MINDING MIRACLES
Learning Center, Inc.

Beacon
Achievement Center
Living and learning in an inclusive community.

Staff Orientation & Annual Training

MINDING MIRACLES
Learning Center, Inc.

Division of Developmental Disabilities

The information in this training was developed in accordance with DDD, NJ-DOH and Minding Miracles management.

All employees of Minding Miracles/Beacon Achievement Center are bound to abide by the policies and procedures within this training. This training must be completed by all staff annually.

NJ Health
New Jersey Department of Health

State of New Jersey
DHS
Department of Human Services

MINDING MIRACLES
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WHO we are
&
WHAT we do

Minding Miracles Mission Statement

We are professionals dedicated toward specialized education, honoring the integrity of the human spirit. We are grounded in behaviorally oriented, innovative programs, designed to alter the quality of life for children and their families. Our emphasis goes beyond traditional educational pragmatics toward embracing uniqueness, acceptance, and love. We shape the vision of what's possible in the relationship of children to parents, peers, society, and the world.

Minding Miracles was founded on the principal that all people are entitled to the opportunity to learn alongside their typical peers. All people, despite their strengths, challenges or abilities have something unique to offer society. Minding Miracles programs serve children from as young as six weeks old through adulthood.

Our Commitments

- A commitment to excellence in partnership with our employees and clients; providing unparalleled service.
- A commitment to the creation of a comprehensive community in which clients and their families are supported to be the best versions of themselves.
- A commitment to be models in the realm of child development & autism services by promoting effective inclusive programs.
- A commitment to creating an environment where self-expression is embraced and nurtured; uniting all.
- A commitment to providing safe and secure environment where the child's health and security are our first priority.

1.4 Services & Mission

Minding Miracles was founded on the principle that all people are entitled to the opportunity to learn alongside their typical peers. All people, despite their strengths, challenges or abilities have something unique to offer society. Minding Miracles programs serve children from as young as six weeks old through adulthood. Our services include:

* A full-service daycare/preschool program for children from 6 weeks through 6 years.

*Private early intervention intensive developmental therapy for children diagnosed with or at risk for developmental disabilities.

*Applied Behavior Analysis (ABA therapy) for children with autism ages 2-21.

*Social skills groups for school-age children with autism.

*Respite care for school-age children with developmental disabilities.

*Respite and Day Habilitation services for adults with developmental disabilities.

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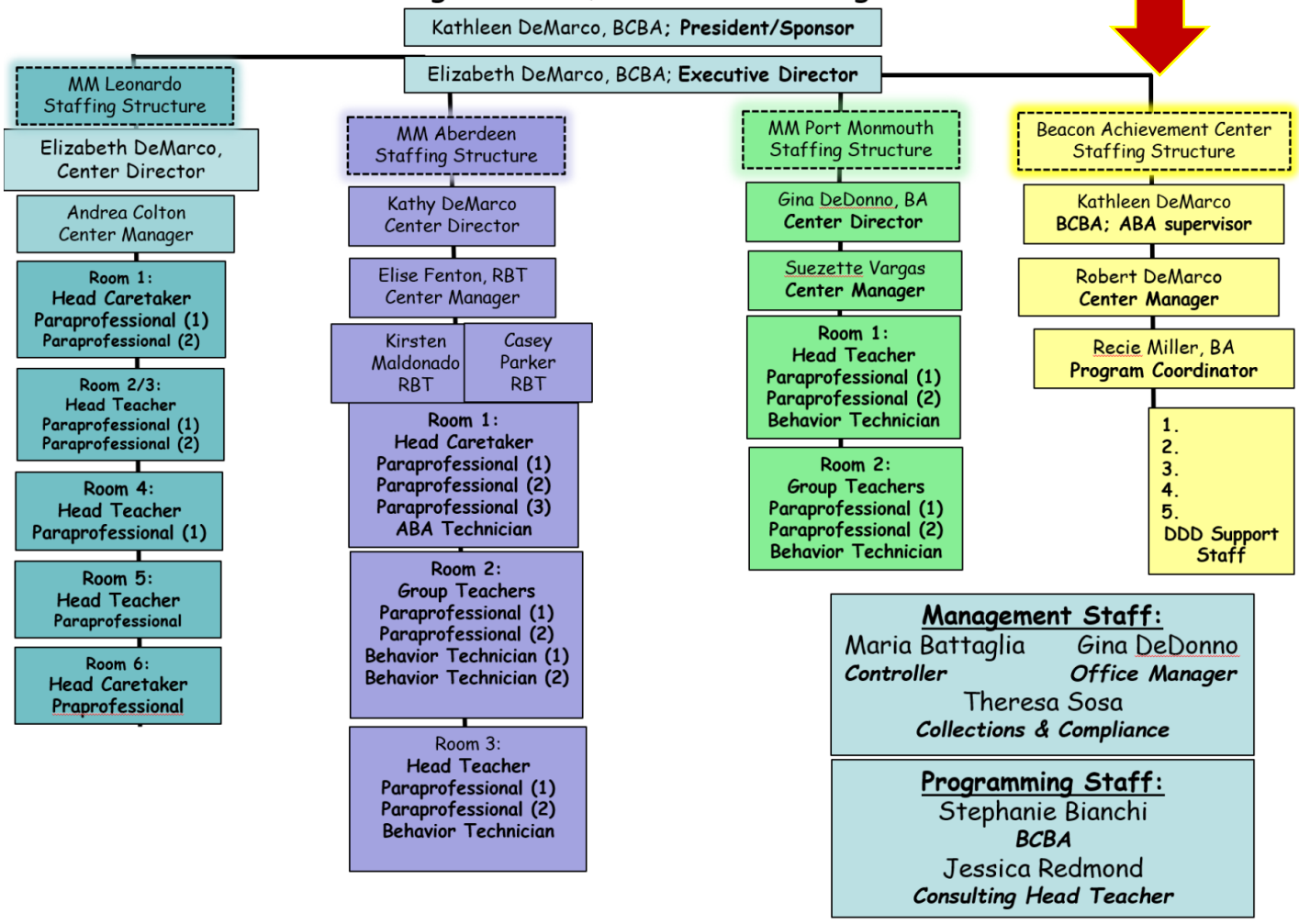
Minding Miracles, Inc. Table of Organization



Management Staff:

Maria Battaglia — *Controller*

Gina DeDonno — *Office Manager*

Theresa Sosa — *Collections & Compliance*

Programming Staff:

Stephanie Bianchi — *BCBA*

Jessica Redmond — *Consulting Head Teacher*

JOB DESCRIPTION & ACCOUNTABILITIES:

Direct Support Professionals (paraprofessional) accountabilities:

The DSP is the support system for participants in our program and is responsible for seeking out opportunities to enhance lessons, support positive behavior, organize activity materials/client belongings, assist in primary care routines and augment client focus.

Among the duties of a DSP are the following:

- Shadow participants during large groups to support participation.
- Implement behavior plans and collect data on participant behaviors.
- Provide supervision during all aspects of center activities.
- Engage clients in recreation, adaptive, pre-vocational and learning activities.
- Maintain a safe, organized and hygienic atmosphere for participants' learning and care.
- Promote positive choice making and self-determination.
- Implement small-group activities based on participant interests and needs.
- Accompany participants on center-sponsored outings into the community to support inclusion & generalization practices.

MINDING MIRACLES
Learning Center, Inc.

Employee Onboarding & Orientation Policy

Before Employment Begins:

- Employee must have completed all applicable paperwork (Form W-4, Direct Deposit forms, Application for Employment, Handbook Signature Page, Form I-9 (plus submit two forms of ID). Documentation to be submitted to Office Manager: Gina DeDonno.
- CHRI (fingerprinting) appointment complete through Identigo
- Medical clearance & TB test complete and submitted to Office Manager.

Within first week of employment:

- CARI online application complete by employee
- Staff orientation & safety training complete with employee & center manager and recorded in personnel file
- First Aid/CPR certification complete (or a plan for completion has been created and approved by center manager.
- DCF Health & Safety Basics and Mandated Reporting complete
- NJCCIS account created by employee & MM designated as current employer

30-days after employment begins:

- Job description review complete with supervisor
- At least 10 hours of Grow NJ Kids (links at MMLCfamily.com/staffportal) complete
- Benefits form complete to be submitted to payroll

Each year after employment begins:

- Review complete by consulting head teacher
- Benefit eligibility check complete by office manager
- 15 hours of ongoing, job-specific training complete by employee annually
- 3 Hour orientation & safety training reviewed annually
- First aid/CPR certification must be maintained every two-years

Management Directory

Kathleen DeMarco, Ma.Ed., BCBA
President, Founder — Program decisions, Enrollment, Behavior plans
Office: 732-682-6646 Email: KDeMarco@MMLCfamily.com

Elizabeth DeMarco, Ma.Ed. BCBA
Chief Executive Officer — Personnel, pay rates, HR issues, general admin
Phone: 732-682-6645 Email: EDeMarco@MMLCfamily.com

Maria Battaglia, MAcc, EA
Controller
Phone: 732-351-2224 Email: MBattaglia@MMLCfamily.com

Stephanie Bianchi, Ma.Ed., BCBA; ABA Supervisor
Phone: 732-769-2722 Email: SBianchi@MMLCfamily.com

Jessica Redmond, MS.Ed.; Consulting Head Teacher
Phone: 732-291-0810 Email: JessicaRedmond.MMLC@gmail.com

Gina DeDonno, Office Manager — Payroll, PTO, Financial planning, Benefits
Phone: 732-769-2722 Email: GDeDonno@MMLCfamily.com

Theresa Sosa, Collections & Compliance Office — Compliance/Documentation
Phone: 848-757-2123 Email: Theresa.MMLC@gmail.com

Elise Fenton; Center Manager Aberdeen
Phone: 732-583-8704 Email: Elise.mindingmiracles@gmail.com

Andrea Colton; Center Manager Leonardo
Phone: 732-291-0810 Email: AndreaColton.MMLC@gmail.com

Suezette Vargas; Center Manager Port Monmouth
Phone: 732-769-2722 Email: Suezette.mmlc@gmail.com

Robert DeMarco; Center Manager Beacon
Phone: 732-682-5795 Email: info@BeaconAchievementCenter.com
Program decisions, Enrollment, Behavior plans

1.2 Overview of the Division of Developmental Disabilities

1.2.1 Mission and Goals

The Division of Developmental Disabilities assures the opportunity for individuals with developmental disabilities to receive quality services and supports, participate meaningfully in their communities and exercise their right to make choices.

