

# **New Horizons Child Placing Agency Policy and Procedures**

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## **Organization and Administration**

## **CPA Program Description**

**PURPOSE:** To describe the New Horizons Child Placing Agency Program.

**POLICY:** New Horizons Child Placing Agency oversees the therapeutic foster group, foster family, and adoptive family homes. Children and adolescents needing out-of-home care are placed in licensed homes to keep them connected to community, family, and friends. Children have the opportunity to live in a safe and supportive family environment with additional structure while still remaining in public school and involved in extra-curricular activities. Therapeutic and support services are provided to children in these settings. Most of the children placed with New Horizons are placed by public agencies. Private foster care placements are also accepted. No private adoption placements are accepted from birth parents.

**PROCEDURE:** New Horizons is licensed by the State of Texas to operate a Child Placing Agency (CPA). The CPA ensures that all agency homes meet Minimum Standards for the respective type of care provided prior to verification. New Horizons' Child Placement Management Staff supervises services provided to children in placement, agency homes, and agency staff. The Child Placement Management Staff documents approval in all agency records. Once verified, agency homes are monitored at least quarterly for compliance with Minimum Standards. Unmet standards are documented and a plan for correcting deficiencies is implemented. All serious incidents and allegations of abuse/neglect are reported to the Statewide Intake hotline. The Licensing Division is informed of all agency home verifications and license revocations, in addition to the location of agency offices, records, staff, and agency homes. Changes are reported as they occur. To ensure compliance with agency procedures and policies, Child Placement Management Staff monitor Child Placement Staffs' reports and documentation. CPA staff meet weekly to discuss new foster and adoptive applicants, plan placements, review serious incidents and other reports, and review any compliance issues. An Executive Committee consisting of the CPA Administrator and other Program Directors from the Emergency Shelter and the Residential Treatment Center meet monthly to further review and discuss any agency reports.

### **I. Clinical Program Description**

New Horizons CPA utilizes an integrated treatment team approach that combines guidance from a treatment team, special education services, and family/individual/group therapy. Treatment and counseling is directed by a team of child-care professionals that may consist of a Treatment Director, Licensed Therapists, Child Placement Staff, Psychiatrist, Psychologist, school liaison staff, and foster and adoptive parents. Individual therapy, group therapy, family therapy, special education services, psychiatric and psychological consultation, and psychotropic medication are just some of the services coordinated by the New Horizons Child Placing Agency.

A variety of clinical services are provided to the children, based on their individual needs. The child/adolescents participate in individual therapy to address psychodynamic issues related to trauma, coping skills, social skills, and maladaptive behavior. Specialized groups are available through licensed therapists for more specific issues such as sexual abuse, sexual perpetration, boundaries, drug education, and sex education. By addressing these issues in foster or adoptive care setting, the children are better prepared for a successful life upon program graduation.

## **II. Educational Program Description**

Educational services for children at New Horizons CPA are provided by numerous TEA accredited school districts. Child Placement Staff ensure appropriate information is provided to place the child in the right classroom setting. Foster and adoptive parents as well as New Horizons staff are available to offer assistance to the school districts. The academic program is an essential aspect of the New Horizons CPA. It provides many options for children/adolescents seeking positive educational experiences during treatment.

## **III. Foster and Adoptive Parent Program Description**

New Horizons uses a social model based primarily on Reality Therapy principles with its various foster and adoptive homes. Reality Therapy, also known as Choice Theory, was first introduced in the 1960's by Dr. William Glasser to help people accept responsibility for their actions and make better decisions/choices. This is a people-centered, people-friendly approach that assumes that people have five basic needs (power, love and belonging, freedom, fun, survival) and are striving to meet these needs at all times. The basic premise for this theory is that what drive people is their wants (people do not think of needs, but do think of wants). In a therapeutic relationship, children are asked three basic questions to help them understand what they want and how their behavior is hindering their ability to obtain what they want. The youth is helped to develop a simple plan to empower him/her by emphasizing the power of doing what is in their control to do. The children are provided structure and guidance within a nurturing environment. Foster and adoptive parents are trained in the use of Reality Therapy and other techniques in order to provide the children a consistent, structured, therapeutic approach in all of their activities. Within this framework, foster and adoptive parents spend time developing supportive and therapeutic relationships with the children. The foster or adoptive home provides opportunities for learning relationship building skills, as well as skills in maintaining important relationships.

## **IV. Recreation Program Description**

New Horizons places a strong emphasis on recreation with children. Recreation and leisure are essential components designed for children to experience fun in non-dangerous, lawful, and appropriate ways. Recreation allows a person to develop skills, achieve goals, and gain a positive self-identity. Involvement in competitive and noncompetitive recreation/leisure activities can give a child a great deal of recognition through individual achievements and positive participation. Children and adolescents placed in the New Horizon CPA may be involved in numerous extracurricular activities such as football, track, FFA, stock shows, and UIL.

Recreation is the work of children and youth. It is a strategically planned component of the New Horizons program. Recreation allows for discovery and development of the self. Children begin to encounter what their abilities are and what their limitations are through structured and strategic recreational planning. They gain in areas of personal strength, self-accomplishment, and ego development through involvement in the recreational programs. In addition to building self-esteem, they develop a sense of competency and camaraderie with others. Peer relationships are

a crucial aspect within all recreational planning. Often children who come into care have a history of poor peer relationships. They are unable to cooperate, negotiate, and compete with others in healthy ways. Recreation also allows for renewed understanding of relationships with persons in authority including adults, officials, PE teachers, and/or others who are directly involved in and responsible for recreational activities. Authority figures can take on a new identity and children can begin to build relationships with them through mutual, playful activity.

**V. Religious Program Description**

Foster and adoptive parents, staff, and children/adolescents are encouraged to attend church functions on a regular basis if they so desire. Foster and adoptive parents or staff will not attempt to impose or indoctrinate any child to any specific religious belief. The goal of New Horizons is to expose children to a social church setting without attempting to indoctrinate children to any specific religion or belief. A child is free to have any religious belief or may choose not to participate in religious activities at all. If a foster child expresses an interest in attending a different church than the foster family, the family will attempt to facilitate this desire (i.e. identifying a sponsor who will take the child to church, etc.).

## **Adoption Program Description**

**PURPOSE:** To describe the New Horizons Adoption Program

**POLICY:** New Horizons Child Placing Agency oversees an adoption program for children and adolescents whose parents' rights have been terminated and they are in need of permanency through adoption. Most of the children and adolescents who are in New Horizons adoption program have been with their present foster/adoptive parents for a minimum of six months and have had the opportunity to live in a safe and supportive family environment with additional structure while still remaining in public school and involved in extra-curricular activities. Therapeutic and support services are provided to the children and adolescents in this setting. Prospective foster/adoptive parents who are initially verified by New Horizons are eligible to be verified with a dual license to foster and adopt. New Horizons also accepts referrals from CPS for Fostering Connections families and from other Child Placing Agencies who only verify families for foster care. In both circumstances, CPS must approve of the referral and then New Horizons verifies the family to adopt the children who are in their homes. No private adoption placements are accepted from birth parents.

**PROCEDURE:** New Horizons is licensed by the State of Texas to operate a Child Placing Agency (CPA). The CPA ensures that all agency homes meet Minimum Standards for the respective type of care provided prior to verification. New Horizons' Child Placement Management Staff have been adoption trained and supervise services provided by adoption trained Child Placement staff to children in adoptive placement. New Horizons verifies all families to provide both foster care and adoption placements. The Child Placement Management Staff documents approval in all agency records for adoptive placements and post placement supervision. Prior to adoptive placement, New Horizons Child Placement Staff coordinate with CPS, the adoptive family, the adoptive family's attorney, and other entities to ensure all necessary documentation and assessments are completed. New Horizons staff coordinate with appropriate entities to ensure the appropriate adoptive placement documentation is reviewed and signed and prepares the adoptive placement court report. New Horizons staff also provide relevant training for the adoptive family. After the adoptive placement, New Horizons staff makes contact with the family within 7 days to assess the progress of the placement and then follows all Minimum Standards and Contract Requirements for the remaining post placement supervision time period. All serious incidents and allegations of abuse/neglect are reported to the Statewide Intake hotline. The Licensing Division is kept informed of all agency home verifications and license revocations, in addition to the location of agency offices, records, staff, and agency homes. Changes are reported as they occur. To ensure compliance with agency procedures and policies, Child Placement Management Staff monitor Child Placement Staffs' reports and documentation.

## **CLINICAL PROGRAM DESCRIPTION:**

New Horizons' CPA utilizes an integrated treatment team approach that combines guidance from a treatment team, special education services, and family/individual/group therapy in preparing families for adoption. The family's home study is reviewed by a Child Placement Management Staff from another branch location to identify any concerns about the potential adoptive placement. The CPA reviews all adoptive placements as an integrated team prior to the adoptive placement. The integrated team may consist of a Treatment Director, Licensed Therapists, Child Placement Staff, Psychiatrist, Psychologist, school liaison staff, and foster and adoptive parents based on the



needs and services of the child. Individual therapy, group therapy, family therapy, special education services, psychiatric and psychological consultation, and psychotropic medication are just some of the services coordinated by the New Horizons Child Placing Agency.

A variety of clinical services are provided to the children, based on their individual needs. The child/adolescents participate in individual therapy to address psychodynamic issues related to trauma, coping skills, social skills, and maladaptive behavior. Specialized groups are available through licensed therapists for more specific issues such as sexual abuse, sexual perpetration, boundaries, drug education, and sex education. By addressing these issues in foster or adoptive care setting, the children are better prepared for a successful life upon program graduation.

### **I. Adoptive Parent Program Description**

New Horizons uses a social model based primarily on Reality Therapy principles with foster and adoptive homes. Reality Therapy, also known as Choice Theory, was first introduced in the 1960's by Dr. William Glasser to help people accept responsibility for their actions and make better decisions/choices. This is a people-centered, people-friendly approach that assumes that people have five basic needs (power, love and belonging, freedom, fun, survival) and are striving to meet these needs at all times. The basic premise for this theory is that what drive people is their wants (people do not think of needs, but do think of wants). In a therapeutic relationship, children are asked three basic questions to help them understand what they want and how their behavior is hindering their ability to obtain what they want. The youth is helped to develop a simple plan to empower him/her by emphasizing the power of doing what is in their control to do. The children are provided structure and guidance within a nurturing environment. Foster and foster-to-adopt parents are trained in the use of Reality Therapy and other techniques in order to provide the children a consistent, structured, therapeutic approach in all of their activities. Within this framework, foster and adoptive parents spend time developing supportive and therapeutic relationships with the children. The foster or adoptive home provides opportunities for learning relationship building skills, as well as skills in maintaining important relationships.

### **II. Religious Program Description**

Foster and adoptive parents, staff, and children/adolescents are encouraged to attend church functions on a regular basis if they so desire. Foster and adoptive parents or staff will not attempt to impose or indoctrinate any child to any specific religious belief. The goal of New Horizons is to expose children to a social church setting without attempting to indoctrinate children to any specific religion or belief. A child is free to have any religious belief or may choose not to participate in religious activities at all. If a foster child expresses an interest in attending a different church than the foster family, the family will attempt to facilitate this desire (i.e. identifying a sponsor who will take the child to church, etc.).

## **Governing Body Policy**

**PURPOSE:** To outline the responsibilities of the Governing Body.

**POLICY:** Within the parameters of the Article of Incorporation, the Board of Directors, a voluntary board, constitutes the governing body of New Horizons. The function is to establish policy, define agency services, guide development, and assure accountability to the community. The Board of Directors will ensure that New Horizons is complying with the law, including Chapters 42 and 43 of the Human Resources Code and other applicable rules in the Texas Administrative Code.

The Board determines the goals of New Horizons within the framework of the Articles of Incorporation, determining what services shall be offered and how they shall be funded. Any member of the Board of Directors who individually or as part of a business or professional firm is involved in business transactions or current professional services of New Horizons shall disclose this relationship to the Board and shall not participate in any vote taken in respect to such transaction of services.

### **PROCEDURE:**

- I. The Board often determines what type of care should be delivered and how it shall be funded using the Articles of Incorporation as a guideline.
  - A. The Board considers and approves the general budget as recommended each year by management.
  - B. The Finance Committee of the Board reviews the budget on a regular basis and the Board is apprised at each regular meeting of the financial conditions of New Horizons.
- II. The Board assures that the overall programs of New Horizons are evaluated and are consistent with the goals and long range plans.
  - A. The Board employs an Executive Director who is responsible for the hiring of staff and effective functioning of the organization.
  - B. The Board evaluates the Executive Director's performance on a regular basis.

## **Agency Fee Policy**

**PURPOSE:** To describe the New Horizons Child Placing Agency Fee Policy.

**POLICY:** New Horizons utilizes the current TDFPS level of care (Basic, Moderate, Specialized) rates in establishing foster care and adoption fees in contracts established with TDFPS, Juvenile Probation, and other contracting agencies.

**PROCEDURE:** In the case of private foster care placements, risk indicators as outlined by Youth for Tomorrow are utilized to establish a level-of-care and a fee for service. Sliding scale fees are available. The fees cover all of the cost of daily care and therapeutic services (extra supervision, counseling, etc.) identified as needed for the child. If the family has private insurance or Medicaid, the insurance is billed for the cost of counseling sessions. No private adoption placements are accepted from birth parents.

Adoptive and prospective adoptive parents are not charged a fee for their home study or any other costs incurred during the licensing process. Once licensed, New Horizons does not charge the family any fees for adoptive placement, supervision, or consummation. The prospective adoptive family is responsible for payment of any legal fees incurred in the adoption process. New Horizons accepts contractual fees from the agency that has managing conservatorship of the child as payment in full for agency services provided.

## **Clients and Appeals**

## **Client Grievance Policy**

**PURPOSE:** To formalize a policy and procedure regarding grievances.

**POLICY:** New Horizons provides Clients the opportunity and means to lodge complaints and appeals and the mechanism to process appropriate resolution.

### **PROCEDURE:**

1. New Horizons has an open door policy to all clients. Each client has access to any staff, including the Executive Director. Clients are encouraged to be open and verbal about their views of the foster or adoptive home. Their opinions and recommendations are sought, listened to and acted upon in appropriate ways.
2. During each staffing review, each client is given the opportunity to share his/her perceptions about his/her individual care program, and his/her perceptions about the overall environment.
3. A number of meetings such as foster/adoptive home meetings and monthly meetings are designed for a two-way exchange of information and sharing of feelings.
4. Any client may present a grievance in written or verbal form. The grievance may be signed or unsigned. Verbal grievances may be stated to any staff or foster/adoptive parents, including the CPA Administrator. It is encouraged that complaints/grievances are lodged with the Child Placement Staff who will briefly summarize the occurrence in the client's contact note. Child Placement Staff are to work with the client and family to resolve the complaint.
5. A hearing of the client's complaint and investigation of the complaint will result in a decision by the supervisor within three days of the original complaint.
6. The Child Placement Staff and/or the Child Placement Management Staff will meet with the client and discuss the claim and the response. If dissatisfaction remains, the chain of command shall be utilized such grievance is resolved.
7. The client may request a meeting with the Child Placement Management Staff, CPA Administrator, and/or the Executive Director. The Executive Director has final authority in each case.
8. No person(s) will in any way be subjected to any form of negative consequences or criticism in relation to the filing of complaint/grievance.

## **Appeal Process Policy**

**Purpose:** To ensure that a process exists for review of agency actions and decisions upon request.

**Policy:** It is the policy that all the parties involved in child placing decisions (birth parents, foster parents, adoptive parents, child, managing conservator, and foster and adoptive parent applicants) have the right to appeal any decision and/or action made by the agency.

### **Procedure:**

- I. Foster Families will be notified of their rights to appeal any charges or citing against their home. A signed notification that the family has received this information will be filed in the families chart.
- II. Appeals will be processed as follows:
  - A. All appeals should be submitted in writing to the following address:  
Foster Care Committee, 147 South Sayles, Abilene, TX 79602
  - B. Appeals will be heard by the Foster Care Committee consisting of the Child Placing Agency Administrator, Child Placing Management Staff, Child Placement Staff, and the Treatment Director.
  - C. The appeal will be reviewed on the basis of the mental, physical, and emotional needs of the child, general standards as set forth in the Child Placing Agencies Minimum Standards, and the best interests of all parties involved in the action as may be judged by the committee.
  - D. The CPA Management Staff will notify the party within 30 days of receiving the appeal request to let them know when the committee will review the appeal and send a written response.
  - E. The committee will make a decision on the appeal and will communicate the decision and basis for the decision in writing to the party making the appeal. The party making the appeal may request an interview to discuss the appeal and the decision with the CPA Administrator.
- III. All parties involved in child placing decisions will be provided with written information regarding the right to appeal and the appeal process once they have become a client of the Child Placing Agency.
  - A. Complaints may also be directed to Licensing in Abilene at the following address and phone number:
    1. Texas Department of Families and Protective Services, Residential Child Care Licensing Division, 3610 Vine Street, Abilene, Texas 79602; 325-668-6564 or

2. Texas Department of Families and Protective Services, Residential Child Care Licensing Division, P.O. Box 149030, Agency Mail Code E-550, Austin, Texas 78714-9030; 512-438-3259

## **Reports and Record Keeping**



## **Serious Incident Report Policy**

**PURPOSE:** To set up procedures for notifying, documenting, and reviewing serious incidents.

**POLICY:** New Horizons promptly reports, documents, and reviews any serious accident, serious incident, emergencies, dangerous situations, (including reports of child abuse) to the appropriate personnel.

**PROCEDURE:** The following types of serious incidents will be reported to the entities noted within the timeframes noted and reviewed.

### **I. Reportable Incidents**

#### **A. Child's death**

1. A child's death will be reported to licensing as soon as possible but no later than 24 hours after the incident or occurrence.
2. A child's death will be reported to the managing conservator immediately.
3. A child's death will be reported to the law enforcement immediately.

#### **B. A critical injury or illness that warrants treatment by a medical professional or hospitalization, including dislocated, fractured, or broken bones; concussions; lacerations requiring stitches; second and third degree burns; and damage to internal organs.**

1. Critical injuries or illnesses will be reported to licensing as soon as possible but no later than 24 hours after the incident or occurrence.
2. Critical injuries or illnesses will be reported to the managing conservator as soon as possible but no later than 24 hours after the incident or occurrence.

#### **C. Allegations of abuse, neglect, or exploitation of a child; or any incident where there are indications that a child in care may have been abused, neglected, or exploited.**

1. Abuse allegations will be reported to licensing as soon as possible, but no later than 24 hours after the incident or occurrence.
2. Abuse allegations will be reported to managing conservator as soon as possible, but no later than 24 hours after the incident or occurrence.

#### **D. Physical abuse committed by a child against another child.**

1. Physical abuse committed by a child against another child will be reported to licensing as soon as possible but no later than 24 hours after the occurrence or incident.
2. Physical abuse committed by a child against another child will be reported to the managing conservator as soon as possible but no later than 24 hours after the occurrence or incident.

- E. Sexual abuse committed by a child against another child.
  - 1. Sexual abuse committed by a child against another child will be reported to licensing as soon as possible but no later than 24 hours after the occurrence or incident.
  - 2. Sexual abuse committed by a child against another child will be reported to the managing conservator as soon as possible but no later than 24 hours after the occurrence or incident.
- F. A child is indicted, charged, or arrested for a crime.
  - 1. A child's arrest, indictment, or charge will be reported to licensing as soon as possible but no later than 24 hours after New Horizons' CPA becomes aware of it.
  - 2. A child's arrest, indictment, or charge will be reported to the managing conservator as soon as possible but no later than 24 hours after New Horizons' CPA becomes aware of it.
- G. A child developmentally or chronologically under 6 years of age is absent from the foster home and cannot be located, including the removal of a child by an unauthorized person.
  - 1. The child's absence will be reported to law enforcement immediately upon determining the child is not on the premises and the child is still missing.
  - 2. The child's absence will be reported to licensing with 2 hours of notifying law enforcement.
  - 3. The child's absence will be reported to the managing conservator with 2 hours of notifying law enforcement.
- H. A child developmentally or chronologically 6 to 12 years old is absent from a foster home and cannot be located, including the removal of a child by an unauthorized person.
  - 1. The child's absence will be reported to law enforcement within 2 hours of determining the child is not on the premises, if the child is still missing.
  - 2. The child's absence will be reported to licensing within 2 hours of notifying law enforcement, if the child is still missing.
  - 3. The child's absence will be reported to the managing conservator within 2 hours of determining the child is not on the premises, if the child is still missing.
- I. A child 13 years old or older is absent from a foster home and cannot be located, including the removal of a child by an unauthorized person.

1. The child's absence will be reported to licensing no later than 24 hours from when the child's absence is discovered and the child is still missing.
  2. The child's absence will be reported to managing conservator no later than 24 hours from when the child's absence is discovered and the child is still missing.
  3. The child's absence will be reported to law enforcement no later than 24 hours from when the child's absence is discovered and the child is still missing.
- J. A child in your care contracts a communicable disease that the law requires be reported to the Department of State Health Services (DSHS).
1. The communicable disease will be reported to licensing as soon as possible but no later than 24 hours after our agency becomes aware of the communicable disease unless the information is confidential.
  2. The managing conservator will be contacted as soon as possible but no later than 24 hours after our agency becomes aware of the communicable disease if their child has contracted the disease or has been exposed to it.
- K. A suicide attempt by a child.
1. The attempt will be reported to licensing as soon as our agency becomes aware of the incident.
  2. The attempt will be reported to the managing conservator as soon as our agency becomes aware of the incident.
- L. Any incident that renders all or part of the operation unsafe or unsanitary for a child, such as a fire or a flood.
1. Licensing will be contacted as soon as possible but no later than 24 hours after the incident.
  2. The managing conservator of the children involved will be contacted as soon as possible but not later than 24 hours after the incident.
- M. A disaster or emergency that requires the operation to close.
1. Licensing will be contacted as soon as possible but no later than 24 hours after the incident.
  2. The managing conservator of the children involved will be contacted as soon as possible but no later than 24 hours after the incident.
- N. An adult who has contact with a child in care contracts a communicable disease.
1. Licensing will be notified as soon as possible but no later than 24 hours after our agency becomes aware of the communicable disease, unless the information is confidential.

2. The managing conservator will be notified as soon as possible but no later than 24 hours after our agency becomes aware of the contraction or exposure to the communicable disease by their child/children.
- O. An allegation that a person under the auspices of the operation who directly cares for or has access to a child in the operation has abused drugs within the past seven days.
1. Licensing will be contacted as soon as possible, but no later than 24 hours after New Horizons' CPA has become aware of the investigation.
- P. An investigation of abuse or neglect by an entity (other than licensing) or an employee, professional level service provider, volunteer, or other adult at the operation.
1. Licensing will be notified as soon as possible, but no later than 24 hours after our agency becomes aware of the investigation.
- Q. An arrest, indictment, or a county or district attorney accepts "Information" regarding an official complaint against an employee, professional level service provider, or volunteer alleging commission of any crime that may preclude a person from being present at the operation.
1. Licensing will be notified as soon as possible, but no later than 24 hours after our agency becomes aware of the situation.

## **II. Documentation of Serious Incidents**

- A. Serious incidents will be documented in written reports and include the following information.
1. The name of the foster home, physical address, and telephone number.
  2. The time and date of the incident.
  3. The name, age, gender, and date of admission of the child or children involved.
  4. The names of all adults involved and their role in relation to the child(ren).
  5. The names or other means of identifying witnesses to the incident, if any.
  6. The nature of the incident.
  7. The circumstances surrounding the incident.
  8. Interventions made during and after the incident, such as medical interventions, contracts made, and other follow-up actions.
  9. The treating licensed health-care professional's name, findings, and treatment, if any.

10. The resolution of the incident.

- B. Serious incidents involving a child's death, suicide attempt or critical injury will also contain any emergency behavior interventions implemented on the child within 48 hours prior to the serious incident.
- C. Serious incident involving any critical injury that resulted from a short personal restraint will also contain documentation of the short personal restraint, including the precipitating circumstances and specific behaviors that led to the emergency behavior intervention.
- D. Serious incidents involving a child being absent without permission will also contain any efforts made locate the child, the date and time the managing conservator and law enforcement were notified, and the names of the persons spoken to regarding the child's absence and subsequent location or return to the home. If the managing conservator cannot be located, dates and times of all efforts made to notify the managing conservator regarding the child's absence and subsequent location or return to the home will be documented.
- E. Serious incidents involving any abusive behavior among children will also contain the difference in size, age, and developmental level of the children involved in the abusive behavior.
- F. Serious incident reports will be kept on file for two years.

### **III. Review of Serious Incidents**

- A. Any reportable incident will be reviewed as follows:
  - 1. New Horizons Child Placing Agency staff will have a face-to-face meeting with the foster/adoptive parent(s) involved in the serious incident as needed and for all restraints.
  - 2. The review will occur within 7 days of the serious incident.
  - 3. The staff will review what led up to the serious incident and try to identify ways to prevent similar serious incidents in the future.
  - 4. If the serious incident resulted from a non-compliance with licensing Minimum Standards or New Horizons Policy and Procedures, a corrective action plan will be devised and attached to the review.
  - 5. A copy of the review will be attached to the serious incident report.

## Client and Foster/Adoptive Family Records Policy

**PURPOSE:** To outline the contents and guidelines of monitoring, viewing and storage of the child/adolescents case records and to illustrate the process of maintaining appropriate records for Foster/Adoptive Parents who contract with New Horizons CPA.

**POLICY:** New Horizons Child Placing Agency record will maintain an active and individual record on each client in our care. An active record consists of the youth's record for the most recent twelve (12) months of services. The client's rights and confidentiality are maintained during the compilation, maintenance and storage of each child/adolescent's case records.

New Horizons Child Placing Agency will maintain current and accurate records for each foster/adoptive home with documentation reflecting the person(s) meets the qualifications for the position, Tuberculosis test, criminal background check and child abuse/neglect report, documentation that the person/s meets training requirements, date of verification, and date and reason for separation. All charts will be maintained in a secure, locked location.

### PROCEDURE:

#### I. Maintenance and Location of Client Case Records:

- A. A master case record for each youth and their current foster/adoptive home will be maintained electronically in a secure database.
- B. Active Client Records will be maintained in the following manner:
  1. Kept accurate and current;
  2. Stored in a secure database;
  3. Kept confidential as required by law.
- C. Archived Client Records will be maintained in the following manner:
  1. Archived records created prior to the use of the electronic database will be securely stored offsite with access by request through the main office.

#### II. Active Records:

- A. Each Active Chart will have the following on the exterior of the chart:
  1. Youth's full name;
  2. Social Security Number or Medicaid Number;
  3. Known allergies;
  4. Chronic conditions;
  5. Date of admission;
  6. Date of birth.
- B. Access of records are limited to New Horizons Staff directly involved with the youth's treatment, the Administrative Assistant, Quality Assurance Director, Treatment Director, Child Placement Staff, Child Placement Management Staff, CPA Administrator. Information may be released to a parent, DFPS, YFT, Licensing, or as required by law with appropriate release of information.

