



# Fair Winds

## INTAKE PACKET

Fair Winds  
P.O Box 10, 104 E Fifth Street  
Mineral, Virginia 23117  
PH: 540-894-0930 FAX: 540-894-0932  
[fairwinds1410@aol.com](mailto:fairwinds1410@aol.com)

**INTAKE FACESHEET**

Client's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M F

Ethnicity: \_\_\_\_\_ Religion: \_\_\_\_\_

Date of Placement: \_\_\_\_\_ Placement Location: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Significant Health Conditions: \_\_\_\_\_

Last Address: \_\_\_\_\_

Last School Name: \_\_\_\_\_ Last grade: \_\_\_\_\_

School Address: \_\_\_\_\_

Placing Agency / County: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Social Worker/ Case Manager: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Legal Guardian's Name: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work/Alt: \_\_\_\_\_

Anyone prohibited from contact? \_\_\_\_\_



## TREATMENT RECOMMENDATIONS

Client's Name: \_\_\_\_\_

### Desired Focus of Treatment:

- |   |   |
|---|---|
| <input type="checkbox"/> Excessive Dependency         | <input type="checkbox"/> Manipulative               |
| <input type="checkbox"/> Withdrawal / Isolation       | <input type="checkbox"/> Low Frustration Tolerance  |
| <input type="checkbox"/> Parent / Child Relationships | <input type="checkbox"/> Property Destruction       |
| <input type="checkbox"/> Peer Relationship            | <input type="checkbox"/> Hyperactivity              |
| <input type="checkbox"/> Acceptance of Authority      | <input type="checkbox"/> Anxiety                    |
| <input type="checkbox"/> Sexual Appropriateness       | <input type="checkbox"/> Verbal Aggression          |
| <input type="checkbox"/> Excessive Eating             | <input type="checkbox"/> Assaultiveness             |
| <input type="checkbox"/> Lying                        | <input type="checkbox"/> Depression                 |
| <input type="checkbox"/> Enuresis                     | <input type="checkbox"/> Avoidance                  |
| <input type="checkbox"/> Encopresis                   | <input type="checkbox"/> Stealing                   |
| <input type="checkbox"/> Impulsiveness                | <input type="checkbox"/> Self-destructiveness       |
| <input type="checkbox"/> Poor Academic Achievement    | <input type="checkbox"/> Delayed Social Development |
| <input type="checkbox"/> Poor Self-Esteem             | <input type="checkbox"/> Other _____                |

### Discharge Plan: Place an (x) next to your answer

Parent \_\_\_\_\_ Regular Foster Care \_\_\_\_\_ Specialized Foster Care \_\_\_\_\_  
Relative \_\_\_\_\_ Please specify relationship: \_\_\_\_\_  
Other \_\_\_\_\_ Explain: \_\_\_\_\_

Estimated Length of Stay: \_\_\_\_\_

### Diagnostic History:

Psychiatric Evaluation?	Yes	No	Psychological Evaluation?	Yes	No
<u>Name of Evaluator</u>		<u>Address</u>	<u>Phone</u>		<u>Date of Evaluation</u>
_____		_____	_____		_____
_____		_____	_____		_____
_____		_____	_____		_____
_____		_____	_____		_____

**NEED FOR CARE**

Client's Name: \_\_\_\_\_

**Document Current and Past Community Resources Utilized:** Please check all that apply

- \_\_\_\_\_ Day Treatment Services
  - \_\_\_\_\_ Intensive In Home Services or Other Home Bound Services
  - \_\_\_\_\_ Day School Placement
  - \_\_\_\_\_ 1:1 School Counselor
  - \_\_\_\_\_ Mental Health Support Services
  - \_\_\_\_\_ Other: Please Specify \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Behavior**

Client's strengths and talents:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Client's Interests:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Behavior problems or any significant situations that should be disclosed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NUTRITIONAL & PHYSICAL FUNCTIONING SCREENING**

Client's Name: \_\_\_\_\_

Recent weight changes: \_\_\_\_\_

Reasons for weight changes: \_\_\_\_\_

Current Eating Habits: \_\_\_\_\_

Past eating habits (if significant): \_\_\_\_\_

Eating Preferences (likes and dislikes): \_\_\_\_\_

Known food allergies: \_\_\_\_\_

**Client's Former Physician:**

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

**Client's Former Dentist:**

Dentist's Name: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

**Client's Former Specialists/Additional Physician:**

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

## MEDICAL HISTORY

<b>Condition</b>	<b>Client</b>	<b>Mother</b>	<b>Father</b>	<b>Sibling</b>	<b>Sibling</b>	<b>Sibling</b>
Alcoholism	Y N	Y N	Y N	Y N	Y N	Y N
Allergies	Y N	Y N	Y N	Y N	Y N	Y N
Anemia	Y N	Y N	Y N	Y N	Y N	Y N
Arthritis	Y N	Y N	Y N	Y N	Y N	Y N
Asthma	Y N	Y N	Y N	Y N	Y N	Y N
Cancer	Y N	Y N	Y N	Y N	Y N	Y N
Diabetes	Y N	Y N	Y N	Y N	Y N	Y N
Hearing Problems	Y N	Y N	Y N	Y N	Y N	Y N
Heart Disease	Y N	Y N	Y N	Y N	Y N	Y N
Hemophilia	Y N	Y N	Y N	Y N	Y N	Y N
Hypertension	Y N	Y N	Y N	Y N	Y N	Y N
Kidney Disease	Y N	Y N	Y N	Y N	Y N	Y N
Malformation	Y N	Y N	Y N	Y N	Y N	Y N
Malnutrition	Y N	Y N	Y N	Y N	Y N	Y N
Mental Retardation	Y N	Y N	Y N	Y N	Y N	Y N
Obesity	Y N	Y N	Y N	Y N	Y N	Y N
Sickle Cell Anemia	Y N	Y N	Y N	Y N	Y N	Y N
Substance Abuse	Y N	Y N	Y N	Y N	Y N	Y N
Tuberculosis	Y N	Y N	Y N	Y N	Y N	Y N
Ulcers	Y N	Y N	Y N	Y N	Y N	Y N
Venereal Disease	Y N	Y N	Y N	Y N	Y N	Y N
Vision Problems	Y N	Y N	Y N	Y N	Y N	Y N

List other major health considerations of physical limitations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHOOL HISTORY**

Client's Name: \_\_\_\_\_

**Type of class child attends:** Place an (x) next to all that applies

Regular \_\_\_\_\_ LH \_\_\_\_\_ SED \_\_\_\_\_ Resource \_\_\_\_\_

Other (specify): \_\_\_\_\_

Name and address of last school attended: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Last school attended phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

**Does this child have an active Individualized Education Program (IEP):** Please circle YES NO

Date of last Individualized Education Program (IEP): \_\_\_\_\_

If child was or is in special education, how did he/she meet the criteria?

Math \_\_\_\_\_

Speech \_\_\_\_\_

Class Behavior \_\_\_\_\_

Bus Behavior \_\_\_\_\_

Expressive Language \_\_\_\_\_

Receptive Language \_\_\_\_\_

Written Language \_\_\_\_\_

Cognitive Ability \_\_\_\_\_

When were these problems first diagnosed: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_





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### MEDICAL CONSENT

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Name of Child

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Date of Birth

I hereby authorize and give my consent for medical and dental care to be given to the above named child while he/she is at Fair Winds. Medical and dental care shall include:

1. Routine admission and placement examinations including blood tests, immunizations, and cervical cultures (when indicated).
2. X-ray examination, laboratory examination, medical or surgical diagnosis will be rendered under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or X-ray examination, laboratory examination, anesthetic, dental or surgical diagnosis or the treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

It is understood by me that in case of serious illness or accident, a reasonable effort to contact me (or my spouse if I am the child's parent) will be made before medical or dental care is commenced, if time and conditions permit. However, in case Fair Winds cannot, with reasonable diligence, locate me or in case of immediate emergency, I hereby authorize and appoint as my attorney-in-fact, Fair Winds to arrange for and to consent to such medical and dental care as may be recommended by a licensed physician or a dentist.

The above named child is: \_\_\_\_\_ My Son \_\_\_\_\_ My Daughter \_\_\_\_\_ A minor in my legal custody

List any known allergies or reactions to medications:

---

I further authorize any doctor, hospital to release Fair Winds all information and records in their possession concerning all medical, dental or psychiatric care treatment and examination rendered to the above named minor, who is a resident of Fair Winds or any home operated by this agency.

