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RESIDENTIAL CARE OPERATIONS

For the purposes of this manual, Florida Baptist Children’s Homes will be referred to as FBCH.

Residential Care Program

FBCH provides a group living alternative for dependent and neglected children through its Residential Care program. Residential Care is defined as a set of professional services to children and families administered through a group living environment. Resident Care has traditionally been the largest and most visible program offered by FBCH at the campuses and group homes established around the state. This service is available to school-age children, youth, and their families. Case Management services offered involve evaluation of a resident and assessment of need for a resident and family; placement of resident in Residential Care where appropriate; development of Placement/Performance Agreement and Service Plan with resident, family, and team; evaluation of residents’ and families’ progress; the provision of counseling and therapy services; advocacy for service needs; maintenance of case records; the coordination of reviews; and planning for discharge, transfer, or referral to other services.

An aftercare service component is available after discharge. An aftercare plan is formulated with the resident and/or the parent/legal guardian, if applicable. The aftercare plan is developed sufficiently in advance of discharge to insure that an orderly process takes place in so far as is possible. The plan identifies the continuum of other services needed or desired by the resident, if any. It also describes the nature and frequency of agency-resident follow-up or aftercare contact.

*Revision

The Residential Care Operations Manual shall be reviewed and revised by the Program and Planning Committee of the Board on a regular basis, at least once every three years.
Role of the Child Care Worker

The Child Care Worker supervises the day-to-day care of youth in residential care. This includes Christian discipline and direction in such areas as social, physical, spiritual, and educational development. A responsible family-oriented atmosphere is crucial.

To achieve these objectives a Child Care Worker is responsible for the following:

1. Provide friendship, acceptance, direction, and security to resident in care.
2. Provide adequate, appropriate, and clean clothing.
3. Plan, prepare, and serve nutritional and attractive food.
4. Demonstrate and teach good personal hygiene.
5. Demonstrate and teach the importance of orderliness, cleanliness, and responsibility for the living environment.
6. Teach basic living skills, work ethic, and independent living skills, as appropriate.
7. Encourage interpersonal relationships and personal privacy.
8. Teach respect for the rights of others and responsibility for oneself.
10. Involve each resident in private and corporate spiritual development opportunities.
11. Provide time and structure conducive to positive study habits.
12. Stay informed of each youth’s educational progress and provide positive reinforcement.
13. Participate in the development and review of each youth’s Placement/Performance Agreement and Service Plan, and to be informed of each youth’s progression in care.

A job description and copy of the Personnel Policies and Procedures Manual is provided for each Child Care Worker and is to be periodically reviewed.
Role of the Social Worker

Social Workers have been a part of FBCH since 1938. They assess and diagnose the needs of residents and family, develop a plan to meet those needs, and coordinate the team’s efforts to implement the plan.

To fulfill these objectives, the Social Worker is responsible for the following:

1. Assess information about the youth’s development and family history.
2. Make referrals to other community resources, if appropriate.
3. Assess the needs of the youth and family through the Psychosocial/Comprehensive Assessment.
4. Make recommendations to the Planning Committee.
5. Prepare a written Placement/Performance Agreement and Service Plan in consultation with resident, family, and Child Care Workers, and/or other team members as defined by the program.
6. Coordinate orientation and admission scheduling.
7. Regularly evaluate progress of resident and family.
8. Provide approximately 15 direct hours per week of counseling/therapy which can include individual, group, or family sessions.
9. Regularly consult with Child Care Workers regarding youth in residence.
10. Advocate for the service needs of youth and family.
11. Schedule judicial, administrative, Placement/Performance Agreement and Service Plan reviews, as needed.
12. Manage transfer and discharge process in keeping with Placement/Performance Agreement.
13. Develop and coordinate aftercare plans.
14. Facilitate team meetings, as directed.
15. See all residents on caseload at least twice monthly.

A job description and copy of the Personnel Policies and Procedures Manual is provided to each Social Worker and is to be periodically reviewed.

*Director of Regional Services may perform these duties for Group Home Residents.
RESIDENTIAL CARE OPERATIONS

Relationship of the Team

The relationship between Director, Child Care Worker, and Social Worker is one of teamwork. These staff members make up the team. Each team member has a unique role, set of responsibilities, and perspective. It is essential that each team member keep foremost in mind two factors: (1) The best interest of the resident, and (2) the accomplishment of the established goals for the youth.

The approach to problems and the perspective from which they are viewed will vary according to role. Each worker must keep common objectives in focus. The Child Care Worker provides the best caring function and the Social Worker provides the basic assessment and planning function. The Director assures balance and perspective. All team members provide therapeutic intervention with input regarding child, family, and total cottage group needs.

The caring function involves the providing for daily needs, monitoring of school and church attendance, discipline, medical care, extracurricular and community activities.

The planning function involves identifying service needs for youth and family, exchanging information with youth, family, and staff, monitoring of communication and visitation with family and sponsors, and planning for therapeutic intervention with youth and family.

The therapeutic intervention involves the provision of individual, group and family therapy, or coordination of such services with other mental health professionals, as well as the various dimensions of the therapeutic milieu. This function is also fulfilled in the facilitation of therapeutic skills among the team members.

Team meetings are scheduled routinely and are facilitated by the Social Worker or Director. These meetings are a high priority. Topics discussed include the resident’s:

1. Relationship to family, sponsors, and peers.
2. Behavior in residence.
3. Performance in school.
4. Relationship to staff.
5. Short term and long term personal goals.
6. Self and family’s progress on Placement/Performance Agreement and Service Plan.
7. Feelings about church and spiritual decisions.
8. Progress in therapy.
RESIDENTIAL CARE OPERATIONS

Residential Care Procedures

This section describes procedures related to the role of the Child Care Worker and Social Worker. These procedures are arranged by seven categories: (1) Admission Process, (2) Transfer Planning Process, (3) Discharge Planning Process, (4) Child Care Routines, (5) Case Management Duties, (6) Administrative Procedures, and (7) Case Reviews.

For more information on the forms used to carry out Residential Care procedures, refer to Residential Care Forms, under the specific procedure.

*Director of Regional Services may perform these duties for Group Home Residents.
(1) ADMISSION PROCESS

While the primary responsibility for the admission process is the Social Worker’s, the assignment of this task may be delegated to other team members. The team member guides the resident and family through the admission process. This process is divided into six (6) minor headings: (A) Service Inquiry, (B) Eligibility Criteria, (C) Application Study, (D) Placement Agreement, (E) Orientation Visit, and (F) Admission Day.

(A) Service Inquiry

1. Designated staff receives inquiry about FBCH services.
2. Designated staff informs inquirer of services available and the cost of providing those services.
3. Designated staff records information on Database Inquiry/Referral Form.
4. Designated staff determines which service is appropriate for resident’s needs.
5. Designated staff makes appropriate referral to another community service or sets up interview with inquirer.
6. Social Worker requests secretary to mail application packet including Application for Admission, brochure, Admission Checklist, Health Information Form, Financial Statement, and one Authorization for Release of Information to Florida Baptist Children’s Homes form.
7. Social Worker discusses inquiry with Director/Administrator.
8. Social Worker completes and gives designated staff member the Database Inquiry/Referral Form to be entered into the Resident Database.

(B) Eligibility Criteria

1. Youth is a resident of the state of Florida.
2. Youth is dependent, neglected, or abused.
3. Youth functions in the public school system.
4. Youth agrees to attend church and receive religious training in accordance with FBCH’s policies.
5. Youth is of school age (some exceptions made for siblings).
6. Youth has IQ score in normal or above range. A minimum of 80 is required, with exceptions made by the team with approval of the Administrator.
7. Youth has no physical or emotional handicaps preventing him or her from functioning in the community or living in a group situation.
8. Youth is not a danger to self or others.
9. The admission of the youth will not compromise the placement of other children in residence.
10. Youth’s application is completed and signed by parent/legal guardian.
11. Youth’s recent psychological evaluation (within the last six months) is received prior to admission, if indicated.
12. Youth has a physical examination within 30 days prior to admission or a medical or nursing screening performed within 24 hours after admission.
13. Youth who meet the preceding criteria and who have been adjudicated as delinquent or in need of supervision are admitted on a case-by-case basis.
14. Resident may be presently in care in another program of FBCH’s.

(C) Application Study

1. Social Worker receives application packet from the youth’s parent/legal guardian.
2. Social Worker has conference with Director/Administrator, as needed.
3. Social Worker refers client to appropriate community service or begins Psychological/Comprehensive Assessment Worksheet.
4. Social Worker schedules a team meeting with appropriate members.
5. Social Worker reviews with the Committee the youth’s application, psychological evaluation, and major points of social and family history.
6. Social Worker refers youth, places youth on waiting list, or schedules dates of orientation visit and admission with youth, parent/legal guardian, and staff.
7. Social Worker prepares youth and parent/legal guardian for orientation visit, discusses the placement fee, and arranges tour of the facility, as indicated.
8. Social Worker sends Admission Memo to members of Planning Committee.
9. Social Worker completes Psychological/Comprehensive Assessment within 15 days of admission.
10. Social Worker collects pertinent documents for case record.

(D) Orientation Visit

At the time of the orientation visit, the Social Worker is responsible to perform the following:
RESIDENTIAL CARE OPERATIONS

1. Meet with the youth, parent/legal guardian, and appropriate members of the Planning Committee.
2. Review the Placement/Performance Agreement with those present.
3. Identify any areas or problems which need further investigation or resolution.
4. Have parent/legal guardian sign and have notarized three Medical Release Forms and Orientation Visit Permission Form.
5. Escort youth and parent/legal guardian to residence.
7. Leave youth in care of Child Care Staff.
8. Make final arrangements with parent/legal guardian for additional information, forms or records required prior to admission day.
9. Confirm plans for admission with youth, parent/legal guardian, and Child Care Workers following the orientation visit, if appropriate or referred.

(E) Placement/Performance Agreement

The Social Worker plans with youth, parent/legal guardian and Child Care Workers to develop a Placement/Performance Agreement. This plan accomplishes the following:

1. Serves as a performance agreement between FBCH, parent/legal guardian, and youth.
2. Defines the problems experienced by the youth and family.
3. States the amount the family is to pay for services provided as defined by the sliding fee scale.
4. Identifies services to treat stated problems.
5. Describes conditions to be met by FBCH, parent/legal guardian, and youth.
6. Establishes a basis for the Service Plan to address treatment needs of youth and family.
7. Serves as a guide for the Social Worker to evaluate youth and family’s progress.
8. Enables the Child Care Worker to be aware of the youth’s needs and to structure the residential care experience to meet those needs.

(F) Admission Day

On the day of admission, the Social Worker is responsible for the following:
1. Meet with the resident’s parent/legal guardian and appropriate members of the Planning Committee.
2. Have the resident’s parent/legal guardian review and sign the Voluntary Placement Agreement or Community Based Care (CBC) Placement Agreement.
3. Have the Placement/Performance Agreement signed by the resident, parent/legal guardian, and the Administrator/Director.
5. Have Photo/Audio/Video Release signed by the resident and parent/legal guardian.
6. Have parent/legal guardian sign Activities Permission Form.
9. Give copies of the Placement/Performance Agreement to the resident and parent/legal guardian.
10. File a copy of the Placement/Performance Agreement in the resident’s case record.
11. Escort resident and parent/legal guardian to the residence.
12. Provide time and privacy for resident and parent/legal guardian to separate.
13. Leave resident in the care of the Child Care Worker.
14. Meet with the parent/legal guardian to discuss issues related to separation.
15. Insure resident’s case record contains all pertinent and required records.
16. Update status of resident on the Database placement Form and Application Form and give to designated staff member for data entry.
17. Meet with resident within 24 hours or the first working day following admission.
18. Accompany resident and Child Care Worker to school if special education needs or extenuating circumstances exist.
19. Develop Service Plan within 30 days of admission.
RESIDENTIAL CARE OPERATIONS

(2) TRANSFER PLANNING PROCESS

The Social Worker coordinates planning transfers with the involved staff members, resident, and parent/legal guardian.