This mission and Division goals are founded within these Core Principles:

- Ensure Health and Safety while Respecting the Rights of Individuals
- Promote and Expand Community-Based Supports and Services to Avoid Institutional, Segregated and Out-of-State Services
- Promote Individual Choice, Natural Relationships and Equity in the Provision of Supports and Services
- Ensure Access to Needed Services From Other State and Local Agencies
- Support Provider Agencies in Achieving Core Principles
- Ensure that Services are High in Quality and Culturally Competent
- Ensure Financial Accountability and Compliance with all Laws and Ethical Codes
- Ensure Clear, Consistent Communication and Responsiveness to Stakeholders
- Promote Collaboration and Partnerships with Individuals, Families, Providers and All Other Stakeholders

1.2.2 Key Themes

In addition to the Core Principles described in Section 1.2.1, all services and supports provided through Division funding are based on the following key themes which have emerged through the ongoing realization of the Division's New Vision for Support Across the Life Course.

Individual Choice

The Division is committed to providing increased opportunities for individuals with developmental disabilities to make individualized, informed choices and self-direct their services. Choice is not unlimited, however, and individuals enrolled in Division-funded programs will be expected to meet all requirements and comply with all standards and policies outlined in this manual and through the Participant Enrollment Agreement found in Appendix D. The Division respects individuals' rights to make choices that may differ from those desired by the people around them, including family, friends, and professional staff. Individuals with developmental disabilities have the right to assume risk in their own lives.

Shift from Segregated Settings/Supports to Integrated Supports

Individuals with developmental disabilities in New Jersey should be afforded the opportunity – like everyone else – to fully participate in their local communities. The Division provides a variety of home and community-based supports and services to individuals with developmental disabilities to assist them in realizing full community participation and continues to reform the system to enhance community-based services, and minimize the need for segregated or institutional services.

Employment Focus

Historically, individuals with intellectual and developmental disabilities have been either unemployed or underemployed. In an effort to address this issue, New Jersey has adopted an employment focused approach to encourage discussions around employment for the individuals it serves. As a result, Division personnel, Support Coordinators, planning team members, etc. need to begin with the presumption that everyone receiving Division-funded supports and services must be given the opportunity for employment in the general workforce. Outcomes related to an individual's path to employment must be indicated in the Individualized Service Plan and a facilitated discussion to determine which path is appropriate for each individual will be assisted through use of the Pathway Assessment within the employment sections captured in iRecord. If someone has indicated that employment is not currently being pursued, an explanation as to why employment is not an option at this time along with information regarding what needs to change in order for employment to be pursued must be provided. Additional policies, practices, and standards continue to be revised or developed as a result of this directive.

1.2.3 Division of Developmental Disabilities Responsibilities

- Determine individual eligibility
- Meet and comply with waiver assurances
- Ensure assessment is available and completed
- Identify individual budget "up to" amounts
- Assign the chosen Support Coordination Agency or auto assign as applicable
- Approve service providers in collaboration with Medicaid
- Monitor service providers to ensure standards, policies, etc. are being met
- Provide approval/denial for identified services that cannot be approved by the SC Supervisor
- Provide ongoing quality assurance of the service plan and provision of services
- Initiate service provider termination with Medicaid, as applicable
- Discharge individuals from the Division or dis-enroll individuals from the Supports Program, as applicable

NEW JERSEY DEPARTMENT OF HUMAN SERVICES
Division of Developmental Disabilities

PARTICIPANT STATEMENT OF RIGHTS AND RESPONSIBILITIES

The rights and responsibilities of an individual with an intellectual or developmental disability receiving supports and services through the New Jersey Division of Developmental Disabilities (Division) include, but are not limited to, the following:

RIGHTS

I have the right to exercise my rights as a citizen.

I have the right to privacy and to be treated with dignity and respect.

I have the right to be believed to have the ability to make my own decisions.

I have the right to live as I choose, free from judgment, interference, or threat.

I have the right to protection from physical, verbal, psychological, or sexual abuse, neglect or punishment.

I have the right to equal employment opportunities, to work in the community and fair payment for my work.

I have the right to own, rent, or lease property.

I have the right to live and receive services/supports in the least restrictive environment and to be free from restraint.

I have the right to express human sexuality and receive appropriate training/education.

I have the right to marry and have children.

I have the right to presumption of legal competency in guardianship proceedings.

I have the right to be free from unnecessary and excessive medication.

I have the right to privacy during treatment and care of my personal needs.

I have the right to confidentiality/privacy of my information and medical records.

I have the right to access my personal resources and be free from personal and financial misuse/abuse.

I have the right to utilize my New Jersey Individualized Service Plan (NJISP) and budget to meet my needs within Waiver program guidelines.

I have the right to decide how to choose my services or to have someone I choose help me with decisions within the guidelines of the Waiver program.

I have the right to identify and invite who I want to participate in my service plan meetings.

I have the right to a fair hearing if for any reason my waiver services are denied, reduced, suspended or terminated. An initial appeal shall be made in writing to:

Division of Medical Assistance and Health Services (DMAHS) Fair Hearing Unit
PO Box 712
Trenton, NJ 08625

When living in a community residence licensed by the New Jersey Department of Human Services Office of Licensing, I have the right to have a key to lock/unlock my home and bedroom door, to have visitors of my choosing, make and receive phone calls, make my own schedule and access food at any time, unless otherwise determined in a documented person-centered process that I am a part of.

RESPONSIBILITIES

I am responsible for maintaining/keeping Medicaid coverage to continue services on my Waiver program.

I am responsible for making sure that I can meet with my support coordinator and provide all information necessary to ensure that my NJISP can be created within 30 days of my support coordination agency selection.

I am responsible for participating in the development of my NJISP and sharing in any decision making associated with the plan.

I am responsible for what is included in my NJISP and for following my budget accordi ver guidelines.

I am responsible for all required paperwork and following all Waiver program po

I am responsible to contact my support coordinator in the event that I want ce providers listed in my NJISP.

I am responsible to contact my support coordinator if anything cha quire a change to my NJISP or services that I receive.

I am responsible for participating in monthly phone conta face visits with my support coordinator. I understand these visits are mandatory me, day program or place of employment as agreed upon with my support coordi at least one of these face-to-face quarterly visits per year must take place inside my h

I have read and /or understand these rights and res

SIGN HERE

_____ _____

Participant/Representative Signature Date

_____ _____

Support Coordinator Signature Date

Activity Participation

Where's the line?

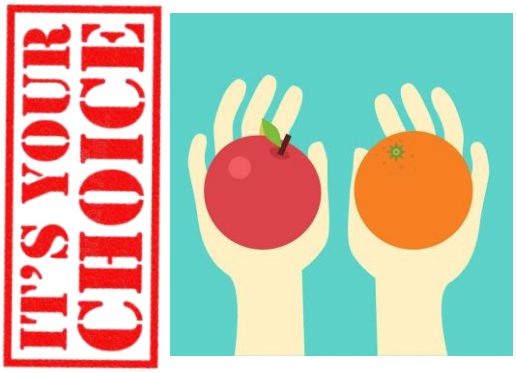
Offer Choices // Encourage participation

No participant should be idle or allowed to refuse any engagement for more than 30-minutes.

There's a fine line between allowing a participant to make self-determined choices and allowing sedentary, non-compliant or socially withdrawn behaviors.

Our job is to ENGAGE PARTICIPANTS. Therefore, we must utilize strategies to offer choice while fulfilling on our program's purpose.

Strategies to offer choices AND foster engagement….



- **First/Then Options-** Provide a concrete contingency between the participant's engagement in a non-preferred activity with their engagement in a preferred activity. "First do a puzzle then you can watch a video."

- **Reinforcement-** Provide tangible rewards for desired participation. It is important to match the desire for the reinforcement with the difficulty/objection to the task. *** If the reinforcer doesn't 'work' it's not really reinforcing (at least, not reinforcing **enough**) ***

- **Using times/time constraints-** Use a time to limit the amount of time the participant may continue to participate in the preferred activity, before then switching to the less preferred activity. "Five more minutes of the computer and then we play the game."

- **Placing limits on the available choices-** Offer two acceptable choices instead of free range choice. Like the picture above, whether you choose the apple or the orange, your choosing fruit. So, if you offer a choice between two games or between a puzzle or leggos, the choice will still be engagement in an appropriate activity.

- **Decreasing the expectations-** Modify what is expected to be complete. Activities that take an uncertain amount of time may be aversive to the individual. Instead, set a timer to create a limit. Or, provide a definitive number of items to complete (clean up these 10 blocks and then you can go).

- **Be persistent-** Ask more than once and provide limits. If a choice was made to opt-out of an activity, re-visit the individual after a few minutes and insist on a different choice.

- **Manipulate the environment-** Remove access to the undesired activity, set the individual up with activities and people who he responds favorably to.

Division of Developmental Disabilities

DDD Guidance regarding activities

Community Experiences

Some of the following community experiences can assist in developing personal interests.