Additionally, as parent or guardian of the above named child, I authorize him/her to receive the following services while residing at Fair Winds: psychiatric, psychological, therapeutic, and recreational.

This authorization is valid from the time of admission. \_\_\_\_\_  
(Date of Admission)

---

Signature of parent or guardian

Print Name

Date Signed

---

Address

City/State, Zip

Telephone #

---

Signature of witness

Address of witness

City/State, Zip

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### INTAKE CONSENT TO CONTINUE MEDICATION TREATMENT

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Legal Custody: \_\_\_\_\_ DOP: \_\_\_\_\_

I consent to further use of the following medication(s):

Name & Dosage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To be taken by \_\_\_\_\_ upon being admitted to Fair Winds  
Name of Child

**Parent:** I have / have not been informed of the potential risks/side effects/and benefits of these medications per the current prescribing physician.

I have / have not received a copy of the Risk / Benefit Medication sheets on the above medications.

I do / do not request a conference with the Fair Winds psychiatrist.

\_\_\_\_\_  
Parent Signature Print Name Date

**Legal Guardian:** I have / have not been informed of the potential risks/side effects/and benefit of these medications per the current prescribing physician.

I have / have not received a copy of the Risk / Benefit Medication Sheets on the above medications.

I do / do not request a conference with the Fair Winds psychiatrist.

\_\_\_\_\_  
Legal Guardian Signature Print Name Date

Comments: \_\_\_\_\_

\_\_\_\_\_  
Fair Winds Representative Date

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**AUTHORIZATION FOR THE USE OR DISCLOSE OF  
PROTECTED HEALTH INFORMATION**

\_\_\_\_\_  
**Resident Name**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Date of Admission**

**I hereby freely and voluntarily authorize Fair Winds to:**

- Release/disclose records of my health information to:
- Obtain records of my health information from:

\_\_\_\_\_  
**Individual, Facility, Organization**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City, State**

\_\_\_\_\_  
**Zip**

**The purpose for this disclosure is:**

- To assist in funding
- To assist in treatment planning
- To keep the above informed of resident's progress
- To assist in educational placement
- To coordinate discharge planning/placement
- Other (specify) \_\_\_\_\_

**This information to be released/ obtained includes:**

- Discharge Summary
- Lab, X-Rays, EEG, EKG
- Psychological Testing
- Educational Assessments/ Testing/ Evaluations and Records
- Treatment Plans
- History and Physical
- Immunization Record
- Psychiatric Evaluation
- Verbal exchange of information
- Substance Abuse Treatment
- Other (specify) \_\_\_\_\_

As the person signing this consent, I understand that I am giving my permission to the above named provider or other named third party for disclosure of confidential health care records. I also understand that I have the right to revoke this consent, but my revocation is not effective until delivered in writing to the person who is in possession of my records. A copy of this consent and notation concerning the persons or agencies to which disclosure was made shall be included with my original records. The person who receives the records to which this consent pertains may not rediscover them to anyone else without my separate written consent unless such recent is a provider who makes a disclosure permitted by law. **This consent expires on (date: month/day/year) \_\_\_\_\_.**

\_\_\_\_\_  
**Parent/ Guardian Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

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**Fair Winds Residential Schools  
School District Notification**

To: \_\_\_\_\_ County/City of: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

The purpose of this form is to notify you that the above mentioned student is enrolled at Fair Winds Residential School. If you have any questions regarding this notification and actions that must be undertaken, please contact \_\_\_\_\_, Director of Education directly at \_\_\_\_\_.

**Action Required:**

The following information is what we currently have on file.

Triennial needs to be rescheduled: \_\_\_\_\_ Current date on file: \_\_\_\_\_

Individualized Education Program needs to be scheduled: \_\_\_\_\_ Current date on file: \_\_\_\_\_

We are also requesting the child's state ID number and copies of the following be faxed to \_\_\_\_\_ at \_\_\_\_\_ as soon as possible.

- Educational Evaluations
- Psychological Evaluation
- Psychiatric Evaluations
- Social History
- Report Cards
- Immunizations
- Summary of Eligibility minutes
- Admission/Discharge summary
- Recommendations for future placements
- Individualized Education Program's (IEPs)
- Transcripts
- Neuropsychological
- Discipline Records

This notification places Fair Winds in compliance with the requirements as stated by the Commonwealth of Virginia, Department of Education.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

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**CHILD PLACEMENT AGREEMENT**

**Child Placed by Placing Agency in Fair Winds Treatment Center**

Name of Child		Parent's Name	
Birthdate of Child	Date Placed	Street	
Person or Agency holding custody at time of placement:		City, State, Zip Code	

Anticipated duration of placement is \_\_\_\_\_ months. Current Medical Insurance is \_\_\_\_\_.  
The Placing Agency will pay \$\_\_\_\_\_ per \_\_\_\_\_ for room and board, clothing, personal needs, recreation, transportation, incidentals, supervision, and social services. First payment is to be made within 45 days after placement with subsequent payments to be made monthly. If additional amounts are to be paid, the reason amount and conditions shall be set forth here:

Special Problems:  Yes  No If yes, explain: \_\_\_\_\_

**Placing Agency Agrees To**

1. Provide Fair Winds with knowledge of the background and needs of the child necessary for the effective care. This shall include a social work assessment, medical reports, educational assessment, psychological and psychiatric evaluation, and identification of special needs when necessary. This shall be made available to Fair Winds prior to placement.
2. Work with Fair Winds toward development of a treatment plan.
3. Work toward termination of child's placement with Fair Winds staff.
4. Continue paying for this child's care as long as eligible and Fair Winds maintains child on an active status or until the agency requests that placement be terminated.
5. Assist in the maintenance of this child's relationships with parents and other family members and to involve parents in future planning for this child.
6. Contact this child in the group home at least once a month. If case plan would indicate less frequent contact, Fair Winds will be informed.
7. Inform Fair Winds if child has any tendencies toward dangerous behavior.
8. Provide a Medicaid card or other medical coverage at the time of placement.
9. Provide authorization for medical treatment, signed by this child's parents or legal guardian.
10. Provide a clothing allowance as permitted to meet initial clothing needs.
11. Provide assistance with emergencies. Telephone number for after-hours or weekends is: \_\_\_\_\_.
12. Provide complete educational history including (as applicable): educational evaluations, psychological evaluations, psychiatric evaluations, social histories, report cards, immunizations, summary of eligibility minutes, a current Individualized Education Program (IEP), transcripts and neuro-psychological.

**Fair Winds Agrees To**

1. Provide this child with the nurture, care, clothing, treatment and training suited to his needs.
2. Follow admission requirements related to medical screening, physical examination, medical testing and immunization.
3. Develop an understanding of the responsibilities, objectives and requirements of the agency in regard to the care of this child and work with the agency in planning for this child.
4. Encourage the maintenance of the natural parent-child relationship and include the child's parents in the treatment plan when possible.
5. Not use corporal punishment, punishment before the group, deprivation of meals, monetary allowances, visits from parents, home visits, threat of removal or any type of degrading or humiliating punishment and to use constructive alternative methods of discipline.
6. Respect and keep confidential information given about the child and his family.
7. Work toward termination of placement on a planned basis with maximum involvement of the child, parents and the agency.
8. Conduct a staffing or review on this child at least quarterly.
9. Submit an initial diagnostic summary to the agency within three (3) months from the date of placement.
10. Submit ongoing written evaluations to the agency quarterly.
11. Immediately notify agency of significant changes in this child's health, behavior, or location.
12. Submit copies of any pertinent information such as school reports, medical reports and psychological/psychiatric reports as completed.
13. Give agency prior notice of at least 7 days notice of intent to discharge this child unless it is agreed upon with the agency that less notice is necessary.
14. Conform to the licensing/certification requirements.
15. Provide state and federal agencies access to documentation when documentation is maintained on children in their care.
16. Notify the agency immediately if an application is made on behalf of this child for any kind of income. Examples of income include, but are not limited to child support payments, Veterans Benefits, Social Security, RSHDI, and Supplemental Security Income/State Supplemental Program (SSI/SSP).
17. Remit to Placing Agency any income received on behalf of this child while in foster care up to the full cost of board and care plus medical cost. In addition, I will cooperate to have the Social Security Administration, or the appropriate agency, make the Department of Social Services the payee for any funds received on behalf of this child.
18. Provide licensed residential educational services that meet the needed of the child as outlined on his or her Individualized Education Program (IEP).