Transfers within a program consist of moving a resident from one residence to another. When the team is concerned about the Service Plan and/or Placement/Performance Agreement adequately addressing the resident’s needs, the following guidelines are observed:

1. Social Worker consults with the Director/Administrator.
2. Social Worker discusses the request with the team.
3. If transfer is in the resident’s best interest, the Social Worker discusses transfer with resident and parent/legal guardian.
4. Social Worker recommends transfer to the Planning Committee.
5. Planning Committee makes decision to transfer resident or maintain resident in current residence.
6. If transfer is approved, the Social Worker informs and prepares the resident and parent/legal guardian for the transfer.
7. Members of the team work closely together to assist resident and group in adjustment to transfer.
8. Social Worker arranges a pre-transfer visit for resident in new residence.
9. Social Worker finalizes resident’s date of transfer with Admission, Transfer, Discharge Memo to Planning Committee and other appropriate staff.
10. When appropriate, Child Care Workers provide a going-away party for resident.
11. Child Care Workers help the resident to physically move.
12. Social Worker meets with the resident within 24 hours after transfer.
13. Social Worker completes and gives designated staff member the Admission, Transfer, Discharge Memo to be entered into the Resident Database.
14. Social Worker formally transfers resident’s case and record to new Social Worker.

(3) DISCHARGE PLANNING PROCESS

Discharge is intended to be an orderly process carried out with the resident, parent/legal guardian, CBC and FBCH, in which any aftercare plans are developed

(A) Discharge Criteria
1. Resident reaches age 18 and chooses to leave FBCH.
2. Resident graduates from high school and transitions into an independent living situation, e.g., college, military, etc.
3. Resident is unable to function in the community or meet minimal standards which are required to live in a group setting and needs a more restricted placement.
4. Resident is relocating to another agency’s facility as determined by the legal guardian.
5. Resident’s permanency plan achieved through placement with family/relative/adoptive family.

(B) Between Divisions: Intra-Agency Discharge

Occasionally, the relocation of a resident’s parent/legal guardian or the availability of a particular agency program indicates the need for the resident to be transferred to another major service division. The following guidelines are observed:

1. Social Worker consults with the Director/Administrator.
2. Social Worker consults with the team.
3. Social Worker discusses case with Director/Administrator in new service division to determine appropriateness of pursuing transfer.
4. If transfer is determined to be in the resident’s best interest, the Social Worker discusses transfer with resident and parent/legal guardian.
5. Social Worker recommends transfer to the Planning Committee.
6. Planning Committee approves or denies the transfer.
7. If transfer is approved, Social Worker confirms decision with the Director/Administrator in the new service division and forwards application and case record data.
8. Director/Administrator in new service division assigns Social Worker to the case, who recommends transfer to Planning Committee.
9. Planning Committee approves or denies the transfer.
10. Social Worker in new service division informs resident’s Social Worker of decision.
11. If approved, Social Worker informs Planning Committee, resident, and parent/legal guardian.
12. Social Worker coordinates orientation visit, when appropriate.
13. When appropriate, Child Care Workers provide a going-away party for resident.
14. Social Worker coordinates the resident’s move to new service division.
15. Social Worker forwards resident’s case record, including summary dictation, to Social Worker in new service division.

16. Social Worker sends Admission, Transfer, Discharge Memo to Planning Committee and other appropriate staff.

17. Social Worker records discharge on the Admission, Transfer, Discharge Memo and gives it to designated staff member to be entered into the Resident Database.

18. In the new service division, regular admission procedures are followed.

(C) Between Programs: Intra-Agency Discharge

An Intra-Agency Discharge is requested when a Social Worker recognizes that a youth’s needs would be more effectively met in a program other than Residential Care. A youth may be transferred from Residential Care to one of the following programs:

1. Foster Care
2. Adoptive Care
3. Maternity Care
4. Emergency Shelter
5. Aftercare

When an Intra-Agency Discharge is necessary, the following guidelines are observed:

1. Social Worker requests review of youth’s Placement/Performance Agreement and Service Plan.
2. If the Supervisor and Social Worker recommend an Intra-Agency Discharge, the new program staff are invited to a Planning Committee meeting.
3. Social Worker meets with youth and parent/legal guardian to discuss the Intra-Agency Discharge.
4. If approved, the Social Worker coordinates youth’s visit(s) to the new program.
5. Social Worker finalizes move with youth and family. Social Worker finalizes with members of the Planning Committee through an Admission, Transfer, Discharge Memo.
6. When appropriate, the Child Care Workers arrange a going-away party for the youth.
7. Social Worker coordinates the youth’s care to a new program.
8. Social Worker formally transfers youth’s care to a new worker.
9. Social Worker records youth’s discharge from Residential Care on Database Discharge Form, the new case worker will record the new program placement on the
RESIDENTIAL CARE OPERATIONS

Database Placement Form and both are given to the designated staff member to be entered in the Client Database.

10. New Social Worker works with youth, family, and staff to develop a new Placement/Performance Agreement and Service Plan.

11. New Social Worker files within 30 days of Intra-Agency Discharge a Placement/Performance Agreement with the Clerk of the Circuit Court, according to district guidelines.

(D) Discharge – No Aftercare

The following are guidelines for discharge in circumstances where aftercare is not provided:

1. Social Worker consults with the team, resident, and parent/legal guardian.
2. Social Worker meets with the Planning Committee to review discharge plans and share recommendation.
3. Planning Committee approves or denies change.
4. If Planning Committee approves, the Social Worker informs resident and parent/legal guardian of pending discharge.
5. Social Worker finalizes date of discharge with Discharge Memo to Planning Committee and other appropriate staff.
6. When appropriate, Child Care Workers provide going-away party for resident.
7. When applicable, Social Worker gives the resident’s official papers such as birth certificate, report cards, pertinent legal documents, and health records to the parent/legal guardian.
8. Parent/legal guardian signs Discharge from Care Agreement. If parent/legal guardian is not willing or refuses to sign form, Social Worker will note circumstances in case manager progress notes.
9. Social Worker records discharge on the Transfer/Discharge form and gives it to designated staff member to be entered into the Client Database.
10. Social Worker informs collaborative community service providers of the discharge.
11. Social Worker records summary dictation for case record. Case record is formally closed at this time.
12. Social Worker completes Closing Summary within 30 days of termination of service.
13. Case record is expunged of notes when content is already included in progress notes. Or, these comments are appropriately updated and summarized. Observations and impressions, which are unrelated to the delivery of service are deleted from the record.
RESIDENTIAL CARE OPERATIONS

(E) Discharge from Aftercare

1. After the appropriate Aftercare services have been offered/provided, the Planning Committee will be notified that the resident is being discharged from aftercare.
2. Parent signs Release from Aftercare Agreement. If parent is not able or refuses to sign form, Social Worker notes circumstances in Case Manager Progress Notes.
3. Social Worker finalizes date of discharge with Discharge Memo to Planning Committee.
4. Social Worker records discharge on the Transfer/Discharge form and gives it to designated staff member to be entered into the Client Database.
5. Social Worker informs collaborative community service providers of the discharge.
6. Social Worker completes summary dictation for case record. Case record is formally closed at this time.
7. Social Worker completes Closing Summary within 30 days of termination of service.
8. Case record is expunged of notes when content is already included in progress notes. Or, these comments are appropriately updated and summarized or deleted from the record. Observations and impressions which are unrelated to the delivery of service are deleted from the record.

(4) CHILD CARE ROUTINES

(A) Allowance

When each resident receives an allowance, the Child Care Worker gives the money to each resident based on behavioral level system. The resident must sign for receipt of allowance. Child Care Worker will forward the signature sheet to the office for filing.

The allowance is for the resident’s personal use. The Child Care Worker teaches the resident to budget wisely. The Resident is encouraged to tithe from the allowance. The resident is encouraged to save a portion of it. When the resident is old enough to handle money, the Child Care Worker monitors how it is spent according to the level system.

The Child Care Worker is responsible for each child’s money and will keep it in a secure place, such as the residence office or the Child Care Worker’s quarters, along with a record of receipts and disbursements using the Client Account Balance Sheet. If an account has more than $50.00, the Child Care Worker or Social Worker sets up a savings
account at a local bank. Residents will not be issued ATM cards for any account, unless they are involved in a life skills training program and are working.

(B) Bed Wetting

Bed wetting (enuresis) may be due to lack of training, emotional upset, abuse, excitement, or habit. Rarely is it due to a physical cause. However, a thorough physical examination by a doctor may be indicated.

Before a new resident arrives, the Child Care Worker is to prepare the bed with a plastic cover for the mattress. When a resident has a wet bed, the resident is not scolded or punished. Normally, a resident will try to cover up the wet bed and clothes. Resident is taught to bring pajamas and sheets to the laundry room and is given clean sheets and pajamas. All bed wetting issues are handled discretely. Other children are not allowed to ridicule resident for bed wetting.

The resident may respond well to positive reinforcement for not wetting the bed. An example is to put happy faces or stars on a chart or calendar for dry nights. If this habit persists, discuss it with the Social Worker.

(C) Behavioral Guidelines for Resident

FBCH approaches the behavior of the resident in a positive and caring manner. The residents in care are taught to live a responsible Christian lifestyle. Whenever possible, residents are allowed to experience the logical and natural consequences of behavior.

The following guidelines apply to the behavior of a resident while at FBCH:

1. Resident acts responsibly at home, church, school, and community.
2. Resident takes responsibility for the upkeep and appearance of room, residence, and surrounding area (yard).
3. Resident treats each person and their personal property with respect and dignity.
4. Resident leaves the residence or campus only with permission.
5. Resident participates in a daily devotional and regular church attendance.
6. Resident completes assigned chores to Child Care Worker’s satisfaction.
7. Resident may not have weapons, inappropriate music, tobacco, drugs, alcohol, or pornography.
8. Resident goes to designated areas, such as the pool or swimming area, only with permission from the Child Care Worker.
9. Resident complies with campus and residence rules.

(D) Child Relationships and Visitation

Building positive relationships between the resident and family is an objective of FBCH. Teaching appropriate social behavior to the resident through his/her relationships with visiting sponsors, peers, church, and school is also an objective. If resident is able to make and maintain positive relationships with significant others, then the likelihood of achieving permanence is increased.

1. Family Relationships and Visitation

Communication and visitation arrangements with parents and relatives are included in the Placement/Performance Agreement. It is the team’s responsibility to communicate with the resident’s parent/legal guardian and family.

Parents/legal guardians are expected to visit with the resident regularly. This information is noted in the Placement/Performance Agreement. Plans for the resident’s visit are usually completed in advance of the visitation and made through the Social Worker. The resident may stay on campus during a scheduled weekend visitation or vacation for the following reasons:

a. Work obligations.
b. Participation in team sports.
c. Family’s or visiting sponsor’s inability to provide care for the total time period.
d. Family conflict.
e. Therapeutic issues of resident as agreed by parent/legal guardian.

All residents must be signed out by the adult who is transporting from the campus using the Visitation Sign-out Form.

A Visit Evaluation Form is to be given to the parent/legal guardian by the Child Care Worker. When the resident returns to the residence, the parent/legal guardian returns the completed evaluation to the Child Care Worker. The form is passed on to the Social Worker and provides information on the progress the resident and the family
are making. The Child Care Worker provides valuable information about the resident’s assessment of the visit.

2. Visiting Sponsor Relationships

Visiting sponsors are volunteers carefully recruited and screened by the social work and administrative staff. They often operate as an extension of the FBCH team. Their purpose is to provide a friendship and a respite from group living to young people whose parents are unavailable or unable to interact with them. Generally, residents who have contact with family are not eligible for a visiting sponsor.

Eligibility criteria for visiting sponsors are as follows:

a. Must be at least eighteen years of age.
b. Must be a professing Christian and active in a local evangelical church which agrees with the FBCH doctrinal statement.
c. Must demonstrate a disciplined Christian lifestyle, which includes abstaining from the use of alcohol, tobacco products, and illegal drugs.
d. If married, must be a stable, legal marriage of at least one year.
e. Must be a resident in the present community for at least six months.
f. Must be emotionally stable and have good character references.
g. Must have no criminal record and consent to a background check, including fingerprinting.
h. If children are in the home, they must also be of good moral character. If adult children are present in the home, they must have no criminal record and consent to a background check, including fingerprinting.
i. Must be willing to cooperate with FBCH and its staff in all matters relating to the children.
j. Must have a lot for children, including a desire to give a portion of their time and energy to them.