- C. Child/adolescents in the care of New Horizons have the right to add written statements to their case record in regard to problems or the services they are receiving or may wish to receive.
- D. The child/adolescent and parent/managing conservator is the primary source of information about the child/adolescent's need for services.
- E. A signed Release of Information form must be provided by the parent/managing Conservator, stating the specific information may be released, the time period during which this permission remains in effect, to whom it is to be released, for what purpose it is to be released except where disclosure is mandated or required due to judicial action.
- F. If a child/adolescent wishes to review his/her case record, she/she may do so in the presence of the Treatment Director or designee.
  - 1. Youth may be refused their request to read their case record should it be determined it could be detrimental to the youth.
  - 2. The Treatment Director must document the reason/s for refusing a youth the option of reading their case file. This documentation will be placed in the youth's file.
  - 3. A duly qualified mental health professional may be utilized to examine the file for the youth provided he/she can reasonably assure New Horizons that the information believed to be harmful will not be shared with the youth without prior mutual agreement between the professional reviewing the file and the appropriate New Horizons staff member/s and/or foster or adoptive parents.
- G. Case records are stored in a secure electronic database.

**III. Archived Records:**

- A. Complete case records will be maintained for a child in foster care:
  - 1. For at least two years after the youth is discharged; and
  - 2. Until the resolution of any investigation of a serious incident that occurred while the child was in care with New Horizons.
- B. Records of foster and adoptive homes must be maintained for at least five (5) years after the foster and adoptive home is closed. This includes foster homes that did not receive placements.
- C. Records for approved adoptive applicants with whom New Horizons did not place a youth will be maintained for at least five (5) years after the family withdraws or new Horizon closes consideration of the family for a placement.
- D. Records of foster and adoptive homes that New Horizons did not approve will not be archived.

- E. Records of foster and adoptive homes that dropped out before the completion of the home study will not be archived.



## **Electronic File Policy**

**PURPOSE:** To define the guidelines and procedures for maintaining electronic records for the New Horizons' youth, foster/adoptive parents and employees.

**POLICY:** New Horizons Child Placing Agency will assure that all electronic records are maintained within in a confidential computerized system with limited access. The computer security system will include passwords, routine data back up and an antivirus protection system. New Horizons' electronic record will have limited access to persons with the New Horizons Agency and those authorized by law outside New Horizons.

**PROCEDURE:** New Horizons currently maintains electronic files clients, foster/adoptive families, and employees. External paper records for employees are maintained for the following, but not limited to job descriptions, employment information, and criminal history information.

Electronic files include but are not limited to youth, family, or employee's information; contacts, dental and medical records; medications, daily notes, log notes, therapy sessions, admission information, service plans, training, incidents, agency notes, clinical notes, case notes, goals, psychiatric information and review; contracts, school information and financial information. Any other areas not currently listed are not currently excluded for electronic file use at a later date unless not allowed by state rules or standards.

The KaleidaCare system in place confirms all data traveling across the Internet is encrypted with security technology. Our System Administrators will monitor and assign specific access privileges, menu selections and client or geographic assignments to different staff and depending on inventories their level of access needs. The internet data is hosted off-line behind a protective security firewall in a highly specialized data facility. Redundant electricity and Internet access backups are provided daily and protect sensitive data.

Users are required to do the following in order to ensure the protection of confidential information:

- (a) All computers must be password protected.
- (b) Users must log off or lock access to their workstations before leaving them unattended.
- (c) Users must not share their password, personal identification numbers (PIN), security tokens, or similar information or devices used for identification and authentication to any system or application
- (d) Users of DFPS user information resources must protect all account information that can be used to access any system under DFPS's authority.
- (e) Users must not purposely engage in activity that may circumvent computer security measures.

Areas of the EDS will be restricted by specific access privileges of security level of needs. Any other sensitive data stored on computer systems as electronic records must be stored on a computer that is only accessible via password and contains a hardware or software firewall. New Horizons will maintain a system security via its System Administrator along with any additional security needs that future technology may require.

## Medication Records Policy

**PURPOSE:** To describe appropriate record keeping for medications dispensed to youth in care.

**POLICY:** Caregivers must ensure that appropriate record keeping is followed for all medications dispensed to youth in care.

### PROCEDURE:

#### Records to maintain for each youth receiving medication:

- A. Caregivers must maintain a cumulative record of all prescription medication dispensed to a youth and all nonprescription medication, excluding vitamins, dispensed to a child under five years old. Caregivers must maintain the medication record during the time that they provide services to the youth. This record must include the:
  1. Youth's full name;
  2. Prescribing health-care professional's name, if applicable;
  3. Medication name, strength, and dosage;
  4. Date (day, month, and year) and the time the medication was administered;
  5. Name and signature of the person who administered the medication;
  6. Youth's refusal to accept medication, if applicable; and
  7. Reasons for administering the medication, including the specific symptoms, condition, and/or injuries of the child that the caregiver is treating, for PRN prescriptions and nonprescription medications (excluding vitamins) for children under five years old.
- B. Identification of any prohibited prescription medication, nonprescription medication, and vitamins for each youth must be maintained in the medication record, which must be incorporated into the youth's record.
- C. The medication records of prescription and nonprescription medication dispensed to the youth must be incorporated into the youth's record.

#### Medication Records must be maintained according to the following:

- A. Caregivers must maintain at the foster/adoptive home the youth's medication records for 30 days.
- B. Caregivers must submit copies of the youth's medication records to you each month. New Horizons will file these medication records in the youth's record.
- C. New Horizons will maintain copies of all the youth's medication records for the length of time that you provide services to the child.

#### Other requirements to meet regarding medication records:

New Horizons will make suitable forms available to caregivers for maintaining adequate records of all medications administered to a youth.

## **Agency Staff and Caregivers**

## **Professional Staff Qualifications Policy**

**PURPOSE:** To outline qualifications for Child Placing Agency employees.

**POLICY:** It is the policy of New Horizons Child Placing Agency to ensure that employees meet qualifications specific to their role at the agency.

### **PROCEDURE:**

- I. Child Placing Agency Administrator must:
  - A. Meet qualifications established by New Horizons
  - B. Be a Licensed Child-Placing Agency Administrator
  - C. Be a full-time employee of New Horizons
  
- II. Treatment Director
  - A. A Treatment Director that provides or oversees treatment services for children with mental retardation or children with pervasive developmental disorders must be:
    1. Licensed as a psychiatrist, psychologist, professional counselor, clinical social worker, marriage and family therapist, or registered nurse; or
    2. Certified by the Texas Education Agency as an education diagnostician, have a master's degree in special education or a human services field and have three years of experience working with children with mental retardation or a pervasive developmental disorder.
  - B. A Treatment Director that provides or oversees treatment services for children with emotional disorders must meet one of the following qualifications:
    1. Be a psychiatrist or psychologist;
    2. Have a master's degree in a human services field from an accredited college or university and three years of experience providing treatment services for children with an emotional disorder, including one year in a residential setting, or;
    3. Be a licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services for children with an emotional disorder, including one year in a residential setting.
  
- III. Child Placement Management Staff must:
  - A. Have a master's degree from an accredited college or university in social work or other human services field and nine credit hours in graduate level courses that focus on family and individual function and interactions with two years of documented full-time child-placing experience under the direct supervision of a person fully qualified to conduct child placement management staff duties; or
  - B. Have a master's degree from an accredited college or university and nine credit hours in graduate level courses that focus on family and individual function and interaction with three years of documented full-time child-placing experience under the direct supervision of a person fully qualified to conduct child placement management activities; or

- C. Have a bachelor's degree from an accredited college or university in social work or other human services field and nine credit hours in undergraduate level courses that focus on family and individual function and interaction with four years of documented full-time child-placing experience under the direct supervision of a person fully qualified to conduct child placement management activities; or
  - D. Have a bachelor's degree from an accredited college or university and nine credit hours in undergraduate level courses that focus on family and individual function and interaction with five years of documented full-time child-placing experience under the supervision of a person fully qualified to conduct child placement management activities.
- IV. Child Placement Staff must:
- A. Have a master's degree from an accredited college or university in social work or other human services field and nine credit hours in graduate level courses that focus on family and individual function and interaction with one year of documented full-time work experience in a child-placing agency under the direct supervision of person fully qualified to conduct child placement management activities. The experience may include a maximum of 350 hours of formal, supervised field placement or practicum in child-placing activities; or
  - B. Have a master's degree from an accredited college or university with two years of documented full-time work experience in a child-placing agency under the direct supervision of person fully qualified to conduct child placement management activities. The experience may include a maximum of 350 hours of formal, supervised field placement or practicum in child-placing activities; or
  - C. Have a bachelor's degree from an accredited college or university in social work or other human services field with two years of documented full-time work experience in a child-placing agency under the direct supervision of person fully qualified to conduct child placement management activities. The experience may include a maximum of 350 hours of formal, supervised field placement or practicum in child-placing activities; or
  - D. Have a bachelor's degree from an accredited college or university with three years of documented full-time work experience in a child-placing agency under the direct supervision of person fully qualified to conduct child placement management activities. The experience may include a maximum of 350 hours of formal, supervised field placement or practicum in child-placing activities; or direct supervision from a person fully qualified to conduct child-placement management activities. The direct supervision with the child-placement staff must consist of 10 documented, face-to-face, individual, case-related conferences over each annual period. The direct supervision must continue until the employee's previous experience and directly supervised experience totals three years.

## **Training and Professional Development**

## **Pre-Service Experience and Annual Training Policy**

**PURPOSE:** To define the guidelines and procedures for training of employees, contract staff, volunteers, foster/adoptive parents, and respite caregivers for New Horizons Child Placing Agency.

**POLICY:** New Horizons Child Placing Agency ensures that employees, contract staff, volunteers, foster/adoptive parents, and respite caregivers receive annual planned, meaningful training designated to prepare them specifically for the kind of care they will be providing.

### **PROCEDURE:**

- I. Orientation
  - A. Prior to beginning job duties or having contact with children in care, New Horizons' employees, contract staff, volunteers, and foster/adoptive parents will have orientation that includes:
    1. An overview of all DFPS Minimum Standards, RCC Contract, Youth for Tomorrow - Levels of Care, New Horizons Philosophy & Guidelines, Organizational Structure, New Horizons Policy & Procedures, and New Horizons Programs.
    2. The needs and characteristics of children that New Horizons serves through the lens of trauma informed care.
  - B. The completion of this orientation will be documented in personnel and home records.
- II. Pre-Service Experience and Training
  - A. Before an employees, contract staff, volunteers, foster/adoptive parents, and respite caregivers can be the only caregiver responsible for a child in care, they must be certified in:
    1. First-Aid with rescue breathing and choking,
    2. CPR for infants, children, and adults, and
    3. The above training will be renewed biannually to maintain a current certification.
    4. A caregiver who is a health professional can use the following documentation in lieu of CPR/First Aid certifications:
      - a. Training to be a health professional includes the knowledge covered in First Aid and CPR Training.
      - b. The person's employment ensures these skills are kept current.
  - B. If employees, contract staff, volunteers, foster/adoptive parents, and respite caregivers worked with New Horizons within the last 12 months and are returning for employment or contract, before this person can be the only caregiver for a group of children, New Horizons will:
    1. Discuss with the employees, contract staff, volunteers, foster/adoptive parents, and respite caregivers any changes in services or programs that have occurred since the previous involvement with the agency.

2. Ensure the employees, contract staff, volunteers, and foster/adoptive parents have received training during the past 12 months from New Horizons on preventing, identifying, treating, and reporting child abuse, neglect, and exploitation.
  3. This discussion and the previous training will be documented in the person's personnel record.
- C. Providing Treatment Services
1. Before a New Horizons employee, contract staff, volunteer, foster/adoptive parent, and respite caregiver can provide care to a child receiving treatment services, they must be assessed to have the experience necessary to care for the child's treatment needs.
  2. If they do not have the necessary experience, the Child Placement Management Staff will prescribe a regimen of specific childcare experience that the foster parent will complete before a child with treatment needs is placed in the home.
  3. The foster/adoptive parents' experience and/or regime will be documented in the home's record.
- D. All New Horizons foster/adoptive parents will complete 8 hours of general pre-service training.
- E. Emergency Behavior Intervention Training
1. In addition to this general pre-service training, foster/adoptive parents providing childcare services will complete 8 hours pre-service training regarding emergency behavior intervention.
  2. Foster/adoptive parents providing treatment services will complete 16 hours of pre-service training regarding emergency behavior intervention in addition to the general pre-service training.
  3. Child-Placing Agency Administrator, Treatment Director, Child Placement Staff, Child Placement Management Staff, and full-time professional service providers will complete 8 hours of pre-service training regarding emergency behavior intervention.
  4. Completion of the required training will be documented in the personnel and home record.
- F. All required pre-service, orientation, and annual training will be provided by a qualified trainer.
- G. The general pre-service training curriculum will include the following components:
1. Topics appropriate to the needs of children for whom the foster parents will be providing care, such as developmental stages of children, fostering children's self-esteem, constructive guidance and discipline of children, strategies and techniques for monitoring and working with these children, and age-appropriate activities for the children.
  2. The different roles of foster parents.
  3. Measures to prevent, identify, treat, and report suspected occurrences of child abuse (including sexual abuse), neglect, and exploitation.



4. Procedures to follow in emergencies, such as weather related emergencies, volatile persons, and severe injury or illness of a child or adult.
  5. Preventing the spread of communicable diseases.
- H. Foster/adoptive parents providing care for children younger than two years old will receive training on:
1. Recognizing and preventing shaken baby syndrome.
  2. Preventing sudden infant death syndrome.
  3. Understanding early childhood brain development.
- I. Staff and foster/adoptive parents who administer psychotropic medication will receive training on:
1. Identification of psychotropic medications.
  2. Basic pharmacology (the actions and side effects of, and possible adverse reactions to, various psychotropic medications).
  3. Techniques and methods of administering medications.
  4. Who is legally authorized to provide consent for the psychotropic medication?
  5. Any related policies and procedures.
  6. The above-identified training will be renewed on an annual basis.
  7. The trainer assesses each participant, after the psychotropic medication training, to ensure that the participant has learned the course content.
- J. Medical Consent
1. New Horizons will follow the Department's medical consent policy and will ensure the completion of DFPS-approved Informed Medical Consent Training for its employees and foster/adoptive parents as part as the pre-service training; this training will be completed by employees and foster/adoptive parents and will be documented in the employee's file and/or foster/adoptive parent home record.
  2. New Horizons will ensure employees and foster/adoptive parents are eligible to serve as Medical Consenters under DFPS's criteria "How DFPS Establishes the Medical Consenter," and will provide access to and ensure completion of the computer-based training on Informed Consent.
  3. New Horizons will ensure that all employees and foster/adoptive parents who are eligible to serve as Medical Consenters, as stated above, follow the requirements within DFPS policy regarding "Responsibilities of Medical Consenters and back up Medical Consenters."
  4. New Horizons will inform employees and foster/adoptive parents of their responsibilities as Medical Consenter to include to be authorized to have access, receive, and review all of the youth's medical records. Furthermore, the medical consenter may authorize the release of the youth's records to the extent necessary to obtain services for the youth.
- III. Annual Training
- A. Each foster family unit caring for children receiving only childcare services, treatment services for primary medical needs, or children assessed with Basic needs

- (according to Youth for Tomorrow, Contract Agency of DFPS) will complete at least 20 total hours of annual training of which 4 of these hours will be specific to emergency behavior intervention, 2 hours will be specific to trauma-informed care, and 2 hours will be specific to normalcy.
- B. Each foster/adoptive parent in a two parent foster home caring for children receiving treatment services for emotional disorder, mental retardation, pervasive developmental disorders, or children assessed with Moderate or Specialized needs (according to Youth for Tomorrow, Contract Agency of DFPS) will complete at least 50 hours of annual training of which 8 of these hours will be specific to emergency behavior intervention, 2 hours will be specific to normalcy, and 2 hours will be specific to trauma informed care.
- C. Single foster/adoptive parents providing care, described directly above, will complete at least 30 hours of annual training of which 8 of these hours will be specific to emergency behavior intervention, 2 hours will be specific to normalcy, and 2 hours will be specific to trauma informed care.
- D. Child Placement Staff with less than one year of child-placing experience will receive the following:
1. 30 hours for the initial year
  2. 20 hours after the initial year; and
  3. There are no annual requirements for emergency behavior interventions. However, if there is a substantial change in techniques, types of interventions, or agency policies regarding emergency behavior intervention, then the staff will be re-trained.
- E. Child Placement Staff with at least one year of child-placing experience will receive the following:
1. 20 hours
  1. There are no annual requirements for emergency behavior interventions. However, if there is a substantial change in techniques, types of interventions, or agency policies regarding emergency behavior intervention, then the staff will be re-trained.
- F. Child Placement Management Staff will receive the following:
1. 20 hours
  2. There are no annual requirements for emergency behavior interventions. However, if there is a substantial change in techniques, types of interventions, or agency policies regarding emergency behavior intervention, then the staff will be re-trained.
- G. Child Placing Agency Administrators, Executive Directors, Treatment Directors, and full-time professional service providers who hold a relevant professional license will receive the following:

2. 15 hours, however, annual training hours used to maintain a person's relevant professional license may be used to complete these hours.
  3. There are no annual requirements for emergency behavior interventions. However, if there is a substantial change in techniques, types of interventions, or agency policies regarding emergency behavior intervention, then the staff will be re-trained.
- H. Child Placing Agency Administrators, Executive Directors, Treatment Directors, and full-time professional service providers who do not hold a relevant professional license will receive the following:
1. 20 hours
  2. There are no annual requirements for emergency behavior interventions. However, if there is a substantial change in techniques, types of interventions, or agency policies regarding emergency behavior intervention, then the staff will be re-trained.
- I. New Horizons CPA will prorate annual training requirements from the date of employment to the end of the calendar year and then begin a new 12-month period that coincides with the calendar year.
- J. As needed New Horizons will provide or arrange training and development in sign language for staff and foster/adoptive parents with direct interaction with the child who is deaf or hard of hearing once placed. Community-based sign language class, video sign language training, and on-line sign language training may be utilized.

## **Admission and Placement**

## **Admission Policy**

**PURPOSE:** To define the guidelines and procedures for admission of children and adolescents into New Horizons Child Placing Agency.

**POLICY:** New Horizons Child Placing Agency accepts youth on the basis of New Horizons ability to provide the most appropriate treatment for their individual and therapeutic needs while assuring the youth's overall safety in the least restrictive environment. Eligibility for placement is based upon the youth's individual diagnostic assessment, vacancies for appropriate placement and the current client population within the placement options.

New Horizons primary treatment objectives are to enable our clients to learn by their own experiences and to develop skills necessary to function in the community. New Horizons CPA shall seek to improve care, services and outcomes by recognizing and respecting each youth in accordance with their fundamental human, civil, constitutional, and statutory rights. These services must recognize the feelings and protect the rights of our clients. No child will be denied admission based on their race, creed, color, gender, nationality, religion, or sexual orientation.

### **PROCEDURES:**

New Horizons CPA will admit children on an emergency basis provided they meet criteria for admission. The average timeframe for approval of an emergency placement is 3 to 5 hours. The average timeframe for approval of a non-emergency placement is around 24 hours.

- IV. **CRITERIA FOR ADMISSION:** New Horizons primary focus is the provision of treatment services for children and adolescents with emotional disorders. However, New Horizons will consider serving children receiving treatment services for other needs such as Mental Retardation and Pervasive Developmental Disorder based on the assessed individual needs of the child/adolescent and the availability of appropriate homes.
- A. New Horizons CPA accepts youth from birth to 17 years of age, both male and female.
  - B. New Horizons CPA is best suited for youth who demonstrate one or more of the following characteristics:
    - 1. History of familial related problems such as ineffective parenting, limited resources, conflicts, separation, or abandonment.
    - 2. History of sexual abuse, physical abuse and/or neglect.
    - 3. History of school related behavioral and/or academic problems.
    - 4. History of adjustment and/or anxiety type problems.
    - 5. History of behavioral problems.
    - 6. Depression.
  - C. New Horizons CPA serves youth with the following Levels of Care:
    - 1. Basic
    - 2. Moderate
    - 3. Specialized
    - 4. With or without Treatment Services

- D. Youth who may not be appropriate for placement include those who have a:
  - 1. History of extensive criminal behavior.
  - 2. History of significant substance abuse.
  - 3. History of severely aggressive behaviors.
  - 4. Diagnosis of active Psychosis, Schizophrenia, or severe Mental Retardation.
  - 5. Presenting behaviors that includes danger to self or others.
  - 6. Presenting problems which include severe, specialized psychiatric and/or physical needs requiring more intensive treatment and monitoring that could be reasonably or safely provided at New Horizons Residential Treatment Center.
- E. Sibling groups consisting of two or more children are included in the population served. New Horizons will maintain capacity for admission of sibling groups consisting of two or more children as necessary.
- F. Children parenting their children are included in the population served.

**V. REFERRALS**

- A. Referrals for placement may be made telephonically or via correspondence.
- B. Child Placement Management Staff approves the initial screening process.
- C. An Admission Assessment providing an initial evaluation of the appropriate placement for a youth must be completed prior to any non-emergency placement.
- D. Referrals for foster or adoptive placement will be consideration for admission based upon the following:
  - 1. Admission Assessment
  - 2. Review and acceptance of the intake packet
  - 3. Psychiatric and/or psychological evaluations
  - 4. Pre-placement visit
  - 5. Other pertinent information

**VI. NON-EMERGENCY PLACEMENTS**

- A. No child will be placed without specific written authorization allowing New Horizons to provide services.
- B. New Horizons will require at, or prior to, placement for youth at Moderate Service Level or higher; the Department's Common Application for Placement of Children in Residential Child Care (Form 2087) as the uniform assessment form and application for admission. New Horizons will accept youth for placement by the Department only after receiving completed Form 2085-FC, Form 2085-B and/or 2085-E as appropriate and, if at the Moderate Service Level or higher, Form 2087 and Form 2089. If the Department's worker attempts to place a youth at the Moderate Level or higher without a copy of a current Form 2089c, New Horizons may, but is not

required to, accept the youth for seventy-two (72) hours after having the Department's Caseworker sign the Department's Form 2089-C.

- C. Placement Process is completed as follows:
1. New Horizons Child Placing Agency will match each child with a foster and/or adoptive home that will ensure that the youth's needs and best interest are being met.
  2. A pre-placement visit will occur and the results documented in youth's chart.
  3. Caregivers will be informed of youth's immediate needs, such as school enrollment, clothing or needed medical care.
  4. Caregivers will be informed of any special needs such as medical or dietary needs or conditions.
  5. Intake information is completed by the Child Placement Staff and Managing Conservator which includes placement authorization, medical and dental information, family contact information and other information about the youth.
  6. At the time of admission or within seven (7) days after admission, agency staff will review the child's rights with the child and the child's managing conservator. A written copy of the child's rights will be provided to the child and the child's managing conservator at that time. A signed statement indicating that the managing conservator has read and understands the child's rights will be filed in the child's record.
  7. Within seven (7) days after admission, agency staff will contact the foster home and assess whether the child's needs are being met in the home and how the child is adjusting to the foster home.
  8. New Horizons Child Placing Agency will provide an age/intellectually appropriate orientation upon admission or within seven (7) days of admission to each newly admitted youth who is not an infant or a toddler. The orientation will include but is not limited to the following:
    1. Youth's Rights and Responsibilities
    2. Visitation, including family visitation and overnight visitation
    3. Contacts such as mail and telephone calls
    4. Gifts and personal possessions
    5. Emergency Behavior Interventions and discipline
    6. Religious program and practices
    7. Educational program
    8. Trips away from the home
    9. Program expectations and rules
    10. Grievance procedures
- D. New Horizons will make every effort to place siblings together and will document the reasons when necessary to separate sibling groups.
- E. New Horizons Child Placing Agency will ensure contact between siblings is maintained when siblings are not placed together or document why contact is not appropriate for one or more of the siblings.

- F. Youth who are not appropriate for placement and/or who need immediate services beyond New Horizons Child Placing Agency's scope of service will be referred to other appropriate agencies.
- G. At the time of the initial screening, if it is determined that the youth meets the criteria for admission, there is mutual agreement that admission will be sought, and all homes or potential placements are full, the option of the client being placed on a waiting list will be offered.

**VII. EMERGENCY PLACEMENTS**

- A. An emergency includes conditions when a youth is:
  - 1. Removed from a situation involving alleged abuse or neglect.
  - 2. Is an alleged perpetrator of abuse and cannot be served in the child's current placement due to his perpetrating behaviors.
  - 3. Displays behavior that is an immediate danger to self or to others and cannot function or be served in his current setting.
  - 4. Is abandoned and does not have a place to stay.
  - 5. Is removed from his/her home or placement and there is an immediate need to find a residence for the youth.
  - 6. Is without adult care.
- B. An emergency placement must meet New Horizons Admissions Criteria.
- C. New Horizons will require at, or prior to, placement the Common Application for Placement of Children in Residential Child Care (Form 2087) as the uniform assessment form and application for admission. The form may be incomplete but shall contain all available information. Alternatively, New Horizons will accept the Alternative Application for Placement of Children in Residential Child Care (Form 2087ex). In either case, Form 2087 shall be completed and provided to New Horizons at the time youth's placement is changed from an emergency to a non-emergency placement. New Horizons will accept Form 2087 or Form 2087ex as the uniform assessment form and application for admission for placement of Department's youth. New Horizons will accept children for placement by the Department only after receiving completed Form 2085-FC, completed Form 2085-B, and/or 2085-C and/or 2085-D, and (complete or incomplete) Form 2087 or 2087ex.
- D. New Horizons staff and caregivers are available 24/7; vacancies are updated daily via DFPS Child Placement Vacancy Database.
- E. All documentation required for a Non-Emergency Admission will be completed and filed in the youth's record for an Emergency Admission within forty (40) days from the date of placement.
- F. CPA Staff will complete a 72-hour plan which includes information such as:
  - 1. A brief description of the circumstances necessitating emergency admission;



2. Date and time of admission;
3. Allergies;
4. Chronic health conditions, such as asthma or diabetes;
5. Known contra-indications to the use of restraint;
6. A brief social history of the youth;
7. A description of the youth's current behavior; and
8. Evaluation of how the placement will meet the child's needs and best interests.

**VIII. UNACCOMPANIED EMERGENCY PLACEMENTS**

In the event an unaccompanied youth in the care of the Department presents for emergency placement, New Horizons may accept the youth for placement and will immediately notify the Department to determine Department's instructions and to initiate documentation. New Horizons understands the Department shall complete the required forms within the next working day but may immediately move the Child.

**IX. ADDITIONAL ADMISSION/PLACEMENT REQUIREMENTS**

A. For youth needing Treatment Services with an emotional disorder or Pervasive Development Disorder

1. Admission Assessment must include a written, dated and signed psychiatric or psychological diagnostic assessment, including the child's diagnosis.
  1. The provider ensures completion of a diagnostic assessment on each child within 30 days of admission to address the Child's physical, psychological, behavioral, family, social, and educational needs.
  2. If the child is coming from another regulated placement, the evaluation must have been completed within 14 months of the date of admission.
  3. If the child is not coming from another regulated placement, the evaluation must have been completed within six months of the date of admission.
2. The Admission Assessment must include the reasons for choosing treatment services for this youth.
3. The Admission Assessment must include consideration given to any history of inpatient or outpatient treatment.