**By signing this Placement Agreement I am authorizing placement, consent for all medical and other treatment of this client. I understand that the client's placement may be terminated if the client is absent from Fair Winds for 3 consecutive days unless prior approval or arrangements have been made.**

I have read the foregoing and agree to conform to these requirements. The terms of this agreement shall remain in force until changed by mutual agreement of both parties or this child is removed from Fair Winds.

<b>Signature of Child Placement Worker</b>		<b>Signature of Authorized Fair Winds Representative</b>	
<b>Title</b>	<b>Name of Placing Agency</b>	<b>Title</b>	<b>Name of Agency Providing Residence: Fair Winds</b>
<b>Address</b>		<b>Address</b> 104 E. Fifth Street P.O. Box 10 Mineral, VA 23117	
<b>Phone Number</b>	<b>Date</b>	<b>Phone Number</b> 540-894-0930	<b>Date</b>

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This form shall be given, read, and explained (whichever is necessary) to each child, and his/her social worker, parents and anyone else as prescribed by law. The recipient shall sign the form declaring receipt and understanding.

### **RIGHTS OF RESIDENTS**

Each person who receives services from Fair Winds shall be assured of his/her legal rights and care consistent with basic human dignity insofar as it is within the reasonable capabilities and limitations of Fair Winds and is consistent with sound therapeutic treatment. Each person admitted to Fair Winds shall:

1. Retain his/her legal rights as provided by state and federal law;
2. Receive prompt evaluation and treatment or training about which he/she is informed in so far as he/she is capable of understanding;
3. Be treated with dignity as a human being and be free from abuse;
4. Not be the subject of experimental or investigational research without his/her prior written and informed consent or that of his/her legally authorized representative;
5. Be afforded an opportunity to have access to consultation with a private physician at his/her own expense, and, in the case of hazardous treatment or irreversible surgical procedures, have, upon request, an impartial review prior to implementation, except in case of emergency procedures required for the preservation of his/her health;
6. Be treated under the least restrictive conditions consistent with his/her condition and not be subjected to unnecessary physical restraint and isolation;
7. Use his/her preferred name;
8. Have access to his/her medical and mental records and be assured of the confidentiality but, notwithstanding other provision of law, such right shall be limited to access consistent with his/her condition and sound therapeutic treatment;
9. Have the right to an impartial review of violations of the rights assured under this section and the right of access to legal counsel.
10. To be accorded safe, healthful, and comfortable accommodations, furnishings and equipment to meet his/her needs;
11. To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with the daily living functions, including eating, sleeping, or toileting, or withholding of shelter, clothing, medication or aids to physical functioning.
12. To be informed and to have the authorized representative informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the licensing agency's complaint receiving unit, and of information regarding confidentiality;
13. To be free to attend religious services or activities of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis;
14. To leave or depart the facility at any time, except for house rules for the protection of clients or for minors and others for whom legal authority has been established;
15. Not to be put in any room, building, or facility premises by day or night where he/she cannot readily open the door;
16. Not to be placed in restraining devices;

17. To visit the facility with his/her relatives or authorized representative prior to admission;
18. To have his/her relatives or authorized representative regularly informed by Fair Winds of activities related to care and supervision including but not limited to modifications to needs and services plan;
19. To have communications to Fair Winds from his/her relatives or authorized representative answered promptly and completely;
20. To have visitors, including advocacy representatives, visit privately during waking hours provided such visitations do not infringe upon the rights of other clients, unless prohibited by court order or the authorized representative;
21. To wear his or her own clothes, to possess and control his/her own cash resources, to possess and use his/her own personal items, including his/her own toilet articles;
22. To be able to display personal items where appropriate; i.e., living space
23. To have access to individual storage space for his/her private use;
24. To participate in treatment planning at age and developmental level.
25. To have access to telephones, to make and receive confidential calls, provided such calls do not infringe on the rights of other clients and do not restrict availability of telephone in emergencies;
26. To mail and receive unopened correspondence unless prohibited by court order or by the authorized representative and for children to have ready access to letter writing materials and stamps;
27. To receive assistance in exercising the right to vote;
28. To move from Fair Winds in accordance with the terms of the admission agreement.

**I, the undersigned, have read, or had read to me, understand, and have received a copy of the Rights of Residents.**

If you think your rights have been violated, you may contact your Human Rights Advocate below for assistance.

For clients residing at Fair Winds in Bumpass, VA, contact:  
 Cassie Purtlebaugh, Human Rights Advocate  
 Phone: 1-877-600-7437  
 Fax: 540-332-8314  
[cassie.purtlebaugh@ddhds.virginia.gov](mailto:cassie.purtlebaugh@ddhds.virginia.gov)

\_\_\_\_\_  
 Client's Signature

\_\_\_\_\_  
 Client's Name Print

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Parent/Guardian Name Print

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Witness Signature

\_\_\_\_\_  
 Witness Name Print

\_\_\_\_\_  
 Date



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**CLIENT RECEIPT OF INFORMATION ACKNOWLEDGMENT POLICY**

It is the policy of Fair Winds that clients shall provide signed acknowledgment that they have received specified information. The specified information shall be:

***SIGNATURE VERIFYING RECEIPT***

Description of Population Served	_____
Description of Services Offered	_____
Completion of Program & Discharge Policy	_____
Transportation Policy	_____
Visitation Policy	_____
Absences Policy	_____
Religion Policy	_____
Behavior Management Policy	_____
Allowances Policy	_____
Educational Rights	_____
Fair Winds Phone Numbers	_____
Parent Handbook	_____

\_\_\_\_\_  
Print Parent/ Guardian Name

\_\_\_\_\_  
Print Staff Witness Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Staff Witness Signature

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**CERTIFICATION OF NEED FOR ADMISSION  
TO  
RESIDENTIAL PSYCHIATRIC TREATMENT**

1. Ambulatory/outpatient care does not meet the specific treatment needs of recipient:

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2. Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician.

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3. The services can reasonably be expected to improve the recipient's condition or prevent further regression so that the services will no longer be needed.

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For children who are Medicaid recipients, this form must be completed and signed by the local CSA interdisciplinary team or FAPT and signed by a physician member of the Team. The physician cannot be employed by the facility to which the child will be admitted and cannot be a psychiatrist treating the child as an outpatient.

Team signatures: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fair Winds  
P.O. Box 10, 104 E. Fifth Street  
Mineral, Virginia 23117  
PH: 540-894-0930 FAX: 540-894-0932  
[fairwinds1410@aol.com](mailto:fairwinds1410@aol.com)

**Residential Treatment  
Reimbursement Rate Certification**

Name of child: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_

Child Placing Agency: **Ed Murphy & Associates  
DBA: Fair Winds  
P.O. Box 10  
104 E. Fifth Street  
Mineral, VA 23117**

Community Policy & Management Team: \_\_\_\_\_

County/City: \_\_\_\_\_

Address: \_\_\_\_\_

I certify that the following rate of \$\_\_\_\_\_ per day has been negotiated for Medicaid reimbursable Residential Treatment Case Management for the above named child being admitted to Residential Treatment under the care of the above named placing Agency. This rate shall be effective for date of service beginning on \_\_\_\_\_.

CPMT of Designee Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Child is Title IV-E Eligible                      Yes \_\_\_\_\_                      No \_\_\_\_\_

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### MEDICAL AND DENTAL EXPENSES

Fair Winds' fees for services DO NOT include coverage of medical and dental needs. However, because we see the health of the child as vital to all treatment, we have physicians and dentists we take the children to who are MEDICAID providers.

It has come to our attention that some of the children have MEDICAID coverage through an HMO. Some of these HMOs require notification from the guardian to change the Primary Physician or to approve another provider.

We are requesting that prior to admission, the person(s) holding custody of the child contact the insurance carrier to ensure that necessary information has been provided to them (i.e., change of residence for the child) so that we might utilize our providers for services. If this is not done prior to placement, then the custodian of the child is assuming financial responsibility for regular medical and dental expenses that are not covered by the child's insurance. For regular medical and dental appointments, the guardian will be made aware of the necessary appointment and have the option of transporting the child to a known provider or electing Fair Winds to transport the child and being responsible for the expense not covered by insurance.