3. Peer Relationships

Residents need to participate in peer activities on campus and in the community. Young people are encouraged to form friendships in school, church, and community. Opportunities to nurture these friendships are provided through group events, outings, having friends over, and spending time in the homes of their friends. Appropriate
background screening of adults supervising a resident’s visit to an off-campus site must be verified with documentation of the screening. The Child Care Worker is to become acquainted with anyone with whom the resident spends regular time.

The Child Care Worker does the planning for the day visits between the resident and peers. The Child Care Worker will consult with the Social Worker about overnight visits with a friend or an overnight church or school activity. The Social Worker is more familiar with overall planning for the resident. Together they determine what is in the best interest of the resident.

When a resident requests overnight visits with a peer, the following steps occur:

a. Request is brought up in team meeting.
b. Either the Social Worker or Child Care Worker may be involved in telephone contact with the individual/family to confirm the invitation and explains agency procedures.
c. Social Worker may visit the home to assure suitability of environment, e.g. who lives in the home sleeping arrangements, social and vocational information, church/community involvement and information about child and his/her relationship with parents. Other screening criteria may be used.
d. Personal references may be requested.
e. Social Worker reports back to the team, the decision regarding the visit is confirmed, and the home visit is scheduled.
f. Social Worker or Child Care Worker informs resident of the decision, secures the parent/legal guardian’s written consent, and insures resident understands the rules/methods for personal safety and protection.

If a team member identifies issues/concerns that need further explanation, appropriate follow-up measures will be taken to address those issues.

(E) Chores

Each resident contributes to keeping the residence running smoothly by regularly completing his/her assigned chores to the satisfaction of the Child Care Worker. Completing these chores teaches each resident the value of work, commitment, and acceptance of responsibility.
RESIDENTIAL CARE OPERATIONS

Major chores are to be performed routinely. Each resident is assigned chores in a basic area for specific periods of time. Generally, residents rotate to different chores. Chores missed because of scheduling problems are arranged in advance by the resident. If not, resident completes the assigned chores(s) of another resident who may have completed his missed chores(s).

(F) Church Affiliation and Attendance

FBCH’s Statement of Mission and Statement of Philosophy reflect emphasis on the spiritual development of the resident in care. Attendance at Sunday School and Sunday morning worship is required for residents and staff.

Staff and young people are expected to attend Sunday night and Wednesday night activities when their church provides these services. Participation in age appropriate group events is expected. These are more relaxed and informal times in most churches, presenting opportunities for resident involvement in musicals, special programs, and other activities.

Generally, residents and staff attend the same church according to the residence in which they live and work. FBCH interprets this spiritual emphasis to a resident as a desirable and necessary means to a full and rich life. A personal relationship with Jesus Christ as Lord and Savior should be clearly presented to resident as a foundation for a healthy, balanced lifestyle. Residents are encouraged to share responsibility in daily devotionals and blessings asked at each meal.

See House Parent Ministry Model. Any exceptions to the above are determined by the Area Administrator.

(G) Clothing

The Child Care Worker has specific responsibilities regarding clothing:

1. Teaching residents to properly clean and care for his/her own clothing.
2. Maintaining regular inventory of resident’s clothing. (At admission and at six month intervals using the Inventory of Personal Belongings Form).
3. Meeting the clothing needs of new residents immediately. Available clothing on campus is utilized before making any purchases.
RESIDENTIAL CARE OPERATIONS

4. Purchasing clothing from stores approved by FBCH.
5. Marking identification on resident’s clothing.
6. Mending and repairing resident’s clothing.
7. Guiding residents to dress in a manner that does not single him/her out from other children, while at the same time using good taste which reflects Christian values.
8. Not allowing sexually suggestive clothing or clothing advertising personalities or products which promote drugs, alcohol, sex, or violence.
9. Reinforcing guidelines regarding not lending/borrowing/exchanging clothing with others.

(H) Dietary Needs

Residents are provided three well-balanced, nutritious meals with vegetables daily, plus snacks. Weekly menus, reviewed by appropriate staff, are posted and then filed. Special dietary needs of residents are accommodated. All menus should be approved by a registered dietitian or nutritionist.

(I) Discipline

Discipline is defined as training which enables a person to develop self-control and orderliness. It is the process of learning to adapt one’s behavior to the expectations of society. For discipline to be effective, one must focus on teaching the resident to recognize mistakes and learn new behavior.

1. Level System

Level systems are in place on each campus. They provide structure, clarity, and predictability in the observance of behavior guidelines and use of discipline.

The level system encourages a positive approach to discipline. Some examples of positive methods of discipline are as follows:

a. Reinforcing acceptable behavior with honest praise, special privileges and treats, extra hugs, additional time spent with the resident, and stars or smiley faces on a chart or bulletin board.

b. Verbal disapproval of the resident’s behavior, not the resident, i.e., “I don’t like ball-throwing in the house.”
c. Loss of privileges, i.e., watching television, participating in a special activity, or playing with a specific toy.

d. Grounding, restricting the resident to the house or yard, or sending the resident out of the room and away from cottage activities.

e. Redirecting the resident’s activity, i.e., suggesting the resident play with a toy instead of a sharp object.

2. Corporal Punishment

Corporal punishment is not permitted. The treatment team is responsible for determining appropriate alternative discipline for acting-out behavior. Alternatives to corporal punishment will be implemented.

Training and instructional materials regarding alternatives to corporal punishment will be made available to Child Care Workers.

3. Responsibility for Discipline

Routine problems arising in the resident’s cottage behavior and play relationships are handled on the spot by the Child Care Worker. The Child Care Worker handles all but the most severe behavioral difficulties. A Child Care Worker consults with the team for persistent or severe behavior difficulties. For serious misbehavior, the team may contact the appropriate Director/Administrator for further guidance. The Child Care Worker is responsible for putting at least a generic consequence in place (room/cottage restriction) pending a decision by the team for serious incidents.

4. Incident Reporting

Appropriate staff person(s) will document inappropriate behaviors of a major nature by using the Incident Report Form. These are to be filled out on the same day as the incident and turned in to the appropriate Director/Administrator. Copies will be made for other team members, and the original will be placed in the resident’s case record. All incidents involving residents who are in the custody of DCF shall be reported according to guidelines set forth in Department guidelines. All incidents shall be entered into the Client Database.

The following is a list of what constitutes inappropriate behaviors of a major nature:
RESIDENTIAL CARE OPERATIONS

a. Stealing: When a resident, without permission from the owner, takes or possesses something which does not belong to him/her.

b. Excessive Misbehavior: When a resident repeatedly or flagrantly abuses privileges or rules and refuses to cooperate with staff.

c. Running Away: When a resident leaves the cottage, campus, or designated off-campus areas without permission from staff. The emphasis here is extended periods of absence. For procedures and forms regarding running away incidents, refer to Administrative Procedures sections of this manual.

d. School Conduct: When a resident is truant, suspended, has excessive detentions or involved in other serious school-related incidents.

e. Physical Aggression: When a resident engages in behavior toward another resident or staff member that intends to harm physically (hitting, shoving, kicking, biting, hair pulling, etc.) and any intentional behavior that results in damage to, or destruction of property.

f. Verbal Aggression: When a resident engages in behavior toward another resident or staff member such as threats, excessive profanity, verbal abuse, or other intimidations.

g. Alcohol/Drug Possession: This includes non-prescribed drugs, alcohol, inhalants, or paraphernalia. Repeated possession or use of tobacco products can also fall under this category.

h. Inappropriate Sexual Behavior: Inappropriate sexual acts, touching, dress, language, or gestures towards other residents, staff, or persons outside of FBCH constitute sexual misconduct.

i. Self-Destructive Acts or Gestures: When a resident engages in verbal or written suicidal threats, or makes a suicidal attempt.

5. Physical Injury/Accident Incident Review – Requiring Medical Attention

Incident Review will be conducted when an incident falls into the following categories:

a. Danger to self and/or others (suicide, suicide attempt, threat/injury to others).

b. Involvement of law enforcement or other outside agency personnel.

c. Injury to staff or resident requiring outside medical treatment.

d. Suspected abuse or maltreatment of residents.

e. Failure of staff to follow operating procedures.

f. Self-destructive acts and gestures.
g. Other – A review can be conducted for other incidents at the discretion of the Director/Administrator.

The Incident Review process is completed within 7 working days after the incident(s) occurred. The Director/Administrator recommends a review to be conducted at the next treatment team meeting. During the meeting, the Director/Administrator will facilitate discussion of the information on the Incident Report, appropriateness of staff interventions, current status of resident(s)/staff involved and any subsequent action to be taken by the staff or agency. The facilitator of the review needs to be sensitive to the concerns/feelings of staff involved and stress the educational, proactive, and risk management benefits of the process. Any staff disciplinary action required as a result of the review process will be handled through the employee supervision/evaluation process.

6. Consistency of Discipline

The Child Care Worker makes the consequences for misbehavior consistent over time. One of the primary advantages of the level system is the degree to which it makes behavior management consistent. The Child Care Worker does not use a major consequence for a minor misbehavior, irrespective of its irritating nature. The consequence appropriately matches the behavior.

Occasionally, the Child Care Worker needs to back away from circumstances and delay consequences, speak to the Social Worker or Director/Administrator, and de brief from the intensity of the situation. This action enhances consistency over time.

7. Disciplinary Review Procedure

The following steps are designed to occur in sequence to cope with residents who continue to misbehave and disrupt the residence. Unmanageable behavior during this sequence may require the team to arrange a temporary re-location for the resident. This re-location would occur off campus or in another residence if available and would be for a period of no more than three days. An extended time can be approved by the team in consultation with the Administrator.

a. Resident is noncompliant with Behavior Guidelines for resident:
RESIDENTIAL CARE OPERATIONS

1. Use level system.
2. Immediate consequences.
3. Incident Report is sent to team Social Worker and Director/Administrator.

b. Resident continues noncompliant behavior:

1. Incident Report completed and sent to Social Worker and Director/Administrator.
2. Child Care Worker consults with team members.
3. Team and resident meet to discuss behavior.
4. Social Worker and resident may meet to discuss problem.
5. Director/Administrator, Child Care Worker, and team Social Worker meet to review problem.
6. Child Care Worker, team Social Worker, and resident meet to resolve problem.
7. Director/Administrator meets with team and/or resident to resolve problem.

c. Disciplinary Review Committee – If resident has not responded appropriately to previous steps and misbehavior continues, the Disciplinary Review Committee is convened within three working days of the team’s request. (Admission and Planning/Discharge committee may serve in this capacity).

1. Review committee is composed of three staff members representing child care, social work, and administration.
2. Members are not actively involved in the resident’s case.
3. Task is to review problem and Service Plan.
4. Meets with Child Care Worker, Social Worker, resident, and/or Director/Administrator.
5. Makes recommendations to staff and resident.

d. Planning Committee (Refer to section A, (6), letter N):

1. If the Disciplinary Review Committee recommends the development of a new Service Plan, the Planning Committee’s task will be to review the resident’s Service Plan.
2. The Planning Committee will make recommendations/modify Service Plan.
3. The Planning Committee will meet with resident and parent/legal guardian to discuss recommendations and sign new Service Plan.

4. If recommendation is transfer or discharge of resident, Social Worker will begin appropriate planning.

(J) Extracurricular Activities

The staff encourages resident to take part in meaningful activities at school, church, or in the community. The resident must have the Child Care Worker’s permission and a signed Activities Permission Form must be on file before becoming involved in an activity. The Child Care Worker takes into consideration individual maturity, attitude, and the service plan before granting permission. The Child Care Worker consults with the team in planning for these activities.

The Child Care Worker helps the resident obtain the necessary supplies/equipment to permit participation. FBCH pays the basic cost of approved activities. If the resident wishes special equipment or other than basic brand items, then the resident pays the additional amount.

If the resident is discharged from activities due to inappropriate behavior or dropping out, some repayment to FBCH is expected for the money and energy extended. This is determined on an individual basis.

