuing individual growth and development. Discharge planning is carried out in consultation with the sponsoring agency and other involved agencies, the individual and his parents/guardians to ensure that the best possible alternative placement is retained. 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 objectives, programming alternatives have been unsuccessful, the individual has reached the maximum age allowed in the current program, or an individual is transitioning to their home community. A minimum of 60 days notice will be given to responsible parties involved regarding a planned discharge.
- **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 other dangers to themselves or others. Notice of such discharges 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 notice.

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 requires the individuals determined by a physician or physician's request to hospitalization in 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 program 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 the 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 placement 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 restricted into services are able to work with 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 ongoing quality improvement efforts.

	<p> 11. Staff persons are always responsible for behavioral intervention. Individuals receiving services may assist in the management of another individual's behavior. </p> <p> 12. Only staff use approved behavior intervention techniques may be used when attempting to assist an individual with gaining behavioral control. </p> <p> 13. The use of restraint/grips should be restricted to that which is absolutely necessary. </p> <p> 14. When staff are afraid of losing their temper, they are responsible for putting another staff person down as threatened, staff should walk away if necessary. Control in front of individuals receiving services is most acceptable. An employee must never touch an individual unless when the employee himself/herself is out of emotional control. </p> <p> 15. If another staff person tells an employee to "take a break," they must do so without question. </p> <p> Investigative Techniques of Incidents/Alarms </p> <p> 16. Because of the importance of legal responsibility for the well-being of individuals with special needs, effectiveness of the investigation and presenting a constructive rather than destructive ruling, the organization reserves the right to suspend an employee during the investigation and/or dismiss an employee under such an allegation without conducting a hearing, if this is not obtainable. Further finding will be included in the LRA Supervisor's summary report of the investigation. </p> <p> 17. An employee may be suspended by an executive manager, director or administrator of the supervisor or on duty manager. The LRA Supervisor may recommend suspension of the employee to any of the individuals listed above. </p> <p> 18. Any employee who commits a major violation will be dismissed, the date of dismissal subject to consideration of the nature of the individual's receiving services and any mitigating behavior on the part of the employee. </p> <p> 19. 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, re-charge violation of job assignment. </p>
<p>Procedures:</p>	<p> Reporting: The reporting procedures are designed to maximize the confidentiality of those persons reporting such incidents. </p> <p> Persons observing any incident as misconduct, abuse or neglect or violating a restriction including the possible mistreatment, abuse or neglect of a staff must immediately contact their LRA Supervisor in person or by phone. If the LRA Supervisor is not available, the staff must immediately contact the on duty or second program manager. Any employee may call LRA directly to make a report of abuse or neglect if they choose. </p> <p> The program manager who receives a complaint will immediately contact the LRA Supervisor and follow the business incident policy and procedures. </p> <p> When there is reason to suspect abuse or neglect as defined in state law and regulations, LRA in the area of the alleged abuse or neglect must be notified within 24 hours. </p>

The local Sheriff/Police may be notified if the local department is notified or reported within 24 hours. The Ipi 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 care of children/private day schools will be reported to the Virginia Department of Education. These notifications are made immediately but no later than 24 hours.

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

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

Investigation

Internal agencies may choose to conduct investigations into an allegation. Grifone will work collaboratively with external agencies during this process. An internal investigation will attempt to conduct following a written report of abuse or neglect allegation. Grifone 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, then they. The employee will receive personal information relative the complaint within 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 harassment. The employee is paid during a period of investigative suspension.

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

During an investigation, the Ipi Supervisor will gather documentation as applicable, including daily narrative notes, various incident notification forms, medical information, telephone call records, work schedules, client files about 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. No pay investigations.