**I have read the above and agree to contact the insurance carrier to ensure the necessary changes are made as my child is now placed at Fair Winds. I agree to pay for emergency medical/dental expenses not covered by insurance and any payments that my insurance does not cover if I opt for Fair Winds to handle routine medical/dental coverage.**

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Cell Number

\_\_\_\_\_  
Work Number

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

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**PHYSICAL RESTRAINT PROCEDURE (Revised 3/20/02)**

1. Definition: A **Physical Restraint** is defined by CMS (formerly HCFA) as " the application of physical force by one or more individuals that reduces or restricts the ability of an individual to move his or her arms, legs, or head freely. This does not include the temporary holding of an individual to assist him or her to participate in daily living activities." This also does not include a **physical escort** which is defined as the "temporary touching or holding of the hand, wrist, arm, shoulder, or back for the purpose of inducing an individual who is acting out to walk to a safe location."
2. A Physical Restraint may be used "only in emergency circumstances and only to ensure the immediate physical safety of the individual or others when no other less restrictive intervention has been, or is likely to be, effective."

**Procedure for when a Physical Restraint is necessary: (emergency situation only)**

1. An order for the restraint must be issued by a physician, physician or nurse practitioner (immediately prior to, during, or immediately following the restraint).
2. If the physician is on-grounds, the physician must be contacted immediately to issue the order. If the physician is not on grounds, the nurse (LPN or RN) will need to contact the physician to receive a verbal order.
3. Within one hour of the Physical Restraint ending the client will be assessed by the nurse on duty (RN). They will check vital signs, and assess the client's physical and emotional condition. This information will be documented on the restraint form.
4. Within 24 hours the staff involved, the client, and the supervisor or person on ground (POG) will be involved in a "debriefing" which will include a discussion about the need for the physical restraint and possible alternative interventions which may be used in the future.
5. If the restraint goes beyond the time authorized by the person issuing the order, that person will be notified for further authorization and instructions.
6. The results of the above procedure will be documented on a separate **Physical Restraint Form**, signed by the person issuing the order, reviewed by the administrator, and placed in the child's permanent record.
7. The child's parent or guardian must be notified when a restraint occurs, unless a signed document is on file that indicates that they do NOT wish to be notified after each incident. In this case, this information would be supplied in the monthly report.

**I have read and understand Fair Winds' policy regarding physical restraints.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**I do NOT wish to be contacted after each individual incident. However, I would like to receive this information in each monthly report.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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### Intake Screening Report

1. Immunization Record Received and current with all required vaccinations.

\_\_\_\_\_ (Signature of RN or MD)

*Child may not be admitted until all immunizations are current and we have verification in writing in the clients file.*

2. Considering the age and level of aggression displayed by prospective client, placement would be best placed at: please (x) appropriate location

\_\_\_\_\_ Dusty Road Location                      \_\_\_\_\_ Horseshoe Bend Location

Please (x) the statement that applies

\_\_\_\_\_ Referral only appropriate with the following supports in place prior to placement.

\_\_\_\_\_ Referral is not appropriate for placement due to the following reasons: \_\_\_\_\_  
\_\_\_\_\_

2. Due to the level of sexualized behavior the client would be best suited for placement at: Please (x) the appropriate location

\_\_\_\_\_ Dusty Road Location                      \_\_\_\_\_ Horseshoe Bend Location

\_\_\_\_\_ Referral is not appropriate for placement due to documented incidents of sexualized behavior

Recommendations: \_\_\_\_\_

After reviewing the above information the child is deemed **appropriate** or **not appropriate** for placement at Fair Winds. (Please circle)

\_\_\_\_\_  
Psychiatrist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fair Winds Social Worker                      Date

\_\_\_\_\_

\_\_\_\_\_  
Fair Winds Nurse                                      Date

\_\_\_\_\_

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Unfortunately, bed bugs are on a rise in the United States and have reached epidemic proportions. With this health concern rapidly increasing, Fair Winds has created procedures in efforts to prevent the spread of bed bugs to our facilities. Bed bugs are more likely to be found in buildings where many occupants sleep or where there is frequent turnover, such as hospitals, shelters, residential facilities and homes, etc. Bed bugs enter a home through many possible ways, such as hitching a ride on your luggage, electronics; clothing or other belongings after you have stayed somewhere else, or traveled where bed bugs are present, including on public transportation. We want our clients, parents/ guardians, families, and social workers not to be offended by our procedures, but to be assured that every client's belongings will be treated to protect everyone from bed bugs. Our procedures will take place at admission and after any overnight visit. Our procedures are stated below.

1. We will launder and use the dryer on client's belongings. Heat is one of the most effective bed bug killers. The clothing that clients bring to our facility will be laundered, while clothing that client's currently have on will be placed in the dryer. The client's current clothing will be tumbled on high for 30 minutes. We will have clean clothing available for client during this process.
2. Initially client's belongings will be stored in sealed plastic containers or large plastic bags to keep bed bugs from moving between one person's belongings to another. Within 24 hours, belongings will be removed from the storage and returned to client. During the 24 hours, staff will ensure all items are clean and not infested. Actions that will be taken are examining belongings, cleaning toys and drying stuffed animals. If staff observes items that they believe are infested, those items will be treated immediately. The treatment process will be done outside and away from the residents reach. After treatment, the items will be cleaned and returned.
3. Staff will vacuum off all luggage and items that cannot be washed. Other items that cannot be placed in a machine will be hand washed in hot, soapy water. A brush will be used to scrub items, especially where bugs and eggs may be hiding in the seams and folds.

Please sign below to acknowledge that you were informed and understood the procedures that will take place at admission and after overnight visits to prevent the spread of bed bugs.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



# Fair Winds

## Parent Handbook



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## **ADMISSION CRITERIA POLICY**

It is the policy of Fair Winds to accept for admission any child from the ages 5 to 12 who has been neglected or abused or those defined as high risk due to school failure, the inability of the guardian to meet the child's needs, or involvement in the juvenile court system. Those accepted for admission must also suffer from any combination of the following disorders and disturbances.

There shall not be more than 5 years difference between the ages of children sharing the same bedroom. Any time there will be an age difference of more than 5 years between children sharing the same residence a discussion by the entire clinical team shall be held in order to determine to determine the appropriateness of such a placement.

### **1. Severe individual intrapsychic disorders (mental, emotional, and behavioral)**

- a) Disturbances of object relations, capacity for attachment, and basic trust.
- b) Imbalances in response to age-appropriate need gratifications and realistic limitations.
- c) Failures in the development of maturational adequate reality testing.
- d) Unrealistic self-concepts and self-image.
- e) Disruptions in the integration of active, passive, aggressive, and libidinal impulse-control patterns.
- f) Inappropriate affective responses.
- g) Disorganization and confusion of symbolic and formal thought processes.
- h) Difficulties in the sequential development, organization, and utilization of informal and formal learning capacities.
- i) Neurological and other organic or psycho-physiological impairments and complications with primary manifestations in the behavioral or emotional area.

### **2. Serious developmental disturbances**

- a) Failure to achieve progressive psychomotor development and mastery of psychobiological functioning, or pronounced fixation or regressions, for example, motor, speech, cognitive, social, psychosexual.
- b) Developmental deviations likely to produce severe future impairments.
- c) Acute situational crisis related to a developmental stage with inadequate, inappropriate, or

ineffective support for remediation.

- d) Failure of necessary self-sustaining initiative, motivation, and adaptive capabilities.
- e) Behavioral patterns with destructive psychological, physical or social consequences, for example, chemical addiction, lack of self-protective responses, excessive risk-taking and social isolation or conflict.
- f) Impaired or inappropriate anticipatory responses.

### **3. Significant disturbances in environmental relationships**

- a) Severe disruptions of relationships within the family or with significant others.
- b) Pathological relationships, which cause the internalization of inappropriate models.
- c) Persistent maladjustment of peer and other social relationships.
- d) Environmental disturbances in family, peers, or other influencing systems, which interfere with learning and social development.
- e) Maladaptive or unrealistic development of social behavior.
- f) Overwhelming or seriously traumatizing environmental conditions or events.

### **4. Exclusionary Criteria**

- a) Children with measured IQ below 70 unless a licensed professional believes the child has the ability to score 70 or higher.
- b) Children who need 24 hour RN or LPN assisted medical care.
- c) Children who are actively suicidal or homicidal.
- d) Children over the age of 10.5 or under the age of 5 at time of admission.
- e) Children who do not want to be here.

## **INTAKE POLICIES & PROCEDURES**

### **I. Initial Screening**

1. The Executive Director and Clinical Director have the responsibility of making the decision to admit the child for placement, including time, date, program, and/or group home. However, he/she will solicit feedback from group home team members to the extent that this is possible. If he/she has concerns about the appropriateness, he/she will consult with the social services supervisor, and/or the program director.
2. Screen possible candidates. This can be done by phone with the placing social worker. Fair Winds Initial Referral Sheet should be used. This form is then submitted to the Utilization Review Team along with the Utilization Review Plan/Preadmission Review Residential Group Home Sheet for discussion.