Each resident must maintain a C average to be eligible for organized extra-curricular activities. If a resident falls below this standard, he/she has until the next interim or report card to bring up the average, and be eligible to participate again. Any exceptions are made by the team.

When consequences are merited for inappropriate behavior, Child Care Workers refrain from taking away the resident’s scheduled activity. If after a series of consequences, the resident continues to behave inappropriately, then in consultation with the team, the resident may lose the activity.

(K) Gifts

FBCH allots a specified amount of money per resident to be used for gifts and special occasions. Also, sponsoring groups contribute gifts and money during the year.
The Child Care Worker purchases gifts with the resident’s involvement. The Child Care Worker schedules, with the resident and staff, times for birthday parties and special celebrations. The Social Worker communicates with the family members for these events.

When the Child Care Worker knows of excessive gifts to the resident from family or visiting sponsor, he/she shares the information with the team. The Social Worker works with the family or sponsor toward appropriateness.

The Director/Administrator coordinates the involvement of churches and groups who want to assist a residence. A Needs List is kept current by child care staff for the use of the Director/Administrator.

Financial gifts made directly to a residence are forwarded to the campus office for proper receipting and handling.

The residents of each cottage have a specified time after the receipt of a gift to write thank-you letters.

(L) Laundry

Each resident’s laundry is cleaned on a regular basis. This is done under the supervision of the Child Care Workers. Middle and senior high residents are taught the use of the washer and dryer and responsible laundering and care of their own clothes. Age and maturity are factors to be considered in assigning this responsibility.

Bed linen is changed a minimum of once a week. Each resident brings soiled sheets and pillow cases to the Child Care Worker before clean linen is given out.

(M) Library

Each resident is encouraged to use every library facility available – campus, school, church, public, and the Internet with supervision. Books borrowed from any library are the responsibility of the resident. If not returned on time and a fine is imposed, the resident pays out of his/her money.
Typically, residents in care have not had the opportunity to develop good reading skills or study habits. A Child Care Worker’s enthusiasm and sensitivity about these issues can have a major impact.

(N) Medical and Dental Care

The Child Care Worker’s daily attention to each resident’s health is essential. The medical assistant, nurse, or designated Child Care Worker schedules routine medical and dental care. (For the purpose of this manual, the term medical assistant is used).

1. Routine Health Care

   The medical assistant manages routine health care by:

   a. Creating an emergency folder to be used by cottage staff.
   b. Scheduling all medical and dental appointments.
   c. Coordinating transportation for resident to and from appointments.
   d. Notifying Child Care Worker and Social Worker of appointments.
   e. Documenting medical file in updated systematic manner.
   f. Maintaining medical file in updated systematic manner.
   g. Reporting medical or dental instructions to appropriate members of the team.
   h. Processing all billing for health care.

2. Illness

   When the resident is ill, the medical assistant and appropriate members of the team are informed of the resident’s illness. During the school year the Child Care Worker notifies the school of the resident’s absence.

   If the resident becomes ill at school, the Child Care Worker is contacted. He/she determines the need for medical care and informs appropriate staff.

3. Accidents and Emergencies

   The Child Care Worker is to be trained to handle medical emergencies. In the case of accidents such as broken bones, deep cuts or profuse bleeding, the Child Care Worker does the following:
RESIDENTIAL CARE OPERATIONS

a. Applies first aid procedures to cope with resident’s immediate needs, such as stopping the bleeding or immobilizing resident.

b. Arranges for transportation to emergency room or calls ambulance.

c. Escorts resident to emergency room with emergency folder in hand and aids with admission procedures.

d. At earliest possible moment, informs Director/Administrator and completes Incident Report.

e. Director/Administrator contacts Social Worker, medical assistant, and other staff, as appropriate.

f. Social Worker informs parent/legal guardian.

g. Parent/legal guardian is regularly updated on resident’s condition by the Social Worker if parent/legal guardian is not present during the medical treatment.

h. All medical information and billing items are given to the medical assistant.

4. Hospitalization

FBCH will take responsibility for scheduling for non-emergency hospitalization.

When a resident is to be hospitalized, the following occurs:

a. Director/Administrator contacts Social Worker, medical assistant, and other staff as appropriate.


c. Medical assistant arranges for resident’s hospitalization in consultation with team.

d. Child Care Worker admits resident to the hospital.

e. Child Care Worker and Social Worker coordinate time spent with the resident during hospitalization, with emphasis on as much time as possible.

f. Parent/legal guardian is regularly updated on resident’s condition by the Social Worker.

g. Medical assistant processes all hospital billing. Medical assistant also contacts parent/legal guardian regarding medical insurance coverage.

5. Medical Records

Medical records are kept in the office of the medical assistant or other designated area. The Child Care Worker knows how to access these records in case of an emergency. A Child Care Worker involved in a medical or dental incident records
pertinent information on a Medical/Dental Report Form. This form is forwarded to the medical assistant for filing in the resident’s medical record.

Child Care Workers are responsible for submitting the resident’s Medication Record to the medical assistant upon its completion. The medical assistant is responsible for all medication forms in the resident’s medical record.

6. Medical Equipment

Each residence has a medicine cabinet in which all medical supplies and medicines are stored behind a double lock means of entry. No resident is permitted access to the cabinet. Each medication is to be labeled with the client’s name and medication directions for use.

Medicine cabinets are stocked with a sufficient supply of items. The medical inventory is routinely checked.

7. Medications

a. Safekeeping/Quality Control

Child Care Workers have primary responsibility for medications and follow these guidelines:
1. Medications are kept in their original labeled containers.
2. All medications, over-the-counter and prescription, will be stored behind a double locked means of entry (two locks on the same door or cabinet does not meet standard). Medication will be administered by program staff only.
3. All medication will be immediately logged on the resident’s Medication Record.
4. The Social Worker will alert staff to the resident’s need for medication as prescribed by a consulting psychiatrist or appropriate medical personnel.
5. Staff are responsible for the careful handling of medications and dispensing them to the resident.
6. Residents are never forced to take their medication. If a problem arises, staff consult with the team for possible solutions.
7. Caution will be exercised when giving medications to resident. Resident might “cheek” the medication and store for later use. Staff must make certain
the resident swallows the medication. If staff is uncertain that a resident takes his/her medication, staff will consult with the Social Worker or Director.

8. **UNUSED, OUT-OF-DATE, MEDICATIONS WILL BE TAKEN TO THE LOCAL PHARMACY FOR DISPOSAL.** ALL EMPTY MED BOTTLES AND EMPTY BLISTER PACKS ARE TO BE TURNED INTO THE DIRECTOR. Any unused medications are to be sealed in an envelope with the Prescription Return Form.

9. Staff will complete the Medication Discrepancy Report, as needed. Uses include errors in giving medications, loss of medication, indications that a resident has not ingested the medication, resident’s refusal to take the medication, etc.

10. When medication needs to be delivered to another site, such as the resident’s school, it will be transported by staff, never by resident. When medication is sent on a visit, staff will give it directly to the responsible adult, e.g., parent, visiting sponsor.

b. **Administration**

New medications/treatments are started as soon as possible after being prescribed. The on-duty staff obtains the medication and enters it on the medication chart and notes the change/addition in the log book, in the resident’s log and on the changeover form. All direct care staff must review the medication charts at changeover. If the staff member has any doubts or questions about the procedure/medication, get clarification before giving the medication.

1. Look at the Medication Chart (M.C.) of one resident at a time.
2. Unlock the medication cupboard and find the container with that resident’s medication. **NEVER LEAVE MEDICATIONS UNATTENDED OR UNLOCKED.** Read the label carefully, check to see the medication is current and that it agrees with the information on the M.C. **NEVER, EVER GIVE A MEDICATION YOU ARE IN DOUBT ABOUT.** Call and check with the pharmacist, the resident’s physician or the on-call supervisor.
3. Check the dosage and time. Follow any special directions, such as give with food or shake well, etc.
4. Obtain medication cup and read the pharmacy label again and compare to M.C. Remove the appropriate amount of medication without handling when
possible, and drop medication into cup. Liquids should be measured into a graduated medication cup.

5. Before returning medication container to cupboard, recheck labels and compare to M.C., being certain all information for administration of medication is correct.

*Repeat steps 1 through 5 for each medication given at this time.*

6. Call the resident and give the medication. **MAKE SURE YOU ESTABLISH POSITIVE IDENTITY OF THE RESIDENT WHO IS TO RECEIVE THE MEDICATION. IF IN DOUBT, GET CONFIRMATION.** Require the resident to take their medication with water to assist swallowing. Observe to make sure the medication is swallowed.

*Note: Only one resident at a time, at the medication station, receiving medication.*

7. Immediately record each dose of medication in the correct place on the resident’s M.C. Make sure you have initialed in the correct space for all meds including P.R.N. and non-prescription drugs such as Tylenol or cough syrup, etc.

   It is your responsibility (the staff who begins meds) to administer, record, complete and secure all medication given during a time frame (e.g., morning meds) in order to avoid a mistake such as missing a med or giving it twice.

8. Any adverse reaction to medications (i.e., swelling, skin changes, vomiting, diarrhea, etc.) should be reported IMMEDIATELY to the campus nurse or medical assistant, resident’s physician, or pharmacists and supervisor on-call.

9. When/if an error occurs:
   a. Determine if emergency medical services are needed. If the resident is showing any signs of distress (i.e., difficulty breathing) IMMEDIATELY call 911 and begin CPR, if necessary.
   b. If there are no visible signs of acute distress noted, call one of the following for immediate instructions:
      1. FBCH campus nurse
      2. Attending physician
      3. Pharmacist
   c. The on-call supervisor should be notified immediately.
d. Staff will complete Medication Discrepancy Report and submit it to their supervisor within 24 hours.

10. If medication is given to a parent/legal guardian for an oversight visit, staff should initial medication sheets to include the days for which medication were given during the visit.

(O) Recreation

There is a formal recreation program on the campus each summer. This is for residents who are not involved in summer work or planned activities. The program is scheduled during the afternoon hours.

Recreation is conducted on an informal basis during the school year. A member of the child care staff or a volunteer is assigned the role of coordinating recreation. If this cannot be a formally assigned role, responsibilities are rotated among Child Care Staff.

Recreation is recognized as a therapeutic outlet for the resident and provides bonding and team building opportunities for staff and resident.

(P) Residence Protocol

Staff members approach the residences with respect for privacy and protocol. Visiting staff do not enter a residence without first having knocked and been granted permission (Refer to Client Privacy Booklet).

There are numerous occasions when groups tour the residences to see the work of FBCH. Many times a resident and parent/legal guardian tour the residence as part of determining interest in admission. When necessary to bring people through the residences, one plans ahead with the Child Care Worker.

There is a set time each day for the Child Care Worker to have quiet and privacy. This private time is protected by administrative staff.

(Q) Scheduling Appointments

Residential care requires the scheduling of many appointments. The Child Care Worker teaches the resident to keep appointments. When a resident does not keep an
appointment, the appropriate staff member reports it to the Child Care Worker who then takes appropriate action.

Medical, dental, counseling, and therapy appointments take priority over routine activities. Social Worker schedules appointments with residents at least 24 hours in advance through contact with the Child Care Worker, attempting to avoid school hours.

Residents visit the campus office only when directed to do so by a staff member.

(R) School

1. Enrollment

Unless otherwise indicated by the team, the Child Care Worker enrolls the resident in school on the first school day following admission. The team members meet with school personnel when special education is needed.

2. School Problems

The school contacts the Child Care Worker if learning or behavior problems occur. When the behavior is a repeated pattern, the team strategically looks for a solution.

If a resident is suspended from school, the campus level system determines consequences for behavior. The Child Care Worker completes the Incident Report and, in consultation with the team, determines the appropriate use of the resident’s time during suspension.

If a resident is expelled from school, FBCH cannot serve him/her according to the Eligibility Criteria (see page 5, (B) 3) and another placement option will need to be considered by the parent/legal guardian.

3. Fees

FBCH pays required expenses for academic courses. For non-academic activities, FBCH pays basic fees or equipment costs.