	<p>The IPI Supervisor will determine the date, approximate time of the alleged violation, name of individual(s) involved, and the name of the employee(s) involved (based on information gathered).</p> <p>In the case of suspected sexual abuse, IED typically requires that a physical examination be conducted as soon as possible.</p> <p>In the case of an allegation of physical mistreatment, abuse or neglect, a nurse or designated manager will examine the individual for physical injuries or signs, as soon as possible, and refer the individual for an additional medical examination, as required. Findings of this examination will be documented.</p> <p>Suspected internal documentation will be made available to the IED investigator, the hearing witness 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.</p> <p>Within 10 working days of initiation of an investigation, the IPI Supervisor will provide a written report to the Human Rights advocate for the IED complaint regarding application and to the Director to include whether abuse, neglect, or exploitation occurred, the type of abuse, and whether the act resulted in injury.</p> <p>Abuse through reports are reviewed by different agencies for different purposes. The Virginia Department of Education and Virginia DHR 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 abuse purposes, as well as to update policies and procedures were followed and to recommend changes, as needed to ensure proper treatment of all our individuals. IED investigates to determine specifically if abuse or neglect occurred in accordance with their Department definitions and policies.</p> <p>If sufficient facts reflect evidence of abuse, the employee will be terminated. Disciplinary actions will be dependent on information gathered during the investigation, even if the IED disposition is unfounded. For example, an employee's actions may not meet the IED definition for abuse, but may clearly violate facility 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>
<p>Referral Policy:</p>	<p>IED file various incidents.</p>
<p>Referral Form:</p>	<p>IED</p>

ATTACHMENT C

SEARCH AND SEIZURE

Searchings 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 individual student privacy.

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

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

Locks, storage spaces and personal belongings may be similarly inspected on an individual basis when there are reasonable grounds to believe that they contain illegal drugs, weapons, stolen property, or other contraband provided the search is conducted primarily for the safety of others in the school. Reasonable efforts to insure 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, his or she shall be informed of the search. Items found and items that are specifically prohibited by law, school policy or other regulations may be impounded. The student shall be given a receipt for items of monetary value should they be impounded.

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

ATTACHMENT D

Longwell Residential Treatment Center – Prohibited Property List

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

In addition, LTRC 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 (jackets, coats, shoes) that reflect or promote gang involvement, alcohol or drug use, violence or offensive language

- Explosives 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 kept on hand for employee use.
- Weapons -- any instrument, material or substance, animated or inanimate, that is used for or is readily capable of causing death or serious injury including but not limited to knives, chemicals, martial weapons, joint taps, firearms, bludgeons, golfing clubs, slingshots, pepper or mace spray.
- Sharp objects -- including but not limited to razor blades, metal fingernail files and clippers, metal paper clips, hairpins, tweezers, scissors, mirrors.
- Glass items, including glass bottles (not permitted for clients will be kept in the staff office).
- Tools, including but not limited to hammers, pliers, screwdrivers.
- Rope or extension cords.
- Handcuffed footwear.
- Laser pointers.
- Irons.
- Hair dryers, curling irons, flat irons (will be available for use but kept in staff office).
- Grooming items, including such items as:
- Mirrors, refrigerators, paper napkins or other electrical equipment (available in some areas) (may include nail glue (available in office)).
- Jewelry -- no earring or necklaces. Plastic neckties only with approval by the Client/Treatment Team and documented as such. String friendship bracelets are acceptable unless used in an unsafe manner. No paraflex line bracelets. No body piercing items.
- Electronic items, including but not limited to radios, cassette players, television, MP3 players, other cameras, cell phones, pocket 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).
- Candles or flameless candles.
- Hairpins, neckties, motor bikes.
- Skateboards, scooters, roller skates.
- Money in excess of \$100.
- Plastic disks (except when approved by the Treatment Team).
- Excessive quantities of clothing -- no more than 2 suitcases full.
- Battery operated toys (that can be kept in staff office if determination has an effective sublimation by the Team).
- Medical instruments (that can be kept in staff office).
- Pets -- including fish.
- Batters with wire pins.
- Pens, paper, magnifying glass (may be kept in staff office).
- Audio and/or video recording devices.