3. If referral appears to fit Fair Winds criteria then send the following material to the referring social worker:

- A) Description of Population Served
- B) Description of Services Offered
- C) Absences Policy
- D) Religion Policy
- E) Allowance Policy
- F) Completion of Program and Discharge Policy
- G) Visitation Policy
- H) Transportation Policy
- I) Behavior Management Policy
- J) Placement Agreement
- K) Rate Reimbursement Certification
- L) Certification of Need Sheet
- M) Medicaid Residential Requirements
- N) Intake Medical Checklist
- O) Exchange of Information Form
- P) Exposure/Infection Control Policy
- Q) Admission Consent
- R) Medical/Dental Expenses
- S) Intake Facesheet
- T) Consent for Medication Treatment
- U) Statement of Dangerous Behaviors
- V) Art Therapy Release
- W) Emergency Information Sheet
- X) Placement History
- Y) Placement Information Form
- Z) Need for Care
- AA) Treatment Recommendations
- BB) School History
- CC) Family Information
- DD) Medical/Health History Form
- EE) Drug History
- FF) Nutritional & Physical Functioning Screening
- GG) Treatment Information Form
- HH) Request for Student Records
- II) Prior Notice Consent
- JJ) School Entrance Health Form
- KK) Physical Restraint Procedure
- LL) Rights of Residents

5. In addition to sending and requesting the information in above the Client/Medical Records Department will need the following:

- A) Child's Birth Certificate
- B) CANS – must have on day of admission
- C) Child's Social Security Card
- D) Child's Medicaid Card

- E) Child's Immunization Records (immunizations must be up-to-date and legible)
- F) Child's Current Individualized Education Program (IEP)
- G) Copy of Last Dental Exam
- H) Copy of Last Physical Exam
- I) Date and Results of Last TB Screening
- J) Copy of Child's most recent Psychological Evaluation
- K) Copy of Child's most recent Psychiatric Evaluation
- L) If on prescription medication, we will need a 3-day supply accompanied by written prescriptions for 30 days
- M) Court documents (Removal Order, Foster Care Service Plan, etc.)
- N) Information regarding billing procedure:
  - Agency to be billed
  - Agency address
  - Contact for billing
  - Telephone number
  - Purchase of Service Order
  - Client ID number
- O) FAPT assessment and approval (for Medicaid clients only)

In general the Clinical Director will make a reasonable effort to get as much information on the child and family as possible from: Placing Social Worker, past school, current placement, past therapist, parents, relatives, etc. Information the worker will attempt to get will include psychological functioning, family history and relationships, social/developmental history, current behavioral functioning and social competence, current emotional status, educational/vocational schools, medical history, including past or present significant medical problems and use of psychotropic or anti-convulsing medication, and history of previous treatment for mental health, mental retardation, substance abuse and behavior problems.

- 6. When the information is obtained it is given to group home social worker for review.
- 7. Schedule pre-placement visit.

## **II. PREPLACEMENT VISIT**

- 1. Get any forms or information from the Social Worker that are still needed.
- 2. Call ahead to group home to notify of visit.
- 3. Give tour and interview child.
- 4. Collect as much information as possible.
- 5. Question child on goals he/she would like to focus on while in treatment. Question attending family and/or placing worker for further input.
- 6. Complete Intake Procedures and Verification Sheet.

### **III. BEFORE PLACEMENT**

1. Attend treatment team meeting and present child's case.
2. Develop placement information sheet and distribute to required parties.
3. Develop problem behavior list and distribute to necessary parties.
4. Review any medical information.

### **IV. DAY OF PLACEMENT**

1. Remind group home of time of admission.
2. Call ahead to school to remind of admission and confirm school placement.
3. Fill out placement agreement and go over packet with placing social worker. Make SURE all consents are signed, Individualized Education Program (IEP) is valid, birth certificate is valid, Medicaid card is valid, and immunization records are current. Inform child, worker, parent, etc., of allowance and visitation policies.
4. Med Certified staff will take possession of medications and review medical needs with parent or placing worker.
5. Take child to group home. Complete family social history and child's developmental history if parents are present.
6. Group home staff will help child get situated, answer any questions for the child to help relieve feelings of tension and stress and build trust. Throughout the day the child will be introduced to the other children and staff and be informed about the details of the program.
7. Clothing and Personal Items Inventory to be taken by Child Care Counselors.
8. Nurse will complete initial health assessment.
9. Develop Initial Plan of Care and have Psychiatrist sign on day of admission. Distribute to necessary parties.

### **V. POST PLACEMENT**

1. Develop Comprehensive Individual Plan of Care (CIPOC) within 14 days of admission.

### **SERVICES OFFERED POLICY**

The following services are offered to children in residence at Fair Winds on an as needed basis:

1. Psychiatric evaluation, diagnosis and medication management.

2. Psychological evaluation and diagnosis.
3. Medical evaluation and diagnosis.
4. Individual therapy.
5. Group therapy.
6. Family therapy
7. Parent Training program
8. Speech, Physical, and Occupational assessment and therapy as needed.
9. Acute crisis intervention.
10. Substance abuse education.
11. Short to long term intensive care and treatment through the milieu.
  - a) Developmental skills program.
  - b) Daily living skills program.
  - c) Behavioral program.
  - d) On-grounds recreation program (including horseback riding)
  - e) Community integration through recreation.
  - f) Religious services upon request.

### **NOTIFICATION OF ABSENCES FROM FAIR WINDS POLICY**

It is the policy of Fair Winds to notify and receive authorization from the party having legal responsibility of any absences from Fair Winds that will take the child away from the facility overnight or longer. The Fair Winds representative who will notify and obtain authorization is the group home social worker.

### **RELIGIOUS SERVICES POLICY**

It is the policy of Fair Winds that efforts will be made to identify each child's religious faith. Fair Winds offers non-denominational religious services off-site.

### **ALLOWANCE POLICY**

It is the policy of Fair Winds that all children shall receive a weekly allowance. Each child in the program will receive 5-10 dollars per week. They generally will be allowed to spend their allowance as they see fit provided it does not run contrary to their treatment plan.

### **CRITERIA FOR COMPLETION OF PROGRAM POLICY**

A target discharge date with planned goals and objectives based on professional expertise shall be set at Intake. This date is subject to modification based on the input of Fair Winds, placing worker, parents, and child.

It is the policy of Fair Winds that the criteria for completion of the program will be decided individually on a case by case basis. The general requirement is that the problems leading to the placement have been remediated to the point the child can function in a lesser restrictive environment.

### **CRITERIA FOR DISCHARGE BEFORE COMPLETION OF PROGRAM POLICY**

Conditions under which a resident may be discharged before completing the program shall include the following:

1. By order of the juvenile court. (Requires documentation/copy of order)
2. By order of the placing social worker. Written request or order from Department of Social Services (DSS)
3. By mutual agreement between the child's county social worker and Fair Winds that the child is no longer benefiting from the program.
4. For the child to exhibit any behavior that is a seriously harmful threat to the safety and well being of himself/herself or others, (e.g., serious attempt at suicide or homicide, setting the group home or surroundings on fire, rape or molest of another child).

## **VISITATION POLICY**

It is the policy of Fair Winds that the contact person at Fair Winds for visitation is the group home social worker. All questions and concerns about visitation should be directed to him/her. The group home social worker is generally available from 8:30 a.m. to 5:00 p.m., Monday through Friday.

The group home social worker will obtain a written list from the county social worker stating who has permission to visit. Visits will only be granted to those on the list. Additions or deletions can only be made by the county social worker.