B. For youth needing Treatment Services with mental retardation

1. The admission Assessment must include a psychological evaluation with a psychometric evaluation completed within 14 months of the date of admission by a licensed psychologist who has experience with the developmentally delayed population.
2. The Admission Assessment must include the reasons for choosing treatment services for this youth.
3. The Admission Assessment must include consideration given to any history of inpatient or outpatient treatment.

C. For youth needing Treatment Services with primary medical needs

1. The Admission Assessment must have a licensed physician's signed, written orders as the basis for the child's admission. The physician's evaluation must confirm that the child can be cared for appropriately in a foster home setting and that the foster parents have been trained to meet the needs of the child and demonstrated competency.
  2. The written orders must include orders specific to the youth's needs such as:
    1. Medications
    2. Treatments
    3. Diet
    4. Range of motion
    5. Special medical or developmental procedures
  3. The Admission Assessment must include the reasons for choosing treatment services for this youth.
  4. The Admission Assessment must include consideration given to any history of inpatient or outpatient treatment.
- D. For youth whose behavior and/or history within the last two months indicates the child is an immediate danger to himself or others
1. The Admission Assessment must include a written, dated and signed psychiatric or psychological diagnostic assessment including the youth's diagnosis, assessment needs, or recommendations.
  2. If the child is
    1. Coming from another regulated placement, the evaluation must have been completed within 14 months of the date of admission.
    2. Not coming from another regulated placement the evaluation must have been completed within six (6) months of the date of admission.
  3. Evaluation of ability to provide services and safeguards appropriate to the child's needs, including direct and continuous supervision if needed.
- E. New Horizons will ensure its compliance with all applicable federal and state laws, including the Multiethnic Placement Act, as amended by the Interethnic Adoption Act of 1996, the Indian Child Welfare Act, the Adoption and Safe Families Act of 1997; the Adam Walsh Child Protection and Safety Act of 2006 and comparable state laws regarding placement of children.
- F. New Horizons will ensure compliance with the Department's placement processes, including timely data entry of vacancies into the Department's Child Placement Vacancy Database.
- X. NON-ENGLISH SPEAKING CLIENTS**
- A. Prior to admission to New Horizons, non-English speaking clients will be assigned a translator to accompany the client on a one to one basis during significant portion of the day such as school and therapy. The youth's treatment team will develop an appropriate schedule. This information will be documented in the client's case records.

- B. In the event that a New Horizons client has a non-English speaking family member who is significant to the youth's treatment, the following procedure will be utilized and documented in the client's chart.
  - 1. The treatment team will discuss the specific needs of the client
  - 2. A translator will be utilized to provide updates and information either orally or in writing.
  - 3. A bilingual family therapist or translator will be contracted to provide appropriate treatment and/or therapy.

**XI. DELINQUENT CHILDREN AND ADOLESCENTS**

Children and adolescents who have adjudicated as in need of supervision or delinquent will be considered for placement at New Horizons, equal to any other potential admission, according to the established Criteria for Admission.

**XII. DEAF OR HARD OF HEARING CHILDREN IN CARE**

New Horizons will provide access to sign-fluent staff or foster/adoptive parents, contracting with an interpreter, or providing an assistive listening device. As well as ensuring effective communication during therapy and when with the psychiatrist, if applicable.

**XIII. LEVEL OF NEED**

- A. New Horizons will place in the least restrictive level of care. At admission this will be considered and evaluated in order to avoid subsequent moves due to home verification.
- B. New Horizons will submit a request for a service level evaluation directly to the service level monitor within 45 days of admission for a child who has not had an Initial Authorized Service Level during the current paid foster care stay.
- C. New Horizons will maintain full compliance to meet requirements from Service Level Monitor.

## Treatment Modality Policy

**PURPOSE:** To describe New Horizons Philosophy and approach of the treatment modality of Reality Therapy.

**POLICY:** New Horizons Child Placing Agency addresses behavior management with Reality Therapy approach that strongly emphasizes personal responsibility for behavior and emotions. Reality Therapy, by William Glasser, has been used in therapeutic practices since the 1960s. Behavior Management is individualized as much as possible in order to best meet the treatment needs of the children and adolescents. New Horizons Behavior Management Policy utilizes natural and logical consequences for behavior. Behavior Management is seen as a tool to deepen and enhance the therapeutic relationship between the child and staff, not just as a tool to change behavior.

**PROCEDURE:** The steps of Reality Therapy, i.e., asking children who are acting out inappropriately three (3) basic questions to help them understand what they want and how their behavior is hindering their ability to obtain what they want (What do you want? What are you doing to get what you want? Is it working?), is individualized to meet each child's needs. The child is helped to develop a simple plan to obtain what he/she wants by making better behavioral choices. The approach is non-punitive and child friendly. It assumes that what motivates the child's behavior is the attainment of five (5) basic needs that the child sees as 'wants.' These methods are used in addressing and processing maladaptive / inappropriate behavior with the child, with the primary intent being (1) the enhancement of the therapeutic relationship, (2) for the child to create more appropriate ways to relate and cope.

Foster and adoptive families utilize specialized, short-term treatment interventions and /or plans that emphasize personal responsibility for behavior and feelings, planning corrective action, and practicing more appropriate behavior.

- I. **REALITY THERAPY PROCEDURES:** Basic concepts and steps of Intervention with Reality Therapy
  - A. **Involvement:** Warmth and understanding are needed for two (2) people to become initially involved
  - B. **Discuss current behavior:** To facilitate the person being helped become more aware of their current behavior and the results of their actions
  - C. **Ask, "Is this helping or hurting?:"** The person must judge his own behavior on the basis of whether he/she believes it is good for him/her and good for the people who care about or would like to care about him/her as well as whether his/her behavior is socially acceptable in his community.
  - D. **Help the client to make a plan to do better, plan responsible behavior:** Once someone makes a value judgment, the person helping him must assist in developing realistic plans for action to follow the value judgment.
  - E. **Get a commitment:** A person cannot expect a commitment until there is involvement and a good plan has been made.
  - F. **Do accept excuses:** Never excuse the person who needs help from the responsibility of the commitment. An excuse reduces the pain of failure, but does not lead to success. A commitment made is worth keeping.

- G. Do not punish or criticize, but do not interfere with reasonable consequences:**  
Praise often leads to more responsible behavior. The purpose of Punishment/Criticism is to change someone's behavior through fear, pain, or loneliness.
- H. Never Give up:** If the plan does not work, return to involvement and start the process again.

## **Client's Rights Policy**

**PURPOSE:** To ensure youth receive appropriate treatment and New Horizons employees, contract staff, volunteers and foster/adoptive parents respect these rights.

**POLICY:** New Horizons adheres to Client's Rights.

**PROCEDURE:** At placement every youth, managing conservator and/or legal guardian will be presented with the Client's Rights in order for them to be aware of their rights.

*As a child or youth in foster care I have the right to:*

## **SAFETY AND CARE**

1. Be told:
  - Why am I in foster care?
  - What will happen to me?
  - What is happening to my family (including brothers and sisters)?
  - How is CPS planning for my future?
2. Good care and treatment that meets my needs in the most family-like setting possible. This means I have the right to live in a safe, healthy, and comfortable place. And I am protected from getting hurt, treated with respect, and have some privacy for personal needs.
3. Be told the rules by a person at the place where I am living.
4. Be free from abuse, neglect, exploitation, and harassment from any person in the household or facility where I live.
5. Be treated fairly.

## **FAMILY AND OTHER CONTACTS**

1. Live with my siblings who are also in foster care, if possible. If I am not living with my siblings, I have the right to know why. If there are no safety or other compelling reasons why I cannot live with my siblings, it is my caseworker's job to try and find a home where I can live with my siblings.
2. Visit and have regular contact with my family, including my brothers and sisters (unless a court order or case plan doesn't allow it) and to have my worker explain any restrictions to me and write them in my record. I have the right to file a court petition to request access to my sibling(s) if I have been separated from my sibling(s) because of an action by DFPS.
3. Visit and have contact with persons outside the foster care system. These visitors can be, but are not limited to teachers, church members, mentors, and friends.

***HAVE A NORMAL LIFE***

1. Speak and be spoken to in my own language. This includes Braille if I am blind or sign language if I am deaf. If my foster parents or caregiver does not know my language, CPS will give me a plan to meet my needs to communicate.
2. Go to school and get an education that fits my age and individual needs.
3. Have my religious needs met.
4. Participate in childhood activities that are appropriate for my age and maturity, including youth leadership development, foster family activities, and unsupervised childhood and extracurricular activities (including playing sports, playing in the band, going on field trips, spending time with friends, etc.).
5. Privacy, including sending and receiving unopened mail, making and receiving private phone calls, and keeping a personal journal, unless an appropriate professional or court says that restrictions are necessary for my best interest.
6. Personal care, hygiene, and grooming products and training on how to use them.
7. Comfortable clothing for my age and size and similar to clothing worn by other children in my community. I also have the right to clothing that protects me against the weather. If I'm a teenager, I should have the reasonable opportunity to select my clothing.
8. Have my personal items and gifts at my home and to get additional things within reasonable limits, as planned for and discussed by my caregiver and caseworker, and based on my caregiver's ability.
9. Personal space in my bedroom to store my clothes and belongings.
10. Be informed of search policies (going through my personal items). I have the right to be told if certain items are forbidden (or if I am not allowed to have them) and why. If my belongings are removed, it must be documented.
11. Healthy foods in healthy portions for my age and activity level.
12. Seek employment, get paid for work done at my placement (except for routine chores or work assigned as fair and reasonable discipline), keep my own money, and have my own bank account in my own name, depending on my age or level of maturity.
13. Give my permission in writing before taking part in any publicity or fund raising activity for the place where I live, including the use of my photograph.
14. Refuse to make public statements showing my gratitude to a foster home, child-placing agency, or operation.
15. Not get pressured to get an abortion, give up my child for adoption, or to parent my child, if applicable.

***DISCIPLINE***

1. Be free of any harsh, cruel, unusual, unnecessary, demeaning, or humiliating punishment. This means I should never:
  - Be shaken, hit, spanked, or threatened with being shaken, hit, or spanked
  - Be forced to do unproductive work
  - Be denied food, sleep, access to a bathroom, mail, or family visits
  - Have myself or my family made fun of, or
  - Be threatened with losing my placement or shelter
  - Be treated in a way meant to embarrass, control, harm, intimidate, or isolate me by use of physical force, rumors threats, or inappropriate comments.
2. Be disciplined in a manner that is appropriate to how mature I am, my developmental level, and my medical condition. I must be told why I was disciplined. Discipline does not include the use of restraint, seclusion, corporal punishment, or threat of corporal punishment.
3. Be informed of emergency behavioral intervention policies in writing. I have the right to know how they will control me if I cannot control my behavior, and to know how they will keep me and those around me safe.

***PLANS FOR ME WHILE IN CARE***

1. See my caseworker at least once a month and in private.
2. Receive a complete plan that addresses my needs and services, including transition activities when I am 14 or older that plans for my life as an adult, to include a career, college or help enrolling in an educational or vocational job training program. I also have the right to a copy or summary of my plan and the right to review it.
3. Actively participate in creating my plan for services and permanent living arrangements. I have the right to ask someone to act on my behalf or to support me in my participation. At age 14, I have the right to invite two or more additional people of my choosing, that are not my foster parent or caseworker, to participate in my case planning meetings.
4. If I am an older youth:

If I am age 14 or older, I have the right to one or more Circle of Support Conferences or Transition Planning Meetings.

5. If I am age 14 or older, I have the right to be told about services, programs and benefits available to me when I leave care (PAL, Education and Training Voucher program, College Tuition and Fee Waiver, STAR Health-Medicaid, Extended Foster Care, etc.).



6. If I am age 16 or older, I have the right to attend Preparation for Adult Living (PAL) classes and other state and regional activities as required or appropriate to my plan for services.
7. If I am age 16 or older, I have the right to get help in obtaining a place to live and information on the cost of housing when aging out of care, so that I can plan for my future independence.

### ***MEDICAL***

1. Good medical, dental, and vision care, and mental health and developmental services that adequately meet my needs. I have the right to also request that the care or services be separate from adults (other than young adults) who are receiving services.
2. Not be forced to take unnecessary or too much medication.
3. Be involved in decisions about my medical care:
  - I may consent to my own treatment in some cases if allowed by the health care provider. For example, the law allows me to consent to my own counseling for suicide prevention, drug or alcohol problems, or sexual, physical or emotional abuse, and I can agree to be treated for serious contagious or communicable diseases.
  - If I am pregnant and unmarried, I can agree to hospital, medical or surgical treatment, other than abortion, related to the pregnancy. If I have a child who is in my legal care, I can consent to all medical care for my child.
  - If I am 16 years old or older, I have the right to ask a judge to legally authorize me to make some or all of my own medical decisions, such as which kinds of medications I should take.

### ***LEGAL/COURTS***

1. Contact and speak privately to: my caseworker, attorneys, ad litem, probation officer, court appointed special advocate (CASA), and Disability Rights of Texas at any time.
2. Go to court hearings and speak to the judge, including talking to the judge about where I am living and what I like to see happen to me and my family.

### ***RECORDS***

1. Expect that my records and personal information will be kept private and will be discussed only when it is about my care.
2. A copy of the CPS Rights of Children and Youth in Foster Care and that they be explained to me in my primary language or in any means that successfully explains it to me.
3. Have a credit report run annually beginning at age 14, be informed of the results, and receive assistance in interpreting the report and disputing any inaccuracies.

4. Receive help with getting my driver's license, social security card, birth certificate, and state ID card if I am age 16 or older.
5. Get necessary personal information within 30 days of leaving care, including my immunization records, proof of Medicaid enrollment, information about how to set up a Medical Power of Attorney, and information contained in my education portfolio and health passport.

### ***COMPLAINTS***

1. Make calls, reports, or complaints without being punished, threatened with punishment, or retaliated against; and I have the right to make any of these calls privately and anonymously if I choose and the call center permits it. Depending on the nature of the complaint, I have the right to call:
  - The DFPS Texas Abuse/Neglect Hotline at 1-800-252-5400.
  - The HHSC Ombudsman for Children and Youth currently in Foster Care at 1-844-286-0769.
  - The DFPS Office of Consumer Affairs at 1-800-720-7777.
  - Disability Rights of Texas at 1-800-252-9108.
2. To get information from my caseworker, attorney, CASA, or any other individual in my case about where I can make my complaint if I have one.

## **Youth Substance Abuse Policy**

**PURPOSE:** To describe procedures for the treatment team to follow if a child qualifies for substance abuse services.

**POLICY:** New Horizons Child Placing Agency treatment team will determine and implement substance abuse services for a child who needs these services.

### **PROCEDURE**

- I. A general assessment will be made by the treatment team to determine child's therapeutic needs for substance abuse treatment.
- II. The treatment team will provide therapeutic interventions to address needs should a youth be determined to need substance abuse treatment which includes but is not limited to the following methodologies:
  - A. Individual therapy;
  - B. Family therapy;
  - C. Group therapy.
- III. Appropriate steps will be taken to meet the individual needs of youth who are deemed to need more specialized treatment for substance abuse issues than this program can provide.

### **Suicide Precaution / Potential Harm to Others Policy**

**PURPOSE:** To describe procedures to follow when a child is at risk for self-harm or requires increased supervision due to the danger of harming others.

**POLICY:** New Horizons staff and foster/adoptive parents will implement the following procedures if a child become suicidal or represents an immediate threat to others.

**PROCEDURE:** Foster/adoptive parents, Child Placement Staff, as well as Child Placement Management Staff and Treatment Director will closely monitor the child's status. The Child Placement Staff will provide and coordinate 24 hour supervision to ensure the safety of the child if the child is able to remain in the home or until the child can be placed in a more secure setting such as a psychiatric hospital or treatment center that provides awake supervision 24 hours a day.

1. The foster/adoptive parents will notify the Child Placement Staff as soon as any thought occurs that suggest the child is a possible danger to self or others. The Child Placement Staff will notify the Child Placement Management Staff and Treatment Director.
2. The child that presents as suicidal or presents an immediate danger to others will immediately be placed in close proximity with the Child Placement Staff and/or foster/adoptive parents for close, one to one observation, always within eyesight. The Child Placement Staff and foster/adoptive parents will be available for 24-hour supervision of the child. The Child Placement Staff will coordinate a schedule with approval from the Treatment Director that assures awake, one to one observation by staff members and/or foster or adoptive parents, at all times until the child is no longer considered a danger to self or others, or is relocated to a more secure facility as described above. In the meantime, a contract may be written stating that the child will not harm himself or others given that the child is agreeable to sign the contract.
3. The foster/adoptive parents will ensure that the immediate area is free from harmful objects.
4. The child shall sleep in close proximity to foster/adoptive parents, where he/she can be closely supervised throughout the night.
5. All other activities will be limited to ensure the safety of the child.
6. The child shall remain on one to one supervision status until released by the Treatment Director or his/her designee.

## **Allowance and Personal Property Policy**

**PURPOSE:** To safeguard and track the personal possessions, allowances, gift cards and earned money of each youth in the care of New Horizons.

**POLICY:** Foster/Adoptive Parents will take a personal inventory of a youth's personal belongings when they come into care, when they leave care, and every six months after admission. Foster/Adoptive Parents will ensure that each youth maintains a sufficient amount of clothing that is appropriate for the season.

### **PROCEDURE:**

- I. Inventory:** The Foster/Adoptive Parents shall maintain an inventory of the child's clothing and personal items that are of substantial value and/or sentimental value.
  - A.** A complete inventory of clothing and personal items shall be completed at admission and discharge.
  - B.** As additional clothing is purchased or provided the ledger will be adjusted to reflect the youth's inventory of personal belongings.
  - C.** The clothing and personal items inventory should be signed and dated by the youth when age and developmentally able and the foster parents.
  - D.** Allowance and clothing inventory sheet will be collected and stored in the youth's chart on a quarterly basis.
  
- II. Provisions and Practice**
  - A.** Foster parents shall provide each child with appropriate clothing.
  - B.** Youth shall be allowed to label their clothes with the child's name or initials.
  - C.** Clothing and personal items inventory shall be sent with DFPS Caseworker at discharge.
  - D.** Clothing and personal items inventory shall be sent to DFPS Caseworker within thirty (30) days after an unplanned discharge.
  
- III. Appropriate Clothing**
  - A.** Each child in care must maintain a minimum amount of clothing as follows:
    1. Adequate number of the t-shirts,
    2. Undershirts and underwear, or bras and panties;
    3. Socks and shoes;
    4. Pants and/or skirts;
    5. Shirts and/or blouses;
    6. Coats/jackets, and or sweaters;
    7. Pajamas;
    8. Shorts; and

9. Other clothing necessary for a child to participate in daily activities.

**B.** Clothes must be :

1. Gender and age-appropriate;
2. Proportionate to the child's size;
3. In good condition, and is not worn-out with holes or tears (not intended by the manufacture); and
4. Clean and washed on a regular basis.

**IV. Hygiene and Personal Grooming Needs and Practices**

**A.** Foster/adoptive parents shall make sure that each child has appropriate furnishings to meet their hygiene and personal grooming needs.

**B.** Youth shall be taught to maintain good hygiene and grooming practices.

1. Training and education necessary to ensure each child understands the concepts of personal hygiene and grooming and what they need to do on a daily basis to achieve and maintain good hygiene and grooming.
  - a. Foster/adoptive parents must ensure sufficient hot water is available for daily baths or showers.
  - b. Practice of regularly brushing teeth and hair.
2. Foster/adoptive parents must provide with specific items to meet youth's ethnic hygiene and individual hair care needs.

New Horizons will provide appropriate tracking form to each foster/adoptive parent.

## **Pregnant Child Information and Responsibilities Policy**

**PURPOSE:** To describe the guidelines to follow when a pregnant child is in the care of New Horizons caregivers.

**POLICY:** Caregivers will ensure the pregnant child in care receives the appropriate information and services.

### **PROCEDURE:**

#### **Information to be provided to a pregnant child regarding her pregnancy:**

- A. Ensure information, training, and counseling is available regarding health aspects of pregnancy, preparation for child birth, and recovery from child birth;
- B. Ensure the pregnant child receives nutritional counseling and guidance that meets generally accepted standards, including nutrition during pregnancy, lactation, and foods to avoid; and
- C. Inform the child of her right to be free from pressure to get an abortion, relinquish her child for adoption, or to parent her child.

**The use of the emergency behavior intervention is not permitted on a pregnant child in a foster/adoptive home.**

#### **Adolescent parents are allowed with their child (ren) in our program, and the following are their responsibilities:**

- A. An adolescent parent must provide most of the care for her child;
- B. Caregivers must be available to the adolescent parent as a resource and support; and
- C. When caregivers care for an adolescent's child in the adolescent parent's absence, caregivers are responsible for that child as if the child is in our care.

## **Service Planning and Discharge**



## Service Planning Policy

**PURPOSE:** To ensure that children/youth in the care of New Horizons receive the appropriate initial and on-going treatment.

**POLICY:** The goal of New Horizons Child Placing Agency is to provide the best care and treatment to children/youth in its care by addressing individual needs. All New Horizons Service Plans must support the DFPS Permanency Plan for the youth and address the services that will be provided to meet each youth's needs.

### I. Preliminary Service Plan

- A. Child Placement Staff will develop, sign and date a Preliminary Service Plan within 72 hours of admission.
- B. The Preliminary Service Plan will address the immediate needs of the youth such as enrolling the child in school or obtaining needed medical care or clothing.
- C. For youth requiring Treatment Services, this plan must include:
  1. A description of the child's immediate treatment and care needs;
  2. A description of the child's immediate educational, medical and dental needs, including possible side effects of medications or treatment prescribed to the child;
  3. A description of how you will meet the child's needs, including any necessary increased supervision or follow-up actions of possible side effects of medication or treatment provided to the child;
  4. The identification of any issues or concerns the child may have that could escalate a child's behavior. Identification of a child's issues or concerns must serve to avoid the use of unnecessary emergency behavior interventions with the child.
  5. A designation of who will be responsible for meeting each the child's needs.
- D. For youth who are at a Specialized Level of Care, the initial 72 hour service plan must be completed by an interdisciplinary team or a qualified professional and must document:
  1. The identified strengths and strategies to address children's needs;
  2. An estimate of the length of time the Child will remain in care;
  3. A description of the goals of service;
  4. Specific instructions for caregivers;
  5. A transition plan, and
  6. A diagnostic needs assessment.
- E. The plan must be compatible with the information included in the child's Admission Assessment.
- F. The plan will be documented in the child's record.
- G. Each professional service provider and caregiver working with a child will be informed about the child's preliminary service plan.
- H. New Horizons staff and caregivers will implement and follow the preliminary service plan developed for the child.

### II. Initial Service Plan (ISP)

- A. An Initial Service Plan will be completed within 30 days of admission.

1. The Initial Service Plan (ISP) must be based on the Admission Assessment and the youth's Permanency Plan.
2. The ISP must include items in the Preliminary Service Plan.
3. Goals for the ISP may be prioritized by Treatment Team.
4. The ISP must identify youth's strengths.
5. The ISP must be signed, dated, and maintained in the youth's chart.
6. The ISP must be implemented and followed as soon as all the service planning team members have reviewed and signed the plan, but no later than ten (10) days after the date of the service planning meeting.

**B. Service Planning Team**

1. One of Child's Current Caregivers
2. One Professional Service Provider such as a Child Placement Staff
3. The Youth, as appropriate
4. Parents must be invited to the meeting with a two week notice
5. If Treatment Services are needed, at least two (2) of the following professionals:
  - a. Licensed Professional Counselor;
  - b. Psychologist;
  - c. Psychiatrist or Physician;
  - d. Licensed Registered Nurse;
  - e. Licensed Masters Social Worker;
  - f. Licensed or Registered Occupational Therapist; or
  - g. Any other person in a related discipline or profession that is licensed or regulated in accordance with the state law.

**III. Service Plans for Individual Populations**

- A. Service Planning for Youth needing Childcare Services:** *Services that meet a child's basic need for shelter, nutrition, clothing, nurture, socialization and interpersonal skills, care for personal health and hygiene, supervision, education and service planning.*
1. Youth's needs identified in the Admission Assessment;
  2. Medical needs;
  3. Dental needs;
  4. Plans for Normalcy activities;
  5. Intellectual functioning, including any testing and plans for recommended follow-up;
  6. Developmental functioning, including any developmental delays and plans to improve or remediate developmental functioning;
  7. Educational needs and how those needs will be met;
  8. Individual Education Plan (IEP), Early Childhood Education Individual Family Service Plan (IFSP) if applicable;
  9. Plans for social, recreation, and leisure activities;
  10. Plans for integrating the child into the community and community activities, as appropriate;

11. Therapeutic needs, including plans for psychological/psychiatric testing and follow-up treatment and use of psychotropic medications; and
  12. Cultural identity needs;
  13. Plans for maintaining and improving the child's relationship with family members, including recommendations for visitation and contacts;
  14. Recent data from current caregiver's evaluation of child's behavior and level of functioning;
  15. Specific goals and strategies to meet the child's needs such as:
    - a. Level of supervision required
    - b. Discipline techniques
    - c. Behavior Intervention Techniques
  16. If the child is 13 years old or older, a plan for educating the child in areas such as:
    - a. Healthy interpersonal relationships;
    - b. Healthy boundaries;
    - c. Pro-Social communication skills;
    - d. Sexually transmitted diseases; and
    - e. Human reproduction
  17. For children 16 years or older; preparation for independent living;
  18. For children who exhibit high risk behaviors, such as self-harm, sexual aggression, runaway or substance abuse:
    - a. Plans to minimize the risk of harm to child and others
    - b. A specific safety contract developed between the child and staff that addresses how the child's safety needs will be maintained;
  19. Expected outcomes of placement for the child and estimated length of stay in care;
  20. Plans for transition and discharge with anticipated date of Permanency and/or Discharge;
  21. Names and roles of persons who participated in the development of the Child's Service Plan;
  22. The date the service plan was developed and completed;
  23. The effective date of the service plan;
  24. The signatures of the service planning team members that were involved in the development of the service plan;
  25. Documentation of the plan having been shared with the child and the child's parents or managing conservator; and
  26. Documentation of the child's care to date.
- B. Service Planning for Youth needing Treatment Services: *In addition to Childcare Services, a specialized type of childcare services designed to treat and/or support children with Emotional Disorders, Mental Retardation, Pervasive Developmental Disorder, Primary Medical Needs.*
1. Must address all the child's waking hours;
  2. All information as listed in childcare services plan requirements;
  3. Description of the emotional, behavioral and physical conditions needed for the youth to achieve and maintain to function in a less restrictive setting

including any special treatment program or services and activities that are planned to help the youth achieve and to function in a less restrictive setting; and

4. A list of emotional, physical, and social needs that require specific professional expertise and a plan to obtain the appropriate professional consultation and treatment for those needs. Any specialized testing recommendations and or treatment must be documented in the child's records.