ATTACHMENT E

BERRYVILLE EDUCATIONAL OBJECTIVES AND PROGRAM DESCRIPTION

By using a strengths approach, Southern Integrated Health Network – Berryville Region is committed to:

- Educating successful local, state, and/or nontraditional learners in order to support individuals with diverse disabilities, intellectual disabilities, specific learning disabilities, autism, along with health impairments, including speech and language impairments.
- Providing a multidisciplinary continuum of care that will ensure that those we serve achieve maximum independence and the highest level of autonomy.
- 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 includes students being educated under the Virginia Standards of Learning (SOLs). Students that are a part of this program are able to receive a Standard or Advanced Diploma from their home school system. The school programs at Berryville feature grades 1-12th. 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, Art/Health, Library Skills, Computer Science and Music. Berryville also practices an Integrated Program of Studies. This program allows for those students whose IEPs indicate that they cannot meet, in full, the requirements of the Virginia Standards of Learning (SOLs). The students in this program participate in the Virginia Alternate Assessment Program (VAAP) or the alternate assessment program of their placing state. This program is designed for the student who needs a highly specialized learning environment to function with skills. The program of studies will include skill development in communication, daily living, and occupational preparation. Included into the program of studies are the academic areas of English/reading, mathematical, history/social sciences 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 career course includes job exploration, a career and technical education assessment (typically vocational), and job training via an individualized task analysis for each job skill set. Training areas are tracked according to major, secondary and students who participate are paid with employment as a predetermined set of skills sets and work behaviors. These skills experienced are all identified. 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.

ATTACHMENT G

Grafton		Policy and Procedures
State of Policy	Use of Restraint: Residential Treatment Program	
Policy Number	Policy Number: 000	
Policy Manual Section	Restraints	
Policy Status	Revised: Emergency Restraints and Seclusion	
Approved/Reviewed Date	Revised: 01/2020	
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 Department of Medical Assistance Services (policy governing residential treatment).</p>	
	<p>Seclusion: The involuntary confinement of an individual residing services alone, in a room or area from which he/she is physically prevented from leaving.</p>	
	<p>Definition: Physical Restraint: Any method of physically restricting a person's freedom of movement, physical activity or normal movements to their body without the use of analgesics. Briefly holding a client's arm to restrain him or her for the purpose of transferring him or her or holding a resident's hand or arm to safety escort him or her from one area to another is <u>not</u> restraint.</p>	
	<p>Mechanical Restraint: Any device attached or adjacent to a person's body that he or she continuously wears that restricts freedom of movement or normal activities to his or her body.</p>	
	<p>Serious Inconvenience: death of a client, serious physical or psychological injury or visible anthropological harm.</p>	
Policy	<p>The nurse/practitioner will be available in emergency safety situations to assist them to rest or others, when less restrictive interventions have been utilized and determined to be ineffective, until such the emergency safety situation ends. All application of personal restraints must be ordered by a physician, other physician, physician's assistant or nurse practitioner. Medical/nursing staff issues 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 report (and if the 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 inform all incidents of personal restraint with the client, and with his/her supervisor. The treatment team physician is notified as soon as possible and determine if adjustments are needed in the plan of care. Grafton does not use mechanical restraints managing emergency safety situations.</p> <p>Use of seclusion is prohibited in all Grafton programs.</p>	

<p>Procedures:</p>	<p>Conditions of Use</p> <ul style="list-style-type: none"> Restraint can be used only in emergency safety situations to ensure safety of the individual or others. The user'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 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. Restraint can be used only as ordered by a psychiatrist, other physician, physician assistant or advanced practice nurse trained in the use of emergency safety interventions. Restraint must be applied according to the order and only until the emergency safety situation ends. Restraints must not be used simultaneously. Restraint will only be used by trained staff. Initial and ongoing training will include techniques to identify staff and client behaviors, identify environmental factors that may trigger an emergency safety situation, use of the restraint techniques, verbal and nonverbal de-escalation strategies, non-intrusive behavior modification techniques, nonpharmaceutical reorientation, and techniques for use of personal restraint as instructed through the organization's approach/behavior management system. Training emphasis is placed on the use of nonphysical intervention strategies. <p>Order to Use Restraint</p> <ul style="list-style-type: none"> When implementing restraint to manage an emergency safety situation, staff must obtain an order for its use. The order may be obtained after the restraint is initiated or immediately upon completion of the emergency safety situation in those cases that present imminent threat of immediate harm. In most cases it is expected that an order will be requested when behavior begins to escalate, obtained prior to implementing the procedure. The order must be obtained from a psychiatrist, other physician, physician assistant or advanced practice nurse trained in the use of emergency safety interventions. The order may never be written as a standing or PRN order. After consultation with staff, the person giving the order must decide the least restrictive emergency safety intervention most likely to be effective in resolving the emergency situation. The order must then be based on the least restrictive intervention possible. The order must specify the maximum duration of the restraint. The maximum limit is 1 hour for each authorized episode. However, the actual duration must be no longer than required to resolve the emergency safety situation. If the emergency safety situation continues and the need for restraint exists beyond the maximum time allowed for each restraint, the procedure for obtaining a new order must be followed.
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- If the psychiatrist, other physician, physician 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 relay the order when it is given verbally.
- The person giving the order for restraint must be available to staff at least by phone for the duration of the emergency safety intervention.
- The person giving the verbal order must verify the verbal order in a signed written form as soon as possible.