Shopping – budgeting, money management	Cultural events
Restaurants – q ordering from menus, personal choices, paying the bill	Travel and community safety, use of public transportation
Bowling	Theater, community concerts
Library, Book clubs	Community festivals
Health fairs	Holiday celebrations
Museums	Parks, walking, picnics
Sports/fitness events	Community gardens

Facility-Based Activities

Cooking, meal preparation, food safety	Classes on skill development*
Money management	Developing personal interests**
Health, fitness	Current events
Laundry	Telling time
Personal hygiene	Cleaning

***Classes on Skill Development Examples**

- Advocacy
- Assertiveness
- Communication
- Choices, decision-making
- Problem-solving
- Boundaries
- Healthy sexuality
- Relationship building

****Developing Personal Interests Examples**

- Cards and competitive/collaborative games
- Painting, artwork, drawing, constructing models, needlecraft, jewelry design, sculpting, woodworking, scrapbooking, photography
- Theatre, film-making
- Dancing, music, playing instruments, singing
- Horticulture, gardening, terrariums
- Athletics, sports, fitness
- Reading, books, poetry
- Computer and other devices/ technology, social media experience

Supervising and tracking participants:

Every staff member is obligated to…

- Maintain a running tally for the number of participants in your care at each moment. This number should be maintained as people come and go- and should be 'at the tip of your tongue.'
- Know the exact age range within which the participants in your care fall.
- Perform a head count as participants are brought to/from the yard or a different area of the building.
- Communicate with other staff members whenever bringing one or more participants away from their group. (i.e.- notify other staff if you are bringing a participant into another room or the bathroom).
- At no time may any participant be left unsupervised for ANY reason.
- Position yourself in the room or in the yard as to allow visible supervision of all participants without obstruction.
- Reference each individual's adaptive needs assessment in order to determine the type/level of supervision needed during specific activities.

Types of supervision:

- One-to-One (1:1) Supervision or another similar higher ratio of staff assigned to one individual (e.g., 2:1 Supervision or 3:1 Supervision)
- Line of Sight Supervision
- Range of Scan Supervision
- Periodic Check-ins
- Independent with Staff Present
- Independently able to move about the program without direct supervision

This 'At-A-Glance' reference was created with children in mind. However, the strategies are applicable to our population.

ACTIVE SUPERVISION AT-A-GLANCE

SIX STRATEGIES TO KEEP CHILDREN SAFE

The following strategies allow children to explore their environments safely. Infants, toddlers, and preschoolers must be directly supervised at all times. Programs that use active supervision take advantage of all available learning opportunities and never leave children unattended.

Set Up the Environment

Staff set up the environment so that they can supervise children and be accessible at all times. When activities are grouped together and furniture is at waist height or shorter, adults are always able to see and hear children. Small spaces are kept clutter free and big spaces are set up so that children have clear play spaces that staff can observe.

Position Staff

Staff carefully plan where they will position themselves in the environment to prevent children from harm. They place themselves so that they can see and hear all of the children in their care. They make sure there are always clear paths to where children are playing, sleeping, and eating so they can react quickly when necessary. Staff stay close to children who may need additional support. Their location helps them provide support, if necessary.

Scan and Count

Staff are always able to account for the children in their care. They continually scan the entire environment to know where everyone is and what they are doing. They count the children frequently. This is especially important during transitions, when children are moving from one location to another.

Listen

Specific sounds or the absence of them may signify reason for concern. Staff who are listening closely to children immediately identify signs of potential danger. Programs that think systemically implement additional strategies to safeguard children. For example, bells added to doors help alert staff when a child leaves or enters the room.

Anticipate Children's Behavior

Staff use what they know about each child's individual interests and skills to predict what he/she will do. They create challenges that children are ready for and support them in succeeding. But they also recognize when children might wander, get upset, or take a dangerous risk. Information from the daily health check (e.g., illness, allergies, lack of sleep or food, etc.) informs staff's observations and helps them anticipate children's behavior. Staff who know what to expect are better able to protect children from harm.

Engage and Redirect

Staff use what they know about each child's individual needs and development to offer support. Staff wait until children are unable to solve problems on their own to get involved. They may offer different levels of assistance or redirection depending on each individual child's needs.

Therap

Just a note about notes....

- Daily notes must be taken for each participant in our program. The notes must span the duration of time in which the participant has been in attendance. That is to say, notes must be recorded from the time the client is checked in until they check out.

- Daily notes are imperative to determine progress, levels of assistance needed and future goals/objectives.

- Daily notes are absolutely critical component to backing up our billing through Medicaid.

Example:

Lucy entered the game room and asked to play tic-tac-toe with Miss Mary Mack. Lucy drew the board by copying Miss Mary's drawing and indicated whose turn it was. She played the game through to the end. Miss Mary suggested that she find a peer to play again. Lucy chose RG to play. They played several times before choosing to join the group doing jigsaw puzzles.

WHO	Who is the note about, what staff were present and what peers were involved: LUCY. With Miss Mary Mack and RG (peer not named)
WHAT	What was the activity, what occurred, what choices were made: Tic Tac Toe….and jigsaw puzzles.
WHERE	Where was the activity (where in the building or community): The Game Room
WHEN	Date and time indicated when initiating note. Also indicate how long participation lasted (duration), how many times played, etc.
WHY	Choose goal on ISP program which fits the designated activity. For this activity, the goal is most likely something like: "Lucy will participate in mutually enjoyable leisure activities with peers."
HOW	Level of prompting, support or accommodations: "Lucy drew the board by copying Miss Mary's drawing" *Visual supports*

MINDING MIRACLES
Learning Center, Inc.

Therap Guidance

DO

- List area of the center (or location in community) within note.
- Make note of client choices offered or made.
- Note any increase/decrease in participation, prompt level or supervision.
- Mention the staff member's name responsible for the individual at the time of the note

Do Not

- Overlap times
- List an activity as 'completely independent' (even though SOME aspects of the activity may be)
- List other participants by name (use 'friend,' 'peer' or only first initial)—staff names are ok.
- Use slang, emojis are acronyms.
- Make assumptions about what someone is thinking or feeling—words like 'upset' or 'angry' should be replaced with actual observable behaviors

Sample Note:

Elvis entered the program and put his things away with only **verbal prompts**. He chose to engage with two peers doing a puzzle. Occasionally needed **reminders** to re-engage and to use his words with 2 peers. Afterward Elvis asked to use the iPad. He spent the time playing solitaire. After 15 minutes, Elvis was asked to join a group of peers doing a cooking project. He was **verbally prompted** to be finished with the iPad and join the group. He did so willingly and **followed instructions** to help make brownies.

Write: Elvis stomped his feet on the ground, shouted 'no,' and threw his food on the floor.

Instead of that: Elvis had a tantrum.

Write: Elvis chose to watch a movie with the rest of the group. When he appeared disinterested, I gave him a choice of other activities, but he said he wanted to continue to watch.

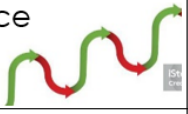
Instead of: Elvis watched Aladdin for 1.5 hours.

REMEMBER:
Time in and out of each area has to line up with no gaps.
Include transportation time as part of community outings.
Behaviors must be tracked within the behavior.

HELP WITH VERBAGE:

What I'm trying to say….	***Say it like this…***
He enjoyed the activity	*He smiled and showed interest in… *He said, "This is fun." *He made his preference clear for…
She was upset…	*She cried and made comments about being unhappy. *She made attempts to avoid interactions and appeared unhappy.
She didn't do as well…	*List the specific task function that was decreased—She wasn't as cooperative/ She lost focus after 3 minutes/ She needed increased prompting/ etc.
She did better with…..	*Improved _____ was observed. *She did comparatively better with ____. *The amount of time/frequency of performance was improved from last time.
He was unfocused…	*He did not focus on the task without assistance. *Focus on task lasted about ___ minutes before needing prompting. *He was noticeably distracted and needed support to stay on task.
She slept all morning…	*He requested/indicated the need for a nap. *He was falling asleep during the activity, so he was given a choice for rest time. *He fell asleep during (activity), we attempted to wake him after 20 minutes, but he fell back asleep.
He wouldn't participate…	*He was asked to engage in ___ with peers, but refused and chose to ___ instead. *He chose not to participate with the group, was given a choice to ___ instead. *He refused to participate, so he was given X minutes to select a reinforcing activity before being prompted to participate.
He was using nasty language…	*He engaged in negative self-task. *He was using derogatory/threatening/negative language toward peers/staff.

PROMPT LEVELS:

Prompt level "Scoring Method"	**Definition**
N/A	Not applicable- the goal was not addressed during the session
Declined/refused 	Client was given a choice to participate in an activity and chose not to; chose a different activity; or chose to engage away from the group.
Independent 	Entire activity, from beginning to end was completed with absolutely no support or supervision. DO NOT use this score if only a portion of the activity was independent.
Gestural Prompts 	Gestures such as pointing, placement of materials, peer modeling or sign language are used to keep the client on-task or modify behavior.
Physical Prompts 	Some level of physical support (touching the client's elbow, hand over hand, etc) is required in order to promote engagement/completion of the activity.
Verbal reminders 	Client needed verbal reminders to engage in the task, verbal instructions, instructions read to them or other verbal prompts.
Visual supports 	Client required cue cards, choice boards, rule displays, written directions or pictures to successfully engage in the activity.
Graduated guidance 	The prompt level increases/decreases slightly based on the level of support the client needs in the moment. This includes prompt fading.
Model Prompt 	Peer or adult actions are used as the prompt for the client to engage in the activity appropriately. For instance, when a client follows peers to the yard to sit on the swing…This includes when the client is told "Do this" or "Do what ___ is doing."
Observed 	The student didn't need any of the above prompts but did require supervision or staff observation to guarantee appropriate or safe behavior.

**Therap only permits the selection of one scoring method per goal. Therefore, if additional methods are used, choose one from the drop-down menu, but list the others within the anecdotal note.

Age-Appropriate Attitudes

How can we adopt **age-appropriate** attitudes?