C. Treatment Services for Youth with Mental Retardation

1. It is not the practice of New Horizons to accept youth who have a diagnosis of Severe Mental Retardation; and
2. Youth who are accepted into New Horizons CPA who require treatment services with mental retardation require the following in the ISP.
  - a. The Child Care treatment services planning requirements
  - b. A minimum of one hour per day of visual auditory and tactile stimulation
  - c. An educational or training plan encouraging normalization appropriate to the child's functioning
  - d. Career planning for older adolescents

D. Service Planning and Coordination

1. New Horizons will develop, coordinate and implement a Service Plan that addresses the services that will be provided to the youth to meet his/her specific needs;
2. New Horizons will develop a Service Plan and will meet requirements to address Casework and Support Services for youth with different Service Levels and Service Plans. Services that are designed to maintain and improve the child's functioning are provided in a family setting and when necessary additional structure and support will be provided.
3. New Horizons will ensure the Service Plan incorporates and is consistent with:
  - a. Permanency planning and permanency goals identified by the Department;
  - b. Any behavioral goals established by the Department;
  - c. Any recommendations to be followed in the youth's Individual Education Plan (IEP), the Individual Transition Plan (ITP), and/or in the Admission, Review, and Dismissal (ARD);
  - d. Components of the CPS Transition Plan for youth ages 16 and older
    - i. As appropriate the use of the CPS Transitional Plan forms located in the DFPS website,
    - ii. The provision of information available related to: aftercare services, benefits and provider contacts; educational supports, services and benefits; extended care and return to care information; preparation for adult living (PAL) services; Texas Foster Care Handbook for youth; transitional Medicaid and STAR Health; information related to the Child's Special Immigrant Juvenile Status –if applicable; and other religion-specific services available;

- iii. Transitional planning services for youth 16 and older will be documented in the Service Plan and will be reviewed according to the review schedule for the youth's service level of care. Documentation will include, but not limited to activities identified and progress in reference to independent living skills; and
4. New Horizons will ensure that Service Plans include services to assist youth to transition to a new living arrangement or to new provider when appropriate to be addressed.
5. New Horizons will ensure coordination of transitional planning services with the Department. The Department will be invited to the Service Plan Review for the youth in order to address transitional services, if the Department is unable to attend New Horizons will mail the Service Plan Review to the youth's Managing Conservator in order for the Department to be informed of services provided to the youth and the progress.

**IV. Service Plan (Treatment Plan) Review**

- A. The Service Plan will be reviewed to reflect the child's progress of movement from the child's status at initial presentation toward their goals;
- B. In cases of planned subsequent moves and placement disruption, the plan is reviewed at the time of the move and any changes necessary are documented on the Emergency or Non-Emergency Subsequent Placement Activities form;
- C. The Service Plan Review is completed/reviewed quarterly by the treatment team; except Basic Level and adoptive placements, which are reviewed every six months. Goals and/or objectives are assessed and modified by New Horizons staff and the child. The Treatment Plan Review is mailed to the managing conservator and a copy is filed in the child's record, given to the foster/adoptive parents, and the child's therapist;
- D. The Service Plan Review consists of various sections entitled: Diagnosis, Physical, Recreational/Leisure, Prognosis, Estimated Length of Stay, Discharge Plans and Treatment Issues, Goals and Objectives; and
- E. The Child Placement Management Staff and/or the Treatment Director approve the Treatment Plan Reviews, Initial Service Plan and Admission Assessment.

**V. Caregivers Responsibilities**

- A. Caregivers will teach each child/youth Basic Living Skills and Social Skills and will utilize experiential learning activities such that they are able to appropriately care for themselves and function in the community to include:
  1. Accessing Basic Life Skills Activities provided by community resources;
  2. Assisting children ages 14 and older who have a source of income to establish a savings plan;
  3. Providing access to age-appropriate Normalcy activities, which are suitable to the youth's level of maturity and age; and
  4. Applying the Reasonable and Prudent Parent Standard when deciding what activities children may participate in.

- B. Caregivers will have access to the Service Management that the STAR Health determines meets criteria for the youth/program.
- C. Caregivers will participate in Service Management as needed.
- D. ECI Program participation as follows:
  - 1. Caregiver fully participates in the child's ECI evaluation and process for developing an Individualized Family Service Plan (IFSP) for ECI services;
  - 2. Caregiver performs the following duties related to the child's participation in the ECI Program:
    - a. Caregiver consents to the child's recommended and additional ECI Program services, the caregiver fully participates in and supports such services;
    - b. To the extent the caregiver declines to consent to any of the child's recommended and additional ECI Program services, the caregiver must immediately submit a detailed written report to the child's DFPS Caseworker or their chain of command explaining why such declined services are not in the best interest of the child;
    - c. To the extent the caregiver disagrees or has a concern with any matter related to the identification, evaluation, placement, or provision of ECI services, the caregiver may exercise the Caregiver's rights under the ECI rules of the Texas Department of Assistive and Rehabilitative Services (DARS). including the rights to file a complaint, participate in mediation, and/or request a due process hearing; and
  - 3. Caregiver provides written consent for the child's ECI information to be entered into the Child's Health Passport.

**VI. New Horizons Responsibilities**

- A. Conduct Service Plan meetings as schedule;
- B. Complete documentation for all Service Plans;
- C. Notify the Department of scheduled Service Plan meetings;
- D. Conduct monthly face-to-face visits with youth placed in New Horizons CPA;
- E. As needed attend meetings to advocate for the youth's needs;
- F. Provide any records and information concerning the youth to the Department upon request;
- G. Provide legible records and information to the Department within fourteen (14) calendar days. Information could include, but is not limited to documentation of face-to-face visits with the youth by New Horizons staff, Child's Service Plans, documentation of services provided to the youth, discipline logs, medical and dental logs, educational documentation, and narratives.
- H. New Horizons will provide written notice to the Department of its intent to dispose of youth's records according to Minimum Standards.

## Discharge and Transfer Policy

**PURPOSE:** To define the guidelines and procedures for discharges of children and adolescents from New Horizons Child Placing Agency.

**POLICY:** New Horizons Child Placing Agency shall make all reasonable attempts to meet the needs of the youth in their care in order to prevent placement disruption, to facilitate the client's ability to be productive in their current living situation and to assist the youth in the attainment of a state of permanency. Therefore, New Horizons will begin addressing discharge consideration that will include addressing the youth's permanency plan and after care needs at the time of placement. New Horizons will continue to assess these needs throughout the child's parent or managing conservator, mental health care professionals and CPA staff are involved. New Horizons provides discharge recommendations on every youth that is discharged from foster care.

### PROCEDURE:

- I. **Non-Emergency Discharge or Transfer:** The discharge process is a coordinated effort that includes the managing conservator, youth and the Treatment Team. The discharge process begins upon admission and is continually updated in the Treatment Plan Reviews.
  - A. New Horizons will provide the Department with a thirty (30) calendar day written notice should it be determined that the needs and best interest of the youth can no longer be met in a New Horizons placement. The Executive Director or their designee shall sign this documentation. A signed and dated copy of this 30-Day Notice will be placed in the youth's chart.
  - B. A Non-Emergency Discharge or Transfer is planned by New Horizons Child Placing Agency who will invite the involvement of at least one of the current caregivers and as least one professional service provider. Others invited to participate in the planning process of a youth's Non-Emergency Discharge or Transfer should include the youth, their parents, and any other persons who are pertinent to the youth's care. In the event that one or more of these individuals are unavailable, the appropriate documentation will be provided in the youth's chart as to the reason why.
  - C. If a child in your care is not receiving treatment services, you must inform him of his non-emergency discharge or transfer at least four days prior to the date of the discharge or transfer, unless your licensed child-placing agency administrator or child placement management staff has clear justification for not giving him such notice. The licensed child-placing agency administrator or child placement management staff who determines the justification for the child not having the advance notice of the discharge or transfer, must put the justification in writing and sign and date it. The justification must be in the child's record.
  - D. If a child in your care is receiving treatment services, you must inform him of his non-emergency discharge or transfer at least four days prior to the date of the

discharge or transfer, unless your treatment director, three members of the child's service planning team, or the child's psychiatrist or psychologist has a justification for not giving him such notice. Whoever determines the justification for the child not having the advance notice of the discharge or transfer must put the justification in writing and sign and date it. The justification must be in the child's record.

- E. Discharges to another agency or residential care facility
  - 1. On or before the child's discharge, New Horizons will attempt to obtain legal consent to release the discharge summary and other discharge documentation. If consent is not obtained, the attempt to obtain consent will be documented in the child's record.
  - 2. If consent is obtained, the information will be provided to the receiving operation within thirty (30) calendar days of the date the child is discharged.
- F. Subsequent Placements within the agency
  - 1. Prior to moving a child from one foster home to another foster home New Horizons will obtain written approval from the legal guardian and/or the Department caseworker or chain of command. In the event of an emergency, and if prior approval cannot be obtained, the legal guardian will be notified of the move within twenty-four (24) hours.

## **II. Emergency Discharge**

- A. An emergency transfer or discharge occurs when:
  - 1. A parent withdraws a child unexpectedly from care;
  - 2. There is a medical emergency requiring inpatient care;
  - 3. The child is absent from the home and cannot be located; or
  - 4. There is an immediate danger to the child or others and you determine that you cannot serve the child.
- B. The following documentation is required in the event of an emergency discharge or transfer:
  - 1. The circumstances necessitating the emergency discharge or transfer;
  - 2. The explanation given to the child regarding the reason for the discharge or transfer;
  - 3. The child's reaction to the discharge or transfer;
  - 4. The date of the discharge or transfer; and
  - 5. The name, address and relationship of the person to whom you transfer or discharge the child, where applicable.
- C. New Horizons will notify the parent or managing conservator of the need for an unplanned or emergency discharge in case the youth poses a danger to self or others or exhibits volatile or self-injurious behaviors that are inappropriate for the program of service and requires a placement in another setting. The following information will be provided to the Department when appropriate:



1. Documentation from a physician stating that the youth poses a danger to self or others.
2. New Horizons will immediately inform the Department's Caseworker of the admission to a hospital and will let the Department know of the willingness to accept the placement of the youth upon discharge from the hospital.

**III. Other discharges and removals**

1. New Horizons will request the discharge/removal of a youth within fourteen (14) calendar days when documentation is given to the Department from a Psychiatrist, Licensed Psychologist, Physician, LCSW, or LPC indicating that the youth consistently exhibits behavior that cannot be managed within the licensed programmatic services.
2. New Horizons will coordinate with the Department to determine a plan for moving the youth to ensure the youth's safety and that of others.
3. New Horizons will notify the Department within twenty-four (24) hours if a youth is in jail or juvenile detention, and will let the Department know of the willingness to accept the placement of the youth upon discharge from jail or juvenile detention.

**IV. Documentation required upon discharge**

- A. Discharge or Transfer Summary will include a summary of the following:
  1. A discharge or transfer summary showing services provided to the child, accomplishments, assessment of remaining needs, and recommendations about the services to meet those needs,
  2. The date and circumstances of the discharge or transfer;
  3. Discharge or transfer medications and/or prescriptions for medications;
  4. Support resources for the child, including telephone numbers and addresses;
  5. Aftercare plans and recommendations, including medical, psychiatric, psychological, dental, educational, and social appointments;
  6. Date and time the child was informed of his discharge or transfer; and
  7. For discharges, the name, address, telephone number and relationship of the person to whom you discharge the child, unless the child legally consents to his discharge. If the child legally consent to his discharge and does not want to involve the child's parent(s), you must document this in the child's record.
- B. Documentation Provided to the Department/Other Agency
  1. Discharge Summary
  2. Education Portfolio
  3. Service Plan, therapy and/or behavioral health notes
  4. Gift/personal possession inventory
  5. Clothing inventory
  6. Immunization Records
  7. Medications
  8. Most recent clinical records
- C. New Horizons shall send copy of the discharge summary to the child's parent or managing conservator within thirty (30) calendar days after discharge.

- D. Within thirty (30) calendar days after an unplanned discharge New Horizons shall provide the child's parent or managing conservator the following:
  - 1. Gift/personal possession inventory including books, toys, and money;
  - 2. Clothing inventory; and
  - 3. Updates to the Education Portfolio.
  
- V. Approval of discharges**
  - A. New Horizons designates the Executive Director as the designated employee that may approve discharges, and in his/her absence the Quality Improvement Director may approve a discharge when necessary and when consultation has been obtained from New Horizons Treatment Director in order to assess youth's needs.
  - B. New Horizons will notify the Department's Residential Contract Manager in writing of New Horizons designated employee or employees who may approve discharges no later than thirty (30) calendar days after the Residential Child-Care Contract is executed.
  - C. If this designated employee or employees change, the Department's Residential Contract Manager will be notified no later than thirty (30) calendar days from the day of the change.
  
- VI. Disruption Mitigation Plan**
  - A. Case Managers are responsible for monitoring placements monthly and as needed in the foster home. When a case manager identifies that a placement is at risk of disruption, they will staff the situation with the Child Placement Management Staff within 24 hours of identifying that a placement is at risk.
  - B. As needed, the Case Manager, Child Placement Management Staff, Treatment Director, Child Placing Agency Administrator, foster parent, child, and/or other members of the treatment team will discuss a plan to preserve the placement when appropriate. Plans may include but are not limited to community resources, therapy, respite support, and additional training for foster parents.
  - C. The Case Manager is responsible for ensuring the disruption mitigation plan recommended is carried out by the foster parent(s) and children.
  - D. If all resources have been exhausted and discharge is necessary, the discharge will follow the above discharge and transfer policy.

## **Medical and Dental**

## **Healthcare Services Policy**

**PURPOSE:** To outline the provisions for access to the Texas Health Steps for routine medical, dental and vision care.

**POLICY:** New Horizons provides routine medical, dental, and vision care to youth placed in foster/adoptive homes prior to consummation of adoption.

### **PROCEDURE:**

#### **I. Medical Requirements**

- A.** Children/Youth are ensured to have a medical examination by a healthcare professional within thirty (30) days after the date of admission.
- B.** Newborns and children under thirty-six months of age admitted are ensured to have a medical examination by a healthcare profession in accordance with the Texas Health Steps Schedule beginning on the date of admission.
- C.** Youth requiring primary medical needs will be seen by a healthcare professional for a medical examination within seven (7) days after the date of admission.
- D.** Youth with symptoms of abuse or illness will be examined immediately and as needed for injury, illness, and pain.
- E.** Youth will be seen as needed for ongoing maintenance of medical health.
- F.** Reports and findings of any medical examination must be signed and dated by the healthcare professional that performed the examination and must be documented in the youth's records. The youth's record must include a written record of each medical examination specifying the following:
  - 1.** The date of the examination;
  - 2.** The procedures completed;
  - 3.** The follow-up treatment recommended and any appointments scheduled;
  - 4.** The youth's refusal to accept medical treatment, if applicable;
  - 5.** The results of the medical examination that is signed and dated by the healthcare professional who performed the examination; and
  - 6.** If the medical examination is a result of an injury or medical incident, the documentation of the circumstances surrounding the incident, including the date and time of the incident.
- G.** Obtain follow-up medical treatment as recommended by the healthcare professional.
- H.** Medical examination shall be conducted on a yearly basis, which includes a well child exam.

## II. Dental Requirements

- A. Youth six months of age and older must have a dental examination with a dentist within sixty (60) days after the date of admission. A child who is under six months of age upon entry into DFPS conservatorship must have a dental examination within thirty (30) days of becoming six months of age. Subsequent checkups must occur six (6) months after the month in which the youth received the previous checkup.
- B. Youth six to thirty-five months will see a dentist determined by the initial exam.
- C. As needed for relief of pain and infections.
- D. As needed for ongoing maintenance of dental health.
- E. The report and findings of the dental examination must be signed and dated by the dentist and must be documented in the youth's record. The youth's record must include a written record of each dental examination specifying the following:
  - 1. Date of the examination;
  - 2. Procedures completed;
  - 3. Follow-up treatment recommended and any appointments scheduled;
  - 4. The youth's refusal to accept dental treatment, if applicable; and
  - 5. The results of the dental examination that is signed and dated by the healthcare professional that performed the examination.
- F. A licensed dentist must determine the frequency and need for ongoing maintenance of dental health for a child. New Horizons and foster/adoptive parents contracted with New Horizons will comply with the dentist recommendations for examinations and treatment for each youth.

## III. Vision Requirements

- A. Vision screening may be completed at the time of the medical examination by the healthcare professional unless child/youth is referred for further examination.
- B. Vision screening shall be conducted on a yearly basis, starting at age three (3) unless recommended by a physician at as early an age as necessary.
- C. The report and findings of the vision screening must be signed and dated by the appropriate healthcare professional and must be documented in the youth's record. The youth's record must include a written record of each vision screening specifying the following:
  - 1. Date of the examination;
  - 2. Procedures completed;
  - 3. Follow-up treatment recommended and any appointments scheduled;
  - 4. The youth's refusal to accept vision screening/treatment, if applicable; and
  - 5. The results of the vision screening that is signed and dated by the healthcare professional that performed the screening.

New Horizons will assist foster/adoptive parents in locating STAR Health providers for covered Medical, Dental, and Vision services available to children.

In the event that neither community nor Medical resources are available to fund recommended Medical, Dental, or Vision services, New Horizons shall notify the parent or managing conservator for assistance.

In the event that New Horizons has questions/concerns regarding the prescribed recommendations for follow-up treatment, New Horizons will raise these concerns/questions with the parent or managing conservator with a resolution.

## **Medical and Dental Emergency Policy**

**PURPOSE:** To outline the steps in case of a medical and/or dental emergency.

**POLICY:** New Horizons Child Placing Agency ensures that the children placed in our care receive expedient and appropriate emergency.

### **PROCEDURE:**

1. Medical, dental, and psychiatric providers are on-call 24 hours a day.
2. In case of a medical emergency, such as a serious accident or illness, the local physician and/or emergency services (911) will be notified.
3. In case of a psychiatric emergency, the Treatment Director is notified. If needed, the psychiatrist may be notified directly and emergency procedures implemented.
4. Children and adolescents may be transported to the emergency room at the nearest hospital/clinic at any time, day, or night. The Treatment Director or designee will determine if safe to be transported by caregivers.
5. In case of dental emergencies, foster/adoptive parents may contact the dentist by telephone and utilize regular emergency procedures.
6. The Child Placement Staff and Child Placement Management Staff are contacted as soon as possible. At that time, notification of parents/managing conservator may be arranged.

## **Medication Policy**

**PURPOSE:** To outline the appropriate method of informing youth of regarding their prescribed medications; the acceptable methods of storing and dispensing medication; and adequate means of tracking medications.

**POLICY:** New Horizons will maintain systems to ensure that all youth, caregivers, and foster/adoptive parents are informed regarding the effects and side effects of all prescribed medications. Medications will be maintained in a safe and secure manner and out of reach of youth. Caregivers and Child Placement Staff who may assume responsibility for administering psychotropic medications are trained in drug identification as well as recognition of potential side effects of adverse reactions of medications. Appropriate consents will be obtained prior to administering psychotropic medication.

### **PROCEDURE:**

#### **I. Consents**

- A. Caregivers must obtain a general written consent to administer routine, preventive and emergency medications this will be obtained from the parent or managing conservator upon admission.
- B. Caregivers must obtain a written, signed and dated consent, specific to psychotropic medication to be administered, from the person legally authorized to give medical consent before administering a new psychotropic medication to a child.

#### **II. Administering Prescription Medications**

- A. New Horizons caregivers and/or foster/adoptive parents will inform the person legally authorized to give medical consent of the following:
  - 1. Benefits,
  - 2. Risks,
  - 3. Side effects of all prescription medication,
  - 4. Treatment procedures used,
  - 5. Medical consequences of refusing the medication, and
  - 6. The name and telephone number of the prescribing health-care professional should more information be requested.
- B. Caregivers must
  - 1. Be informed about the possible side effects of medications administered to the child;



2. Store all medication in the original container unless you have an additional container with the same label and instructions;
3. Administer all medications according to the instructions on the label or according to the prescribing healthcare professional's subsequent signed orders;
4. Administer each youth's medication immediately after preparation;
5. Ensure the child has taken the medication as prescribed;
6. Ensure a person trained in and authorized to administer prescription medication administers the medication to a child in care unless the child is on a self-medication program;
7. Maintain any documentation provided by the healthcare professional on the administration of current prescription medication;
8. Not physically force a child to take prescription medication;
9. No youth will be given prescribed medications or treatment except on written orders of healthcare professional;
10. Not borrow or administer prescription medication to a child that is prescribed to another person; and
11. Not administer prescription medication to more than one child from the same container. Only the child for whom the prescription medication was prescribed may use the medication.

### **III. Administering Non Prescription Medications**

- A. Caregivers must follow the label and ensure the nonprescription medication is not contraindicated with any other medications prescribed to the child or the child's medical conditions.
- B. Caregivers may give nonprescription medication or vitamins to more than one child from one container.

### **IV. Self-administration of Medication**

- A. The following is required for child who are on a self-medication program
  1. The child's health-care professional must give written authorization for the child to be on the program;
  2. The child's service plan must include the self-medication program and include any requirements for caregiver supervision; and

3. Caregiver must notify the parent and the person legally authorized to give medical consent that the child is on the program.
- B. When a child who is on self-medication program takes a dose of the medication, the child may:
1. Record the dosage if you have a system for reviewing the child's medication each day; or
  2. Report the medication to a caregiver, who must then do the actual recording.

## **V. Administering Psychotropic Medications**

- A. The psychotropic medication utilization parameters for foster children developed by the Department of State Health and Services shall be used, where applicable, in the treatment and care of children served by New Horizons CPA.
- B. If a child is prescribed psychotropic medications and New Horizons has questions/concerns about the medication regimen for the child, New Horizons shall request assistance from a STAR Health Service Manager. If additional assistance/clarification is needed the parent or managing conservator will be contacted.
- C. If a child is prescribed psychotropic medications New Horizons is required to ensure that a physician in the STAR Health Network evaluates the need for continued treatment with the medication at a minimum of every three (3) months.

## **VI. Medication Storage and Destruction**

- A. Medications must be stored in the following manner:
1. Store medication in a locked container;
  2. Keep medications inaccessible other than to caregivers responsible for stored medication;
  3. Ensure the medication storage area has a separate container where medications "for external use only" are stored separately from other medications;
  4. Store medication covered by Section II of the Texas Controlled Substances Act under double lock in a separate container. For example, a double lock can include a lock on the cabinet or filing cabinet and the door to the closet where medications are stored;
  5. Make provisions for securely storing medication that requires refrigeration;
  6. Keep medication storage area(s) clean and orderly;
- B. Remove discontinued medication immediately and destroy it in a way that ensures that children do not have access to it.

1. Remove medication on or before the expiration date and destroy it in a way that ensures that children do not have access to it.
2. Remove medication of a discharged or deceased child immediately and destroy it in a way that ensures that children do not have access to it; and
3. Provide prescription medication to the person to whom a child is discharged or transferred if the child is taking the medication at the time.

## **Protective and Supportive Devices Policy**

**PURPOSE:** To describe protective and supportive devices to be utilize with children in care.

**POLICY:** New Horizons will ensure every child receives the appropriate care to meet their individual needs.

### **PROCEDURE:**

#### **I. Protective Devices**

**A.** A protective device:

1. Protects a person from involuntary self-injurious behavior or permits wounds to heal; and
2. Does not prohibit a person's mobility.

**B.** Examples of a protective device are helmets, elbow guards, mittens, bedrails, and wheelchair seat belts.

**C.** If used appropriately, devices intended to encourage mobility or minimally restrain a young child for safety purposes, such as wheelchairs, car seats, high chairs, strollers, bed rails, and child leashes manufactured and sold specifically to harness a young child for safety purposes, are not protective devices.

#### **II. Involuntary Self-Injurious Behavior**

**A.** Involuntary self-injuries behavior means a person's physical movements that are automatic and not subject to control of the person's will that may inflict injury to the person.

#### **III. Protective Devices to be used**

**A.** Caregivers may use protective devices if a licensed physician orders their use for a specific child. The orders must indicate the circumstances under which the protective device is permitted.

**B.** Caregivers may not use protective devices as:

1. Punishment;
2. Retribution or retaliation;
3. A means to get a child to comply;
4. A convenience for caregivers or other persons; or
5. A substitute for effective treatment or habilitation.

**C.** Caregivers must document the use of protective devices in the child's record, service plan, and service plan reviews. The service planning team must discuss and document in the child's service plan reviews:

1. Clinical justification for continued use of protective devices; and
2. Ways to reduce the need for protective devices.

**IV.** A licensed physician ordering protective devices may use PRN orders. The physician must review PRN orders for protective devices at least every 90 days.

**V. Supportive Devices**

**A.** A supportive device used:

1. To support a person's posture;
2. To assist a person who cannot obtain and/or maintain normal physical functioning to improve his mobility and independent functioning; or
3. As an adjunct to proper care and treatment, for example physical therapy.

**B.** The purpose of a supportive device is not to restrict movement.

**VI. Supportive devices to be used**

**A.** Caregivers may use supportive devices if a licensed physician orders their use for a specific child. The orders must indicate the circumstances under which the supportive device is permitted.

**B.** Caregivers may not use a supportive device as a substitute for appropriate nursing care.

**C.** Caregivers may not use a supportive device that include tying or depriving or limiting the use of a child's hands or feet.

**D.** Caregivers may not use supportive devices as:

1. Punishment;
2. Retribution or retaliation;
3. Means to get a child to comply;
4. A convenience for caregivers or other persons; or
5. A substitute for effective treatment or habilitation.

**E.** If a device is not specifically for assisting with sleep or safety during sleep, you must remove the device during rest periods.

**F.** Caregivers must document the use of supportive devices in the child's record, service plan, and service plan reviews. The service planning team must discuss and document in the child's service plan reviews:

1. Clinical justification for continued use of supportive devices; and
2. Ways to reduce the need for supportive devices.

**VII.** A licensed physician ordering supportive devices may use PRN orders. The physician must review PRN orders for supportive devices at least every 90 days.

## **Daily Care and Problem Management**

## **Infant and Toddler Care Policy**

**PURPOSE:** To describe the guidelines for infant and toddler care in the foster/adoptive home.

**POLICY:** New Horizons caregivers must follow the guidelines to care for infants and toddlers placed in their care/homes.

### **PROCEDURE:**

#### **Basic care requirements for infants:**

- A. Each infant must receive individual attention, including playing, talking, cuddling, and holding.
- B. A caregiver must provide prompt attention to an infant's physical needs, such as feeding and diapering.
- C. An infant's caregiver must ensure that the environment is safe. For example, free the area of objects that may choke or harm the infant, take measures to prevent electric shock, free the area of furniture that is in disrepair or unstable, and allow no unsupervised access to water to prevent the risk of drowning.
- D. An infant's caregiver must never leave the infant unsupervised. A sleeping infant is considered supervised if the caregiver is within eyesight or hearing range of the child and can intervene as needed, or if the caregiver uses a video camera or audio monitoring device to monitor the child and is close enough to the child to intervene as needed.

**Furnishings and equipment to have in an infant care area:** An infant care area must at a minimum include the following furnishings and equipment:

- A. An individual crib for each infant; and
- B. A sufficient number of toys to keep each child engaged in activities.