4. School Trips
Class trips that are part of the course requirement are paid by FBCH. The staff works with the resident on an individual basis regarding the expenses for non-required trips.

5. Report Cards

The Child Care Worker signs each report card, and the resident returns it to school. A copy of each progress report and card is provided to the Social Worker for the case record. A copy of the report card is sent to the parent/legal guardian.

6. Study Time

A regular daily study time occurs during the school week. Residents who maintain a “B” average or above in every course may arrange their study hours individually with their Child Care Worker.

7. Supplies

Basic school supplies are furnished through the campus office. The Child Care Worker secures the school supplies and distributes them to the resident.

8. Lunch Program

The resident is eligible for the free lunch program. Applications are completed and returned to appropriate personnel at the school by the Child Care Worker. A copy of the application is given to the Social Worker for filing in the case record. If the resident does not wish to be on the free lunch program, he/she may prepare lunch.

9. Parent-Teachers Organization

Child Care Workers attend PTO meetings whenever possible. The Child Care Worker contacts the resident’s teachers, as needed.

(S) Teen Guidelines

Young people in their teenage years have growing needs for independence and increasing level of responsibility. FBCH has a specific set of guidelines to address these needs. The
teen guidelines are not restricted to one residence but extend to all eligible residents. Guidelines apply to those residents who are thirteen and older.

1. Work
   
a. Residents thirteen and older are allowed to participate in the campus work program, unless time involved in academic or extracurricular activities does not leave time for employment.
   
b. Residents sixteen and older work off campus, unless time involved in academic or extracurricular activities does not leave time for employment.
   
c. Residents who refuse to work off campus (or behavior prohibits it) will work on campus at campus work program pay, until they have demonstrated to the team commitment and work ethic.
   
d. The Child Care Worker assists the resident with job applications and interviews. The work responsibilities are coordinated with residence, school, and church responsibilities.
   
e. Residents follow through on commitments to employers and maintain appropriate behavior on the job.

2. Money
   
a. Each resident sets up a budget with the Child Care Worker, determining personal needs, tithes, savings, and spending money.
   
b. Residents are held accountable for all monies received. Residents may keep a limited amount of money for personal spending. Any amount above this is approved by the Child Care Worker.
   
c. Residents are encouraged to give a tithe of all money received to their church.
   
d. Unless otherwise indicated on the Service Plan, 50% of the earnings will be saved.
   
e. FBCH provides for routine church and school expenses. Costs for special trips or activities are shared with the resident. The resident pays at the suggested rate of 10% in 10th grade, 25% in 11th grade, and 50% in 12th grade. The rate is determined on an individual basis as finances allow.

3. Dating
RESIDENTIAL CARE OPERATIONS

a. Dates are to be met by the Child Care Worker prior to the day of the date and be approved by the team.

b. Residents fifteen and older may double date and residents sixteen and older may single date if on appropriate level and approved by team.

c. Younger teens may participate in group activity dating, with proper adult supervision.

d. Residents make transportation arrangements with the Child Care Worker in advance.

e. Residents maintaining an appropriate level of behavior on the level system and a “C” average in school are allowed one weeknight, pre-approved, special activity (Monday through Thursday). Curfew hours are set by the Child Care Worker.

f. Friday and Saturday night curfew hours for residents are not later than 11:00 p.m. for 9th graders, 11:30 p.m. for 10th graders, 11:45 p.m. for 11th graders, and 12:15 a.m. for 12th graders. The Child Care Worker may make exceptions for special occasions or to reflect local community curfews.

g. Exceptions to this procedure may be made upon recommendation from the team on a case-by-case basis.

4. Bedtime/Wake-up

a. The Child Care Worker determines bedtimes on non-school nights.

b. On school nights bedtimes are determined by resident’s level and age. Suggested times are: High school—10:00 p.m., Junior High—9:30 p.m., Elementary—8:30 p.m.

c. Residents are responsible for getting themselves up in the morning. Use of an alarm clock is recommended.

5. Driving

Residents are not permitted to drive an agency-owned vehicle. Use of a resident’s personal vehicle will be determined by the team with approval of the Administrator. Residents will not transport another resident in any vehicle.

6. Rooms

Residents earn private rooms where available, by seniority, acceptance of responsibility, and behavioral level.
(T) Telephone Use

The Child Care Workers determine who answers the phone, the length and frequency of phone calls, and the time frame in which the phone is used by a resident. During campus office hours, it is important that the residence telephone line be free, except in the case of emergencies. Personal calls for residents are limited to 10 minutes. A 5-minute break between calls frees the line for people trying to call the residence.

Residents should learn proper telephone etiquette and protocol. Child Care Workers teach the young people in care to use the telephone Directory, how to answer the phone properly, how to take messages, and how to place calls. Ample opportunity is provided for residents to practice these skills.

FBCH does not deny the right of a resident in residential care to have private telephone phone conversations with family members or others. When restrictions on telephone privileges are recommended at the time of admission, the team caring for the child and the parent/legal guardian discuss the limitations to be documented in the Service Plan. When it is necessary to limit a resident’s telephone conversations while in care the following applies:

1. The limitation is time limited.
2. The limitation is documented in the resident’s case record.
3. The limitation receives approval prior to implementation by the Director/Administrator, and it is reviewed on a monthly basis.
4. The limitation is reviewed weekly or monthly by the team.

Restriction of telephone privileges for residents is necessary when staff members observe the following:

1. Communication with family members or others which constitutes verbal or emotional abuse.
2. When communications are primarily derogatory in nature toward the resident.
3. When communications influence the resident to operate contrary to the Service Plan.
4. When communications about sensitive issues indicate a major disruption in the resident’s behavior patterns. (Inability to comply with the Service Plan).
Telephone calls from parents or family are normally arranged at the time of admission. Changes in these plans are arranged with the Social Worker.
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(5) CASE MANAGEMENT DUTIES

These duties describe the Social Worker/Case Manager’s function once the resident and parent/legal guardian have contracted with FBCH for residential care services. Case management services involve evaluation of the resident’s and family’s progress, the provision of counseling and therapy, advocacy for service needs, maintenance of records, and the coordination of reviews.

1. Advocacy and Networking

The Social worker is responsible to advocate for the service needs of the resident and parent/legal guardian. Advocacy includes the networking of various systems servicing the resident and family. The Social Worker aids the resident and family as they seek to negotiate for services in the areas of housing, health care, education, and social services. When the resident’s rights are not being adequately protected or served by one of these systems, the Social Worker addresses the issue with the appropriate personnel.

If the resident’s needs are not being adequately served in residential care, the Social Worker requests the treatment team to review the Placement/Performance Agreement or Service Plan. At this review the Social Worker advocates for the best interest of the resident.

2. Aftercare

The Social Worker is responsible for formulating and implementing an aftercare plan and services, as appropriate.

When direct aftercare services are provided by FBCH, they will:

1. Be provided for a time period appropriate to the specific case.
2. Family/child will be contacted by telephone at least monthly.
3. Social Worker will make one home visit toward the termination of services.
4. Social Worker will administer client assessment packet at six months.

When aftercare services are provided by referral, the Social Worker refers to the appropriate resources(s) and follows up to determine that services have been offered and/or secure. This is done on behalf of and with the permission of the resident and/or parent/legal guardian. All aftercare contacts will be documented in case manager progress notes.
In the following cases, aftercare services are not routinely provided to the resident and family:

1. The Department of Children and Families (DCF) has custody of the child.
2. Parent/legal guardian requests removal of the child from residential care against the recommendation of the treatment team.
3. Child and/or family is relocating out-of-state.

3. Child Support Payments

The Social Worker is responsible for discussing the cost of providing residential care services with the parent/legal guardian during the admission process. This is generally discussed at the time of service inquiry and more specifically discussed during the development of the Placement/Performance Agreement. FBCH has developed a sliding scale fee for child support payments. Refer to the Forms Manual – Residential Care section, Sliding Scale for Residential Child Care Support Payments for further information.

In order to gain a more meaningful sense of commitment and involvement on the part of the parent/legal guardian of the resident, FBCH requires that the parent/legal guardian assume some of the financial responsibility for the resident. Any adjustments to the fee schedule will require approval of the Vice President for Programs. Fees will be used for room and board, clothes, education, and medical costs.

Fees are minimal compared to agency costs for services; however, no family will be refused services because of an inability to pay a fee. The maximum rate for services shall be charged when third party payments are available to pay for residential care.

The designated secretary is able to determine who is making payments and when they are made. The secretary informs the Social Worker of the status of the child support payments of each resident in care. Also, the secretary sends a reminder to the parent/legal guardian 10 days prior to the payment due date.

There is a series of three billing letters to be sent by the Social Worker or Director/Administrator to the parent/legal guardian when a child support payment is not received. (These letters are available in the Forms Manual).
The first of these letters is sent 30 days after payment is due. The second letter is sent 60 days after payment is due. The letter is sent 90 days after payment is due.

If the parent/legal guardian is unable to pay or refuses to pay the agreed upon child support, then the Area Administrator must seek approval from Vice President for Programs for child to continue in care.

4. Clinical Assessment

The Social Worker is responsible for initiating, scoring, and reporting clinical assessments of resident on a periodic basis. Time frames are:

1. During the intake process prior to admission.
2. Within 30 days of admission.
3. Six months after 30 day admission assessment and at six month intervals.
4. Within 30 days prior to discharge to another program.
5. Six months after transfer to Aftercare services.

(Refer to Program Policies and Procedures Manual, D, Resident Benefits and Outcomes).

5. Consultation with Child Care Worker

Social Workers are available for consultation with the Child Care Staff on a regular basis through team meetings. Individual meetings between a Child Care Worker and Social Worker are scheduled by appointment. The Social Worker schedules regular times to be available to offer assistance or problem solving with the Child Care Worker.

6. Counseling/Therapy

Social Workers will see all residents on their caseload no less than twice monthly. Counseling/therapy may occur individually with the resident, or in a group or family session, depending upon the conditions of the Placement/Performance Agreement and Service Plan. For some residents, therapy with an off-campus professional may be indicated.

The focus is on problems which occur in the resident’s daily life, interpersonal relationships, and family issues. Common topics examined with residents include the following:
RESIDENTIAL CARE OPERATIONS

1. Peer relationships.
2. Relationships to staff.
3. Relationships to parent and family.
4. Religious and spiritual decisions.
5. Social skills.
6. Personal goals.
7. Behaviors.
8. Relationships with the opposite sex.
10. School behavior and motivation.
11. Adjustment to group living.

Common factors indicating a need for more intensive counseling/therapy include but are not limited to the following:

1. Resolution and processing of traumatic life experiences such as:
   a. Sexual and/or physical abuse.
   b. Abandonment.
   c. Violence victimization.
   d. Loss.

2. Disruption in psycho/social development.

3. Emotional maladjustment such as:
   a. Dealing with feelings.
   b. Adjusting to societal expectations.
   c. Maintaining appropriate behavioral standards.

4. Issues of sexual and gender identity and adjustment.

5. Significant deficits in self esteem, including:
   a. Depression.
   b. Self-destructive tendencies.
   c. The forming of relationships which negatively impact resident.
Counseling/therapy will occur with the family as individuals or as a family unit, depending upon the conditions of the Placement/Performance Agreement and Service Plan. Common topics examined with the family include the following:

1. Communication.
2. Roles.
4. Goals toward reunification.
5. Family separation/loss.

The Social Worker has the specific assignment of providing counseling and therapy for resident and families, but all Direct Care Staff are expected to function in a therapeutic manner. On occasion, this need may be met by a Therapist in the community.

7. Group Work

A variety of group therapy and educational group services is offered by members of the team. These services are designed to meet the needs of a specific population. Types of groups that may be offered are:

1. Parenting skills.
2. Social skill development.
3. Physically or sexually abused residents.
4. Anger management and conflict resolution.
5. Independent living skills.
6. Therapeutic needs.

Each group meets for a limited number of weeks in order to accomplish the stated objectives.

Punctuality, staying on task and confidentiality are concerns for group work in residential care. Group facilitators protect information revealed in the group and insure that participants do so as well.