All visitations must be scheduled in advance with the group home social worker. Visits must be scheduled by Wednesday at noon in order to be arranged. Visits may be limited in time and frequency according to the child's treatment plan. Depending on the service plan for the child, a child care staff may be with the visitor during the visit to observe the interaction and also to provide support if necessary. All decisions regarding monitored, unmonitored, off-grounds and overnight visitation is determined by the county social worker with input from the treatment team

## **INSTRUCTIONS FOR POTENTIAL VISITORS**

1. All visitors must check in with the Social Worker or person in charge and identify themselves.
2. If you arrive for your visit with someone whose name is not on the weekly visit list, the person whose name is not on the list will not be allowed to visit.
3. If you are going to be more than 15 minutes late you should call and confirm that the visit can still take place. Often times the children will have other appointments after the scheduled visit hours that they cannot miss. Therefore, it is usually difficult to extend a visit or change the visit times once they are scheduled.
4. Your group home social worker or the person at the reception area will be able to show you the designated areas for visitation; i.e., living room, dining room etc. No visits should leave the designated areas.
5. If you have an approved home visit, medical consent forms and Medicaid cards will be sent for you to utilize in case an emergency occurs during the visit. Please see the on-grounds supervisor before your visit to obtain these forms. If an accident occurs during a visit at Fair Winds or during a visit in the area, please contact Fair Winds staff immediately for help or directions to the nearest medical facility.

6. Occasionally, your child may be scheduled to attend a special outing or activity. We any ask for your cooperation in scheduling your visitation to allow your child to participate in the special activity.
7. Visitation during school hours is **STRONGLY** discouraged because of the importance of school in your child's life.
8. We encourage you to limit phone calls to 10 minutes in length, as there is only one phone in the unit to be utilized for all children and business transactions. Your child is also allowed to call you as arranged with the group home social worker. The frequency of the phone calls will be limited according to your agreement with the group home social worker.

**Children are not allowed to visit staff or former employees unless approval his obtained by the child's legal guardian and/or the placing agency.**

### **TRANSPORTATION POLICY**

It is the policy of Fair Winds to provide transportation to families if warranted and approved by all professionals directly involved in the case. If direct transportation is not involved it is also possible to provide mileage reimbursement funds for parents when all professional in the case agree.

Furthermore, if direct transportation is not provided then assistance in arranging bus, train, or plane transportation and reservations shall be provided by the case manager.

### **BEHAVIOR MANAGEMENT POLICY**

***ONLY TRAINED STAFF MEMBERS MAY MANAGE RESIDENT BEHAVIOR!***

#### **Behavior Management**

Behavior management techniques are to be utilized toward maximizing the growth and development of the child.

In any stable, healthy family there are rules that govern all the members' behavior. In families these rules are rarely written because all members become aware of them through living together, in the case of children from infancy, and they are clearly understood and usually abided by.

At Fair Winds we have the opportunity to instill those ways of behavior that lead to a family-like situation. However, since we are dealing with children and staff who come from a variety of backgrounds, the rules of family life are not part of our culture unless we make a conscious effort to establish them. This must be done within a framework of caring, and if you will, love for each child as a distinct individual with distinct needs, abilities and contributions. As we establish parameters of acceptable behavior, these parameters will become part of our culture at Fair Winds and unacceptable behavior will gradually diminish.

Because our children have been victims of abuse, many of their ways of operating and behaving are based on "survival techniques." It is our responsibility to show and teach them that they can handle life without using methods that are harmful to themselves or others. We need to help these children learn to accept responsibility for their behavior and develop means by which they can handle living with other people that is satisfying to them.



Fair Winds guidelines and rules should not be used in a punitive manner. The guidelines define the parameters of acceptable behavior and allow for the flexibility of individual needs and developmental abilities.

Usually the thought of dealing with an aggressive person stirs strong emotions in each of us. We may respond with fear, anger, confusion, or a combination of emotions. If the aggressive person is a child or young person, additional issues may surface as well. Watching a youngster attack another person, destroy property, or spit in one's face can be very disturbing. Although we are often able to understand the causes of aggression and violent behavior, few of us were taught to effectively handle such behavior.

How we go about dealing with a person's aggressive behavior affects our ability to successfully stop the behavior for the moment, as well as influence how the person acts in the future. Because youngsters are highly impressionable and vulnerable, we must be extremely sensitive to the impact of our interventions and/or nonintervention's.

Nonphysical and, in particular, physical interventions can be difficult and vary greatly from one person to another. Using effective intervention techniques is very important in providing quality service to aggressive clients, nonaggressive clients, and in protecting agency personnel and property. Aggressive and nonaggressive clients must be able to trust us to do everything within our power to ensure their safety.

In Therapeutic Options of Virginia (TOVA) training, you will learn more about assisting our clients in de-escalating by using the least restrictive intervention that the resident requires at the time as well as learn how to physically hold a resident if necessary for their protection as well as the protection of others.

### **PREVENTION is the key!!!**

The most effective way to manage aggressive behavior is to **prevent** it! While this seems to be a lofty goal, there are several things childcare staff can do to minimize the probability of aggressive behaviors occurring. The following factors help create a positive environment that can set the tone for our work with youth:

\* **Manage yourself** – your body, your emotions -- we don't want burnout!

\* **Have realistic expectations** - We have to make sure that we are not setting expectations that are too high or too low for a child. If expectations are too high, a child may feel a sense of failure and frustration when he/she does not meet those expectations. If our expectations are too low, the child may begin to doubt his/her abilities, get bored, or cease to grow.

If you expect the youth, the environment, and yourself to operate with no problems or flaws, you are setting yourself up for disappointment. No family operates with that kind of regularity and predictability. Likewise, if you expect everything to be chaotic, you are likely to get chaos. The key is to maintain an attitude and expectation of competence, even during erratic and unpredictable times. In this way, you will be ready, rather than surprised and flustered, when changes occur.

**Recognize Individual Needs/Strengths** – Each child here at Fair Winds has individual needs and strengths.

Children will get their needs met, whether through appropriate behaviors or inappropriate behaviors. Assist the youth in using their skills/strengths, and plan ways to help them meet their own needs appropriately. It is helpful to remind them of past successes during difficult times. We all need reminding that we are able and capable. If you were experiencing a difficult situation, would you respond more to being reminded of your strengths and past successes, or to being reminded of past problems or be warned of consequences to come?

Remember that behind every behavior is a need that must be met.

**Avoid the Misuse of Power** - Do not misuse your power as an adult/staff.

Before any specific consequences are used, one should always remember to travel from the least restrictive interventions towards the most restrictive interventions.

### **Stages of Intervention-from Least Restrictive to Most Restrictive**

1. Role Modeling
2. Selective Inattention
3. Non-verbal Cues
4. Redirection
5. Direct Messages
6. Counseling
7. Limit Setting
8. Individualized Consequences
9. Removal from negative situations
10. Physical Restraint

Every inappropriate behavior should be interrupted – not necessarily by using a time-out – but by some means of intervention. (Reminders, non-verbal cues, etc.)

### **FAIR WINDS EXPECTATIONS AND INTERVENTIONS**

1. **Profanity** – The use of profanity by the children is discouraged. Profanity should initially be redirected by doing something such as asking a child to use another word. If the child does not comply, a two (2) minute time-out is appropriate. It is important that an intervention follow the inappropriate language as the use of profanity is highly contagious in children.

2. **Fighting** – It is extremely important that all children at Fair Winds feel safe and secure. Part of this security is knowing that other children will not be allowed to scapegoat, hit, or assault them in any way. If a child is aggressive towards another child by threat or action that child shall receive a time out to calm down and loses 40 points for fighting and is not eligible for “store” that evening. If both children are being assaultive they both receive the time-out. It should be stressed that there are no winners, only losers, when a fight occurs. Please note that there are some special treatment plans for certain children/group homes for hands-on aggressive behavior depending on age and issues regarding impulse control.

3. **Destruction of Property** – Children should be aware that they have to take responsibility for their actions. An attempt should be made by the child to restore the damaged property out of his/her

allowance. If this is not feasible then a way for the child to earn money to replace or repair the damage should be found.

4. **Stealing** – As a general consequence the item should be returned to the owner with an apology and, if appropriate, an explanation of why the item was taken. Compensation should be made if the item cannot be returned. This should follow the same rules as destruction of property.

5. **Running Away** – Running away will result in being returned to constant close supervision for one (1) week following a verbal discussion of the reasons for the action and a resolution to the problem.

6. **Littering** – A child is responsible for picking up after him/her self.

7. **Rock Throwing and Stick Throwing** – Loss of 40 points/ No Store.

8. **Sexual Acting Out** – A great number of our children have been sexually abused and as a result are prone to sexually interacting out. This type of behavior cannot be permitted, as it is destructive to the emotional development of the children. Usually when this happens one child is taking advantage of another. The former “victim” now becomes an “aggressor” and we have a new “victim.” If we do not alter these patterns of behavior we are seriously hampering children’s chances of having successful placements when they leave Fair Winds. Sexual interacting out is one behavior that most parents, foster parents, and adoptive parents cannot tolerate.