- ***Mind your language***. Words matter; when we label our participants as 'kids,' we are diminishing them as adult citizens in our program. Developmental problems, 'immature' interests, skill deficits and prior relationships can lead staff to inaccurately refer to our clients with language that is unintentionally derogatory. We ALL need to watch how we refer to our participants and hold each-other accountable.

- ***Bridge*** interests & skill sets that are chronologically inappropriate with ones that strive to increase maturity.

- ***Build independence***. Because our clients often lack the skill sets needed for true independence, we must scaffold the skills necessary to support them to navigate and function in the environment.

- ***Provide choices*** that lead to age-appropriate activities. Controlled choices can be available for clients who would not make age-appropriate choices on their own.

Reporting Abuse

IT'S THE LAW

Professionals and volunteers who abuse, neglect or exploit individuals with developmental disabilities may be added to The Department of Human Services, Central Registry of Offenders.

Caregivers serving individuals with a developmental disability could lose their jobs and be banned from future employment.

REPORT ABUSE

by calling 1-800-832-9173

State of New Jersey
Phil Murphy, *Governor*
Sheila Oliver, *Lt. Governor*

Department of Human Services
Carole Johnson, *Commissioner*

Report Suspected Abuse
REPORTS CAN BE MADE ANONYMOUSLY.

Call 1-800-832-9173 (then press 1) to report suspected abuse, neglect or exploitation of an individual with an intellectual or developmental disability. This includes instances where the person is 18 or older and in a placement funded by the Department of Children and Families' Children's System of Care. This DDD Hotline is available 24 hours a day, 7 days a week.

If you or someone you care for is experiencing an emergency that requires immediate medical or police assistance, please call 911.

Calls may be made by any person having reasonable cause to believe that an individual with an intellectual or developmental disability has been a victim. Detailed information about the process, including the steps taken by the Division upon receiving a report, are outlined in the FAQ on Reporting Abuse, Neglect or Exploitation.

Employees and volunteers of the New Jersey Department of Human Services and any facility or program licensed, contracted or regulated by the Department are required to report allegations of abuse, neglect, or exploitation of any individual with an intellectual or developmental disability. Agency protocols for reporting must be followed.

https://www.youtube.com/watch?v=P0N1H8nY9Ws

Minding Miracles policies regarding reporting abuse are developed in accordance with State laws, DDD and DCP&P regulations.
They include the following:

- As employees of a DDD approved program, we are ALL legally required to report suspicions of participant abuse. You do not need administrative permission to file a report; however, you may want to confer with your supervisor for support in reporting and documentation.
- No employee will face retaliation or dismissal for filing a CREDIBLE suspicion of abuse.
- It is important to understand the difference between 'discipline' and abuse. Parents may choose to discipline their participant in a way that would not be acceptable by MM staff, but it's important to recognize the difference between a parent's attempt to instill positive behavior and actions that are harmful to the physical or emotional health of a person (abuse).
- All employees must complete the online training about abuse/neglect/exploitation offered by the college of direct supports.

Aggressive, abusive & inappropriate actions displayed by staff:

- Guidelines for reporting potential abuse/neglect/inappropriate interactions:
  - Our staff must be held to a much higher standard when it comes to daily interactions, supervision and disciplinary tactics than parents. All interactions must uphold a level of TLC and respect for each participant.
  - Keep in mind that the parameters of what is appropriate for parents are much different than the parameters that are appropriate for staff members. Staff MUST abide by the center's discipline policy and MAY NOT use physical discipline methods, deprivation or emotionally damaging actions.
  - If an employee witnesses actions that are considered aggressive or harmful to a participant in our care, even if they are unsure if they qualify as 'abuse,' the actions should be reported to the center manager/director immediately.
  - If a fellow employee is engaging in behavior that can be considered abusive, or even aggressive, the observer may choose to intervene. Whether a staff member intervenes or not, the incident must be reported to a supervisor immediately. Failure to report such actions toward a participant within 24 hours are grounds for suspension and possibly termination.
  - How to report:
    - If your immediate supervisor is not available, a report of inappropriate staff actions can be made to *any* supervisor in person, by phone or through email.
    - If you would like to make the report anonymously, a link can be accessed through the staff portal on our website.
    - An actual incident of abuse does not need to occur for a behavior on the part of a staff member should also be reported. Sometimes small acts that are 'questionable' in nature can lead to more serious problems. Report early to avoid a bigger problem down the road.

Unusual Incident Report:

*This is **NOT** to be used as an accident report.*

Incident reports can include a wide variety of occurrences that warrant documentation; however, when the incident causes reasonable concern that the participant may be experiencing abuse or unsavory living conditions, the report **MUST** be accompanied by a formal report to the State Abuse Registry Hotline as indicated on the form.

UNUSUAL INCIDENT REPORT

Name of Child:	Date of Incident:	Time of Incident:
Name of Staff Writing Report:	**Name of Staff That Notified the Parent:**	
Name of Parent:	**Date Parent Notified:**	

Other Individuals Involved: (i.e. Other Staff/Adults, Witnesses, Children (Described as Child #1, Child #2, etc.)

Name:	Relationship to Child:	Age:	Other Important Information:

Please Indicate, in as Much Detail as Possible, the Incident That Occurred: (Who, What, When, Where, Why, How)

The sponsor, sponsor representative, director, or any staff member shall verbally notify the ***State Central Registry Hotline (1-877 NJ ABUSE/1-877-652-2873)*** immediately whenever there is reasonable cause to believe that a child has been subjected to abuse or neglect by a staff member, or any other adult. Additionally, the parent(s) shall be notified on the same day of the occurrence of any unusual incident(s) that occurred at the center. Such incidents may include, but are not limited to, unusual sexual activity; violent or destructive behavior; withdrawal or passivity; or significant change(s) in the child's personality, behavior or habits. The center shall maintain on file a record of such incidents and documentation that parents have been informed of them.

Does the nature of this incident indicate abuse or neglect?

☐ NO

☐ YES, the incident was immediately reported to the Child Abuse Hotline at 1-877-NJABUSE (1-877-652-2873)

Name/ID of NJ Abuse Hotline Screener:	Date of Call:	Comments:

Follow-Up Comments and/or Actions (if Needed):

1. No injury: Lacking any evidence of injury and/or no complaint of pain as determined by staff assessing the situation and, if possible, as described by the service recipient.
2. Minor injury: Refers to an injury that requires no treatment beyond basic first aid administered by a medical professional or service provider. Examples of minor injuries include, but are not limited to, bruises and abrasions.
3. Moderate injury: refers to an injury that requires treatment beyond basic first aid and can only be performed by a medical professional at a physician's office, at a hospital emergency room, or by facility physicians. Examples of moderate injuries include, but are not limited to, a laceration requiring sutures or a human bite breaking the skin, injury around the eye such as bruising, swelling or lacerations.
4. Major injury: refers to an injury that requires treatment that can only be performed at a hospital facility and may or may not include admission to the hospital for additional treatment or observation. Examples of major injuries include, but are not limited to, skull fractures, injuries to the eye and broken bones requiring setting and casting.

Preventing Abuse & Neglect Agency Competency Assessment
Supervisor Question & Answer Guide
Effective February 1, 2016

Instructions: Use the following five questions and two case studies to facilitate a discussion with the employee that recently completed the Preventing Abuse, Neglect, & Exploitation training. Throughout your discussion, the employee should demonstrate understanding of the information. As a facilitator, you should reinforce how these concepts apply to where you work and the people you support. Use the accompanying document to verify that discussion took place and understanding was demonstrated for each of the items. The signed document must be maintained by the agency for proof of completion.

GENERAL COMPETENCY

1. **What is abuse, and what are some examples and signs?**
    - Abuse causes or is likely to cause physical, emotional, and/or psychological distress or harm to the individual and involves a misuse of power on the part of the caregiver
    - Types include physical, verbal, emotional/psychological, and sexual
    - Signs include:
        - Visible signs (bruising, cuts, burns, STDs, rashes, etc.)
        - Behavioral signs (being withdrawn, avoidance, fearfulness, changes in sleeping or eating patterns, risk-taking behavior, comments made, etc.)
        - Sexual abuse (pregnancy, STDS, pain or itch, wetting the bed, inappropriate touching or other behavior, etc.)

2. **What is neglect, and what are some examples and signs?**
    - Neglect is a lack of food, shelter, water, interactions, or expected care in ways that are damaging or potentially damaging to an individual's well-being, health, and life
    - Forms of neglect include physical, emotional/cognitive, medical, and neglect of supervision
    - Signs include:
        - Filthy, chaotic, and hazardous environment
        - Unclean body or clothes
        - Signs of dehydration or starvation
        - Denying access to relationships or activities
        - Encouraging engagement in illegal behavior
        - Medical issues not addressed
        - Failing to administer medications and/or prepare food as prescribed
        - Accidents or incidents that occur due to lack of supervision (choking, falling, hit by a car, ingesting poison, etc.)

3. **What is exploitation, and what are some examples and signs?**
    - Exploitation is the intentional or unintentional misuse of a person's money, goods, or body for the benefit of a caregiver, and involves a misuse of power on the part of the caregiver
    - It takes unfair advantage of the individual and may lead to financial, legal, emotional, or other hardship for the individual

CASE STUDIES

Instructions: In order to complete this, you should share the case study with the employee by either reading it to them or providing them with a copy to read. The case studies were designed for you to have a conversation with the employee. In order to address these, you should:

- Use the questions found with the case studies to guide your conversation
- Ask the employee to describe the action that could be considered to be abuse, neglect, or exploitation. Prompt them to name the form of abuse.
- Use the answer key to elaborate on the employee's responses as needed (e.g., the employee identifies abuse, but if neglect also took place you should explain why).

Note: Some of the examples contain multiple actions considered to be abuse, neglect, and/or exploitation. As with the other discussion topics, the employee is expected to demonstrate a reasonable understanding. The employee is not expected to give a response that addresses everything found in the answer key.