8. Maintenance and Safe Keeping of Case Records

The Social Worker maintains each resident’s case record in an updated, efficient, and professional manner. The case record is divided into seven segments: (1) Admission and
RESIDENTIAL CARE OPERATIONS

Placement Information, (2) Medical and Clinical Records, (3) Reports and Summaries, (4) Correspondence, (5) School, (6) Official Papers, and (7) Case Reviews.

The specific forms filed in each one of these sections are listed below:

1. Admission and Placement Information
   a. Face Sheet & Youth Profile
   b. Application Checklist
   c. Inquiry Screening Form
   d. Client Database Forms
   e. Application (Short or Long Form)
   f. Permission for Orientation Visit (if applicable)
   g. Orientation Visit Report Form (if applicable)
   h. Inventory of Personal Belongings
   i. Admission, Transfer or Discharge Memo
   j. Authorization for Release of Information to Florida Baptist Children’s Homes
   k. Audio/Video/Photographic Release Form
   l. Statement Indicating Review of Grievance Procedure, Responsibilities, and Rights
   m. Activities Permission Form
   n. Drug Screening Consent and Acknowledgment of Waiver of Confidentiality
   o. Authorization to Consent to Medical Treatment
   p. Educational Planning Release (if applicable)
   q. Financial Statement
   r. Psychosocial/Comprehensive Assessment
   s. Performance Placement Agreement
   t. Voluntary/CBC Placement Agreement
   u. Service Plan and Review

2. Medical and Clinical Records
   a. Copy of Medicaid and Insurance Cards
   b. Health Information Form
   c. Student Medical Examination
   d. Addendum to Student Medical Examination (as appropriate)
   e. Psychological Evaluation (if applicable)
RESIDENTIAL CARE OPERATIONS

f. Any Additional Psychological Information

g. Copy of Immunization Record

h. Clinical Assessments

i. Permission to Administer Psychotropic Medication

j. Medical History

k. Medication Discrepancy Reports

3. Reports and Summaries

a. Case Manager Progress Notes

b. Monthly Summaries (Copy sent to CBC, if applicable)

c. Incident Reports

d. Independent Therapy Notes

e. Group Therapy Note or Family Therapy Progress Record, as appropriate

f. Quarterly Clinical Summary, if applicable

g. Transfer to Aftercare Agreement

h. Discharge from Care Agreement

i. Closing Summary

4. Correspondence

a. Correspondence about resident or family

b. Correspondence to resident or family

c. Correspondence from resident or family

d. Visit Evaluation Form

5. School

a. Copies of report cards

b. Progress reports

c. Awards

d. Incident reports

e. Copies of suspension/expulsion notice

f. Educational testing results

6. Official Papers
RESIDENTIAL CARE OPERATIONS

a. Valid copy of birth certificate
b. Copy of Social Security card
c. Baptismal certificate
d. Copy of order for change of custody
e. Copy of divorce record
f. Court orders
g. Notice to Clerk of Court, if applicable

7. Case Reviews

a. Supervisory Case Reviews
b. Administrator’s Case Review
c. Peer Reviews
d. External Reviews

The Social Worker’s case notes derived from counseling and team meeting notes are kept separate from the case record. Case notes are for personal use and for summarizing quarterly progress and clinical reports. Special care should still be given to not include other residents’ names in an individual resident’s file.

Residential Care case records are maintained and protected in compliance with FBCH policy and procedures on case records. For procedures regarding retention and destruction of case records, refer to Program Policies and Procedures Manual, D, Resident Records. In regards to the filing of an access to resident records the following procedures apply:

1. Files shall be maintained in cabinets which are secured by file lock. Cabinets will also be maintained behind locked doors.
2. Files may only be accessed by personnel working directly with the resident. For residential care this means the resident’s Child Care Workers, the Social Worker, the secretary, the intern assigned to the resident, the Director and appropriate Administrators. Any other personnel or outside collateral professionals from the community who wish access to resident files must do so through authorized channels. Exceptions may be a court-appointed Guardian ad Litem, who produces a court order to this effect, and peer reviewers.
3. File cabinets, as well as doors accessing them, shall be locked by the secretary or other designated person at all times. Keys are to be hung in an agreed upon location, which is known only to personnel who have authorized access to case files.

4. Agency personnel may not transport case files out of the office. If it is necessary to take case material, only copies of original case material may be transported to another office location. The only exception to this procedure will be the necessity of transporting original case material to judicial reviews, administrative reviews with CBC, or during Accreditation Reviews.


6. Case Records for residential care residents shall be maintained in the residential care file for one month after transfer or discharge from residential care. If the resident has moved to another program including aftercare, the case record will be placed in the appropriate slot. At the time of the Closing Summary, the case worker insures that all dictation and reporting is appropriately documented.

7. When a resident is in residential care for several years, resulting in a very bulky case record, the resident’s original case record shall be maintained. A new case record shall be created with pertinent information such as Application, Intake Study, Face Sheet, Service Plan, the previous year’s quarterly reports, medical reports, recent educational data, and any official papers are entered into a new case record. The old case record is maintained in the same filing cabinet with the new case record. When a new case record is begun, the past year’s case record is reviewed by the Social Worker or Director/Administrator for any notes. Case records are expunged of notes when content is already including in progress notes or dictation. Or, these comments are appropriately updated and summarized. Observations and impressions which are unrelated to the delivery of service are deleted from the record.

8. At the time of closing a case, the past year’s case record is reviewed by the Social Worker or Director/Administrator for any notes. Case record is expunged of notes when content is already included in progress notes or dictation. Or, these comments are appropriately updated and summarized. Observations and impressions which are unrelated to the delivery of service are deleted from the record.

9. At the time of peer review, case records are randomly selected by reviewers to determine compliance with agency policy and procedures on resident records. Peer reviewers sign an Agreement to Respect Resident’s Rights and Confidentiality.

10. All expunged documents from case must be shredded or incinerated to protect client rights and confidentiality.
RESIDENTIAL CARE OPERATIONS

9. Medicaid

The Social Worker or designee is responsible to make application for Medicaid benefits on behalf of residents not in the custody of the Department of Children and Families.

10. Reviews

The Social Worker schedules reviews of the Placement and Agreement and Service Plan at regular intervals. He/she informs the appropriate persons involved in each review. The following reviews are scheduled routinely:

1. Placement/Performance Agreement Review

   This review occurs among the Social Worker, resident, and parent/legal guardian as part of ongoing casework services. Purpose is to insure that the family and staff are working together towards stated goals and objectives. Issues are addressed dealing with meeting the resident’s needs or completion of the Placement/Performance Agreement. Reviews are held at least every six months and more often, as needed. These reviews should be documented in regular case noted indicating all who were involved in the review.

2. Service Plan Review

   Service Plans are designed to meet specific needs through the development of strategies which have goals and measurable objectives. Service Plans must remain current as the nature of the resident’s needs change. Service Plans are reviewed at least every six months and more often as needed. This review occurs with resident, parent/legal guardian, outside consultants as appropriate, and members of the team. Essentially, the same participants involved in the development of the Service Plan are to be involved in its reviews.

   If a party is unable/unwilling to be present at a review, the Social Worker is to note the party’s absence and reason(s), and any involvement by follow-up phone call, mail, e.g. on Signature Page. Evaluations of the Service Plan will be performed by the team during regular team meetings.
RESIDENTIAL CARE OPERATIONS

Documentation of Service Reviews should serve to summarize work and client progress. The following outline serves as a guideline:

a. Statement of resident’s and family’s problems leading to placement.
b. Statement of resident’s and family’s strengths.
c. Statement of corresponding treatment goals and objectives.
d. Resident’s and family’s progress toward treatment goals.
e. Revision, deletion, and addition to goals.
f. Signatures of all participants. If some are unable/unwilling to attend, review results by telephone or mail, and indicate such on Signature Page.

3. Judicial Reviews

A Placement/Performance Agreement and Notification to Clerk of Court are to be filed with the Clerk of the Circuit Court, Juvenile Division, if the parent/legal guardian (other than) fails to cooperate with FBCH in the successful completion of the resident’s service or if the resident is abandoned. The Placement/Performance Agreement is to be reviewed by the court six months after admission. It will be reviewed every six months that the resident is in care. The resident, parent/legal guardian, and Social Worker may be required to be present at the Judicial Review.

Appropriateness of the Placement/Performance Agreement for the needs of the resident and parent/legal guardian, compliance with this plan, and progress on the plan are reviewed by the judge.

The mandates of the Judicial Review process may vary among the state’s judicial circuits as to whether voluntary placements in a private agency are subject to this process.

11. School

The resident’s performance, motivation, and behavior in the school setting are the primary responsibility of the Child Care Worker. However, when special education needs exist or in the case of extenuating circumstances, the Social Worker may become involved with school personnel and planning.

12. Service Plans
Service Plans will be completed for all residents within 30 days of admission. Participants in the development of Service Plans must include resident, team, involved family members, and collateral professionals, CBC workers, or community therapists, etc.

The Service Plan will identify: (1) the needs of the residents in care and (2) the needs of the family. The Service Plan established goals, measurable objectives, and strategies to meet these needs, based on findings reflected in the Psychosocial/Comprehensive Assessment. For the process regarding reviews of Service Plans, refer to letter J above.

13. Visitation

The Social Worker arranges visitation for the resident with parent/other family member/legal guardian or visiting sponsors. Contact and visitation is to be a planned, scheduled event.

Visitation is scheduled for specific times, usually weekends or holidays in the calendar year. Parent/other family member/legal guardian and visiting sponsors are to finalize visitation arrangements with the Social Worker 48 hours in advance of the visitation. In some instances, visitation scheduling may be according to resident’s level system. The therapeutic benefit of visitation should always be considered first.

Once the Social Worker has finalized arrangements for each resident, the Director/Administrator sends a Visitation Sign In/Out Sheet to each resident and to the Administrator. This memo contains the following:

1. The name of the resident in residence.
2. The person with whom the resident is visiting.
3. The time and date of departure and arrival.
4. A phone number where the resident or adult can be reached.

All residents must be signed out by the adult who is transporting from the campus using the Visitation Sign In/Out Sheet. The parent/other family member/legal guardian or visiting sponsor picks up a Visit Evaluation Form when he/she picks up the resident. Upon the return of the resident to the residence, the parent/other family member/legal guardian or visiting sponsor returns the completed form to the Child Care Worker. The Child Care Worker then forwards the form to the Social Worker. The Social Worker reviews the form and has it placed in the resident’s case record.
14. Visiting Sponsor Selection

The Social Worker is responsible to make the selection for those residents needing visiting sponsors. The Social Worker evaluates the needs and interests of the resident and the strengths and interests of the sponsors.

Each visiting sponsor applicant must be a professing Christian, be an active participant in a local evangelical church, and reflect a Christian lifestyle, including abstaining from the use of alcohol, tobacco products, and illegal drugs. Sponsors are advised to respect the privacy of the resident and not pry into confidential areas. A limited amount of disclosure of the resident’s general problem areas and issues is appropriate. However, this disclosure’s only purpose is to enable the sponsor to more appropriately meet the needs of the resident.

Any visiting sponsor or volunteer that exceeds more than 40 hours of volunteering a month is required to have 40 hours of training a year.

The Social Worker is able to draw sponsor candidates from an approved pool of visiting sponsors. In discussing a particular resident with a visiting sponsor, primary emphasis is placed on meeting the resident’s needs. Sponsors are reminded that they are an extension of the FBCH team.
(6) ADMINISTRATIVE PROCEDURES

(A) Abuse/Neglect/Exploitation Reporting

Florida Law requires any person involved with children, disabled adults, or elderly persons in any capacity to report any suspected sexual, physical, or emotional abuse, neglect, or exploitation to the appropriate authorities (CBC). As a licensed child caring/placing agency in Florida, FBCH always complies with that law. These procedures are designed to assist staff members in such situations.

All allegations of abuse or neglect are to be reported within 1 hour to the following: FBCH Administrative Staff, Florida Abuse Registry Hotline, and when appropriate, the local Sheriff or Police Department.

1. Individuality

Every situation of suspected abuse, neglect, or exploitation is unique and requires the best judgment of the staff. No specific set of guidelines or procedures fits every situation, so these are general procedures with alternative actions to consider in each particular case.