#### **Specific safety requirements that cribs must meet:**

- A. A firm, flat mattress that snugly fits the sides of the crib. The mattress must not be supplemented with additional foam material or pads;
- B. Sheets that fit snugly and do not present an entanglement hazard;
- C. A mattress that is waterproof or washable;
- D. Secure mattress support hangers, and no loose hardware or improperly installed or damaged parts;
- E. A maximum of 2 3/8 inches between crib slats or poles;
- F. No corner posts over 1/16 inch above the end panels;
- G. No cutout areas in the headboard or footboard that would entrap a child's head or body; and
- H. Drop rails, if present, which fasten securely and cannot be opened by a child.
- I. Caregivers must sanitize each crib when soiled and before reassigning the crib to a different child.
- J. Caregivers must never leave children in the crib with the side down.
- K. The foster/adoptive home must not have stackable cribs.

**A foster home may use a full-size, portable, or mesh-side crib if:**



- A. Caregivers follow the manufacturer's instructions;
- B. The crib has:
  - 1. Mesh that is securely attached to the top rail, side rail, and floor plate; and
  - 2. Folded sides that securely latch in place when raised;
- C. Caregivers never leave a child in a mesh-sided crib with a side folded down; and
- D. If the caregiver becomes aware of a recall for the port-a-crib used, the caregiver must discontinue its use.

**Safety straps in equipment before used with an infant:**

- A. A high chair, swing, stroller, infant carrier, rocker, bouncer seat, or a similar type of equipment that a foster home uses for an infant must be equipped with safety straps; and
- B. The safety straps must be fastened whenever the infant is using the equipment.

**Types of equipment a foster/adoptive home may not use with infants:**

- A. A foster/adoptive home may not use any of the following types of equipment with infants:
  - 1. Baby walkers;
  - 2. Baby bungee jumpers;
  - 3. Accordion safety gates; and
  - 4. Toys that are small enough to swallow or choke a child.
- B. Children may not sleep on bean bags, waterbeds, or foam pads.
- C. Foster/adoptive homes may not use soft bedding, such as stuffed toys, quilts, pillows, bumper pads, and comforters in a crib for an infant one year old or younger.

**Infants required to sleep on their backs:** Caregivers must place an infant not yet able to turn over on his own in a face-up sleeping position unless a health-care professional orders otherwise.

**If an infant has difficulty falling asleep, the infant's head or crib may not be covered.** An infant must not have his head, face, or crib covered at any time by an item such as a blanket, linen, or clothing.

**Specific requirements for feeding an infant:**

- A. Caregivers must feed an infant based on the recommendations of the infant's licensed physician.
- B. Unless recommendations from the service team are contrary, caregivers must hold the infant while feeding him if the infant is:
  - 1. Birth through six months old; or
  - 2. Unable to sit unassisted in a high chair or other seating equipment during feeding.
- C. Caregivers must never prop a bottle by supporting it with anything other than the child or adult's hand.
- D. A caregiver who cares for more than one infant must:
  - 1. Not permit the infant to share bottles or training cups; and
  - 2. Clean high chair trays before each use.

**Basic care requirements for a toddler**

- A. Each toddler must receive individual attention, including playing, talking, and cuddling.
- B. A toddler's caregiver must ensure that the environment is safe. For example, free the area of objects that may choke or harm the toddler, take measures to prevent electric shock, free the area of furniture that is in disrepair or unstable, and allow no unsupervised access to water to prevent the risk of drowning.
- C. A toddler's caregiver must never leave the toddler unsupervised. A sleeping toddler is considered supervised if the caregiver is within eyesight or hearing range of the child and can intervene as needed, or if the caregiver uses a video camera or an audio monitoring device to monitor the child and is close enough to the child to intervene as needed.

**Specific requirements for feeding a toddler:** Caregivers must feed a toddler based on the recommendations of the toddler's licensed physician.

## **Educational Policy**

**PURPOSE:** To define the guidelines and procedures for meeting the educational needs of children and adolescents placed with New Horizons Child Placing Agency.

**POLICY:** New Horizons Child Placing Agency ensures children and adolescents receive appropriate and quality educational services.

**PROCEDURE:** New Horizons CPA will ensure that local school districts and Early Childhood Intervention programs are notified no later than the third day after a child's placement, in order to receive the appropriate services.

### **I. New Horizons CPA will arrange an appropriate education for each child, including:**

- A. Enrolling the child ages three and up in an accredited Texas school within two (2) days of placement unless an exception is granted by DFPS.
- B. Ensuring the child in care attends an educational facility or program that is approved or accredited by the Texas Education Agency, the Southern Association of Colleges and Schools, the Texas Private School Accreditation Commission unless approved by the child's service planning team with documented justification.
- C. Ensuring a school-age child has the training and education in the least restrictive setting necessary to meet the child's needs and abilities.
- D. For a child attending an accredited educational facility or program, ensuring the facility or program that implements a special education student's individual education plan (IEP).
- E. Advocating that a school-age child receives the educational and related services to which he is entitled under provisions of federal and state law and regulations.
  1. For children receiving treatment services New Horizons CPA must designate a liaison between the agency and the child's school.
- F. Minimizing disruptions to a child's education by scheduling therapy and other appointments outside school hours, whenever possible.
- G. Providing written verification of the child's enrollment to the managing conservator within five (5) calendar days of the enrollment.

### **II. Caregivers Responsibilities**

1. Review report cards and other information received from teachers or school authorities with the child and provide necessary information to agency staff;
2. Counsel and assist the child regarding adequate classroom performance;

3. Permit, encourage, and make reasonable efforts to involve the child in extracurricular activities to the extent of the child's interests and abilities and in accordance with the child's service plan;
4. Provide a quiet, well-lighted space for the child to study and allow regular times for homework and study;
5. Know what emergency behavior interventions are permitted and being used with the child;
6. Request ARD, IEP, and ITP meetings if concerned with the child's educational program or if the child does not appear to be making progress; and
7. Attend ARD, IEP, ITP meetings, other school staffings, and conferences to represent the child's educational best interests, including the child being evaluated for and provided with services needed for the child to benefit from educational services, and positive behavior supports designed to decrease the need for negative disciplinary techniques or interventions.

### **III. Educational Portfolios**

All school-age children in the conservatorship of DFPS should have a green binder used as an Education Portfolio. This green binder belongs to the child/youth and serves as an education resource. If the child/youth is placed without the Education Portfolio, Child Placement Staff will request from CPS caseworker or chain of command.

1. The binder contains academic-related information, including assessments, reports cards, and transcripts as well as information for services to children with disabilities such as Admission, Review, and Dismissal (ARD) committee meeting reports, and provisions for ancillary services.
2. The Educational Portfolio includes the child's current school withdrawal paperwork and is given to the managing conservator at time of discharge regardless of planned or unplanned discharge.
3. The Educational Portfolio is readily available to the managing conservator for each school-age child on any visit with the child or otherwise, if requested.
4. New Horizons shall ensure that the Educational Portfolio is maintained and updated for each school-age child in New Horizons' care.
5. The Educational Portfolio should be kept where the child resides.

### **IV. High School Requirements**

At the very minimum, each youth will be expected to complete requirements for a high school diploma. Child Placement Staff will seek the assistance of CPS caseworker to work with students who are experiencing difficulties in school. Only CPS holds the authority to review and approve requests for completing a General Equivalency Diploma (GED).

### **V. Home School Waiver Requests**

New Horizons policy and practice is for all children to attend public schools. Public schools offer statewide consistency in curriculum instruction and assessments, as well as provide special services to children with disabilities. Schools and school staff also serve as a safe environment for children who have been removed from their home due

to neglect and abuse. Exception for homeschooling will be requested to CPS caseworker as necessary.

**VI. Post-Secondary Educational and Vocational Activities**

1. New Horizons will locate and/or provide services for vocational training, support services and activities, including job readiness, skills training apprenticeships and trade skills, and vocational training opportunities that are required at 14 years of age and/or as developmentally appropriate, in order for each youth to:
  - a. Have access to appropriate vocational activities and community education programs; and
  - b. Receive the assistance needed to maximize the benefit of these activities.
2. New Horizons will guide and assist the youth in accessing and completing documents when required for the State-Paid Tuition Fee Waiver and Education and Training Voucher (ETV) Program if there is a need by the youth.
3. Post-Secondary Educational and Vocational Activities will be addressed in the Child's Service Plan, identifying services the youth is engaged in and progress made by the youth.

## **Recreational Policy**

**PURPOSE:** To ensure that opportunities exist for youth in care to participate in community activities such as school sport or other extracurricular school activities, church activities or local social events are available to youth in care.

**POLICY:** New Horizons Child Placing Agency will ensure that foster/adoptive families provide appropriate opportunities to for the youth in their care to develop social skills through recreational leisure time activities. Caregivers will use reasonable and prudent parenting to guide them in deciding what opportunities are appropriate for each youth in care.

### **PROCEDURE:**

#### **I. Recreational Services**

A. Caregivers must provide the following:

1. Daily indoor and outdoor recreational and other activities appropriate to the needs, interests, and abilities of the children so every child may participate.
2. Each child must have individual free time as appropriate to the child's age and abilities.
3. Activities are designed to meet the child's therapeutic, developmental and medical needs.
4. Activities meet any restrictions or limitations due to a child's developmental disability, mental retardation or medical condition.
5. Each child will have input into the type of recreational activities in which he/she wishes to participate.
6. Caregivers will intervene, as necessary, to reduce the risk of and occurrence of any and all injuries.

#### **II. Recreation Requirements for Special Populations**

A. Youth requiring Child-Care Services

1. Ensure that opportunities to participate in community activities, such as school sports or other extracurricular school activities, religious activities, or local social events, are available to the child; and
2. Organize family activities, religious activities or local social events that are available to the child.

B. Youth requiring Treatment Services

1. Ensure that opportunities to participate in community activities, such as school sports or other extracurricular school activities, religious activities, or local social events, are available to the child;

2. Ensure that each child receiving treatment services has an individualized recreation plan designed by the service planning team or professionals who are qualified to address the child's individual needs, that the plan is implemented, and that the plan is revised by the service planning team or qualified professionals, as needed; and
3. Ensure that medical and physical support are given if the recreational and leisure-time activities require it for a child who is receiving treatment services for primary medical needs, pervasive developmental disorder, or mental retardation.

C. Youth requiring Primary Medical Needs or Mental Retardation:

1. A child receiving treatment services for primary medical needs or mental retardation must have a minimum of one hour of physical stimulation daily.
2. Training programs for non-mobile children must include development of physical fitness. This must include a variety of body positions and changes in environment.
3. Must have a schedule based on normalization principle.
4. The child's surroundings and experiences must reflect normal patterns of community living as closely as possible and as appropriate for the child's special needs.

**III. Oversight**

- A. Recreation and/or leisure time activities will be addressed in the youth's Individual Service Plan.
- B. Foster/adoptive parents address recreational activities in their weekly progress notes or in monthly contacts and service plans as required, which will be filed in the youth's chart.

## **Discipline Policy**

**PURPOSE:** To define the guidelines and procedures for discipline of children and adolescents from New Horizons Child Placing Agency.

**POLICY:** New Horizons Child Placing Agency utilizes specialized, short-term treatment interventions and/or plans that emphasize personal responsibility for behavior and feelings, planning corrective action, and practicing more appropriate behavior. The foster parent and staff may not use or threaten use of physical discipline with any child. Additionally, the foster parent and staff may not threaten child with loss of visits of any type of contact with family or siblings or threaten the child with loss of placement as a punishment or deterrent behavior.

### **PROCEDURE**

- I. Discipline must be:
  - A. Individualized and consistent for each child;
  - B. Appropriate to the child's level of understanding and history of trauma; and
  - C. Directed toward teaching the child acceptable behavior and self-control.
- II. A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
  - A. Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
  - B. Reminding a child of behavior expectations daily by using clear, positive statements;
  - C. Redirecting behavior using positive statements; and
  - D. Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.
- III. There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
  1. Degrading comments or other behavior;
  2. Corporal/physical punishment or threats of corporal/physical punishment;
  3. Pinching, shaking, or biting a child;
  4. Hitting a child with a hand or instrument;
  5. Putting anything in or on a child's mouth;
  6. Humiliating, ridiculing, rejecting, or yelling at a child;



7. Subjecting a child to harsh, abusive, or profane language;
8. Placing a child in a locked or dark room, bathroom, or closet with the door closed;
9. Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.
10. Forced exercise solely for the purpose of eliminating behavior rather than for instructive or athletic value;
11. Group punishment for one child's behavior;
12. Medication for punishment;
13. Mechanical Restraints;
14. Extended Isolation;
15. Deprivation of Child's Rights and Needs, e.g. food, parental/family/sibling visits;
16. Painful Adverse Stimuli;
17. Unproductive Work;
18. Threatening loss of placement as a punishment or deterrent to behavior.
19. Discipline of any type is inappropriate and not permitted for infants.

**IV. Discipline may be Proactive**

- A. Loss of privileges
- B. Increased supervision
- C. Restitution
- D. Individualized plan for changing behaviors

## **Behavioral Health Services Policy**

**PURPOSE:** To define procedures to follow in order to arrange behavioral health services for the youth in care.

**POLICY:** New Horizons will arrange and provide access to behavioral health services for all youth in care as needed and on an individual basis.

### **PROCEDURE:**

- A. New Horizons will ensure that Behavioral Health Services are available and provided to each child, as needed by a STAR Health Network Provider (Network Provider).
- B. New Horizons will assist the youth in accessing Medicaid through STAR Health for Medicaid Covered Behavioral Health Services.
- C. New Horizons will use community resources to obtain Behavioral Health Services not covered by Medicaid.
- D. As needed and in the event that community resources are not available for Behavioral Health Services and/or Medicaid does not cover the services, New Horizons will be financially responsible for providing Behavioral Health Services.
- E. New Horizons will assist in order to ensure that all Behavioral Health Services provided to children are properly documented within the Health Passport's Behavioral Health Module.
  - 1) Upon hire, New Horizons will train employees and subcontractors as to the need to properly document information in the Health Passport's Behavioral Health Module.
  - 2) New Horizons will enter the information in the Health Passport's Behavioral Health Module as needed.
- F. New Horizons will comply with DFPS procedures to request access to the Health Passport for its employees that are not Network Providers.
- G. Effectiveness of Behavioral Health Services:
  - a. New Horizons ensures that Behavioral Health Providers are providing Behavioral Health Services that are consistent with the following, where applicable:
    - (1) Child's Plan of Service;
    - (2) Service Plan for the Child;
    - (3) Permanency Goal for the Child;
    - (4) CPS Transition Plan;
    - (5) Psychological evaluation and/or psychiatric evaluation; and
    - (6) Desired outcomes, including, but not limited to improvement in self-regulation and functioning.
  - b. New Horizons ensures that Behavioral Health Services provided are properly documented in therapy notes.
  - c. Behavioral Health Services are monitored by the Treatment and Operations Director in order to ensure services are being provided.
  - d. The Case Manager reviews Behavioral Health Therapy Notes on a monthly basis to ensure subcontractors are addressing needs according to the Child's Service Plan, permanency goal, CPS service plan and transitional plan, psychological and/or psychiatric needs, and overall desired outcomes to improve self-regulation and functioning.

- e. The effectiveness of Behavioral Health Services is documented in the Child's Service Plan.
- f. Documentation of Behavioral Health Services is monitored by the Quality Assurance Director during internal audits.

## **Emergency Behavior Intervention**

## Behavior Management Policy

**PURPOSE:** To describe the behavior management philosophy, approach and basic techniques utilized by New Horizons.

**POLICY:** New Horizons Child Placing Agency addresses behavior management with Reality Therapy approach that strongly emphasizes personal responsibility for behavior and emotions. Reality Therapy, by William Glasser, has been used in therapeutic practices since the 1960s. Behavior Management is individualized as much as possible in order to best meet the treatment needs of the children and adolescents. New Horizons Behavior Management Policy utilizes natural and logical consequences for behavior. Behavior Management is seen as a tool to deepen and enhance the therapeutic relationship between the child and staff, not just as a tool to change behavior.

The steps of Reality Therapy, i.e., asking children who are acting out inappropriately three (3) basic questions to help them understand what they want and how their behavior is hindering their ability to obtain what they want (What do you want? What are you doing to get what you want? Is it working?), is individualized to meet each child's needs. The child is helped to develop a simple plan to obtain what he/she wants by making better behavioral choices. The approach is non-punitive and child friendly. It assumes that what motivates the child's behavior is the attainment of five (5) basic needs that the child sees as 'wants.' These methods are used in addressing and processing maladaptive / inappropriate behavior with the child, with the primary intent being (1) the enhancement of the therapeutic relationship, (2) for the child to create more appropriate ways to relate and cope.

Foster/adoptive families utilize specialized, short-term treatment interventions and /or plans that emphasize personal responsibility for behavior and feelings, planning corrective action, and practicing more appropriate behavior.

### V. Reality Therapy Procedures - Basic concepts and steps of Intervention with Reality Therapy:

- I. **Involvement:** Warmth and understanding are needed for two (2) people to become initially involved
- J. **Discuss current behavior:** To facilitate the person being helped become more aware of their current behavior and the results of their actions
- K. **Ask, "Is this helping or hurting?:"** The person must judge his own behavior on the basis of whether he/she believes it is good for him/her and good for the people who care about or would like to care about him/her as well as whether his/her behavior is socially acceptable in his community.
- L. **Help the client to make a plan to do better, plan responsible behavior:** Once someone makes a value judgment, the person helping him must assist in developing realistic plans for action to follow the value judgment.

- M. **Get a commitment:** A person cannot expect a commitment until there is involvement and a good plan has been made.
- N. **Do accept excuses: never** excuse the person who needs help from the responsibility of the commitment. An excuse reduces the pain of failure, but does not lead to success. A commitment made is worth keeping.
- O. **Do not punish or criticize, but do not interfere with reasonable consequences:** Praise often leads to more responsible behavior. The purpose of Punishment/Criticism is to change someone's behavior through fear, pain, or loneliness.
- P. **Never Give up:** If the plan does not work, return to involvement and start the process again.

## Emergency Behavior Intervention Policy

**PURPOSE:** To describe policy and procedures regarding *emergency behavior intervention and personal restraints*.

**POLICY:** *Personal restraint* may be used only when a child's behavior results in an *emergency situation*. An *emergency situation* is defined as a situation in which attempted trauma-informed preventative de-escalatory or redirection techniques have not effectively reduced the potential for injury and it is immediately necessary to intervene to prevent:

- A. Imminent probable death or substantial bodily harm to the child because the child attempts or continually threatens to commit suicide or substantial bodily harm; or
- B. Imminent physical harm to another because of the child's overt acts, including attempting to harm others. These situations may include aggressive acts by the child, including serious incidents of shoving or grabbing others over their objections. These situations do not include verbal threats or verbal attacks.

**PROCEDURE:** New Horizons employs two types of restraints: *short personal restraints* that are under one minute in length and *personal restraints* that last longer than one minute. The differences between the two are primarily the length of time a child is restrained, the restraint situation, and the subsequent documentation. New Horizons also teaches how to complete specific restraint procedures by utilizing one and more than one caregiver. Only a caregiver qualified in *emergency behavior intervention* may administer any form of *emergency behavior intervention*, except for the *short personal restraint* of a child.

### I. Short Personal Restraint

- A. A *short personal restraint* does not last longer than one minute before the child is released. Generally, a short personal restraint is used in urgent situations, such as:
  - 1. To protect the child from external danger that causes imminent significant risk to the child, such as preventing the child from running into the street or coming into contact with a hot stove. The restraint must end immediately after the danger is averted;
  - 2. To intervene when a child under five years old (chronological or developmental age) demonstrates disruptive behavior, if other efforts to de-escalate the child's behavior have failed; or
  - 3. When a child over five years old demonstrates behavior disruptive to the environment or milieu, such as disrobing in public, provoking others that creates a safety risk, or to intervene to prevent a child from physically fighting.
- B. If a child is significantly damaging property and this is the basis of the restraint, only a *short personal restraint* will be used and only to prevent the damage.
- C. When a New Horizons' caregiver implements a *short personal restraint*, the caregiver must:
  - 1. Minimize the risk of physical discomfort, harm, or pain to the child; and

2. Use the minimal amount of reasonable and necessary physical force. A prone or supine restraint will **not** be used as a **short personal restraint**.
- D. A New Horizons' caregiver doing a **short personal restraint** on a child will release the child under the following circumstances:
1. Immediately when an emergency health situation occurs during the restraint the caregiver will obtain treatment;
  2. Within one minute, or sooner if the danger is over or the disruptive behavior is deescalated. If the danger is not over the disruptive behavior is not deescalated and the restraint continues over one **personal restraint**.
  3. Written Orders and PRN Orders are not applicable to **short personal restraints**.

## II. Personal Restraint

- A. A **personal restraint** lasts longer than one minute and is a type of **emergency behavior intervention** that uses the application of physical force without the use of any device to restrict the free movement of all or part of a child's body in order to control physical activity.
- B. The use of **personal restraint** by New Horizons' caregivers will be an appropriate response after other age/developmentally appropriate, trauma-informed de-escalation techniques have failed such as:
1. Verbal redirection,
  2. Verbal feedback,
  3. Alternate caregivers attempting de-escalation techniques,
  4. Removing the child from the situation,
  5. Time-out, etc.
- C. New Horizons' caregivers will act to protect the child's safety and consider the characteristics of the immediate physical environment, the permitted types of restraint, emergency behavior intervention and the potential risk of harm in using emergency behavior intervention versus the risk of **not** using a restraint.
- D. New Horizons' caregivers will initiate **emergency behavior intervention**, in a way that minimizes the risk of physical discomfort, harm, or pain to the child and use the minimal amount of reasonable and necessary physical force to implement the restraint.
- E. During a **personal restraint** New Horizons' caregivers will make every effort to protect the child's privacy, including shielding the child from onlookers, and personal dignity and wellbeing, including ensuring that the child's body is appropriately covered.
- F. As soon as possible after starting any type of **emergency behavior intervention**, New Horizons' caregivers must:
1. Explain to the child the behaviors the child will need to exhibit to be released or have the intervention reduced, if applicable; and



2. Permit the child to suggest actions the caregivers can take to help the child de-escalate.
- G. If the child does not appear to understand what he/she must do to be released from the restraint, the caregiver will attempt to re-explain it every 15 minutes until the child understands or is released from the restraint.
- H. New Horizons' caregivers will release a child from a **personal restraint**:
1. Immediately when an emergency health situation occurs during the restraint.
  2. The caregiver will obtain treatment immediately.

### III. Helpful Information

A. Signs of distress:

1. **Circulation** – Are the child's extremities cold to the touch? Are the child's extremities turning blue or is the child turning blue around the mouth?
2. **Respiration** – Is the child's breathing rapid and shallow? Is there an absence of breathing? Is the child saying he/she cannot breathe?
3. **Neurological** – Is the child disoriented? Is he/she having a seizure?
4. **Gastrointestinal** – Is the child vomiting or losing control of his/her bowels?
5. **Muscular-Skeletal** – Is there apparent bruising, swelling, and/or complaints of pain?

B. Release the youth:

1. Within one minute of the implementation of a prone or supine hold;
2. When the child's behavior is no longer a danger to himself/herself or others;
3. Medication was administered;
4. Youth is no longer damaging property;
5. When the maximum time allowed for personal restraint is reached.

### IV. Time Limits on Personal Restraints

A. The maximum length of time that certain emergency behavior interventions can be administered to a child is as follows:

1. In a short personal restraint, the maximum length of time is one minute;
2. In a personal restraint, thirty (30) minutes for children under nine (9) years of age, one (1) hour for a child nine (9) years or older, a prone or supine personal restraint hold may not exceed one minute.
3. Emergency medication, not applicable.

B. New Horizons' caregivers may exceed the maximum length of time in a **personal restraint** if the caregiver obtains a written continuation order before the end of the time period from a licensed psychiatrist with written clinical justification.

- C. New Horizons' caregivers may use successive interventions if it is a ***personal restraint*** followed immediately by another ***personal restraint*** but the time spent in the ***personal restraints*** is cumulative and may not exceed the maximum length of time permitted.
  
- V. Youth will be allowed the following during successive ***personal restraints***:
  - A. Regularly prescribed medications unless otherwise ordered by the licensed physician;
  - B. Regularly scheduled meals and snacks served in a safe and appropriate manner;
  - C. An environment that is adequately ventilated during warm weather, adequately heated during cold weather, appropriately lighted, and free of safety hazards.
  - D. Safety
  
- VI. During any ***personal restraint***, a New Horizons' caregiver qualified in ***emergency behavior intervention*** and who is not involved in restraining the child will:
  - A. Monitor the child's breathing and other signs of physical distress, and
  - B. Take appropriate action to ensure adequate respiration, circulation, and overall well-being.
  - C. A qualified observer ensures the child's breathing is not impaired and meets the following qualifications:
    - 1. Trained to identify risks associated with positional, compression, or restraint asphyxia.
    - 2. Trained to identify risks associated with prone and supine holds; and
    - 3. Not involved in the restraint.
  
- VII. New Horizons' caregivers will not use the following ***personal restraint*** techniques:
  - A. ***Prone and supine restraints are prohibited except:***
    - 1. As a transitional hold that lasts no longer than one minute;
    - 2. As a last resort when other less restrictive interventions have proved to be ineffective.
  - B. A caregiver may not use any of the following techniques as a short personal restraint:
    - 1. Restraints that impair the child's breathing by putting pressure on the child's torso, including restraints that obstruct the child's lungs from expanding such as leaning a child forward during a seated restraint;
    - 2. Restraints that obstruct the child's airway, including procedures that place anything in, on, or over the child's mouth, nose, neck, or impede the child's lungs from expanding;

3. Restraints that obstruct a caregiver's ability to view the child's face;
  4. Restraints that interfere with the child's ability to communicate or vocalize distress; or
  5. A restraint that twists or places the child's limb(s) behind the child's back.
  6. Before using a *personal restraint* New Horizon's caregivers will:
- C. Attempt less restrictive, trauma-informed behavior interventions that have proved to be ineffective at defusing the situation; and
- D. Determine that the basis for the *emergency behavior intervention* is:
1. An emergency situation;
  2. A need for a *personal restraint* to administer intra-muscular medication or other medical treatments prescribed by a licensed physician, such as administering insulin to a child with diabetes; or
  3. A need for *personal restraint* in a foster home where a child is significantly damaging property and the basis for the personal restraint is not the fact that the child is destroying property but that the child is out of control because of emotional or other personal issues.

**VIII.** New Horizons' caregivers will not use *personal restraints* as:

- A. Punishment;
- B. Retribution or retaliation;
- C. A means to get the child to comply;
- D. A convenience for caregivers or other persons; or
- E. A substitute for effective treatment or habilitation.

**IX.** PRN Orders for personal restraints are permitted under the following conditions:

- A. Orders must include the number of times a child may be restrained in a seven day period.
- B. If the orders allow more than three restraints within a seven day period, the order must include a plan for reducing the need for emergency behavior intervention.
- C. The licensed psychiatrist or psychologist must review the PRN orders for personal restraint at least every 30 days. The review must include written clinical justification for the continuation of PRN orders and be documented in the child's record.
- D. PRN orders may *not* be used to restrain a child beyond the maximum length of time for *personal restraint*.
- E. Written Orders are *not* required for *short personal restraints*.