Case Study 1:

Darryl takes out $100 from his bank account to buy a new coat. Two staff people take him to the store to buy it. They find a "buy one, get one free" sale. One staff person helps Darryl pick out one coat and then picks out the other coat for herself. She states, "If I hadn't found this sale Darryl would have had to pay full price anyway so I deserve the second coat." The other staff person nods in agreement. When they return to the program they help Darryl put away his new coat and finish their shift as usual.

1. Identify the actions that could be considered abuse, neglect, or exploitation.
2. How should you handle the situation?
3. What could you have done to prevent the situation?

Case Study 1 Answer Key:

Identify the actions that could be considered abuse, neglect, or exploitation.

- Financial exploitation: The staff person taking the coat, as well as the staff person who did not intervene.
- Neglect: Failing to intervene or report the situation.

How should you handle the situation?

- The coat needs to be returned and the money returned to Darryl (or a second coat purchased for him).
- Report needs to be made verbally to the supervisor, DDD, and legal guardian and a written report needs to be done.

What could you have done to prevent the situation?

- The staff person who took the coat should have assisted Darryl in picking out another coat for himself.
- The staff person who witnessed the situation should have either intervened immediately to stop the theft or reported the situation immediately upon returning to the program.

Facilitator: Discuss that taking program money or items is theft, not financial exploitation. It would still need to be reported immediately. Because theft of program money or supplies can be common, discuss with the DSP any theft s/he may have heard about, witnessed, or could predict may occur at his/her program.

Case Study 2:

A staff person answers her personal cellphone as three individuals are getting out of the van. On the way in the staff person walks behind the individuals, talking on the cellphone and making plans. Tom, one of the individuals, is a 62 year-old man who requires assistance walking up and down stairs. Tom asks the staff person to help him up the stairs. The staff person replies to Tom, "I'm busy, don't bother me." While the staff person keeps talking Tom begins to go up the stairs on his own. He falls backwards down the stair striking his head on the ground. He is bleeding from a cut on his head.

1. Identify the actions that could be considered abuse, neglect, or exploitation.
2. How should you handle the situation?
3. What could you have done to prevent the situation?

Case Study 2 Answer Key:

Identify the actions that could be considered abuse, neglect, or exploitation.

- Neglect: Answering a personal call rather than providing service/support.
- Emotional Abuse: Tom was ignored when he asked for help and he is in an unsafe environment.

How should you handle the situation?

- Call 911, do not move Tom, and do whatever first aid you are trained to do.
- Once it is safe, make appropriate verbal reports to supervisor, DDD, the Office of the Ombudsman, and any legal guardian and do a written report.
- Even though it is not Tom's fault he fell, it is a good time to evaluate if this is the best placement for him—perhaps a program with fewer stairs or an elevator could be found for him.

What could you have done to prevent the situation?

- The staff person could have ignored the personal phone call and provided the support necessary.

Facilitator: Discuss your agency's policy about the use of cellphones/personal electronic devices and the appropriate times for personal calls regardless of the type of phone used.

Case Studies Handout for Staff

Case Study 1:

Darryl takes out $100 from his bank account to buy a new coat. Two staff people take him to the store to buy it. They find a "buy one, get one free" sale. One staff person helps Darryl pick out one coat and then picks out the other coat for herself. She states, "If I hadn't found this sale Darryl would have had to pay full price anyway so I deserve the second coat." The other staff person nods in agreement. When they return to the program they help Darryl put away his new coat and finish their shift as usual.

1. Identify the actions that could be considered abuse, neglect, or exploitation.
2. How should you handle the situation?
3. What could you have done to prevent the situation?

Case Study 2:

A staff person answers her personal cellphone as three individuals are getting out of the van. One the way in the staff person walks behind the individuals, talking on the cellphone and making plans. Tom, one of the individuals, is a 62 year-old man who requires assistance walking up and down stairs. Tom asks the staff person to help him up the stairs. The staff person replies to Tom, "I'm busy, don't bother me." While the staff person keeps talking Tom begins to go up the stairs on his own. He falls backwards down the stair striking his head on the ground. He is bleeding from a cut on his head.

1. Identify the actions that could be considered abuse, neglect, or exploitation.
2. How should you handle the situation?
3. What could you have done to prevent the situation?

Preventing Abuse, Neglect, & Exploitation Agency Competency Assessment
Completion Verification Form
Effective February 1, 2016

Instructions: Use this document to verify that discussion took place and the staff person demonstrated understanding for each of the items. Use the accompanying supervisor question and answer guide to facilitate the discussion, determine understanding, and reinforce each of the concepts described in the answer key. This completed and signed document must be maintained by the agency for proof of completion.

Competency Assessment Questions	Check upon demonstration of competency
1. What is abuse, and what are some examples and signs?	
2. What is neglect, and what are some examples and signs?	
3. What is exploitation, and what are some examples and signs?	
4. What steps should you take if you see or suspect abuse, neglect, or exploitation occurring?	
5. Describe your role in the investigation process.	
Case Study 1	
Case Study 2	

☐ The employee ***did not*** demonstrate [illegible] pics presented; further training is recommended.

☐ The employee demonstrated [illegible] pics presented and relevant agency policy.

Supervisor/Authorized Agenc[illegible]

_____

(Print Full Name) (Signature) (Date)

Employee:

_____

(Print Full Name) (Signature) (Date)

By signing this I attest that I was trained on the above topics and agree to abide by agency policy. I am aware that if there are any questions or concerns regarding abuse, neglect, and exploitation policies or practices I should contact my supervisor or authorized agency personnel.

Universal Precautions

BLOODBORNE PATHOGENS

UNIVERSAL PRECAUTIONS FOR THOSE EXPOSED TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS IN THEIR OCCUPATION

PROTECT YOURSELF

ALL BLOOD AND BODILY FLUID MUST BE TREATED AS IF THEY WERE INFECTED WITH:

- HUMAN IMMUNODEFICIENCY VIRUS (HIV) WHICH FREQUENTLY LEADS TO AIDS.
- HEPATITIS B VIRUS (HBV).
- OTHER BLOODBORNE PATHOGENS (MICROORGANISMS FOUND IN HUMAN BLOOD WHICH CAN CAUSE DISEASE).

KNOW THE RULES

BE FAMILIAR WITH YOUR ORGANIZATION'S EXPOSURE CONTROL PLAN.

MAKE SURE YOU KNOW:

- VACCINATION REQUIREMENTS
- PROCEDURES
- PRACTICES
- PROPER REPORTING REQUIREMENTS FOR INCIDENTS OF EXPOSURE.

KNOW YOUR COLORS

- RED BAGS OR CONTAINERS DON'T NEED TO BE LABELED - THEIR COLOR INDICATES THEY MAY CONTAIN BIOHAZARDS.
- FLUORESCENT ORANGE-RED LABELS AND SIGNS WITH CONTRASTING LETTERING OR SYMBOLS ARE APPROPRIATE

READ ALL LABELS AND SIGNS

WEAR THE RIGHT EQUIPMENT

PROPER PROCEDURE CAN REDUCE YOUR RISK OF INFECTION TO ZERO

WASH HANDS

AND FOLLOW SAFE HYGIENE AND WORK PRACTICES.

DISPOSE OF NEEDLES IN APPROPRIATE CONTAINERS.

NEVER

RECAP, BEND, OR BREAK NEEDLES.

FOLLOW PROPER DISPOSAL PROCEDURES.

CONTAMINATED LAUNDRY AND PERSONAL PROTECTIVE EQUIPMENT SHOULD BE DISPOSED OF IN PROPERLY DESIGNATED AREAS.

KEEP IT CLEAN

CLEAN WORKSITE AND DECONTAMINATE EQUIPMENT. FOLLOW ALL SAFE HANDLING PROCEDURES.