2. Reporting

The staff member who first becomes aware of the suspected abuse, neglect, or exploitation is responsible for reporting it to the Abuse Hotline (800)962-2873 and informing his/her Director/Administrator. The Director/Administrator is responsible for notifying any pertinent team members. The Vice President for Programs is informed in situations alleging abuse, neglect, or exploitation by agency staff, foster parents, visiting sponsors, or volunteers.

If the report is accepted by DCF or their designee as valid for investigation, the staff member shall complete the Documentation of Verbal Report of Abuse, Neglect, or Exploitation. The form must be submitted to DCF or their designee within 48 hours of the initial report. If the report is not accepted, the staff person must complete the form as fully as possible and explain the response to the DCF staff person or their designee. In this instance, the form is not sent to DCF or their designee but is used per instructions on the form.
3. While the Official State Investigation and/or Criminal Proceedings are Pending

Full cooperation is provided to Investigating Entity and/or law enforcement personnel. The Area Administrator and the Vice President for Programs, as appropriate, will be kept fully informed.

Regular counseling/therapy will be provided to assist the resident in this crisis.

It may be necessary to move the resident to another residence/foster home during this time. (CAUTION: Care must be used to avoid the appearance of punishing the resident for making the allegation(s)).

The following procedures pertain to situations wherein a staff member is implicated.

As long as any investigation and/or any criminal charges are pending, the implicated staff member’s continuing role shall be determined by the Director, in consultation with the Area Administrator. The available options include the following: (1) to permit the staff member to continue regular work responsibilities with closer supervision; (2) to provide for the temporary transfer of the staff member to another assignment; (3) to place the staff member on a leave of absence with pay and benefits; or (4) to place the staff member on leave of absence without pay and/or without benefits. No decision by the Director, in consultation with the Area Administrator, as to the implicated staff member’s continuing role while the investigation and/or criminal proceedings are pending shall ever be construed as a determination of guilt by the staff member. However, the decision by the Director, in consultation with the Area Administrator, as to the staff member’s continuing role shall be conclusive and binding upon the staff member.

Furthermore, while the investigation and/or criminal proceedings are pending, the implicated staff member’s continuing role may be modified from time to time as determined by the Director, in consultation with the Area Administrator, with any such modification in the staff member’s continuing role to be conclusive and binding upon the staff member.

The Director/Administrator shall use personal judgment as to informing other staff of the status of the investigation, considering that shared facts are always better than spread rumors. Full cooperation is provided to the investigating entity and/or law enforcement personnel, with the expectation they will be prompt and efficient in concluding the
investigation. The Area Administrator and the Vice President for Programs will be kept full informed of the situation.

4. Upon Completion of the Official State Investigation and/or Criminal Proceedings

Counseling/therapy, in the usual case, may be indicated for the resident to work through the closure of the matter and to assist the staff member. Complete documentation should be maintained in the staff member’s file.

Upon receipt of a full written report from the investigating entity, such full written report is to be placed in the staff member’s file.

If any allegation(s) against any staff member is confirmed either as a result of the investigation by the investigating entity and/or criminal proceedings against the staff member, such staff member shall be subject to immediate termination, with appropriate provision to be made for accumulated PDO’s and accrued benefits.

At such time as any allegation(s) against a staff member has been resolved in favor of the staff member by a report from the investigating entity not confirming the allegation(s) against the staff member; and, if applicable, by the dismissal of, or a not guilty in, any criminal proceeding filed against the staff member, the staff member may be restored to regular work responsibilities to the extent that a position is then available and subject to provisions as shall be determined by the Director, in consultation with the Area Administrator, with the decision of the Director, in consultation with the Area Administrator, to be conclusive and binding upon the staff member.

(B) Resident Database Forms

FBCH has a statewide system of reporting information on the children, residents, and families served. Specific information is recorded about each resident served through inquiries, referrals, applications, admissions, transfers, and discharges.

The Social Worker of each service division forwards the appropriate information to the designated secretary. The secretary then enters this information in the resident database for each resident. For more specific information refer to the Program Policies and Procedures Manual, D, Client Information and Services, or Instruction Sheet for resident database.
(C) Community Involvement

Residential care staff members are encouraged to maintain relationships with other professionals and professional associations in the community. This involvement may be reflected by membership in the local chapters of social work and child care associations, the mental health association, and other professional associations which relate to each person’s role.

Staff members are expected to become acquainted with those community professionals involved in caring for children and families. They should also be knowledgeable about those professionals who are involved in the referring and placing of children in care.

(D) Confidentiality

FBCH protects with the utmost confidence any personal information about a resident or family. Staff members discuss personal information about the resident only with staff directly serving the resident. Staff members should not acknowledge placement of a resident to outside inquiries. Any questions of a confidential nature about the resident or his/her family are referred to the team members. Refer to Program Policies and Procedures Manual, D, Client Confidentiality.

(E) Disclosure of Information in Instances of Danger to or by a Resident

Disclosure of information regarding situations when the resident may be endangered and/or harmful to others must be discuss with, and approved by, the Director/Administrator prior to the release of any information. The Director/Administrator will conduct an administrative review of the resident’s case record in a timely manner to ascertain that only appropriate and necessary information regarding the resident in question is disclosed to administration, parents, legal guardians, other care givers or community authorities. The Director/Administrator will supply a memo to the case file of the resident to verify that the administrative procedure took place.

Informed consent must be obtained from the resident’s parent/legal guardian prior to the release of information unless the resident is in imminent peril, or at risk of committing a life-threatening act. In such cases, any information necessary to allow the intervention and assistance of appropriate agencies to act on the situation will be made available.
RESIDENTIAL CARE OPERATIONS

(F) Emergency

The residential care staff are to be trained in and familiar with the emergency procedures for residential care. These procedures are posted in visible locations in each resident.

(G) Food Purchase Procedure

The Child Care Worker is responsible for food shopping and preparation. The following statements serve as general guidelines for food purchase:

1. All receipts from purchases must be kept and turned in before the next check will be issued.
2. Receipts are to be returned in an envelope with the name of the resident, date check was issued, total amount spent, and the balance not spent.
3. When a campus practices bulk buying, the appropriate Director/Administrator informs Child Care Worker which items are purchased in bulk.

(H) Interns

Students pursuing undergraduate and graduate degrees in Social Work, Psychology, Counseling, and Marriage and Family Therapy are required to serve an internship as part of their practical training. It has been the practice of FBCH to have students serving as interns to provide services in some of the service areas across the state.

An intern in one of these disciplines must be supervised by an appropriately qualified staff member. Requirements for course of study, caseloads, responsibilities, and supervision vary by discipline.

Interns serving their practicum with FBCH are expected to conduct themselves in a professional manner which is consistent with the policies and procedures of FBCH. Interns are only assigned responsibilities for which they are held accountable and are appropriately supervised. For more specific information refer to the Personnel Policies and Procedures Manual, B, Interns.

(I) Kitchen Sanitation
The Child Care Worker is responsible to maintain healthy and sanitary conditions in food preparation and kitchen sanitation. Residents are taught appropriate guidelines in this area. The Child Care Worker assumes responsibility for insuring state regulations and any other guidelines for food service management are followed. Staff should utilize local health inspection checklists.

(J) License

FBCH is licensed by the Florida Department of Children and Family Services, State of Florida, as a child caring agency. FBCH seeks to exceed minimum standards governing all phases of operation and services.

The Child Care Worker is to be familiar with the following inspections which are part of the licensing process:

1. FBCH Inspections

   Inspections and evaluations are conducted by staff members within FBCH. Nutrition, staff relationships, health, staff/child relationships, maintenance, budgeting and program development are a few of the areas under constant study to evaluate and improve performance.

2. Fire Inspections

   All fire and safety equipment such as extinguishers and alarms are inspected by a local fire department or the Fire Marshall’s office. This equipment is maintained in good working order at all times. Child Care Workers in residence know the proper use of equipment and the fire exit system.

   Each residence uses a fire drill sheet to document fire drills, which are conducted at least once a month. The fire drill sheet, with date and time of fire drill, is turned in each month to the Director/Administrator. Each residence has a chart indicating a clearly marked fire escape route and fire exits for the residence. This chart remains on the residence bulletin board and is reviewed with the residents periodically.

   The Child Care Workers complete a weekly and monthly safety and maintenance review. This weekly check includes fire alarm boxes, fire extinguisher, exit lights, emergency
RESIDENTIAL CARE OPERATIONS

lights, and smoke alarm. The monthly check includes hazards and electrical appliances of
the household and residents. The systems check form is turned in to the appropriate
Director each month.

3. Health Inspections

The local health department conducts annual health inspections. Environmental health,
cleanliness, and safety factors are inspected to insure compliance. The Child Care
Worker is to follow all guidelines.

(K) Mail

Residents and family are encouraged to communicate by letter when appropriate. Staff are
not to check personal letters of the resident for content before being mailed out.

Incoming mail is not routinely screened by staff. If it becomes apparent that a resident is
receiving mail from family or friends who are encouraging inappropriate behavior or having
a negative influence on him/her, the Social Worker discusses the issue with resident and
parent/legal guardian.

If a letter is opened in error, a notation is written on the letter indicating an apology and that
the letter has not been read.

FBCH does not censor mail for any resident who are in out-of-home care with two
exceptions. One exception concerns mail that is suspected of containing unauthorized,
injurious, or illegal material or substances. When this occurs, the Social Worker discusses
the issue with the resident and where appropriate, the parent/legal guardian. Mail of this
nature is opened by the addressee in the presence of the Social Worker and the resident’s
Child Care Worker.

Personnel determine when or if mail should be censored when:

1. The resident receives mail from a person for which the Service Plan attempts to structure
or censor all communication.
RESIDENTIAL CARE OPERATIONS

2. The resident receives mail from a peer in the school or community whom school and staff know to be participating in illicit/inappropriate behavior such as substance abuse, vandalism, truancy, sexual promiscuity, or violence to persons.

3. The resident receives mail from a family member which the Social Worker knows to be regarding a sensitive issue or a delicate phase in the Service Plan. Because of the sensitivity of the material, the Social Worker makes the decision to be present when the resident receives the information. The decision to have mail censored will be made by the team working with the resident. This decision will be documented in the team meeting notes and the resident’s case record.

The second exception to this procedure is sponsor mail. Any mail falling under the category of sponsor mail will be opened at the office for the purpose of receipting and depositing monies.

(L) Maintenance

The Child Care Worker and residents keep the grounds around the residence free and clear of debris and weeds. They observe and correct safety hazards and insure that landscaping is trimmed and watered.

The physical care and maintenance of the residences, office buildings and grounds are the responsibility of the maintenance supervisor. When equipment breaks down or an area is in need of attention, the staff member follows reporting procedures according to their Division.

(M) Pets

Pets can be an important part of a resident’s growing years; therefore, consideration can be given for a limited number of pets on each campus. The following guidelines must be followed for all staff pets living on campus.

1. Prior approval for pets must be obtained from the Administrator.
2. Pets allowed on campus will include cats, non-aggressive dogs, birds, and fish. Pets not allowed on campus will include reptiles, exotic animals, and aggressive dogs (i.e., Pit Bulls, Rottweilers, etc.).
3. A deposit of $200.00 will be made to FBCH prior to a pet being on campus.
4. Pets will be allowed as indoor pets in the house parents’ off-duty family quarters only.
RESIDENTIAL CARE OPERATIONS

5. Because of the limited size of these quarters, the size of a pet should normally be 20 pounds or less and no more than one pet at a time.
6. All pets must be spayed or neutered. Vaccinations must be completed with documentation provided to FBCH.
7. The standard regarding appearance and care of the quarters is that it must be “as if” a pet is not in the house—no odor, hair, or cleanliness problems.
8. House parents are responsible for any damages to cottages related to the pets including replacement of carpet and repair or replacement of property, if necessary.
9. Provisions should be made to pick up and dispose of pet droppings outside, i.e., plastic bag, etc.
10. Pets are not allowed to run free on campus.
11. We work diligently to provide quality housing to help avoid the lasting effects of pet odors. The quarters of house parents having pets will become part of the routine inspections during the campus peer review process as well as periodic checks by Administrator.
12. If pet noises become an issue to the disturbance of others, house parents will be requested to remove the pet from the campus.
13. Should a child on campus have contact with a pet resulting in harm to the child, request may be made to have the pet removed. Should a child harm a pet, FBCH will bear no responsibility for such occurrence.