- X. Personal Restraint Follow Up:** When a child is released from a *personal restraint*, the New Horizons' caregiver(s) must take appropriate actions to help the child return to normal activities. A child does not have to return to the activities he/she was engaged in prior to the restraint or the activities in which the group is participating at the time the child is released from restraint. However, caregivers will engage the child in an alternative routine activity. The actions of the caregiver(s) include:
- A.** Providing the child with an appropriate transition and offering the child an opportunity to return to regular activities;
  - B.** Observing the child for at least 15 minutes; and
  - C.** Providing the child with an opportunity to discuss the situation which led to the need for personal restraint and the caregiver's reaction to that situation privately as soon as possible and no later than 48 hours after the release from restraint. The goal of the discussion is to allow the child to discuss his/her behavior and the precipitating circumstances that constituted the emergency situation, the strategies attempted before the use of the restraint, the child's reaction to those strategies, the restraint itself, and the child's reaction to the restraint, how caregivers can assist the child in regaining self-control in the future to avoid restraint, and what the child can do to regain self-control in the future to avoid restraint.
  - D.** Caregivers involved in the *emergency behavior intervention* will debrief with each other concerning the incident as soon as possible after the situation has stabilized and make reasonable efforts to debrief with children in care who witness the incident.
  - E.** The supervisor(s) of the caregivers involved in the *personal restraint* will review the restraint within 72 hours of the intervention.

**XI. Documentation of Personal Restraints**

- A.** The use of personal restraint will be documented as soon as possible but no later than 24 hours after the initiation of the restraint.
- B.** The caregiver will document the personal restraint on the proper form which contains all necessary information.

**XII. Training**

- A.** All New Horizons' caregivers must complete the Peaceful Intervention Training course.
- B.** The initial training must take place before the caregiver is responsible to supervise New Horizons' clients.

**XIII. Restraint Procedures**

**A. One Person Restraints**

1. **Standing:** Standing *personal restraints* are accomplished by securing both of the child's arms by the forearms while the child and caregiver are standing face to face.
2. **Seated:** Seated *personal restraints* are accomplished by securing both of the child's arms by the forearms to the arms of the chair, beside the child or held in front of the child's chest while the child is seated and the caregiver is standing, kneeling, or sitting face to face.
3. **Escorting:** Escorting is a form of *personal restraint*. Escorting is accomplished by directing the child to another location by the caregiver.
  - a. Carefully carrying a toddler or small child to another location against the child's will is also considered a form of escorting.
  - b. Physically directing a child who does not resist the directions of the caregiver, is ***not*** considered to be an act of escorting under this definition.

**B. Two (or more) Persons Restraints**

1. **Standing Basket holds:** When at least two caregivers are involved, the standing basket hold may be utilized. The caregiver may secure the child with one arm or both arms. One caregiver secures the child's arm or arms from behind while the other caregiver monitors the child to assure the child's physical and emotional well-being by viewing the child's face and monitoring his/her overall condition.
2. **Seated Basket holds:** The seated basket hold is accomplished by one caregiver placing the child in a basket hold and sitting down with the child. **(Do not lean the child forward.)** The other caregiver(s) may assist with the personal restraint by holding the child's legs but must monitor the child to assure the child's physical and emotional wellbeing by viewing the child's face and monitoring his/her overall condition.

## **Screening and Verification**

## Screening and Verification Policy

**PURPOSE:** To define the guidelines and procedures for assessing and approving foster/adoptive homes for verification and training thereafter.

**POLICY:** New Horizons Child Placing Agency recruits, approves, verifies, and trains foster/adoptive homes. Applicants will be considered without regard to race, national origin, ethnicity, sex, sexual orientation, religious preference, or disability. All applications will be reviewed.

**PROCEDURE:** New Horizons Child Placing Agency staff will use as guidelines for screening, approval, and verification of foster/adoptive homes as outlined below. New Horizons will use the information compiled in the home study in order to be able to make an informed decision about the number, ages, gender, and needs of children who may be placed in the foster home. The foster/adoptive parents' wishes will be taken into consideration in regards to the number, ages, gender, and needs of the children for which they will be caring when completing the verification process.

### I. Criteria for Verification

#### A. Background / Education

1. Each caregiver in the home must be at least twenty-one (21) years of age.
2. Each caregiver must be a U.S. citizen, permanent resident, or other qualified alien according to the U.S. Department of Immigration.
3. Each caregiver in the home must have at least a high school diploma or GED or otherwise show ability to adequately meet the basic competencies met by a high school diploma or GED by submitting a Resume outlining skills/qualifications.
4. Each caregiver and any person fourteen (14) years of age or older who will regularly or frequently be staying or present at the home must obtain a criminal history and central registry background check. Results must be in compliance with requirements in Minimum Standards.
5. Each caregiver in the home must obtain FBI fingerprint check and out of state central registry check (if appropriate). Results must be in compliance with requirements in Minimum Standards.
6. Each caregiver must provide references who can verify each caregiver's personal characteristics.
7. Prospective caregivers must provide proof of income and ability to meet expenses.
8. Prospective caregivers must provide proof of marriages and divorces, if any.

#### B. Health / Safety

1. Prospective homes must have a current health inspection.
2. Prospective homes must have a current fire inspection.
3. Prospective homes must have a current gas pressure test (if applicable). This only applies to homes being licensed as a group home.
4. Animals must be vaccinated and treated as recommended by a licensed veterinarian.

5. Prospective homes must have written plans and procedures for handling potential disasters and emergencies, such as fire, severe weather emergencies, and transportation emergencies.
6. Weapons, firearms, explosive materials, and projectiles, if permitted, must be stored and locked appropriately. Weapons, firearms, explosive materials, and projectiles will not be permitted in homes providing treatment services.
7. All persons over the age of one (1) year of age who live in the potential home must be screened for tuberculosis.
8. Each caregiver must complete a physical examination which confirms they are physically fit to provide care.

**C. Home / Premises**

1. Prospective foster/adoptive parents must submit a floor plan of the home showing dimensions and purposes of all rooms in the home and identifying indoor areas for children's use.
2. Prospective foster/adoptive parents must submit a sketch or photo of the outside areas showing buildings, driveways, fences, storage areas, gardens, recreation areas, pools, ponds, or other bodies of water.

**II. Training**

**A. Prospective caregivers must complete the following Pre-Service Training:**

1. New Horizons Orientation;
2. Eight (8) hours of General Pre-service Training; to include pre-service trauma training, and also to include recognizing and preventing Shaken Baby Syndrome, preventing Sudden Infant Death Syndrome and understanding Early Childhood Brain Development for caregivers providing care to children younger than two (2) years of age;
3. Eight (8) hours of Emergency Behavior Intervention Pre-Service Training for caregivers serving youth receiving only childcare service;
4. Sixteen (16) hours of Emergency Behavior Intervention Pre-Service Training for caregivers serving youth receiving treatment services;
5. Certification for First Aid with rescue breathing and choking, and CPR for infants, children, and adults;
6. Psychotropic Medication Training;
7. Informed Medical Consent Training; and
8. Forty (40) hours of observation or one year of relevant experience of qualified caregivers conducting direct childcare duties before being solely responsible for any youth receiving treatment services and/or who is assigned a Specialized level of care.

**B. Continued training is provided monthly by New Horizons to include but not limited to the following areas:**

1. Minimum Standards
2. Contracting requirements with DFPS
3. Youth for Tomorrow – Levels of Care
4. Cultural Competence



5. New Horizons Policy and Procedures & Philosophy

C. Distribution of materials and training:

1. Caregivers are provided with the Texas Health Steps materials at verification and annually thereafter. Child Placement Staff provides in-home training when reviewing the materials with the foster/adoptive family.
2. Caregivers also receive and are trained at verification on HHSC information to Foster Parents regarding the Medicaid Medical Transportation Program.

**III. Home Study – A home study will be conducted by New Horizons Child Placing Agency which will include the following:**

- A. Ages of prospective caregivers and all other members of the household;
- B. Educational level of prospective caregivers;
- C. Personal characteristics of prospective caregivers;
- D. History of marital relationships including previous marriages;
- E. A history of the prospective caregivers' residence and their citizenship status;
- F. The financial status of the prospective family;
- G. The results of the criminal history and central registry background checks conducted on the prospective caregivers and any non-client person fourteen (14) years of age or older who regularly or frequently stays or is present in the home;
- H. The prospective caregivers' motivation to provide care;
- I. Health status of all persons living in the home;
- J. Any disabilities of the prospective caregivers;
- K. The fertility of the prospective caregivers;
- L. The quality of marital and family relationships;
- M. The prospective caregivers' feelings about their childhoods and parents;
- N. The prospective caregivers' sensitivity to and feeling about the child's biological family and their attitude about a foster child's and their biological family's religious beliefs;
- O. The prospective caregivers' values, feelings, and practices in regard to child care and discipline;

- P. The prospective caregivers' sensitivity to and feelings about children who may have been subjected to abuse or neglect;
- Q. The prospective caregivers' sensitivity to and feelings about children's experiences of separation from or loss of their biological families;
- R. The attitude of other household members about the prospective caregivers' plan to provide foster/adoptive care;
- S. The attitude of the prospective caregivers' extended family regarding foster/adoptive care;
- T. Support systems available to the prospective caregivers;
- U. The prospective caregivers' expectations of and plans for foster/adoptive children;
- V. The language(s) spoken by the prospective caregivers;
- W. Prospective caregivers' ability to work with specific kinds of behaviors and backgrounds;
- X. Background information from other child placing agencies.

**Tuberculosis Examination Policy**

**PURPOSE:** To outline the provisions for routine Tuberculosis (TB Tine) testing.

**POLICY:** New Horizons provides routine TB Testing as outlined in the Minimum Standards.

**PROCEDURE:**

- I. All persons over the age of one year of age who live, work or volunteer at New Horizons or in one of the New Horizons' Foster Homes must be screened for tuberculosis as recommended by the Center for Disease Control (CDC). This includes contract service providers who provide services in the home.
- II. If a person over one year old has had a previous TB test within 12 months or has lived or worked in regulated residential child care within 12 months with a valid TB test a new baseline TB screening is not required.
  - A. Individuals who have left employment in regulated residential child care for more than 12 months and then returned will require a new screening.
  - B. Documentation of previous screening(s) will be maintained in each chart.
- III. Copy of medical documentation of results of TB screening, chest radiograph and/or treatment (if treatment is required) must be maintained in the person's file at the agency.

## **BABYSITTING AND RESPITE CHILDCARE POLICY**

**PURPOSE:** To define the guidelines and procedures for assessing and approving babysitters and respite childcare providers.

**POLICY:** Respite and Babysitting Child Care Services are planned alternative care services that have the purpose of providing relief to the child's primary caregiver. New Horizons considers it essential that the foster/adoptive parent(s) are afforded ample time away from the children on a regular basis to assure that the foster/adoptive parent(s) are physically and psychologically equipped to parent children with basic and therapeutic levels of need. This policy is intended to provide procedures and qualifications necessary for others to provide respite and babysitting childcare.

**PROCEDURES:** Criteria for respite childcare providers:

- A. **Qualifications:** Persons providing respite services must be 18 years old or older.
- B. **Experience:** If caring for children receiving treatment services, provider must have 40 hours of prior childcare experience. If caring for children receiving childcare services, no prior childcare experience is required.
- C. **Training:** Provider must have training in Infant, Child, & Adult CPR/First Aid and Respite Basics Online Training must be completed. If caring for children receiving treatment services or children at a moderate or specialized level of care, 16 hours of Peaceful Intervention must be completed.
- D. **References:** Provider must make three (3) reference letters that will be checked prior to them being allowed to provide babysitting and respite services.
- E. **Background Checks:** New Horizons has the authority to conduct any or all of the following background screens on household members age 14 or older: Criminal background checks, child abuse neglect checks, and FBI Fingerprinting.
- F. **Confidentiality:** Agreement to follow the New Horizons Discipline and Confidentiality Policies as outlined in the Babysitting-Respite Service Agreement.
- I. **Criteria for babysitters:**
  - A. **Qualifications:** Persons providing babysitting and respite services must be 18 years old or older or 16 years old with 40 hours of childcare experience (and cannot babysit for children receiving treatment services). Babysitters who are 16-18 can provide care for a maximum of 8 consecutive hours. Babysitters who are 18 can provide care for a maximum of 12 consecutive hours.
  - B. **Experience:** If caring for children receiving treatment services or children who are a moderate or specialized level of care, the provider must be at least 18 years of

age and have 40 hours of prior childcare experience. Babysitters who are 16 years old must have 40 hours of prior childcare experience and are not eligible to babysit for children receiving treatment services.

- C. Training: Babysitter must meet the same requirements outlined for respite providers.
  - D. Background Checks: New Horizons has the authority to conduct any or all of the following background screens on household members age 14 or older: Criminal background checks, child abuse neglect checks, and FBI Fingerprinting.
  - E. Confidentiality: Agreement to follow the New Horizons Discipline and Confidentiality Policies as outlined in the Babysitting-Respite Service Agreement.
- II. Respite length of stay:
- A. A child may be in respite care for up to 14 consecutive days or 40 days each year.
    - a) A respite child care placement that is made because a child's foster home is under investigation for abuse or neglect does not count toward nor is it limited by the timeframes. However, these placements are limited to a maximum of 60 days.
    - b) If a child needs respite childcare services for more than 14 consecutive days or more than 60 days for an abuse or neglect investigation, this is considered a new placement and will not be respite childcare.
- III. Regulations of number of children
- A. If provider is caring for children receiving treatment services, a ratio of 1 adult to every 4 children must be maintained. If provider is caring for children receiving childcare services, a ratio of 1 adult to every 6 children must be maintained.
- IV. Process - Foster parents are required to do the following each time the desire to utilize babysitting or respite services:
- A. Contact their child placement staff, and
  - B. Request form will be completed and approved if appropriate.
- V. Information Provided to Respite Service Provider - To ensure continuity of care, the following information is to be shared with the respite childcare services provider before placing the child in the home.
- A. Specific needs of a child, including:
    - 1. All psychiatric and medical treatment currently being provided;
    - 2. Medication regimen and medication instructions;
    - 3. Authorization for medical treatment; and

4. Any other needs of a child that should be addressed by the respite child-care services provider.

B. Non routine events taking place in the life of the child.

C. Emergency contact information, including the:

1. Child's physician(s),
2. Child's parent; and
3. Agency's telephone number.

D. The child's history that may affect the provider's ability to provide care for the child including:

1. Background of abuse and/or neglect;
2. History physical aggression or sexual behavior problems;
3. History of fire setting;
4. History of harm to animals;
5. History of suicidal ideations and attempts; and
6. History of runaway behaviors.

VI. Respite/Intermittent Alternative Care – Between 72 hours and 14 days.

A. Must not be used if detrimental to the youth;

B. Requires written approval from DFPS Caseworker;

C. Must follow requirements and guidelines of the Minimum Standards;

D. Must meet minimum qualifications as outlined for Respite Care Providers;

E. Appropriateness of Respite/Intermittent Alternative Care will be documented and placed in the youth's record; and

F. To ensure continuity of care the following information must be provided to the Respite Care Provider:

1. Specific needs of the youth;
2. Medical care currently provided;
3. Psychiatric care currently provided;
4. Medication regimen and instructions;
5. Psychological care currently provided;
6. Sleeping instructions;
7. Discipline information;
8. Relevant appointments such as sibling visits; and other pertinent information that benefit the youth and provider.

## **Foster/Adoptive Home Monitoring Policy**

**PURPOSE:** To define the guidelines and procedures for ensuring continued safety of New Horizons Child Placing Agency foster/adoptive homes and children, and timely documentation by New Horizons Child Placing Agency foster/adoptive parents.

**POLICY:** New Horizons Child Placing Agency ensures the safety of its foster/adoptive homes and children, and submittal of timely documentation by the foster/adoptive parents through consistent monitoring.

### **PROCEDURE:**

- I. Health and safety of the foster/adoptive homes and children are ensured by the following methods:
  - A. Child Placement Staff complete in-home visits to each home at least ten (10) times per year.
  - B. Child Placement Staff will complete an initial in-home contact within seven (7) days of a placement and assess whether the child's needs are being met in the foster home and how the child is adjusting to the foster/adoptive home.
  - C. Quarterly monitoring visits are made to each home to review compliance with Minimum Standards.
    1. At least one of these will be unannounced.
    2. At least one every six months with both foster/adoptive parents if applicable; and
    3. At least one with all household members annually.
  - D. Two-year evaluations of the Minimum Standards are completed on each foster/adoptive and/or group home.
  - E. Criminal history and central registry background checks will be completed every two years on all members of the foster/adoptive family fourteen years of age and over.
  - F. Fire Inspections
    1. Updated annually for group homes.
    2. Updated every two years for foster/adoptive homes (or sooner if required).
  - G. Health Inspections
    1. Updated annually for group homes.
    2. Updated every two years for foster/adoptive homes (or sooner if required).
  - H. Additional evaluations of a foster home will be implemented for compliance with relevant Licensing rules whenever:
    1. There is an allegation of deficiency.

2. There is a major life change in the home such as:
  - a. Marriage
  - b. Divorce
  - c. Separation
  - d. Death
  - e. Birth
  - f. Any change in the household composition
3. A change occurs that affect the condition of the verification.
  - a. Name of the foster/adoptive home
  - b. Foster/Adoptive home's address
  - c. Foster/Adoptive home's capacity
  - d. Types of service the foster/adoptive home will provide

- I. New Horizons maintains documentation of all contacts made with the foster family in the foster family chart/record.

**II. Timely documentation by the foster and adoptive parents is ensured by the following methods:**

- A. Child Placement Staff reads and approves weekly progress notes as required.
- B. Child Placement Management Staff and/or Treatment Director and Child Placement Staff read and approve significant incident reports completed by foster/adoptive parents.
- C. Child Placement Management Staff and/or Treatment Director and Child Placement Staff read and follow up on all Emergency Behavioral Intervention Reports.
- D. Quality Assurance Director completes periodic reviews of client charts to ensure compliance and timely documentation.



## **Foster/Adoptive Home Temporary and Inactive Status Policy**

**PURPOSE:** To describe the procedures to follow in order to place foster/adoptive homes in temporary and inactive status.

**POLICY:** New Horizons will follow the appropriate procedure to place verification on temporary or inactive status.

### **PROCEDURE:**

#### **What must New Horizons do prior to issuing a temporary verification?**

- A. The purpose of a temporary verification is to permit continued care of foster/adoptive children in a foster/adoptive home when a foster/adoptive family moves from one residence to another and there is a short-term delay in verification, for example, fire and health inspections cannot be obtained prior to the move.
- B. New Horizons may only issue a temporary verification after:
  1. An inspection of the new location;
  2. It is determined that the home meets the minimum standards;
  3. It is documented that all health and safety, environment, and space and equipment standards are met; and
  4. The child placement management staff review and approve the temporary verification by signing and dating it.
- C. New Horizons may not use a temporary verification to change the verification conditions (number of children, age, gender, or services provided) of an agency home other than residence address.
- D. New Horizons may not issue a temporary verification if no children are in placement in the foster/adoptive home.

#### **Length of time of a temporary verification:**

- A. New Horizons may issue a temporary verification for up to six months.
- B. A temporary verification is valid for no longer than six months from the date the verification is issued. New Horizons will not renew the temporary verification.

#### **Foster children may remain in the foster home while a temporary verification is in effect:**

Children who were in the care of the foster/adoptive family at the time of the move may continue to live in the foster/adoptive home while the temporary verification is in effect. New Horizons may not make new placements of children into a home that is temporarily verified.

#### **Foster/adoptive home on inactive status:**

New Horizons may place a foster/adoptive home on inactive status if:

- A. There are no foster children in the home;
- B. New Horizons and the foster/adoptive parents agree that the home will be on inactive status; and

- C. New Horizons document in the home's record that the home is on inactive status and will not accept a child for placement.
- D. New Horizons may not place a home that you should close on inactive status.

**A home that New Horizons should close includes a home:**

- A. Whose repeated noncompliance with rules endangers the health or safety of children;
- B. That repeatedly fails to comply with agency policies or corrective action plans;
- C. That refuses to comply with the Minimum Standards and New Horizons Policies and Procedures; or
- D. That refuses to allow you or our staff to inspect the home.
- E. If a home on inactive status or remove a home from inactive status, New Horizons will inform the necessary entities by submitting an agency home report form.

**How to meet training requirements while foster/adoptive home is on inactive status:**

- A. Foster/adoptive parents may prorate their annual training requirement for the period of time that the home was on inactive status.
- B. If the home remains on inactive status for more than a year, the foster/adoptive parents must complete at least eight hours of pre-service retraining before you may place children in the home.

**Background checks required on homes that are on inactive status:**

Background checks are not required for homes that are on inactive status. If the home is taken off of inactive status and it has been more than two years since the last background check for any person(s) at the home for whom a check is required, the background check(s) must be requested before a child or children can be placed in the home.

**How to take a foster home off inactive status:**

When the home is ready to become active and accept children, New Horizons will:

- (1) Make a supervisory contact in the home prior to placing a child in the home;
- (2) Document that the home is complying with all applicable Minimum Standards; and
- (3) Ensure that the home is in compliance with all background check requirements.

**Foster/Adoptive Home Capacity and Child/Caregiver Ratio Policy**

**PURPOSE:** To describe the guidelines to follow for capacity and ratio.

**POLICY:** Caregivers must follow the guidelines for foster/adoptive home capacity and child/caregiver ratio in order to ensure the safety of the children in their care.

**PROCEDURE:**

**Maximum number of children a foster family home may care for:**

- A. A foster family home may care for up to six children, including any biological and adopted children of the caregivers who live in the foster home and any children receiving foster or respite child-care, and children for whom the family provides day care.
- B. All adults in care must also be counted in the capacity of the home.

**Maximum number of children that a foster group home may care for:**

- A. As of 12/21/15, only existing group homes with existing placements will continue. As existing placements leave, the existing group homes will be reduced to foster family homes.
- B. All adults in care must also be counted in the capacity of the home.

**Capacity is determined based on the following:**

- A. Number of caregivers, and the age of the children in the home and in placement;
- B. Services being provided and the needs of the children in care;
- C. Amount of space available for children; and
- D. Bathroom accommodations in the home.

**Foster/adoptive homes may not exceed its verified capacity:**

The maximum number of children in a foster/adoptive home, including the biological and adopted children of the caregivers who live in the foster/adoptive home, any children receiving foster or respite child-care, and children for whom the family provides day care, must not exceed the capacity stated on the home’s verification.

**How to determine the child/caregiver ratio for a foster family home:**

The number of children one caregiver may supervise in a foster family home is six, unless the home meets one of the criteria in the chart below:

| <b>If the home cares for:</b>                                                                            | <b>Then the number of children one caregiver may care for is:</b> |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| One child under age 5                                                                                    | One caregiver to five children                                    |
| More than two children receiving treatment services (for children with primary medical needs, see below) | One caregiver to four children                                    |
| One child with primary medical needs                                                                     | One caregiver to four children                                    |

## **Support Policy**

**PURPOSE:** To define the guidelines and procedures for supporting foster/adoptive parents caring for children with special needs licensed by New Horizons Child Placing Agency.

**POLICY:** New Horizons Child Placing Agency ensures foster/adoptive parents are provided support services and case manager availability twenty-four (24) hours per day, seven (7) days per week.

### **PROCEDURE:**

#### **I. Home Support and Monitoring**

- A. Child Placement Staff will conduct in-home visits at least ten (10) times per year to each individual foster/adoptive home.
- B. Child Placement Staff will conduct an in-home visit within seven (7) days of a placement and assess whether the child's needs are being met in the home and how the child is adjusting to the home.
- C. Child Placement Management Staff or their designee will conduct quarterly visits to each individual foster/adoptive home.
- D. Child Placement Management Staff, Treatment Director and Child Placement Staff will be available by phone to foster/adoptive parents on a 24/7 basis in order to assist foster/adoptive parents with routine needs and for crisis intervention.
- E. Contract therapists will provide services to the individual children in foster/adoptive homes. Family therapy may also be provided if needed.

#### **II. Respite**

- A. Foster/adoptive parents are encouraged to take respite days.
- B. Foster/adoptive parents will be provided with respite reimbursement funds to assist in easing the financial burden of acquiring respite services.

#### **III. Training**

- A. Foster/adoptive parents will be provided with on-going training monthly as well as individualized training by child placement staff as needed to assist them in meeting children's needs.
- B. Training will include the required trainings in the Minimum Standards as well as trainings that are tailored to meet the needs of the families.

## **Health and Safety, Environment, Space, and Equipment**

## **Smoke Free Environment Policy**

**PURPOSE:** New Horizons strives to provide a smoke free environment for all New Horizons employees, volunteers, foster/adoptive parents, and clients.

**POLICY:** Smoking is prohibited in all buildings and automobiles of New Horizons. Smoking or the use of any tobacco product is prohibited in any form while at any program or facility where youth may be present. Tobacco products are considered to be, but not limited to, cigarettes, cigars, pipe tobacco, chewing tobacco, and snuff. Clients may not use or possess tobacco products.

### **PROCEDURE:**

1. This Policy applies to all New Horizons employees, volunteers, foster/adoptive parents, and clients.
2. The use of all forms of tobacco product is covered in this policy. Tobacco products include but are not limited to, cigarettes, cigars, pipe tobacco, chewing tobacco, and snuff.
3. The Policy prohibits smoking in any building or vehicle used in an official capacity for New Horizons, including personal vehicles used to transport employees or clients, motel accommodations, conference rooms, and other confined areas.
4. No one may smoke tobacco products in a motor vehicle while transporting children in care.

### **Statement of Consequences**

Any employee found to be in violation of this Policy will be subject to such disciplinary action and the Executive Director determines to be appropriate, up to and including termination.

## **Firearms Policy**

**PURPOSE:** To specify the necessary terms and conditions and specific restrictions related to the possession, storage and use of weapons, firearms, explosive materials and projectiles such as darts or arrows.

**POLICY:** New Horizons Child Placing Agency accepts that, in general, weapons, firearms, explosive materials and projectiles such as darts or arrows are permitted in most foster homes with reasonable and specific restrictions. Additionally, New Horizons' general philosophy is that with appropriate safety measures, supervision and training that the use of these materials can be therapeutically beneficial for many individuals. The following procedure is necessary to ensure that hunting and handling firearms is appropriate for the individual youth, and is accomplished in a safe and secure environment for all concerned parties. Further it is the Policy of New Horizons to ensure that these materials are stored in an adequate and secure manner.