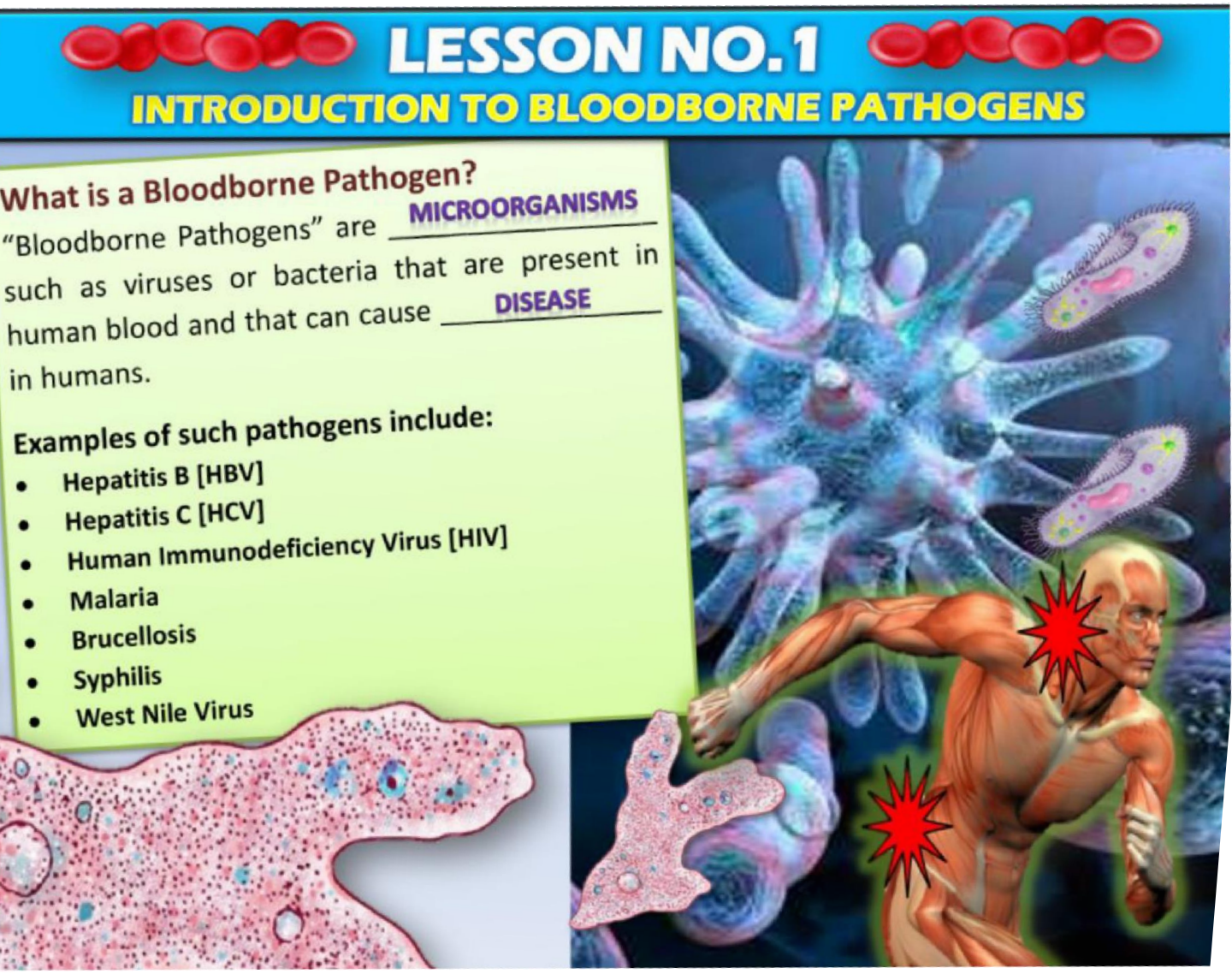
DON'T FORGET

ALL BODY FLUIDS SHOULD BE HANDLED AS IF POTENTIALLY INFECTIOUS.

Bloodborne Pathogens

https://www.youtube.com/watch?v=H5tEo8HWUUw

(Ctrl+ Click to access video training)



Bloodborne Pathogens

LESSON NO.5

EMERGENCY PROCEDURES: WHEN EXPOSURE OCCURES

How does exposure occur!

- Exposure in the workplace can occur as a result of:
- Needle sticks (MOST COMMON)
- Cuts from contaminated sharps
- Contaminated blood or OIM contact with the eyes, mucous membranes of the mouth or nose, or broken (cut or abraded) skin

If you think you have been exposed

- Thoroughly clean the affected area
- Wash needle sticks, cuts and skin with soap and water
- Flush with water splashes to the nose and mouth
- Irrigate eyes with clean water, saline, or sterile irrigants

"Report exposure to your immediate supervisor and fill out an Accident/Incident Report Form!"

Bloodborne Pathogens cont.

LESSON NO.4

METHODS TO CONTROL RISK OF EXPOSURE

1.

Body Fluid Cleanup Procedures:

1. Always put on Gloves [2 pair is highly recommended]. If there is a large body fluid spill wear a disposable apron/gown, booties, mask, eye protection and a face shield. Open the kit and put on the following PPE after the gloves:

- **Disposable face mask**
- **Face shield**
- **Disposable apron/gown**
- **Disposable shoe covers**

2. ***Isolate the area.*** Do not allow unauthorized persons to enter until the spill has been cleaned up. If the spill has dried, soak the area, or scrub the area with disinfectant. Blood on carpet or upholstery needs special attention. Displace absorbent material over the spill.

[Powder will absorb 20-200 times it weight]

2.

Bloodborne Pathogens cont.

LESSON NO.4

METHODS TO CONTROL RISK OF EXPOSURE

3. Scoop material up and put into Red Biohazard Bag and tie shut.

4. Spray or pour disinfectant and on area and allow area to decontaminate for 10 minutes.

5. Use disposable wiping cloth to wipe up all the disinfectant, and then discard in second Red Biohazard Plastic Bag.

6. Place all items including PPE and first Red Biohazard plastic Bag into the second Red Biohazard bag. After the spill, never throw untreated biohazard waste in the regular trash.

Place the waste in throwaway waste container as soon as possible for proper disposal.

Bloodborne Pathogens cont.

LESSON NO.4

METHODS TO CONTROL RISK OF EXPOSURE

Personal Protective Equipment [PPE]

Employers must provide PPE at **NO COST** to employees where required. Appropriate sizes must be available.

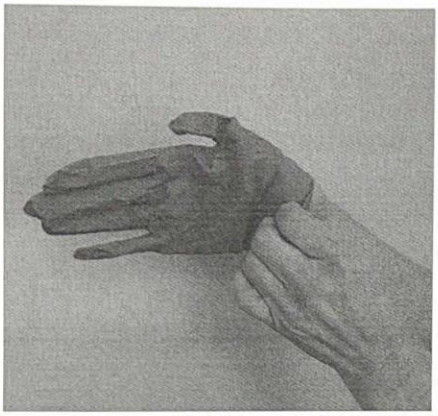
They must ensure that PPE is properly cleaned, laundered, repaired, and disposed of at **NO COST** to the employees.

Employees are NOT allowed to take PPE home for laundering.

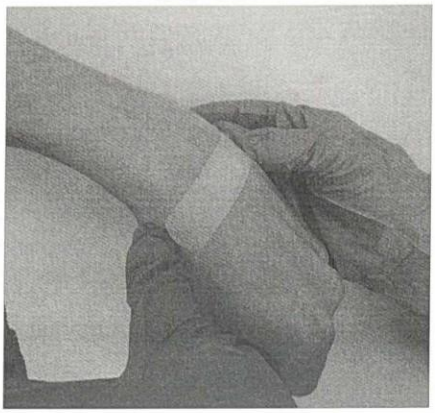
Examples & uses of PPE:

- **Protective gloves:** hand contact with Blood or OPIM
- **Masks/Eye Protection:** Potential for splashes, spray spatter or droplets of blood or OPIM
- **Gowns, aprons, lab coats, caps/hoods, shoe covers/boots:** Gross contamination anticipated.
- **Mouthpieces and resuscitation devices:** Performing CPR

PROPER GLOVE PROCEDURE

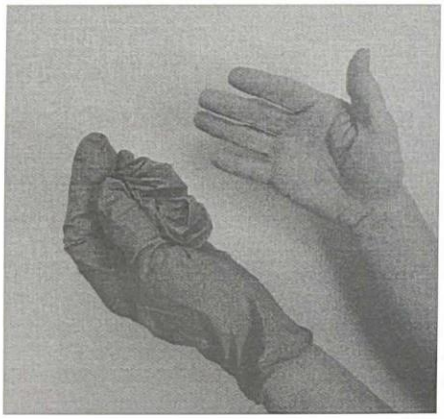


1. Put on a clean pair of gloves.

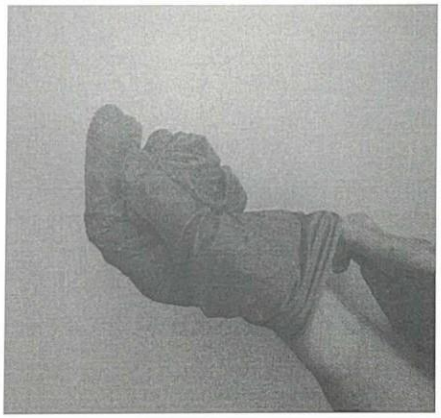


2. Provide the appropriate care.

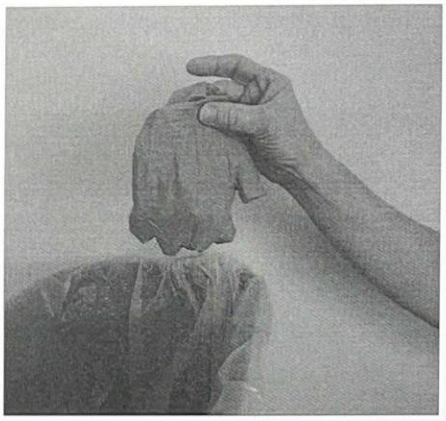
3. Remove each glove carefully. Grab the first glove at the palm and strip the glove off.



4. Ball-up the dirty glove in the palm of the other gloved hand.



5. With the clean hand, strip the glove off from underneath at the wrist, turning the glove inside out.



6. Discard the dirty gloves immediately in a step can. Wash your hands.

*Note that sensitivity to latex is a growing problem.
If caregivers/teachers or children who are
sensitive to latex are present in the facility, non-latex gloves should be used.

Emergency, Evacuation, Shelter in Place

Minding Miracles Learning Center, Inc.
Emergency Evacuation, Lockdown & Injury Plan

1. **Location of First Aid Kit:** Bathroom Closets, Kitchen & each MM vehicle
2. **Location of Emergency Materials:** Locations of fire extinguishers are marked on evacuation diagram in each room.
3. **Staff Members Certified in First Aid & CPR:** Kathy DeMarco, Elizabeth DeMarco, Robert DeMarco, Recie Miller, Vanessa Tarter, Anthony Tarter, Mairead Malesco
4. **Physician/Emergency Personnel to Call in Case of Emergency:**
   Doctor/Clinic/EMT: Integrated Medical Alliance (IMA) 732-471-0400
   Nearest Hospital: Riverview Medical Center (732) 741-2700
   In case of immediate emergency call 911.
5. **Poison Control:** 1-800-222-1222
6. **Police/Fire/Emergency Medical Services: 911**
   For non-immediate emergencies, call Middletown Police Department: 732-615-2100
7. **Location of Guardian Authorization for Emergency Care:** Client Files (Office)
8. **Student Allergies:** Allergy action plans located in each Client's file & on Emergency Card rings. In case of exposure of allergen, implement individual plan of action immediately and contact parent. Epipens & Benedryl are located in the locked medication box in the downstairs bathroom.
9. **Staff Member Roles:** During an emergency, the senior-most staff member present becomes the supervisor in charge of head-counts, room sweeps & reporting. Hierarchy listed below.
   - Kathy DeMarco
     - Elizabeth DeMarco
       - Robert DeMarco
         - Recie Miller
           - Milta Malavet
             - Danielle Cain
               - Mairead Malesco
10. **Center's Emergency Medical Procedures:**
    (1) **Assess the situation.** Does the person need first aid? Is an ambulance necessary? Is it safe or necessary to move the individual(s)? Assign one staff member to call 911, another to supervise other clients, and someone to stay with the injured person at all times.
    (2) **Apply first aid.** ABC check, A&O check x4, head to toe check. Do all that is necessary to help the individual while waiting for help. Try to keep the participant comfortable, stable, and calm while waiting for help.
    (3) **Contact Parents/Guardians.** Calmly give parents exact details about their participant's condition, what has been done to help their loved one, and the circumstances under which the injury occurred. Document the same on an accident/injury report. In the event that the parent cannot be contacted, but immediate contact is needed, call the participant's

emergency contacts. Continue to attempt to contact the individual's parents.