Because of the seriousness of the situation, whenever a child is suspected of, or found engaged in sexual interacting out, the group home social worker needs to be informed. The child should be under very close supervision for at least a week. Also a consequence in the form of a restriction should follow the sexual interacting out to discourage it in the future.

Excessive sexual interest or curiosity on the part of any child needs to be brought to the attention of the social worker, as this may be an indication that something could be wrong.

Sexual gestures/ comments result in a loss of points (see point loss chart).

9. **Spitting** – If a child is caught spitting out of anger, he/she receives a loss of points initially, if this behavior becomes a habit, a special treatment plan will be developed by the social worker due to the possible transmission of disease.

Restrictions may interfere with scheduled recreation activities; however not with therapies, doctor’s appointments, or visits.

If a child has to be physically held due to aggressive behaviors or acts out in a moving vehicle, they are on vehicle restriction for one week, due to trying to ensure the safety of others.

**RESTRICTIONS** shall not interfere with scheduled recreation program activities during the day, therapy appointments, home visits or school.

## **THE POINTS SYSTEM**

The purpose of the Points System is to provide a framework in which treatment goals can be focused

and monitored. All efforts should be made to enhance a child's ability to move forward by setting attainable, realistic goals, which are stated in terms of expectations. Because of this, it is important that the points system not be used to discipline or punish children, and it should not replace parenting skills and good judgment. Because of our clients' experiences with failure, it is important that the points system translate to success - no matter how small the gain.

The points system is designed so that each child may be treated individually according to their developmental needs and capabilities. It should be noted that on any given stage, children are only given privileges, which we are fairly certain they can handle. The treatment team at team meetings once a week makes these decisions.

### **The Progressive Development System (PDS)**

The purpose of the Progressive Development System (PDS) is to provide a framework in which treatment goals can be monitored. All efforts should be made to enhance a child's ability to move forward by setting attainable, realistic goals, which are stated in terms of expectations. Because of this, it is important that the Progressive Development System (PDS) not be used to discipline or punish children, and it should not replace parenting skills or good judgment. Because of our clients' experiences with failure, it is important that the PDS translate to success – no matter how small the gain.

The Progressive Development System (PDS) is designed so that each child may be treated individually according to his/her developmental needs and capabilities. It should be noted that on any given stage, children are only given privileges which we are fairly certain they can handle. These decisions are made by the treatment team at team meetings once a week.

The Progressive Development System (PDS) is designed to assist each child in focusing on the problem behaviors that led to their admission and to assist them in meeting some of the goals in their treatment plan.

Upon intake the group home social worker will develop an individualized point sheet based on the child's IPC (Initial Plan of Care). The child will be given 4 goals to work on daily. These goals are monitored throughout the day, during several intervals. The child will earn a 1 or a 0 for each goal during each interval depending on their ability to achieve that goal during the majority of that time period. The child's total points will be added at the end of the day and the child will receive a daily percentage. Every Tuesday, the percentages are averaged and the child receives their weekly average which translates to a Stage between 1 and 5. Two "tiers" are provided depending on the child's age, cognitive ability, length of stay as a stage guide. The social worker determines the child's "tier" and will change the "tier" if necessary. (see point sheet). Each stage has privileges attached to the stage that the child may take advantage of.

Children may lose points due to negative behaviors such as repeatedly not following directions, repeated disrespect, etc. (see point loss chart). These points should not be taken until **after** their daily percentage is determined as the percentage is measuring their progress towards specific goals/ behaviors. A child should always be given an opportunity to correct their behavior before taking points.

The child remains on their earned stage throughout the week, unless they commit an "OFF PDS" (Progressive Development System) offense.

Children must be on at least stage two to attend Saturday and Sunday outings. Monday through Friday outings are considered part of their recreational activities and may be attended by Stage 1 residents as long as they are not on vehicle restriction.

**Expectations and Privileges of Progressive Development System (PDS) Stages**

The system consists of five stages of responsibility with added privileges and independence at each successive stage. There are no consequential or restrictive stages, only stages of growth.

**STAGES/ TIERS**

<u>TIER 1*</u>	<u>STAGE</u>	<u>TIER 2*</u>	<u>STAGE</u>
95-100	5	92-100	5
89-94	4	83-91	4
83-88	3	74-82	3
75-82	2	68-73	2
Below 75	1	Below 68	1

\*Tier indicated on point sheets.

**EXPECTATIONS AND PRIVILEGES OF STAGES**

The system consists of five stages of responsibility with added privileges and independence at each successive stage. There are no consequential or restrictive stages, only stages of growth.

**STAGE 1 -** All privileges under group home staff supervision with the exception of recreation and therapy.

**STAGE 2 -** Controlled independence according to their ability to develop trust in a controlled situation. No major incidents.  
 a. Controlled independence (return from therapy, errands)  
 b. Play outside near group home without staff.

**STAGE 3 -** Has internalized trust in controlled situations. Expect that trust will be generalized into less controlled situations.  
 a. Negotiate bedtime.  
 b. Negotiate snack  
 c. Group home job.

**STAGE 4 -** Has exhibited trust in semi-controlled environment. Will exhibit trust within unsupervised boundaries.

- a. Phone privileges (on grounds)
- b. Staff make bed or do chore once per week.
- c. Front seat privileges in car.

- STAGE 5 -** Has demonstrated good judgment and trust in independent situations.
- a. Off grounds activities per team decision (movie, shopping, etc.)
  - b. Individual outing once per week.
  - c. Allowance increase.
  - d. Negotiate individual responsibilities.

- FROZEN –**
- a. Can receive and make phone calls to immediately family.
  - b. Can play w/ something quiet at table. (No Nintendo DS's)
  - c. Can go for walks w/ staff on grounds.

**REASONS FOR REMOVAL FROM THE PROGRESSIVE DEVELOPMENT SYSTEM (PDS)**

Generally children at Fair Winds are removed from dropped stages for reasons of safety. Their actions are either jeopardizing their own safety or the safety of others. Initially, time spent frozen should not exceed 24 hours and should not be punitive in nature. It is a time for the child to be able to demonstrate a level of trust that indicates he or she is ready to comply with program expectations.

Reasons for removal from higher stage:

1. Running away / defined as intentionally leaving a supervised area which could create a potentially harmful situation.
2. Racial slurs / as determined by team.
3. Sexually acting out / as determined by team within Fair Winds guidelines.
4. Destruction of property, which can cause a potential for harm.
5. Physically causing (or in some cases, threatening) harm to oneself or other children.
6. Off grounds school suspension.
7. By request.

Prior to removing a child from a higher stage, the Supervisor must be consulted, as only she/he can remove a child from a higher stage. Once it is determined that a child is to be lowered from higher stage, he/she should be closely supervised and his/her activities strictly monitored until a level of trust is demonstrated which would allow the child to return to the system. Generally, during frozen time, a child is not allowed to watch TV, go on outings, or play outside (with the exception of therapeutic recreation).

**IMPORTANT:** The supervisor should be notified and consulted immediately when a child needs to be lowered from a higher stage. An incident report will also be written and filed. After the frozen time is completed, the child will then be placed on Stage 1 until reviewed in the next staff meeting.

\*\* It is important that a child be lowered from a higher stage or frozen only for the reasons stated previously or per treatment plan, as the system is designed to be positive, not punitive. \*\*

Children generally advance from one stage to the next by earning positive points on the Points sheet in the following ten areas:

**PROGRESSIVE DEVELOPMENT SYSTEM  
(PDS)**

1. Individual goal. (worded positively)
2. Individual goal. (worded positively)
3. Individual goal. (worded positively)
4. Getting along with others.
5. Getting along with adults.
6. Routines/chores.
7. Cleanliness of self.
8. Free time activity.
9. School.
10. Therapeutic goal

Each week the children will be given the opportunity to review their status. The treatment team will evaluate the children's points status during group home staff meetings and, as a group, will decide the stage most appropriate for each one of the children for that week. Later that same day, the children will be told their stages during a positive and supportive group meeting.

## Time Out Procedure

Definition: A Time-out is an interruption of a child's unacceptable behavior by removing the child from the scene of the action.

When a time-out is given, an explanation should be given to the child so that he/she has a clear idea of why the time-out is being given. No further conversation should be entered into at that time.

Time-outs should be done as close to the inappropriate act as possible.

A timer or clock should be available so that the child can monitor his/her own time-out.

The time-out should begin when the child is quietly situated in the designated area.