### **PROCEDURE:**

- I. **Determination of weapons, firearms, explosive materials or projectiles are present in the Foster/Adoptive Homes:**
  - A. It will be determined during foster/adopt home screenings as to whether the above items are present in the home.
  - B. When determined that the items are present in the Foster/Adopt Home:
    1. Policies and requirements will be reviewed with the prospective foster parents
    2. Foster home record will include the following documentation:
      1. Items present in the home;
      2. Specific precautions the caregivers must ensure that the youth do not have unsupervised access;
      3. Plan for appropriate storage of items;
      4. Compliance of acceptable storage of these items will be reviewed periodically and again on the Two Year Review.
  - C. Foster Parents must inform New Horizons Staff if there is a change in the type of weapon or if an additional weapon is obtained.
- II. **Determination of adequate storage of weapons, firearms, explosive materials or projectiles in Foster/Adoptive Homes:**
  - A. Specific precautions must be in place to ensure youth do not have unsupervised access to these items.
  - B. Firearms, hunting bows and arrows will always be locked away and stored out of reach of youth.
  - C. Ammunition will be locked in a separate location from the firearm which is out of the reach youth.

- D. The home must prove that therapeutic level, street-wise children cannot possibly gain access to the firearms, projectiles or explosives.
  - 1. Precautions to be taken into account:
  - 2. Age of youth
  - 3. History of youth
  - 4. Emotional maturity of youth
  - 5. Background of youth in the home
  
- III. **Restrictions weapons, firearms, explosive materials and projectiles**
  - A. Foster Homes providing **treatment services** are restricted from having these items unless one of the foster parents are employed as a law enforcement official;
  
  - B. A determination must be made as to whether a youth may have the privilege to use weapons, firearms, explosive materials, projectiles or toys that explode or shoot.
  
  - C. Youth who are determined to be appropriate to use weapons, firearms, explosive materials, projectiles or toys that explode or shoot must be directly supervised by a qualified adult when participating in the use of these materials.
  
- IV. **Determination of youth's eligible to participate in supervised activities involving weapons, firearms, explosive materials and projectiles**
  - A. No child may use a weapon, firearm, explosive material, projectile, or toy that explodes or shoots, unless the child is directly supervised by a qualified adult.
  
  - B. The decision regarding who may or may not participate is made on an individual basis by the youth's treatment team. The decision should be clearly documented in the youth's record.
  
  - C. Only youth receiving basic child care services can participate in activities involving these items.
  
  - D. Consideration of the following:
    - 1. Youth's Level of Care
    - 2. Youth's general positive participation in the therapeutic foster family program
    - 3. Youth's age, history, emotional maturity and background
  
- V. **Transportation and firearms, other weapons, explosive materials or projectiles**
  - A. Only caregivers who have been issued a handgun as a part of their employment as law enforcement officials may travel with a handgun in their possession and control in a vehicle with a child.
  
  - B. A caregiver may transport a child in a vehicle where firearms, other weapons, explosive materials, or projectiles are present if:
    - 1. The child is only receiving child-care services;



2. All firearms are not loaded; and
3. The firearms, other weapons, explosive materials, or projectiles are inaccessible to the youth.

VI. **BB guns, projectiles and fireworks:** Children and adolescents who have adjudicated as in need of supervision or delinquent will be considered for placement at New Horizons, equal to any other potential admission, according to the established Criteria for Admission.

## **Foster/Adoptive Home Space and Equipment Policy**

**PURPOSE:** To describe space and equipment needed for children placed in a foster/adoptive home.

**POLICY:** New Horizons staff will ensure foster/adoptive homes meet the requirements for space and equipment needed for children in their care.

### **PROCEDURE:**

#### **Space required in bedrooms used by foster children:**

- A. A bedroom must have at least 40 square feet of space for each occupant and no more than four occupants per bedroom are permitted, even if the square footage of the room would accommodate more than four occupants. The four occupant restriction does not apply to children receiving treatment services for primary medical needs.
- B. Single occupant bedrooms must have at least 80 square feet of floor space.
- C. The floor space requirement must not include closets or other alcoves.
- D. Floor space must be space that children can use for daily activities.
- E. If a foster home was verified before January 1, 2007, then a foster home is exempt from the maximum bedroom occupancy requirement until:
  1. The foster family moves to a new home;
  2. The foster home is structurally altered by adding a new room; or
  3. The foster home's verification is no longer valid.

#### **Rooms in the home that may not be used as bedrooms:**

- A. Only rooms that provide adequate opportunities for rest and privacy may be used as a bedroom.
- B. Foster children or any other household members may not use any of the following as a bedroom:
  1. A room commonly used for other purposes, including dining rooms, living rooms, hallways, or porches;
  2. A passageway to other rooms;
  3. A room that does not have doors for privacy; or
  4. A detached structure.
- C. A foster child may use a basement as a bedroom if there is:
  1. A second fire escape route from the basement; and
  2. Natural lighting.
  3. A foster child may not use a basement as a bedroom if there is no natural lighting:
    - a) Unless you verified the home prior to January 1, 2007; and
    - b) Until the verification is no longer valid, or the home is structurally altered through the addition of a new room.

#### **May a resident in care who turns 18 years old share a bedroom with a minor?**

- A. Before an adult resident who has turned 18 years old while placed in his current foster home can share a bedroom with a minor resident, Child Placement Staff must assess the

behaviors, maturity level, and relationships of each resident to determine whether there are risks to either the minor or adult in care.

- B. New Horizons must document the assessment in each resident's record.

**May a child in care share a bedroom with an adult caregiver?**

- A. A child may share a bedroom with an adult caregiver if:
  - 1. In the best interest of the child;
  - 2. The child is under three years old and sleeps in the bedroom of the caregiver; and
  - 3. Approval is documented and dated in the child's service plan by the service planning team.
- B. An exception for a child to share a bedroom with an adult caregiver may be made during specific travel and camping situations if no other more reasonable provision is available to the child and other requirements are met.
- C. To facilitate continuous supervision of a child, the caregiver may move a child to a location where the caregiver can directly and continuously supervise a child until there is no longer an immediate danger to him or others. However, the caregiver must provide comfortable sleeping arrangements for the child.

**Children of the opposite sex sharing bedrooms:** Children six years old or older must not share a bedroom with a person of the opposite sex.

**Requirements for beds and bedding:**

- A. Each child shall have his own bed and mattress.
- B. Each child will be provided with own sheets, blankets, bedspreads, and pillows.
- C. Beds must be clean, comfortable, and in good repair.
- D. Mattresses must have covers or protectors.
- E. Linens must be changed when soiled, and not less often than once a week.

**Type of personal storage space must a foster child have:** Each child must have accessible storage space for his clothing and personal possessions.

**Bathroom accommodations that a home must have:**

- A. A foster/adoptive home must have one lavatory, one tub or shower, and one toilet for every eight household members. A foster/adoptive home verified before January 1, 2007, is exempt from this requirement until it is no longer verified by the agency under which it is currently verified, or it makes structural changes to the home by adding additional bathrooms.
- B. All lavatories, tubs, and showers must have hot and cold running water.
- C. Bathrooms must allow for privacy.
- D. Each child will be provided with own towels.

**Requirements for indoor space that children can use:**

- A. Children must have indoor areas for their use. There must be at least 40 square feet for each child. This does not include bedrooms, kitchens, bathrooms, utility rooms, unfinished attics, or hallways.
- B. A foster home must identify indoor areas that children can use.

- C. You must approve the indoor space that a home designates for the children's use.

**Requirements for outdoor recreation space and equipment:**

- A. Equipment must not have openings, angles, or protrusions that can entangle a child's clothing or entrap a child's body or body parts.
- B. Equipment must be securely anchored according to manufacturer's specifications to prevent collapsing, tipping, sliding, moving, or overturning.
- C. Climbing equipment, swings, and slides must not be installed over asphalt or concrete.
- D. Equipment must be appropriate, cleaned, maintained, and repaired.
- E. Trampolines may only be used at the foster home if:
  - a. Only one child is on the trampoline at a time;
  - b. Somersaults are not allowed on the trampoline;
  - c. Shock-absorbing pads cover the springs, hooks, and frame;
  - d. No ladder is used with the trampoline;
  - e. A caregiver provides supervision as follows:
    - i. For children under 15 years old, the caregiver must be immediately present, watching the child(ren) at all times, enforcing safety rules, and able to respond in an emergency; and
    - ii. For children 15 years old and older, the caregiver must be on the premises, visually check on the child(ren) at frequent intervals, and able to respond in an emergency.

**Requirements for a foster/adoptive home's physical environment:**

- A. Outdoor areas are well drained;
- B. Windows and doors used for ventilation are screened;
- C. Equipment and furniture are safe for children, kept clean, and in good repair;
- D. Flammable or poisonous substances are stored out of the reach of children;
- E. House and grounds are free of rodents, insects, and stray animals; and
- F. Exits in living areas are not blocked by furniture.

## **Nutrition and Food Preparation Policy**

**PURPOSE:** To describe the guidelines to follow to meet nutritional needs for children in care.

**POLICY:** New Horizons staff will ensure every child is given food of adequate quality and sufficient quantity of nutrients necessary for his/her proper growth and development.

### **PROCEDURE:**

#### **Requirements for feeding children in care:**

- A. Caregivers must give children food of adequate quality and in sufficient quantity to supply the nutrients necessary for proper growth and development.
- B. Caregivers must feed an infant whenever the infant is hungry.
- C. Caregivers must provide a toddler or school age child with three meals and at least one snack a day.
- D. No more than 14 hours may pass between the last meal or snack of the day and the availability of the first meal the following day.

#### **Types of food and water that caregivers must provide children:**

- A. Caregivers must provide a child with food that is:
  1. Of adequate variety, quality, and in sufficient quantity to supply the nutrients needed for proper growth and development according to the United States Department of Agriculture guidelines; and
  2. Appropriate for the child's age and activity level.
- B. Caregivers must not serve a child nutrient concentrates and supplements, such as protein powders, liquid protein, vitamins, minerals, and other nonfood substances in lieu of food to meet the child's daily nutritional need, except with written instructions from a licensed healthcare professional.
- C. Caregivers must ensure drinking water is always available to each child and is served in a safe and sanitary manner. Children must be well hydrated and must be encouraged to drink water during physical activity and in warm weather.
- D. Caregivers must ensure children receive fresh fruits, vegetables, and dairy products at least once a day.
- E. Caregivers must ensure children have input into meal planning, as necessary.

#### **If a child refuses to or cannot eat a meal or snack that is offered:**

- A. The caregiver must offer a child a meal or snack according to this division, but the caregiver may not force the child to eat. The caregiver does not have to offer other food to a child who:
  1. Refuses a meal or snack; or
  2. Chooses not to be present when a meal or snack is scheduled.
- B. The caregiver must discuss recurring eating problems with child placement staff and the child's parent.
- C. If a meal or snack is not appropriate to meet a child's individual needs, for example food allergies or religious reasons, then you must offer the child an appropriate nutritional substitute.

**Caregivers may not use food as a reward or punishment or as part of any behavior management program. Food cannot be withheld.**

**Caregivers may offer a child in care different food choices than what the family is eating:**

- A. A caregiver must offer a child in care the same food choices that other children in the home are offered, unless medically contraindicated for the child.
- B. A caregiver must offer a child in care food choices that are at least comparable to what the adults in the home are eating, unless medically contraindicated for the child.

**Children that requires a therapeutic or special diet:**

- A. For a caregiver to serve a therapeutic or special diet to a child, you must have written approval in the child's record from a licensed physician or a registered or licensed dietician. This approval must be in the child's record.
- B. If a child requires a therapeutic or special diet, you must give information regarding the diet to the child's caregivers.
- C. Caregivers must make dietary alternatives available to a child who has special health needs as instructed by a licensed health-care professional.

**Food service practices caregivers must use for children receiving treatment services for mental retardation:**

- A. Food service practices for children receiving treatment services for mental retardation must be encouraged self-help and development.
- B. A toddler or older child must eat or be fed in the dining area, unless the service planning team's recommendations are to the contrary.
- C. Infants must be held during feedings, unless the service planning team's recommendations are to the contrary.

**Requirements for storing food:**

All food items must be:

- (1) Covered and stored off the floor;
- (2) Stored on clean surfaces;
- (3) Be protected from contamination;
- (4) Stored in a container that is protected from insects and rodents;
- (5) Refrigerated immediately after use and after meals, if the food requires refrigeration; and
- (6) Covered when stored in the refrigerator.

**Kitchen, dining areas, supplies, and equipment to be maintained:**

- A. Caregivers must keep furniture, equipment, food contact surfaces, and other areas where food is prepared, eaten, or stored clean and well repaired.
- B. Utensils and containers intended for one-time use, such as paper and plastic dishes, must not be used more than once.

## **Transportation and Mileage Policy**

**PURPOSE:** To define New Horizons Policy as it relates to the transportation of youth in New Horizons and the procedure for reimbursing foster/adoptive parents for youth's related mileage.

**POLICY:** It is the expectation of New Horizons Child Placing Agency for foster/adoptive parents to transport the youth in their care to case related appointments as the needs of the youth dictate.

**PROCEDURE:** Foster/adoptive parents and other caregivers (i.e. New Horizons employees) are to transport the youth in a safe, secure manner and in accordance to Texas State laws.

### **D. Guidelines to be followed by all individuals transporting New Horizons youth**

- A. The driver must have a current valid driver's license;
- B. The driver and all passengers are to be seated, facing forward (except for rear facing car seats for infants) and properly restrained using seatbelts at all times when the vehicle is in motion;
- C. Youth must be placed in car seats or age and size appropriate booster seats in accordance to the Texas Department of Public Safety rules and regulations and vehicle manufacturer's recommendations, including air bag considerations;
- D. Youth may not ever be left unattended in a vehicle with the motor running (or keys in the car) or left to play in an unattended vehicle;
- E. All youth are to be kept away from designated parking areas unless accompanied and supervised by staff or guardian;
- F. All vehicles are to be locked at all times while parked. No running vehicles will be left unattended at any time; and
- G. There is to be no smoking in any car when a client is present.
- H. It is the expectation that foster/adoptive parents or other caregivers have current vehicle insurance coverage as per Texas State law.

### **E. Guidelines to be followed as related to youth's behavior**

- A. Discuss passenger behavioral expectations with youth PRIOR to riding in the car.
  1. It is likely that youth who are having a difficult time, who are acting out or who are not listening before you get in the car will continue that behavior in the car.
  2. Resolve any issues before you get in the car.
- B. Should a youth begin acting out during transportation, such as getting out of his or her seat, fighting, yelling or hanging out of the windows, reaching for the steering

wheel, being hurtful to other youth, being destructive, etc., the following is recommended.

1. Give the youth a warning to stop his/her behavior immediately.
2. If he/she doesn't comply, pull the car over to the side of the road, stop and take the keys out of the ignition.
3. Work out the problem and explain the need for safety and what is expected.
  - a. If the youth cooperates, continue the trip.
  - b. If the youth's behavior is too unsafe to drive the car, stay with the youth and de-escalate the situation before driving the youth again.
  - c. If the youth's behavior remains unsafe, call New Horizons Child Placement Staff right away.

C. Youth may not "pretend to drive" the car, or manipulate the car's driving mechanisms.

D. Youth may not practice driving a car without express permission.

**F. New Horizons foster/adoptive parents and/or other caregivers' responsibilities**

A. Provide or arrange all travel necessary to ensure the youth's access to all necessary Medical, Dental and Vision care for each youth, including Behavioral Health Services, recreational, educational and after-school activities, family visits, court hearings, Preparation for Adult Living (PAL) activities, Permanency Conferences, CPS Transition Plan Meetings, Family Group Conferences, Circles of Support Conferences, and any other services necessary to fulfill the tasks on a Child's Plan of Service.

B. Arrange and facilitate sibling visits when siblings are at different placements within the same CPA unless the sibling visits are:

- a. Prohibited by court order;
- b. Contrary to the best interest of the children as reflected in any of the Plans of Service of the siblings; or
- c. Discouraged by a mental health professional treating any of the siblings.

**G. Travel Approval and Arrangements**

A. New Horizons will obtain the Department's written approval in the event there are plans for the youth to travel outside the State, documentation will be provided to the caregiver responsible for such travel plans and a copy will be filed in the youth's record;

B. If the travel is within the State and for more than three (3) calendar days (seventy-two (72) consecutive hours); New Horizons will obtain prior written approval from the Department's Caseworker or DFPS staff in the Caseworker's Chain of Command, and documentation will be provided to the caregiver responsible for such travel plans and a copy will be filed in the youth's record;

C. Prior to allowing any trip, activity or visit with a non-related person, excluding Intermittent Alternate Care, for a period of time exceeding forty-eight (48)



consecutive hours, New Horizons will obtain written approval from the Department's Caseworker of Caseworker's Chain of Command, documentation will be provided to the caregiver responsible for such travel plans and a copy will be filed in the youth's record;

- D. New Horizons will not seek prior approval in the following circumstances:
  - a. The Department's Caseworker arranges for the youth to visit with members of the youth's family or relatives; or
  - b. The Department's Caseworker authorizes the youth to travel in specified circumstances (usually routine trips or visits).
- E. In the event New Horizons desires to take the youth outside of the country, New Horizons will follow the Department's policy and procedures including the completion of specific required forms (Caregiver Declaration Regarding Out-of-Country Travel), documentation will be provided to the caregiver responsible for such travel plans and a copy will be filed in the youth's record.

## **Disaster and Emergency Plan Policy**

**PURPOSE:** To outline emergency procedures in the case of emergency and/or disasters.

**POLICY:** It is the policy of New Horizons to perform appropriate safety measures in case of any and all disasters and/or emergencies that include, but are not limited to acts of nature (such as flood, hurricane, fires, and tornadoes), chemical or hazardous material spills, critical equipment failure, weapons of mass destruction events, and acts of terrorism.

New Horizons is responsible for maintaining the placement of all children in our care during disasters that require mandatory evacuations or quarantines. All of our staff and foster/adoptive parents will be aware of our disaster and emergency plan and procedures, and will be prepared to fulfill their role in executing the Disaster and Emergency Plan.

### **PROCEDURE:**

1. If a mandatory evacuation is directed by local officials, foster/adoptive parents, caregivers, and/or staff will follow the instructions of local officials. Foster/adoptive parents, caregivers, and or/staff will then notify CPS as soon as all youth are at the safe destination.
2. Emergency evacuations will be handled in a similar fashion as to the mandatory evacuations except that evacuations will be immediate and all foster parents and caregivers will have an evacuation plan developed which they will follow in the case of an emergency. Foster/adoptive parents, caregivers, and/or staff will notify CPS as soon all youth are at the safe destination.
3. Disaster planning training for all foster/adoptive parents, caregivers, and staff will be carried out on an annual basis with all new staff receiving training as a part of New Employee Orientation and Training.
4. In the event of an emergency evacuation foster/adoptive parents and/or caregivers are directed to ensure that the youth's immediate needs are met including supervision, shelter, food, transportation, clothing, medication, and any other supplies, emergency equipment or emergency services required for the youth's wellbeing and medically necessary supplies or access to these items for the youth during an emergency.
5. New Horizons has all the records in electronic form in KaleidaCare in order to access via internet. All records contain the contact information for the Child's Caseworker and the Caseworker's Supervisor.
6. New Horizons will provide regular and crisis-response services to youth in care during and after the disaster. Services such as, but not limited to, crisis counseling are provided to meet the crisis-related needs of youth in care during and after the disaster. New Horizons will coordinate with staff and therapists to ensure the delivery of such services. New Horizons works with doctors and clinics in several surrounding counties and will be able to provide for any medical needs. Such services include, but are not limited to,

providing children with medication as prescribed, emergency care, and Medical Care for youth with Primary Medical Needs. New Horizons will also maintain services as required by a court order and/or the child's service plan for the youth in care during and after the disaster.

7. New Horizons CPA Administrators and Executive Director will act as emergency contacts to interact with DFPS and will be available at all times in the event of an emergency or disaster. At the time of the situation, one staff will be designated as the Lead. They will provide information to DFPS and CPS by telephone, cell phone, website reporting (when available), and/or e-mail to keep them informed as to the identification, location, and condition of the children in care who have been evacuated as soon as the children reach their evacuation destination. New Horizons is a contractor with multiple facilities and will assign foster parents and/or a staff to notify CPS once per day, at a minimum (unless otherwise instructed by DFPS), to provide information concerning the children in their care until all children are accounted for. During mass evacuation of part of Texas is anticipated, the identified Lead will utilize the online reporting feature at <https://dfps.state.tx.us> for evacuation notification. In situations where the online reporting feature is not enabled or if there is not internet access, the identified Lead will make evacuation notification by calling the DFPS abuse/neglect hotline at 1-800-252-5400.

The designated staff for the Child Placing Agency, Facility 250114-352, Facility 250114-352-1, and Facility 250114-352-2, Contract #200394-901 are Gary Hazy, cell phone 325-370-5385, Stephanie Duncan, cell phone 325-370-7095, and Executive Director, Michael Redden, cell phone 325-665-8783.

The telephone numbers given are all cell phone numbers and New Horizons will notify DFPS of changes in any positions or cell phone numbers.

8. New Horizons will provide for post-disaster activities (including emergency power, food, water, and transportation) as needed until the situation returns to normal and the youth are returned to their original location if conditions allow.
9. The staff in charge of coordinating our Disaster and Emergency Plan will notify all foster/adoptive parents and caregivers responsible for the youth when it is safe to return after an evacuation. They will also monitor conditions if a move to an alternate site is necessary to ensure safety.
10. New Horizons Disaster and Emergency Plan is reviewed at least yearly and when changes in administration, construction, or emergency phone numbers occur by the CPA Administrator to ensure it contains accurate information.
11. Foster/adoptive homes and staff are provided with a copy of the Agency Disaster Emergency Plan upon verification and annually thereafter. Additionally, the plan will be provided if any changes are made. They are provided with the above telephone numbers in order to contact CPA administration to inform them of the location and condition of children in care as soon as possible upon reaching an evacuation destination.

12. The foster/adoptive parents are required to provide a written disaster plan at time of verification; this plan meets requirements and is updated according to DFPS Minimum Standards. The CPA maintains a copy of each home's disaster plan in its records.

## Fire Safety Policy

**PURPOSE:** To define procedures for fire/safety evacuation.

**POLICY:** In the event of fire, the safety of the client and foster/adoptive parents, or respite care staff is the first concern. If a fire can reasonably be contained, the foster/adoptive parents, or respite care staff can utilize the proper fire extinguisher to extinguish the fire.

### PROCEDURE:

- I. Fire Safety Plan
  - A. All homes are required to provide an emergency evacuation plan which will be reviewed with all youth upon admission.
  - B. The Fire Safety and Evacuation Plan will include at minimum the following:
    1. An Evacuation Route
    2. A designated location for all members of the family to meet
- II. Small Containable Fires
  - A. In the event of fire, that is obviously small and immediately confinable, fire extinguishers (example-contained wastebasket fire) or smothering techniques (example- lid over small, confinable grease fires) can be used.
  - B. Foster/Adoptive parents will notify the Child Placement Staff as soon as possible who will review the situation for safety measures and make the appropriate documentation.
- III. Uncontainable fires
  - A. In the event of a fire that is not immediately and safely confinable, alert all youth and foster/adoptive parents, or respite care workers and follow the posted evacuation routine and routes.
  - B. Ensure safety of the youth by removing them from danger.
  - C. Call 911 to report the fire.
  - D. Close all doors and windows.
  - E. Take a head count when leaving the house to ensure that all people are present.
  - F. Double check the head count to assure the safety of all persons.
  - G. Under no circumstances should anyone return to the fire.
  - H. Remain in the designated area under it is determined by the fire safety officials to do otherwise.
- IV. Notifications
  - A. As soon as all individuals are in a safe and secure location the foster/adoptive parents must notify their Child Placement Staff who in turn will contact the Child Placement Management Staff immediately and the youth's Managing Conservator.
  - B. Child Placement Staff will notify the CPA Administrator.
    - C. The CPA Administrator will keep the Executive Director apprised of the emergency situation.
    - D. Administrative staff will notify the Licensing Representative as soon as possible.

## Swimming Pools and Water Safety Policy

**PURPOSE:** To describe guidelines for swimming pool requirements and water safety.

**POLICY:** New Horizons caregivers and staff will ensure every child is safe when in close proximity to bodies of water.

**PROCEDURE:** These requirements only apply to homes that are providing foster care services. This includes foster homes also approved as adoptive homes, but does not include adoptive homes only approved for adoption.

### **Requirements for an in-ground or above-ground pool at a foster/adoptive home:**

- A. The caregivers must inform children about house rules for use of the pool and appropriate safety precautions. Adult supervision and monitoring of safety features must be adequate to protect children from unsupervised access to the pool.
- B. The swimming pool must be built and maintained according to the standards of the Department of State Health Services and any other applicable state or local regulations.
- C. A fence or wall that is at least four feet high must enclose the pool area. The fence must be well constructed and be installed completely around the pool area. The back side of the house can count as one side of the fence, so long as doors remain locked according to section E at all times.
- D. Fence gates leading to the outdoor pool area must be self-closing and self-latching. Gates must be locked when the pool is not in use. Keys to open the gate must not be accessible to children under the age of 16 years old or children receiving treatment services.
- E. All doors that lead from the home to the pool area must have a lock that only adults or children over 10 years old can reach. The lock must be completely out of the reach of children younger than 10 years old. Doors must remain locked at all times when not in use.
- F. Furniture, equipment, or large materials must not be close enough to the pool area for a child to use them to scale the fence or release a lock.
- G. At least two life-saving devices must be available, such as a reach pole, backboard, buoy, or a safety throw bag with a brightly colored buoyant rope or throw line. One additional life-saving device must be available for each 2,000 square feet of water surface, so a pool of 2,000 square feet would require three life saving devices.
- H. Drain grates must be in place, in good repair, and capable of being removed only with tools.
- I. Caregivers must be able to clearly see all parts of the swimming area when supervising activity in the area.
- J. The bottom of the pool must be visible at all times.
- K. Pool covers must be completely removed prior to pool use.
- L. An adult must be present who is able to immediately turn off the pump and filtering system when any child is in the pool.
- M. Pool chemicals and pumps must be inaccessible to all children.
- N. Machinery rooms must be locked to keep children out.

### **General requirements caregivers must meet for children regarding a body of water:**

- A. Caregivers must use prudent judgment and ensure children in your care are protected from unsupervised access to water such as a swimming pool, hot tub, fountain, pond, lake, creek, or other body of water.

- B. If children are allowed to swim in a body of water such as a river, creek, pond, or lake, the supervising adult must clearly designate swimming areas.
- C. Rules governing the activity must be explained to participants in a manner that is clearly understood prior to their participation.

**Child/adult ratios for swimming activities:**

- A. The maximum number of children one adult can supervise during swimming activities is based on the age of the youngest child in the group and is specified in the following chart:

| <b>If the age of the youngest child is...</b> | <b>Then you must have one adult to supervise every (number) child/ren in the group</b> | <b>Swimming Child/Adult Ratio</b> |
|-----------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------|
| 0 to 23 months old                            | 1                                                                                      | 1:1                               |
| 2 years old                                   | 2                                                                                      | 2:1                               |
| 3 years old                                   | 3                                                                                      | 3:1                               |
| 4 years old                                   | 4                                                                                      | 4:1                               |
| 5 years old or older                          | 8                                                                                      | 8:1                               |

- B. In addition to meeting the required swimming child/adult ratio listed in subsection (a) of this section, if four or more children are engaged in swimming activities, then there must be at least two adults to supervise the children.
- C. When a child who is non-ambulatory or who is subject to seizures is engaged in swimming activities, you must assign one adult to that one child. This adult must be in addition to any lifeguard on duty in the swimming area. You do not have to meet this requirement if a licensed physician writes orders in which the physician determines that the child:
  - 1. Is at low risk of seizures and that special precautions are not needed; or
  - 2. Only needs to wear an approved life jacket while swimming and additional special precautions are not needed.
- D. A lifeguard who is supervising the area where the children are swimming may be counted in the child/adult ratio.
- E. The ratios in subsection (A) of this section do not include children over the age of 12 years old who are proficient swimmers; however caregivers must still comply with the child/caregiver ratios outlined in the Minimum Standards.