For Evacuation:

1. Senior-most employee initiates evacuation by announcing on hand-radio- "Evacuation Immediately All Occupants" & calls 911 to report the situation.
2. Recie takes center attendance book, client emergency cards, emergency medical consent forms, first aid supplies, cell phone and medical tags. In the event that Recie is not present, Christine Marione is to take on this role.
3. ***Follow evacuation plan as routed on floor plan. All clients and staff convene at back of fenced yard along the fence for a head count/attendance check before proceeding to alternate emergency evacuation site.***
4. Most senior staff member does a sweep of each room to ensure the building is vacant.
5. ***In the event that the head-count is inaccurate, all staff/clients are to remain at the evacuation site. Senior-most staff member re-enters building ONLY IF IT IS SAFE TO DO SO to do another sweep. Senior staff member also assigns another staff member to check all other exits & building perimeter. When emergency response agency arrives, immediately inform them of the missing participant(s).***
6. Arrange for transportation or walk to the designated alternate evacuation location.
7. Staff will count and roll call participants before leaving the center, while walking or being transported, and while at the new site.
8. **Alternate Emergency evacuation site:** Exit through rear gate, cross parking lot and assemble at Port Monmouth First Aid building.
9. **Re-entry**: If given the 'all clear' for re-entry into the building, all clients and staff will first enter the gym for roll call. At that time, all clients will return to the activities/rooms they were engaged in at the time of the evacuation.
10. **Dismissal**: If re-entry is not possible, all parents/guardians must be made aware of dismissal procedures via phone with information on where the participants are being released from, what time they will be released and the mode of transportation.
11. **Alternate Indoor Location:** Port Monmouth First Aid building

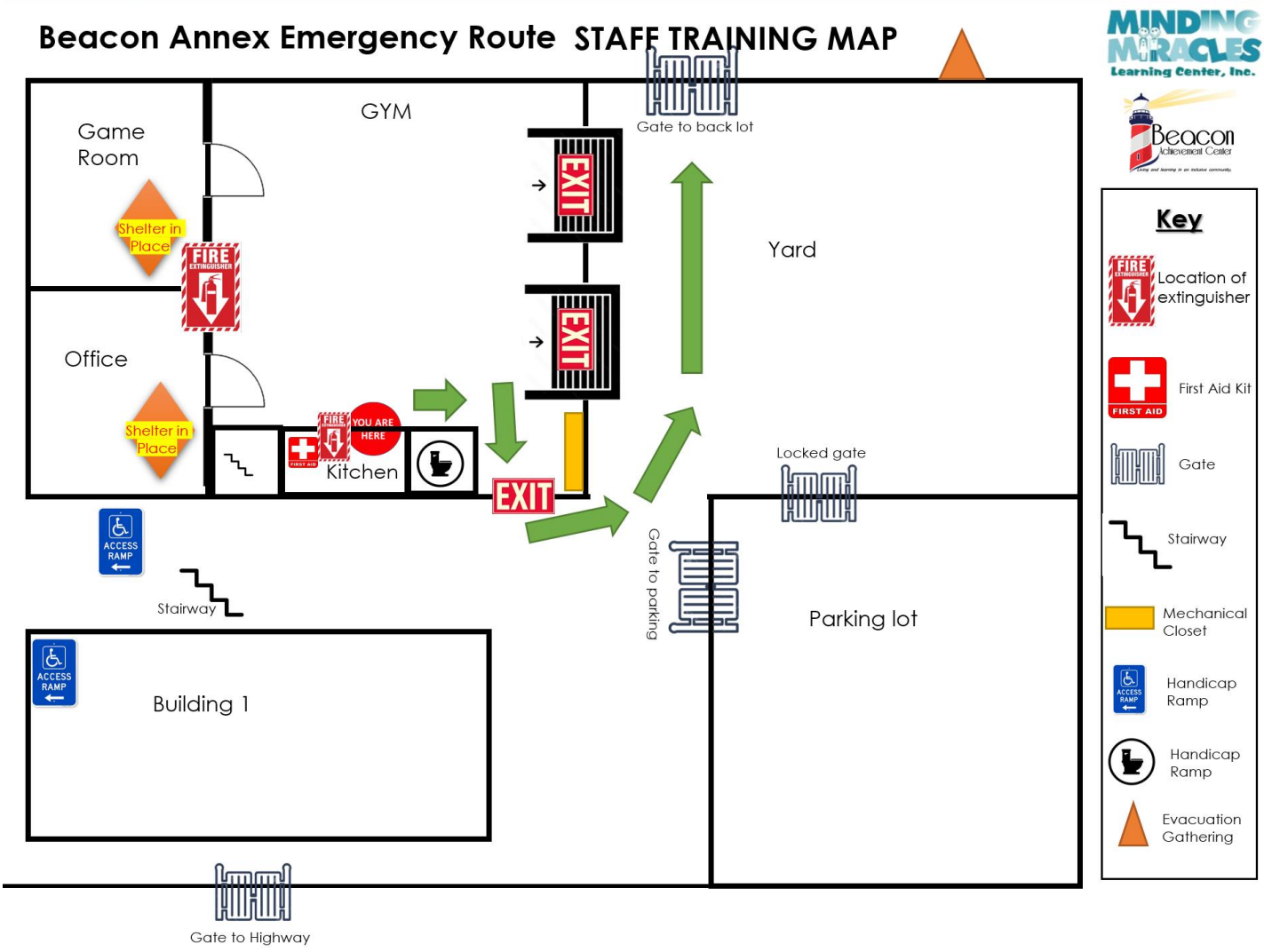
For Lockdown:

1. Senior-most employee initiates evacuation by announcing on hand-radio- "Lock-down Immediately All Occupants" & calls 911 to report the situation.
2. Take participants into an area away from windows or doors (***Upstairs*- sensory room or office/ *Downstairs*- kitchen or meeting room**). If at all possible to do so safely, transition ALL participants to upstairs shelter-in-place location. Participants who are in the gym or outside at the time of lock-down shall go to the back left corner of the gym.
    a. From the Lounge…..make a right from the lounge and enter door on the right into the Meeting Room.

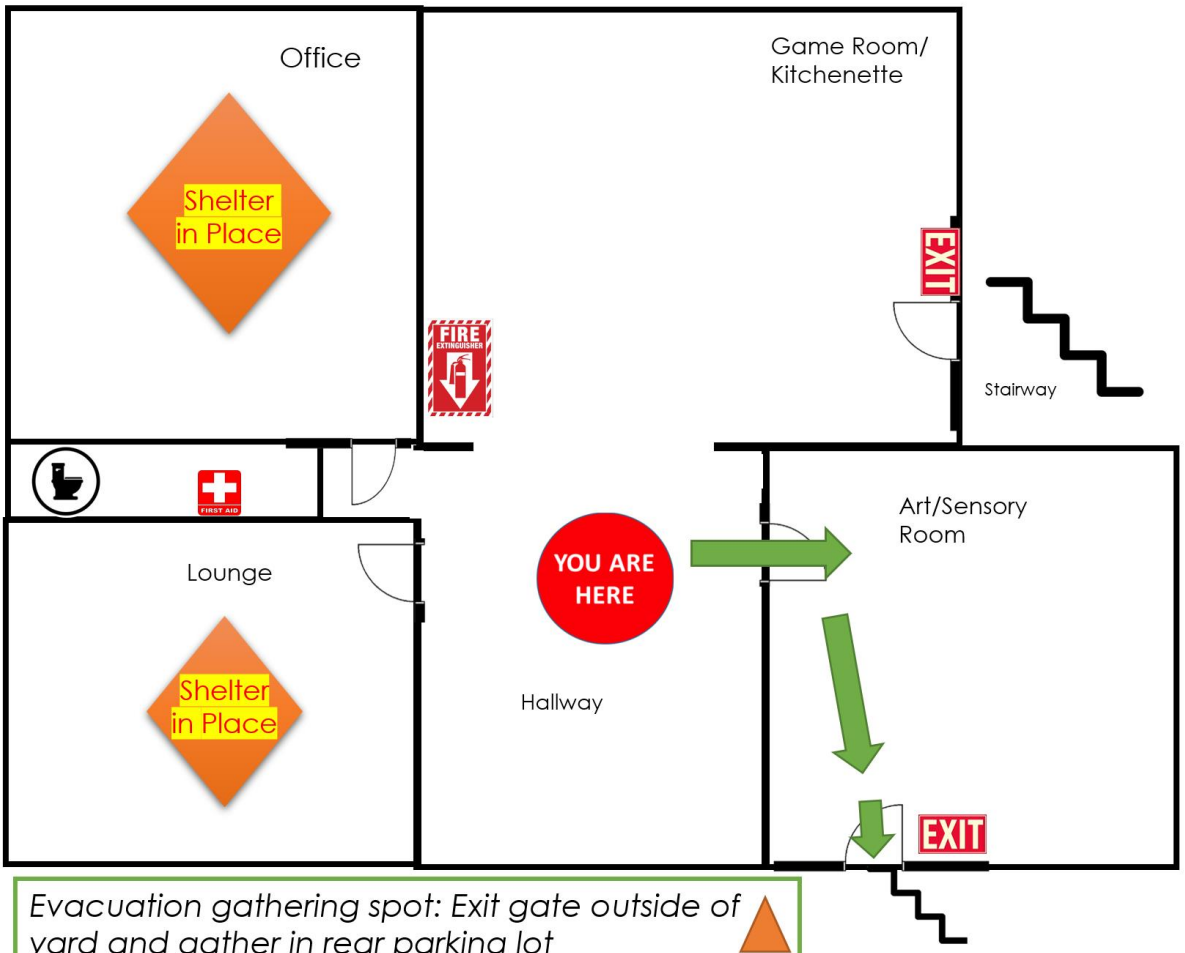
b. From the Computer Room…Exit door and go straight into the Meeting Room.
c. From the Café….Make a right out of the café door and cross hallway to the Meeting Room.
d. From the Kitchen….Make a right out of the Kitchen door go down the hall straight into the Meeting Room.
e. From the Game Room…Go into hallway- AWAY FROM THE STAIRS- to the right into the Sensory Room.
f. From the Multi-purpose room…Go out the door into the hallway straight across into the office.
g. From Yard….Enter door into the Gym, go to the back-left corner of the Gym.
h. If in the Gym…Go to the back left corner against the wall.