Any violation of any of the above will result in the need of immediate removal of the pet. Failure to comply may result in dismissal.

(N) Admission/Planning and Discharge

This committee’s purpose is to review and approve all written plans for residents and families in the Residential Care Program. It is designed to vary in function and membership according to need.

Examples of the Planning Committee’s functions are to:

1. Review application study of each resident prior to admission.
2. Meet each resident and parent/legal guardian at orientation visit.
3. Welcome each resident and parent/legal guardian on admission day.
4. Review transfer and discharge plans of resident in care.
The team is the primary unit in the Planning Committee. Other members vary as to the specific task of the committee and administrative constraints of each campus. Other members may include Director(s), Area Administrator, members of other team(s), and office personnel.

(O) Protection of Dangerous or Endangered Residents

There are times when a resident’s behavior becomes threatening to others, self, or physical property, and immediate staff intervention is called for. Residential care staff at FBCH are trained in managing aggression behavior to enable them to handle in a professional manner the threatening behavior of a resident. Fundamental to all managing aggression behaviors are the verbal and relational skills which enable staff to successfully defuse a conflict situation prior to its reaching dangerous levels. These techniques are to be used at all times prior to any physical intervention.

When a resident’s behavior becomes a threat to others, self, or property, and verbal and relational skills do not defuse the situation, the resident will be physically restrained according to managing aggression behavior training. These techniques are to be utilized only by staff members with proper training and current certification.

The use of physical restraint is limited to the following time per incident.

1. 15 minutes for children aged nine and younger.
2. 30 minutes for persons aged 10 and older.

Whenever threatening behavior occurs with a resident, the staff members involved are responsible to make appropriate documentation through the use of incident Report, case notes, and other summary documentation. An Incident Report is to be completed and forwarded to the Director/Area Administrator within 24 hours of the incident.

Occasionally, it is necessary to provide emergency psychiatric hospitalization for a resident due to severe psychological and emotional distress. When this is necessary, staff members follow these procedures:

1. Child Care Worker contacts the Director/Area Administrator if the resident is in need of temporary hospitalization.
2. The Director or designated staff will contact the consulting psychiatrist to discuss emergency psychiatric hospitalization.

3. Appropriate arrangements will be made for hospitalization of the resident.

4. Agency staff members are expected to maintain specific levels of supervision of resident in care at all times. These levels of supervision are built into the level system which is part of the behavior management system on each campus. Staff members are expected to maintain supervision of a resident according to the resident’s specific and immediate needs.

Medicaid or other insurance is utilized to pay for the expense of the resident during hospitalization. If there are no financial resources available, FBCH ensures the parent/legal guardian assumes financial responsibility for the hospitalization of the resident.

When staff members are concerned about the potential for threatening behavior by the resident or the possible need for emergency psychiatric procedures, a staff member is assigned specific supervision of the resident according to the following procedures:

1. Close (one-to-one supervision): This means a staff member is assigned to monitor the resident. The assigned staff member needs to be within arm’s reach of the resident at all times. The assigned staff member is responsible for directing the activity of the resident. This is the most restrictive level of supervision to be used when there are suicidal or other dangerous precautions.

2. Eyesight (supervision through constant observation): This means a staff member is assigned to keep the resident within eyesight at all times. The resident is allowed more freedom from having to be in close proximity to the staff. However, the assigned staff member should know the whereabouts of the resident at all times. When the resident is designated as need close (one-to-one) or constant observation, the staff member must provide another staff person to substitute for them if they need a break or have to attend to another responsibility. It may be necessary for the resident to accompany the assigned staff to secure a substitute staff member.

3. Frequent checks: This means the resident must check in with staff at frequent intervals of 5, 10, or 15 minutes.

(P) Public Relations
RESIDENTIAL CARE OPERATIONS

Each staff member of FBCH is involved in public relations through interaction in the community. Staff members serve as representatives of FBCH on an informal and formal basis.

Staff members are expected to represent FBCH through such activities as:

1. Public speaking in churches and to church groups.
2. Speaking engagements with clubs, professional organizations, and community associations.
3. Professional involvement in local and state organizations which relate to their specific role in FBCH.

(Q) Purchasing


(R) Runaway

The Child Care Worker processes the information when a resident is reported as missing or on runaway status. It is necessary that the following people are contacted: (1) Director/Administrator; (2) Social Worker; (3) parent/legal guardian; (4) local police department; (5) medical assistant (as needed). Runaway Checklist Form should be utilized from the time of departure until return.

Runaway incidents are dealt with on an individual basis. A resident should be received back to the residence without being threatened or put down. By the next working day, the Social Worker meets with the resident and staff to discuss the incident.

Upon return to campus, the resident is immediately placed on restriction. The team will meet to develop a plan of action.

If discrepancies occur in the way staff want the incident handled, then the Planning Committee can be requested to review the case.

(S) Search Procedure
It is the practice of FBCH to assure that residents have a right to privacy. If there is reason to believe that the resident may have items which do not belong to them or contraband that puts him/her at risk of harm to self and/or others, it may be appropriate to search the resident’s person, belongings, or room. Prior to any search, the resident will be informed and in attendance as his/her belongings or room are searched. In the case of a person search, the Area Administrator or supervisor will be contacted prior to the search. In this case, two staff members of the same sex as the resident will conduct the search. No strip searches are permitted.

The incident will be documented on an agency incident report form and will be reviewed by the supervisor and Area Administrator.

(T) Sponsorship

Sponsors are those individuals and church groups who make direct contributions to FBCH for the care of the resident. When money is received by a sponsor for a particular resident, it is credited to that resident. The resident writes a thank you letter to the sponsor.

All financial contributions are receipted by the campus office and deposited in the general fund under the proper account number. When a sponsor requests the money to be spent for a certain item, it is requisitioned from the state office out of a specific account number.

(U) Staff Guests

Child Care Workers may invite guests to eat in their residence or provide sleeping accommodations within their own living quarters. These arrangements are made for short term visits only. Prior approval is required from the Area Administrator for guest stays over three days.

The Child Care Worker does not let entertainment of guests interfere with residential care for the residents.

(V) Staff Meetings

Child Care Workers are required to attend staff meetings in order to remain updated about the ongoing work of FBCH. The primary purpose for staff meetings is to provide spiritual leadership and inspiration, coordinate planning, and exchange information pertinent to
agenda items. Staff meetings are considered a high priority, and the scheduling of appointments and activities reflects this priority.

An itemized agenda is provided to each staff member at the staff meeting. Personal issues, resident difficulties, and other non-agenda items are to be discussed in supervisory, departmental, or administrative meetings.

(W) Staff Training

Residential care staff and social work staff are trained in topics relevant to residential child care through in-service training. The Area Administrator and Directors, in consultation with FBCH Vice President for Programs, are responsible to see that appropriate in-service training is scheduled on a routine basis. Residential care staff members are expected to arrange scheduling in order to attend training. All residential care staff members are required to receive 40 hours of training annually.

Local, state, and national organizations offer a variety of training curricula and specialized topics related to residential child care. Each program budget has a specific amount of money available to pursue training and specialization. The residential care staff members are to work out training agreements on an individual basis with the appropriate supervisor.

Each service area has training materials, books, videos, and journals which are available for use by residential care staff. Ongoing subscriptions to journals in the child care or social work field are encouraged.

Residential care staff and social work staff are expected to do the following:

1. Successfully complete a required agency-approved training curriculum.
2. Keep abreast of developments in his/her area.
3. Continue to develop and broaden professional skills.
4. Exhibit increasing levels of professionalism as a result of training.
5. Complete training requirements as mandated by FBCH licensing and/or accreditation body.

(X) Supervision
Staff members are responsible to meet with appropriate supervisors at regular intervals. A written agenda is established for regularly scheduled supervisory conferences. Information related to a staff member’s specific role is discussed on a one-to-one basis with the supervisor. Specific resident and families are discussed between staff member and supervisor during these sessions.

Supervision is considered a priority task. Planning by all staff reflects this priority. Refer to Supervision Form in the Generic section of the Forms Manual.

(Y) Vehicles


(Z) Resident Grievances

1. Written grievance shall be brought to the resident’s Social Worker. If a resident needs assistance in completing the Resident Grievance Form, staff assistance will be provided. The Social Worker must acknowledge to the resident, in writing, the receipt of the grievance. A copy of the grievance shall be sent to the appropriate Director/Administrator and the Vice President for Programs.

   The grievance should contain a statement of the complaint and a statement of what the resident considers a satisfactory remedy. The Social Worker shall confer with the Director/Administrator regarding the grievance. The Director/Administrator shall give a written decision concerning the grievance to the resident within five full working days. A copy of this decision and any subsequent decisions in the grievance process are to be dated and sent to the Administrator and Vice President for Programs.

   All information regarding the resident’s grievance shall be considered confidential and maintained separately from the resident’s case record during the grievance procedure proceedings. After a resolution has been reached, pertinent documentation may be filed in the resident’s case record and in a central grievance file.

2. If the Director’s response is not acceptable to the resident, the resident may submit a grievance to the Administrator. The issues raised and remedies sought through this appeal are limited to those items stated in the original grievance. A written decision will
be furnished to the resident by the Administrator within five full working days following his/her receipt of the grievance. A copy of the decision shall be furnished to the Social Worker, the Director, and the Vice President for Programs.

3. A grievance not settled under the provisions of (1) or (2) above, may be appealed to the Vice President for Programs. The Vice President for Programs shall meet with the resident for review of the grievance, if necessary. A written reply shall be furnished to the resident by the end of the 10th working day following the day on which the appeal was received by the Vice President for Programs. The Vice President for Programs’ decision shall be final.

(7) CASE REVIEWS

(A) Supervisory Case Record review

Case record reviews are to be completed monthly by the supervisor with the assigned Social Worker. The supervisor will personally select ten percent of all active case records per program review, using the Peer Review Residential Care Case Review Form for file content for quality of the process of service delivery. This selection will occur randomly and will include at least two different case records per Social Worker per month. One copy of review forms shall be filed in resident’s file and a copy shall be maintained in a log.

(B) Independent Case Record Review

Independent case record reviews are to be completed quarterly by agency management, designated supervisory personnel, or a peer team, as an internal review for quality assurance purposes. This review is conducted by persons who are not directly involved in the case. Two active case records per program will be reviewed utilizing the Peer Review Residential Care Case Review Form. This selection will occur randomly and will include at least one case record per Social Worker. Independent case review will also include review of all Supervisory Case Record Reviews.

(C) Peer Review

FBCH utilizes a peer review process for each program by region on an annual basis. The Vice President for Programs serves as the coordinator of the Peer Review Committee.
RESIDENTIAL CARE OPERATIONS

The Vice President for Programs reports to the President and Program and Planning Committee of the Board.

Each service to the individual resident is regularly reviewed and monitored by agency personnel in order to promote the highest quality service, to resolve problems that are identified, and to assure that services meet FBCH expectations as to outcome.

Peer reviewers will personally select 10% of all active case records per program. This selection will occur randomly and will include at least one case record per Social Worker. For more information, refer to Program Policies and Procedures Manual, D, Peer Review.

(D) External Reviews

1. Licensing: The Department of Children and Families conducts an annual licensing review which consists of cottage inspections, case file reviews and personnel interviews. This normally will be scheduled in advance and will take one to two days.

2. Contract Monitoring: The Department of Children and Families or the community based care agency conducts an annual review for the purpose of monitoring expenditure of funds received from the State of Florida. This review will involve case file reviews, personnel file reviews, interviews with staff and residents and review of financial records. The extent of this review will vary by district, but will normally last one to two days.

3. Council on Accreditation: Every four years, FBCH voluntarily submits itself to an extensive review of the entire agency. This review is conducted by Peer Reviewers sent by the Council on Accreditation a national accrediting body. This review will normally last three to four days and will involve all of our program sites.