**Volunteers or relatives who do not meet minimum qualifications for caregivers may be included for the swimming child/adult ratio if:**

- A. Caregivers maintain enough caregivers to meet the child/caregiver ratio required to meet capacity and Child/Caregiver Ratio;
- B. Children in your care do not supervise water activities; and
- C. New Horizons ensures compliance with all other rules of this Policy, including, but not limited to, rules relating to supervision and discipline.

**Child (ren) must wear a life jacket if:**

- A. Participating in boating activities;
- B. The child is in more than two feet of water and does not know how to swim; or
- C. Ordered by a physician for a child with a medical problem or disability.

**Persons who are counted in the swimming child/adult ratio must know how to swim and carry out a water rescue:** At all times during a swimming activity, at least one adult counted in the swimming child/adult ratio must be able to swim, carry out a water rescue, and be prepared to do so in an emergency.

**Safety requirements for wading pools:**

Wading/splashing pools (less than two feet of water) must be:

- (1) Stored out of children's reach, when not in use;
- (2) Drained at least daily; and
- (3) Stored, so it does not hold water.

**Requirements for a hot tub:**

A hot tub must be covered with a locking cover when not in use.

**Documentation regarding a body of water that is on or adjacent and accessible to the premises of a foster/adoptive home:**

- A. Type, location, and size of the body of water; and
- B. Barriers between the foster home and the body of water.



## **Agency Wide Policies**

## **Employee Grievance Policy**

**PURPOSE:** New Horizons provides employees the opportunity and means to lodge complaints and appeals and the mechanism to process appropriate resolution. Employees who believe they have experienced any job-related harassment or provocation based on gender, race, religion, age, national origin, disability, sexual orientation, or any another factor, or who believe he/she has been treated in an unlawful, discriminatory manner, should follow the steps outlined herein.

**POLICY:** New Horizons encourages employees who believe they have been harassed to firmly and promptly inform the offender directly that his/her behavior is unwelcome. Should an employee be informed that his/her behavior toward a fellow employee is considered to be offensive, he/she is expected to immediately cease the offensive behavior.

If the Agency determines that an employee is guilty of harassing another employee, appropriate disciplinary action will be taken against the offending employee up to and including termination of employment.

The Agency prohibits any form of retaliation against any employee for filing a complaint under this policy or for assisting in a complaint investigation. Employees are assured that they have the right to file what they feel to be legitimate grievances and to follow the formal procedure of the appeal process if necessary without fear of censure, reprisal, or retaliatory conduct.

However, if after investigating any complaint of harassment or unlawful discrimination the Agency determines that the employee has provided false information regarding the complaint, disciplinary action up to and including termination may be taken against the individual who filed the complaint or who gave the false information.

The Agency encourages all employees to immediately report any incidents of harassment so that all complaints can be quickly and fairly resolved, and that action can be taken to deter any future harassment. All members of management are required to report all instances in which they have information which leads them to believe that any employee has been the target of harassment, whether or not a formal complaint has been received.

A grievance is defined as an allegation by an employee based upon specific facts that there has been a violation, misinterpretation, misapplication, discriminatory application, or unreasonable application of the Agency's policy, procedure, rule, or regulation regarding the Agency's employment conditions. A grievance gives the employee an opportunity to present his/her version of any dispute.

### **PROCEDURE:**

#### **Reporting a Complaint**

An employee or volunteer who has a grievance may report it to his/her immediate supervisor. The subject of the grievance should be informally discussed between the employee and the Program Director in a good faith attempt to resolve the dispute. If the employee is not satisfied after talking with the supervisor, the grievance may be taken through the chain of command to the Executive Director and the Board of Directors. An open door policy shall exist enabling

personnel access to all administrative levels. Suggestions, complaints, and questions shall be addressed to any administrative staff through the organizational chain of command.

An employee may utilize any of the three options listed below in an attempt to resolve concerns he/she may have about his or her employment with New Horizons.

### **Open Door Policy**

Employees deserve to have a generous open door policy. Therefore, employees are free to speak directly with anyone in company management regarding concerns, questions, or suggestions for improvements the employee may have regarding company operations. Open communication between employees as well as between employees and members of management is strongly encouraged.

### **Conflict Resolution**

Employees can seek conflict resolution assistance from the Human Resources Department. Assistance may be simple clarification of a company policy, or information regarding options for resolving the conflict. One option may be arranging a face-to-face meeting with the other individual involved in the conflict and having a neutral third party, who is designated and agreed upon by all individuals involved in the conflict, to facilitate the discussion. In all cases, New Horizons strives for a win-win solution to any conflict.

### **Grievance Process**

An employee or volunteer who has a grievance may report it to his/her immediate supervisor. The subject of the grievance should be informally discussed between the employee and the Program Director in a good faith attempt to resolve the dispute. If the employee is not satisfied after talking with the supervisor, the grievance may be taken through the chain of command to the Executive Director and the Board of Directors. An open door policy exists to enable personnel access to all administrative levels. Suggestions, complaints, and questions shall be addressed to any administrative staff through the organizational chain of command.

Each new employee hired at New Horizons shall have a probationary period of ninety (90) days. This may be extended up to six (6) months depending upon individual circumstances. During this period, grievances on evolution, promotion, or dismissal based on evaluation shall not be subject to arbitration. The decision of the Executive Director shall be final.

In other cases, the grievance may be resolved during the process as described above via immediate verbal and written feedback. Once the grievance reaches the Executive Director and the Board of Directors, the grievance shall be reviewed with response to the person/s submitting the grievance within three (3) business days. The decision reached by the Executive Director and the Board of Directors shall be final.

### **Timeliness**

Unless required to do so sooner due to the urgency of the situation or in accordance with a regulatory body, all grievances/complaints shall be responded to within three (3) business days.

**Documentation**

Grievances and complaints are comprehensively documented. The complainant shall be informed of the resolution and a copy of the notification shall be maintained. The documentation shall include the timeliness and procedural record of each episode of grievance/complaint.

No person/s shall in any way be subject to any form of negative consequences or criticism in relation to the filing of a grievance/complaint

## **Personnel Records Policy**

**PURPOSE:** To delineate the method and procedure of maintaining and storing information regarding employment records of New Horizons Child Placing Agency.

**POLICY:** All materials submitted to New Horizons Child Placing Agency for employment consideration, or records which became a part of the pre-employment and employment process, become the property of the Agency. New Horizons Child Placing Agency will maintain personnel records in a consistent, orderly, and secure fashion.

Employment records are maintained in confidence and are only available for viewing by the employee in the presence of an authorized representative of the Agency management. Managers and supervisors may only have access to personnel file information on a need-to-know basis. A manager or supervisor considering the hire of a former employee or transfer of a current employee may be granted access to the file. Unless given written permission by the employee, the Agency will only release dates of employment and job title to third parties.

Employees may be asked for information relating to medical conditions for emergency situations and insurance information. Any medical information provided will remain strictly confidential. Employees should keep the supervisor informed and updated on this information.

Representatives of government or law enforcement agencies in the course of their business may be allowed access to personnel file information. This decision will be made at the discretion of the Agency's Executive Director in response to the request, a legal subpoena, or a court order.

**PROCEDURE:** Personnel Records are maintained by the Child Placement Management Staff and/or their designee and are considered confidential. The main office maintains a master list of active and archive personnel records.

- I. Content of Records:** All employment records and personnel documents must reflect the employee's current legal name. The proof of the legal name is considered to be as listed on the employee's Social Security card. New Horizons CPA Personnel Records will include the documentation reflecting the following:
  - A.** Date of employment;
  - B.** How the individual meets the minimum age and qualifications for the position;
  - C.** Current Job Description;
  - D.** Evidence of valid professional licensures, certifications, or registrations required to meet qualifications of the position;
  - E.** Copy of the record of Tuberculosis screening conducted prior to the person having contact with children in care showing that the employee is free of contagious tuberculosis as provided in §749.1417 (relating to Who must have tuberculosis (TB) examination?);

- F. Notarized Licensing Affidavit for Applicants for Employment form as specified in Human Resources Code §42.059;
  - G. Statement signed and dated by the employee reflecting they have read a copy of the:
    - 1. Philosophy and Guidelines or Operational Policies
    - 2. Policy and Procedures or Personnel Policies
  - H. Statement signed and dated by the employee indicating that he/she must immediately report any suspected incident of child abuse, neglect, or exploitation of children to the Child Abuse Hotline and the New Horizons CPA Administrator or the Administrator's designee;
  - I. Proof of request for background checks;
  - J. Copy of valid driver's license for persons who may transport a youth;
  - K. Record of trainings and training hours;
  - L. Documentation of the person's tenure with the agency;
  - M. Date and reason for the individual's separation from the agency, if applicable.
- II. Maintenance of Records**
- A. Length of Maintaining Personnel Records
    - 1. Training Records must be maintained for current personnel for the last full year of training and the current year as stated in §749.555;
    - 2. With the exception of subsection (1) of this section, personnel records must be kept for a year after an employee's last day on the job, or until any investigation involving the employee is resolved, whichever is longer.
  - B. Location of Personnel Records
    - 1. Active Personnel Records will be maintained in a personnel chart.
    - 2. Archived Personnel Record will be maintained in a closed file.
    - 3. Records will be maintained within a locked filing system at the Administrative offices in the Human Resource department.
- III. Employees are responsible for notifying the Agency of all changes in status, such as, but not limited to, the following:**
- A. Home address and home telephone number;
  - B. Marital status or number of dependents;
  - C. Individual to be notified in case of an accident or other emergency;
  - D. Insurance beneficiary;

E. Number of exemptions the employee claims for income tax purposes.

## Subcontractor Policy

**PURPOSE:** To outline procedures for the approval of Subcontractors.

**POLICY:** It is the policy of New Horizons to acquire subcontracts at a reasonable and fair market value rate. It is also the policy of New Horizons to establish and maintain a relationship with the subcontractor that allows for appropriate checks and balances to assure services are provided as contracted for, and that documentation is received on a timely basis. New Horizons is in compliance with OMB Circular A-110 for procurement of services.

**PROCEDURE:** The administrative staff designated by job description or the Executive Director should document the following procedures on the Subcontractor Documentation Form as applicable.

### *Purchasing Procedures:*

1. The contract will include a thorough written description of the services required, as well as the appropriate licenses and credentials required to provide those services.
2. Appropriate subcontractors will have the opportunity to bid on the contract by providing a bid on the contract to the administrative personnel monitoring the contract.
3. In order to ensure the subcontractors' proposed prices are reasonable for the type and amount of services purchased and at fair market value, a cost analysis will be conducted by comparing price quotations with other bids submitted.
4. Final determination of the subcontractor will be made according to the cost analysis, related experience, subcontractor integrity, and a record of past performance.
5. New Horizons will send a copy of each type of subcontract to the TDFPS Residential Contract Manager (RCM). Child Placing Agency subcontracts with agency foster and adoptive homes are exempt from this requirement, as well as subcontracts for administrative services (e.g., accounting, legal services, staff training etc.) and building/maintenance services.
6. The subcontractor may not begin providing services until the subcontract document and the subcontractor is approved in writing by the TDFPS Residential Contract Manager unless New Horizons is granted a specific waiver from the Department. The waiver states that it is not necessary to receive a written approval back on each subcontractor. All other subcontracting policies will be followed as in times past. (New Horizons received this waiver on 01-14-02).

*Credentials:* Administrative personnel responsible for monitoring subcontracts also verify current credential and license status by:

1. Requiring copies of current professional licenses to be kept on file by New Horizons.
2. Contacting the appropriate licensing boards to ensure current status.
3. Requesting criminal history checks from Texas Department of Public Safety and Central Registry Checks from TDFPS Child Care Licensing.
4. Verify STAR Health/Medicaid provider status.



5. The administrative personnel responsible for monitoring the contract will document these contacts.

*Monitoring:*

1. As stated in the contract, compensation for subcontracted services will not be delivered until the appropriate notes, goals, objectives, evaluations, or other written documentation has been received.
2. Documentation should be received in a timely manner, depending on the type of services contracted for. In all cases documentation should be received within four weeks of when the services were provided.
3. Administrative personnel responsible for monitoring subcontracts (as stated in their job descriptions) assure that documentation is received in a timely manner, and that the subcontractor is providing the services contracted for.

## **Contract Staff and Volunteers Policy**

**PURPOSE:** To protect the children's health, safety, and well-being.

**POLICY:** Volunteers must be able to pass a criminal history and Central Registry background check, a Tuberculosis Test, and a drug screening. Volunteers who work directly with youth must meet all other training requirements as full time staff.

### **PROCEDURE:**

#### **I. Requirements**

- A. A Personnel Record will be maintained for each volunteer with the following information:
  - 1. Statement signed and dated by the volunteer indicating he must immediately report any suspected incident of abuse neglect or exploitation to Child Abuse Hotline and to New Horizons Child Placement Management Staff or their designee.
  - 2. Criminal history and Central Registry background check
  - 3. Tuberculosis Test
  - 4. Drug Screen
  - 5. Signed Statement of Confidentiality
  - 6. Signed Statement of understanding of New Horizons Philosophy and Guidelines
- B. Will work under the direction and/or supervision of a New Horizons Staff

## **Non-Competition Policy**

**PURPOSE:** To provide a written acknowledgement regarding the Non-Competition Policy when employed by New Horizons.

**POLICY:** As a condition of employment every New Horizons employee shall sign a written acknowledgement which shall specify the employees understanding that he/she shall not while currently employed, or for a period of six (6) months after termination from New Horizons, own or begin an organization within a sixty (60) mile radius that provides the same or similar services provided by New Horizons. An individual cannot recruit foster/adoptive families to join other CPA agencies within a period of twelve (12) months after termination of employment.

**PROCEDURE:** Within the first week of employment, each New Horizons employee shall sign a Non-Competition acknowledgement following a full explanation by the employee's supervisor or other administrative staff member.

## Cultural Awareness/Competency Policy

**PURPOSE:** To create an environment in which New Horizons' staff, volunteers, and foster/adoptive parents can enrich their cultural awareness and develop a level of cultural competency to effectively work with New Horizons' Service Population.

**POLICY:** New Horizons Child Placing Agency will seek to continually improve the cultural awareness, competency, and sensitivity of our staff, service providers, and systems of services to best meet the needs of our diverse service population.

### PROCEDURE:

- I. **TRAINING:** New Horizons will provide ongoing education in the form of training, workshops, and others educational opportunities to help staff and caregivers understand the impact of race, culture, and ethnic identity has on themselves and others and how they impact services to children and families they serve. Training is intended to provide an understanding of and develop skills in the following:
  - A. **Cultural Competence:** The ability to work effectively with individuals from different cultural and ethnic backgrounds, or in settings where several cultures coexist. It includes the ability to understand the language, culture and/or behaviors of other individuals and groups and to make appropriate recommendations.
  - B. **Cultural Sensitivity:** A necessary component of cultural competence; when one makes an effort to be aware of the potential and actual cultural factors that affect their interactions with others and how others respond to them.
  - C. **Organizational Cultural Competence:** A set of values, behaviors, attitudes, and practices within a system, organization, program, or among individuals, which enables staff and volunteers to work effectively with children and families from other cultures. Furthermore, it refers to the staff's ability to honor and respect the beliefs, language, interpersonal styles, and behaviors of individuals and families receiving services.
- II. **Staffing:** New Horizons will seek to provide a diverse population of staff and develop foster/adoptive homes of various ethnic and cultural backgrounds.
- III. **Becoming Culturally Competent**
  - A. Developing Cultural Awareness includes:
    1. Recognizing the value of population diversity;
    2. Developing an honest assessment of one's biases, stereotypes and prejudice;
    3. Becoming aware of cultural norms, attitudes, and beliefs;
    4. Valuing diversity;
    5. Being willing to extend oneself psychologically and physically to the client population; and
    6. Recognizing comfort level in different situation.

**B. Acquiring Knowledge**

1. Knowing how your culture is viewed by others;
2. Attending classes, workshops, and seminars about other cultures;
3. Reading about other cultures;
4. Watching movies and documentaries about other cultures;
5. Attending cultural events and festivals; and
6. Sharing knowledge and experiences with others.

**C. Developing and Maintaining Cross-Cultural Skills**

1. Making friends with people of different cultures;
2. Establishing professional and working relationships with people of different cultures;
3. Learning verbal and nonverbal cues of other cultures;
4. Assessing what works and what does not;
5. Assessing how the beliefs and behaviors of the cultural group affects the client or family;
6. Learning to negotiate between the person's beliefs and practices and the culture of your profession;
7. Being more flexible;
8. Attending continuing education seminars and workshops; and
9. Learning to develop culturally relevant and appropriate programs, materials, and interventions.

**IV. New Horizons Sees to Develop a Corporate Cultural Competency by:**

- A. Developing and implementing a strategy to recruit, retain, and promote qualified, diverse, and culturally competent administrative, clinical, and support staff.
- B. Promoting and supporting the necessary attitudes, behaviors, knowledge, and skills for staff to work respectfully and effectively with clients and each other in a culturally diverse work environment.
- C. Developing a comprehensive strategy to address culturally and linguistically appropriate services, including strategic goals, plans, policies, and procedures.
- D. Providing a bilingual staff or free interpretation services to clients with limited English skills.

## Drug and Alcohol Policy

**PURPOSE:** To maintain a drug-free workplace and comply with the requirements of the Drug-Free Workplace Act of 1988.

**POLICY:** All employees will be required to pass a drug screen prior to employment and randomly thereafter. The scope of this policy applies to all employees of residential child-care operations, including child-placing agencies that have direct contact with children in care. It also applies to all contract employees that have direct contact with children in care and volunteers that frequently and regularly have direct contact with children. However, in accordance with the Minimum Standards, this policy does not apply to foster parents that are verified by Child Placing Agencies.

It should be noted that the Texas Department of Protective and Regulatory Services *Minimum Standards* prohibits contract agencies (such as New Horizons) employees, who have had an indictment, conviction, or violation of any statute intended to control the possession or distribution of any substance classified as a controlled substance in the *Texas Controlled Substances Act*, is prohibited from having contact with children and youth in their conservatorship. An employee who engages in such behavior may be subject to disciplinary action, up to and including immediate termination.

**PROCEDURE:** New Horizons may require employees to undergo appropriate tests designed to detect the presence of alcohol or drugs (e.g. blood test, hair follicle, or urinalysis) conducted by an approved testing facility prior to employment. The results of the tests become a part of the permanent employment record. New Horizons may also require such tests where it has reason to believe that an employee may be under the influence of or impaired by alcohol or drugs. New Horizons may also require such tests whenever necessary to protect the safety and health of its employees and students. For example, when an employee is involved in an accident during the performance of company business or on company property that results in injuries to the employee or others or damage to property.

New Horizons may also randomly select employees to participate in such tests designed to detect the presence of alcohol or drugs. New Horizons does not disclose the reason an employee is selected to be tested, whether random or suspected. A condition of employment is the consent to submit to such tests as New Horizons may require. Refusal to consent to a test when requested may result in disciplinary action, up to and including termination. All drug and alcohol testing will be conducted in accordance with applicable federal, state, and local laws.

### I. Drug and Alcohol Testing Procedure:

- A. New Horizons staff will be presented with a copy of the Drug Free Work Place Policy and asked to do the following:
  1. Read the policy
  2. Sign the acknowledgement form

3. Return the form to the employee's supervisor or designated person.
  4. Refusal to sign may be grounds for termination.
- B. Each potential employee shall, at the time of application, be provided with a copy of the policy and acknowledgement. The potential employee is to read the policy and sign the form before being further considered for employment.
- II. Employees will be initially screened through urinalysis or other means of appropriate testing by a qualified testing facility.
- A. If the initial screening is *negative*, the employee will be returned to work and a copy of the results filed in the employee's permanent employment record.
  - B. If the initial screening is *positive* for the presence of drugs and/or alcohol, the employee may be placed on *Leave without pay* pending decisions regarding other appropriate disciplinary action, which may include termination.
  - C. If there is a need to further analyze the sample (i.e. to determine levels attributable to over-the-counter or other prescribed substances versus illegal substances), the employee's urinalysis sample may be sent to a state-approved lab for further study. The employee may be required to submit to additional tests as advised by the testing facility. The employee may be placed on *Leave without pay* pending the results of the additional lab tests.
  - D. If further testing does not rule out the use of *controlled or illegal drugs or substances*, appropriate disciplinary action may be necessary up to and including termination. An employee must be able to test *negative* for use of *controlled or illegal drugs or substances* and not be under the influence of alcohol to be returned to work.
- III. Covered substances.
- A. This policy covers the following substances:
    1. Alcoholic beverages of any kind
    2. *Controlled or illegal drugs or substances*, which include all forms of narcotics, hallucinogens, depressants, stimulants, and
    3. Others drugs whose use, possession, or transfer is restricted or prohibited by law.
  - B. Exceptions. Drugs prescribed by a physician, dentist, or other person licensed to prescribe or dispense controlled substances or drugs used in accordance with their instructions are not subject to this policy. However, employees are prohibited from using substances, drugs, or medicines that cause drowsiness or other side effects that may impair an employee's capability to perform the job properly and safely. Each employee is obligated to inform that person's immediate supervisor or department head of the use of any such medications.

- IV. The following activities are prohibited while an employee is on New Horizons' premises or otherwise engaged in New Horizons business:
- A. The manufacture, possession, use, sale, distribution, receipt or transportation of any *controlled or illegal drugs or substances*
  - B. Being under the influence of alcohol or *controlled or illegal drugs or substances* during working hours
  - C. Performing duties related to your employment at New Horizons while under the influence of alcohol or *controlled or illegal drugs or substances*, whether on or off company premises.
- V. Off-premise use. The following conditions, even if not occurring on New Horizons' premises or during working hours, are considered to endanger the agency's reputation for honesty, integrity, safety and overall mission of keeping children first.
- A. Use of *controlled or illegal drugs or substances* as evidenced by *positive* results on urinalysis, blood or other approved tests.
  - B. Indictment or conviction for criminal offenses related to the manufacture, possession, use, sale, distribution, dispensation, receipt, or transportation of any controlled substances or illegal drugs.
  - C. Knowledge of other New Horizons employees' use of *controlled or illegal drugs or substances* or indictment or conviction for criminal offenses related to the manufacture, possession, use, sale, distribution, dispensation, receipt, or transportation of any controlled substances or illegal drugs, without sufficient reporting to immediate supervisor or department head.
  - D. An employee who is convicted of controlled substances-related violations under state law or who pleads guilty or *nolo contendere* (i.e. no contest) to such charges must inform New Horizons in writing within five days of the conviction or plea. Failure to do so may result in disciplinary action, up to and including termination.



## **Sexual Harassment Policy**

**PURPOSE:** To maintain a workplace free from sexual harassment and comply with the equal employment opportunity commission (EEOC) guidelines, which enforces Title VII of the Civil Rights Act.

**POLICY:** Sexual Harassment is a form of misconduct that undermines the integrity all the employment relationship and is prohibited on all facilities of New Horizons or by any employee performing duties of the scope of employment by New Horizons.

### **SCOPE:**

1. This Policy applies to all New Horizons employees.
2. The following EEOC sexual harassment guidelines for defining sexual harassment are covered by this policy and are defined as follows:

Unwelcomed sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment.
- Submission or rejection of such conduct by an individual is used as a basis for employment decisions affecting such individual's employment.
- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or opens a working environment.

**PROCEDURE:** It is the responsibility of each member of management to create an atmosphere free of sexual harassment. In addition, it is the responsibility of each employee to respect the rights of coworkers.

### **Statement of Consequences**

Any employee found to be in violation of this policy will be subject to such disciplinary action and the Executive Director determines to be appropriate, up to and including termination.

## Conflict of Interest Policy

**PURPOSE:** Code of conduct on the relationship between employees, contract service providers, children in the care of New Horizons, foster and adoptive parents, and children's families.

**POLICY:** New Horizons encourages relationship development as a basic focus in communication and team work between employees, contract providers, youth and children in care, foster and adoptive parents, and birth parents of youth and children in care. By focusing on appropriate relationship development, much of the difficult work between these entities can be eased. However, relationships without appropriate boundaries are considered potentially dangerous and should be avoided.

### PROCEDURE:

- I. Staff members, contracted providers or foster parents are prohibited from any of the following types of relationships:
  - A. Dating or any type of intimate relationship with another staff, contracted provider, or foster parent that interferes with the ability of either staff, contracted provider, or foster parent to focus on the best interest of the children in their assigned care.
  - B. Any relationship – outside of the professional relationship expected and nurtured within the context of their New Horizons role – with any family member of a child or youth in care.
  
- II. Based on the *Minimum Standards for Child Placing Agencies*, it is considered a conflict of interest for any of the following people or relatives of any of the following to be verified as a foster parent or approved as an adoptive parent of the agency:
  - A. Any member of the New Horizons Board of Directors,
  - B. The executive director, or
  - C. Any other employee or contract service provider of New Horizons.
  
- III. Any member of the New Horizons Board of Directors, who individually or as a part of a business or professional firm is involved in business transactions or current professional services of New Horizons shall disclose this relationship to the Board and shall not participate in any vote taken in respect to such transaction or services.  
(Adopted 1-28-89 as a part of the Original Articles of Incorporation).
  
- IV. No New Horizons employee, prospective or current foster or adoptive parent, may enter into any independent financial relationship or transaction without the written approval of the Executive Director.

## **Mandated Reporting of Abuse & Neglect Policy**

**PURPOSE:** To formalize a policy and procedure regarding Mandated Reporting of Child Abuse and Neglect.

**POLICY:** In accordance with New Horizons guidelines and Texas State Laws, all New Horizons employees and caregivers have the responsibility to report any incident of suspected or actual child abuse or neglect to the appropriate State Agency (DFPS Texas Abuse Hotline 1-800-252-5400) **and** to the immediate New Horizons Supervisor or next available Management Staff.

New Horizons does not condone or tolerate physical or emotional abuse or neglect of clients. Any employee or caregiver found guilty of such abuse or neglect will be terminated immediately.

**PROCEDURE:** In the event that an employee or caregiver witnesses or has any reason to suspect that a child in our care is a victim of abuse or neglect, the employee or caregiver is to immediately report the incident to the appropriate State Agency (DFPS Texas Abuse Hotline 1-800-252-5400) and to their New Horizons Supervisor or next available Management Staff.

Please be advised that according to the Texas State Law, a person who knowingly makes a report that is false commits an offense punishable as a State Jail Felony.

Employees and/or Caregivers will complete one clock hour of annual training in prevention techniques for and the recognition of symptoms of abuse and neglect as well as the responsibility and procedure for reporting suspected abuse and neglect.