As a general rule the time-out should never exceed the maximum amount for the particular group home:

In general, time-outs correspond with the age of a child (10 year old = 10 min time-out).

However due to the difficulties with attention that our children often have, Fair Winds will usually start with a two-minute time out. If a child can regroup and comply with requests within two minutes, then a two minute time-out is appropriate. However, if a child is able to calm down sooner, then they can return to their activity if they are able to do so without being disruptive. If a child care worker feels that two minute time outs are not long enough for a child, this should be discussed with that child's Fair Winds social worker or during treatment team.

During the time-out the child should sit quietly. No toys should be present.

At the end of the time-out, there should be a follow-up of how the situation could have been handled differently/better.

Time-outs are a method of interrupting unacceptable behavior that does not have a natural and logical consequence (a time-out is used for swearing because there is not a very effective natural and logical consequence to redirect this behavior. If a child throws his/her bike to the ground, you could restrict the child from riding the bike for a period of time rather than giving a time-out.)

**Never add time to a time-out. Time out does not start until the resident is in his/ her designated area and in control. (A child crying quietly or pouting can begin time-out. A child screaming or cursing needs to calm stop needs to show they are back under control before their time-out begins.)**



## DISCIPLINARY POLICY

It is the policy of Fair Winds to employ discipline as a treatment tool to assist children to learn self-discipline. As a treatment tool, discipline must be constructive, appropriate both to the child's age and needs, and timely. Each child's treatment plan will speak to the type of disciplinary action to be used with the child. The stage and points systems is a level system employing positive steps and reinforcement and is available for review.

***The following types of discipline are strictly prohibited at the Fair Winds:***

1. All forms of corporal punishment;
2. All forms of aversive stimuli (e.g. physical forces including sound, electricity, heat, cold, light, water, or noises, or substances including hot pepper or pepper sauce on the tongue), which are noxious or painful to a client;
3. All forms of mechanical restraints;
4. The use of locked rooms, or any rooms where the child cannot readily open the door;
5. The deprivation of visits by parents, social workers, or others unless specified in the treatment plan and approved by the placing workers;
6. Deprivation of food, including scheduled snacks,
7. Deprivation of telephone calls or mail unless specified in the treatment plan and approved by the placing workers;
8. Humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with the daily living functions or withholding of shelter, clothing, medication or aids to physical functioning;
9. Symptomatic behavior, such as thumb sucking, enuresis, and encopresis, shall be handled as specified in the child's treatment plan.

## STABILIZATION SERVICES

### **POLICY Crisis Intervention Procedure:**

SOCIAL WORKER/ EXECUTIVE DIRECTOR shall be available via phone from 7 a.m. to 10 p.m., seven days a week. Administrator-on-call shall have a cell phone and be available 24 hours a day, seven days a week.

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\*Group home staff shall notify the SOCIAL WORKER/ EXECUTIVE DIRECTOR of the nature of the crisis. After being advised of crisis the SOCIAL WORKER/ EXECUTIVE DIRECTOR shall advise on a plan of action.

\* SOCIAL WORKER/ EXECUTIVE DIRECTOR shall attempt to speak to child in person or via the telephone if necessary.

\* SOCIAL WORKER/ EXECUTIVE DIRECTOR shall meet face to face with child to arrange for appropriate supervision until crisis has passed.

\* SOCIAL WORKER/ EXECUTIVE DIRECTOR shall attempt to notify administrator-on-call and child's Fair Winds social worker and therapist of the nature of the crisis if immediate referral to another facility is necessitated.

\*Fair Winds social worker shall contact child's county social worker and formulate a plan of action.

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\*Should Fair Winds be asked to receive a child on a crisis basis, all standard policies and procedures apply.

\*Should a child need medical services either emergency medical technician (EMT) will be called or the child will be transported by staff to Henrico Doctors Hospital or nearest hospital.

\*Should the crisis warrant the involvement of law enforcement, the administrative person in charge shall contact the Louisa Police Department.

\*Should the crisis involve school personnel, a decision will be made by the child's teacher, principal and group home social worker.

## PHYSICAL RESTRAINT POLICY

It is the policy of Fair Winds that:

1. Physical restraint Therapeutic Options of Virginia (TOVA) hold shall be used only after less intrusive interventions have failed or when failure to restrain a resident would result in harm to the resident or others.
2. Only trained staff members shall physically restrain a child.
3. The physical restraint shall be only that which is minimally necessary to protect the resident or others and ordered by the physician.  
EXAMPLE: When assessing whether to use physical restraint with residents who are attempting to run away, it is necessary to consider both the environmental conditions and the resident's capabilities. Physical restraint may be used only when an assessment determines that harm is likely. Capabilities to assess include, but are not limited to: the resident's age, maturational level, emotional state, adaptive behavior skills, disabilities, past behavior when under stress, impulsiveness, and judgment. Environmental factors to assess include, but are not necessarily limited to: the time of day, weather, temperatures, and geographical location.
4. The Therapeutic Options of Virginia (TOVA) technique shall be the only physical restraint methods used.
5. An incident report shall be written after any and all restraints.
6. All child care staff shall be trained in this policy and the Therapeutic Options of Virginia (TOVA) technique within seven days of employment and prior to assuming sole responsibility for the supervision of one or more residents.

### PHYSICAL RESTRAINT PROCEDURE (Revised 3/20/02)

1. Definition: A **Physical Restraint** is defined by CMS (formerly HCFA) as " the application of physical force by one or more individuals that reduces or restricts the ability of an individual to move his or her arms, legs, or head freely. This does not include the temporary holding of an individual to assist him or her to participate in daily living activities." This also does not include a **physical escort** which is defined as the "temporary touching or holding of the hand, wrist, arm, shoulder, or back for the purpose of inducing an individual who is acting out to walk to a safe location."
2. A Physical Restraint may be used "only in emergency circumstances and only to ensure the immediate physical safety of the individual or others when no other less restrictive intervention has been, or is likely to be, effective."

#### Procedure for when a Physical Restraint is necessary: (emergency situation only)

1. An order for the restraint must be issued by a physician, physician or nurse practitioner (Immediately prior to, during, or immediately following the restraint).

2. If the physician is on-grounds, the physician must be contacted immediately to issue the order. If the physician is not on grounds, the nurse (LPN or RN) will need to contact the physician to receive a verbal order.
3. Within one hour of the Physical Restraint ending the client will be assessed by the nurse on duty (RN). They will check vital signs, and assess the client's physical and emotional condition. This information will be documented on the restraint form.
4. Within 24 hours the staff involved, the client, and the supervisor or person on ground (POG) will be involved in a "debriefing" which will include a discussion about the need for the physical restraint and possible alternative interventions which may be used in the future.
5. If the restraint goes beyond the time authorized by the person issuing the order, that person will be notified for further authorization and instructions.
6. The results of the above procedure will be documented on a separate **Physical Restraint Form**, signed by the person issuing the order, reviewed by the administrator, and placed in the child's permanent record.
7. The child's parent or guardian must be notified when a restraint occurs, unless a signed document is on file that indicates that they do NOT wish to be notified after each incident. In this case, this information would be supplied in the monthly report.

### **MANAGING INAPPROPRIATE AND/OR DANGEROUS BEHAVIORS POLICY**

#### **MANAGEMENT OF ASSAULTIVE BEHAVIOR**

Physical involvement with acting out children should have two major objectives: assuring the physical safety of both the child and the adult caretaker, and enabling the child to regain control in a learning way. Physical involvement is a technique of last resort, yet there are some situations in which it may be necessary:

1. To promote the physical safety of a child. If a child's behavior is so self-destructive as to be dangerous, external limits must be set to maintain a positive and safe environment.
2. To promote the physical safety of adults and other children. It is unacceptable to become physically involved simply because one's status or authority is threatened. The adult must remain objective and intervene physically only to promote safety.
3. To prevent or end the destruction of property which could lead to a dangerous situation.
4. If a child needs to be in a physical restraint to insure his/her or another's safety the Therapeutic Options of Virginia (TOVA) hold shall be used. All staff shall be certified through Therapeutic Options of Virginia (TOVA) training.
5. To de-escalate a potentially dangerous situation. This is not defined by acting out destructive or harmful behavior, but is rather a preventive measure to keep a situation from getting out of control. A child who poses a serious threat to be harmful to the group, may be physically escorted by the forearm if s/he refuses to de-escalate or leave on his/her own. If, however, a child does not pose a threat, but is simply refusing a time-out or request no physical intervention shall be used.