Implementation of Restraint

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

Follow up Procedures

- Immediately after the restraint ends, medical/nursing staff must conduct the client to determine his/her physical and psychological well-being. When an injury occurs as a result of implementing restraint, it must be treated immediately by qualified medical personnel.
- Within 1-8 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.

- Within 101 hours of the restraint and in a separate identifying section, staff without must review the restraint with designated supervisory or administrative staff. In the event 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

- At the time of admission or admission, clients will be informed of facility 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 has minor (father/parent/guardian will also be informed).
- The parent/legal guardian of a client who is sequestered 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 at the facility designed is responsible for making this contact.
- When the person ordering the restraint is not the treatment team physician, he/she must consult the treatment team physician as soon as possible following initiation 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 corporation and individual plan of care.
- Serious circumstances are reported to the regional office of DHS and the regional administrator of the quality assurance department.

Documentation

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

	<ul style="list-style-type: none"> • Written certification of a verbal order within 24 hours • Parents have access to clients' physical and psychological and wellbeing medical nursing staff within the first hour and at immediately after the restraint is terminated • Summary of debriefing meeting between staff and client • Summary of debriefing meeting between staff and supervisor/ administrator • Injuries that occurred during restraint, medical attention obtained, and record of meeting with staff and supervisor/administrator as to how to avoid injuries in the future • Summary of deinstitutionalization factors <ul style="list-style-type: none"> • A record of consultation by the person ordering restraint with the treatment team physician, including date and time of consultation, must be submitted to the client's file. • The manager/ facility, as designated by the chief executive officer, must review and sign off on all uses of restraint after every occurrence. • The documentation of emergency safety intervention form must be placed in the client's record located in the nurse station as soon as possible but not more than two hours after implementation. • The emergency safety intervention monitoring form is completed every 15 minutes during the intervention by staff monitoring the procedure (client name, employee name) and attached to the documentation of emergency safety intervention form for inclusion in the client's file. • Aggregate record of all incidents of emergency safety situations and the use of restraint and outcomes will be maintained and reported to the appropriate licensing agency. • Managers of the quality assurance department will review all aggregate data and identify opportunities for improvement. <p>Complaints:</p> <p>Clients have access to a complaint process if they feel that restraint has been used in an inappropriate or unfair manner. They may address complaints within 60 hours 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. Current information for these individuals is kept posted in the guidelines and documents, and provided to clients and guardians in direct human rights notice.</p>
Reference Policies:	<p>N/A</p> <p>State Human Services Rules: 8.0400, 8.0404, 8.0406, 8.0408, 8.0410</p>
Reference Forms:	<p><u>Emergency safety intervention form</u></p> <p>Documentation of Emergency Safety Intervention</p> <p>Documentation of Emergency Safety Monitoring</p>

	All School Events and School Holidays (School Day)
	Summer School Holidays
	Winter School Holidays (School Day)
	Long Weekend (School Day)



Education Calendar

July 1, 2023 - June 30, 2024

Barryhill-Peyghambari
Residential Treatment Center
130 Grafton Lane
Barryhill, WA 52021
508-663-6660

July 2023 	August 2023 	September 2023 	October 2023 	November 2023 	December 2023
January 2024 	February 2024 	March 2024 	April 2024 	May 2024 	June 2024

Schools return to all 5 days in mid-November and in May.

Schools return to 4 days in mid-June.

Schools return to 5 days in mid-July.