3. Senior staff member on each floor will do a sweep throughout the floor to ensure that all clients and staff have entered the designated shelter-in-place location.
4. All doors & windows are to be closed & locked. Blinds are to be closed.
5. Senior staff member on each floor will count and roll call participants.
6. Do not communicate on the hand-radios during shelter-in-place—use cell phone if needing to communicate with others in the building.
7. If there are any participants missing from the shelter, senior-most staff member may quickly sweep through the floor to locate the missing member. While said staff member is out of the shelter, the door must be locked awaiting their return.
8. Lock all doors and pull-down window shades or blinds.
9. If possible to do so safely bring in emergency food and water supply.
10. If possible to do so safely bring in battery powered radio, flashlight, extra batteries, & cell phone.
11. Take attendance books, family emergency numbers, allergy information, emergency medical consent forms, first aid supplies, and medical tags.
12. Bring quiet activities such as iPads, puzzles or books to keep participants occupied.
13. Remain in the designated area until the police or management supplies the 'safe word'.
14. **Returning to programming**: Once safe-word has been supplied and lock-down is cleared, all participants are to return to the activity/area they were engaged in at the time of the lock-down. Once they have done so, regular scheduling can commence.

Beacon Annex Emergency Route STAFF TRAINING MAP



Beacon Building 1: Second Floor STAFF TRAINING MAP

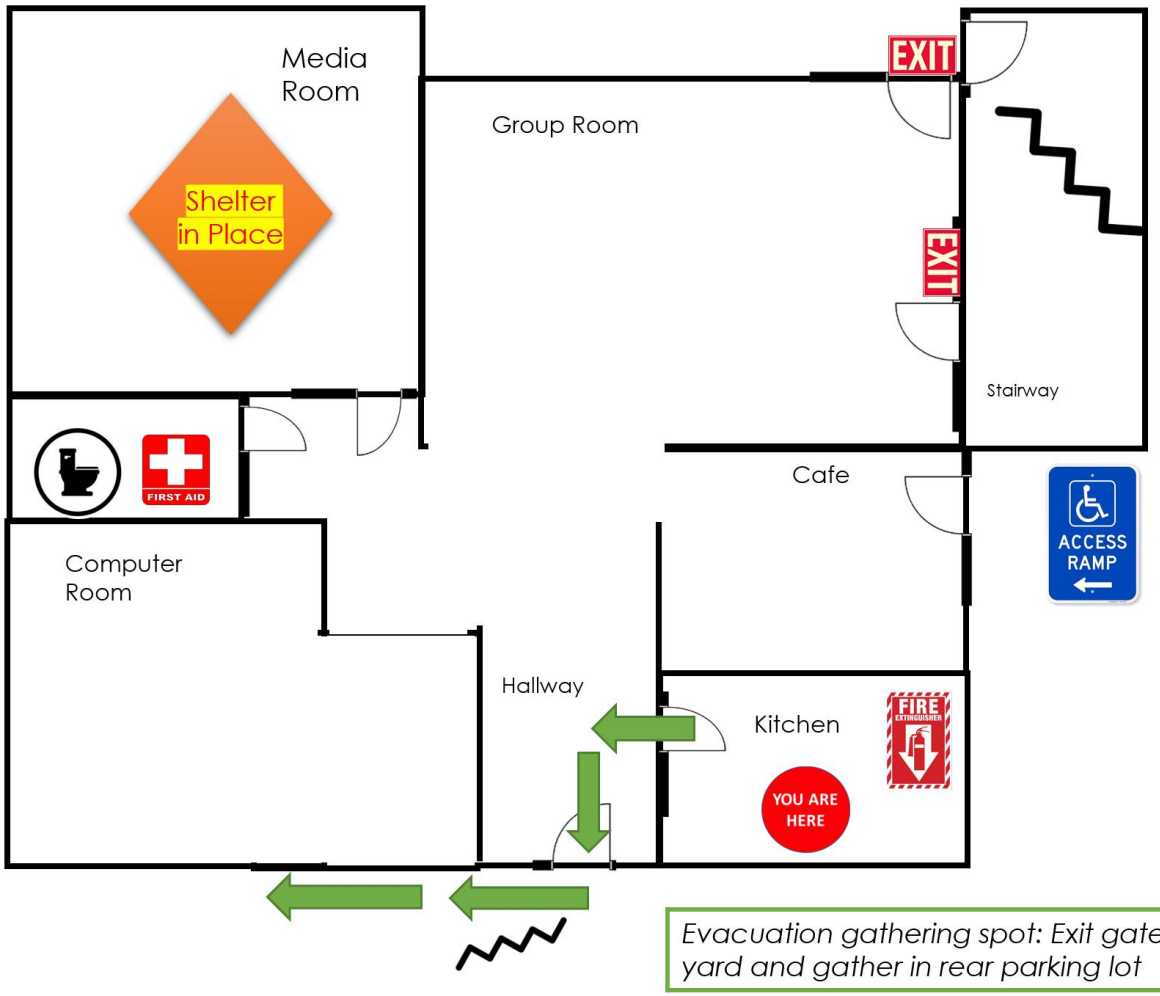


Key

- Location of extinguisher
- First Aid Kit
- Gate
- Stairway
- Mechanical Closet
- Handicap Ramp
- Handicap Ramp
- Evacuation Gathering

Evacuation gathering spot: Exit gate outside of yard and gather in rear parking lot

Beacon Building 1: First Floor



MINDING MIRACLES Learning Center, Inc.

Beacon Achievement Center

Key

- Location of extinguisher
- First Aid Kit
- Gate
- Stairway
- Mechanical Closet
- Handicap Ramp
- Handicap Ramp
- Evacuation Gathering

Evacuation gathering spot: Exit gate outside of yard and gather in rear parking lot

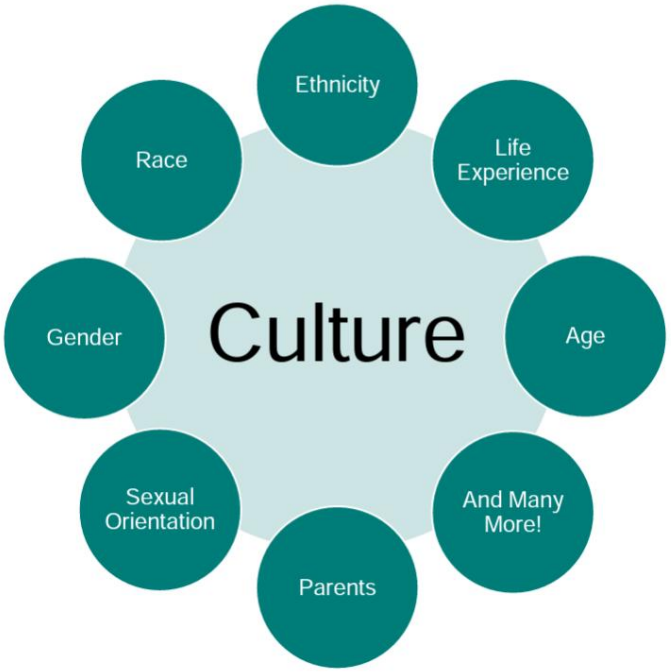
Cultural Responsiveness

Health Net

What is Culture?

- **Culture** refers to integrated patterns of human behavior that includes language, thoughts, actions, customs, beliefs, values, and institutions that unite a group of people.*
  - We use it to create standards for how we act and behave socially.

"Culture hides much more than it reveals, and strangely enough what it hides, it hides most effectively from its own participants." E.T. Hall



*Source from Office of Minority Health Resource Center and The Cross Cultural Health Care Program

What does "Culturally Responsive Practice" mean?

Culturally responsive practices create a supportive, inviting environment where students, particularly those who have been marginalized, feel a sense of belonging. Programs that engage in culturally responsive practices create an environment that acknowledges and embraces students' cultural referents and funds of knowledge, hold high expectations for all students and use an asset-based mindset when engaging with students. This environment also gives participants agency and voice as well as fosters critical thinking and self-reflection. In these programs, participants see their cultural identities reflected in the curriculum, books and materials.

Promising Practices

1. Awareness
Acknowledge the socio-political context around race and language, know and own your cultural lens, and broaden your interpretation of culturally and linguistically diverse learning behavior.

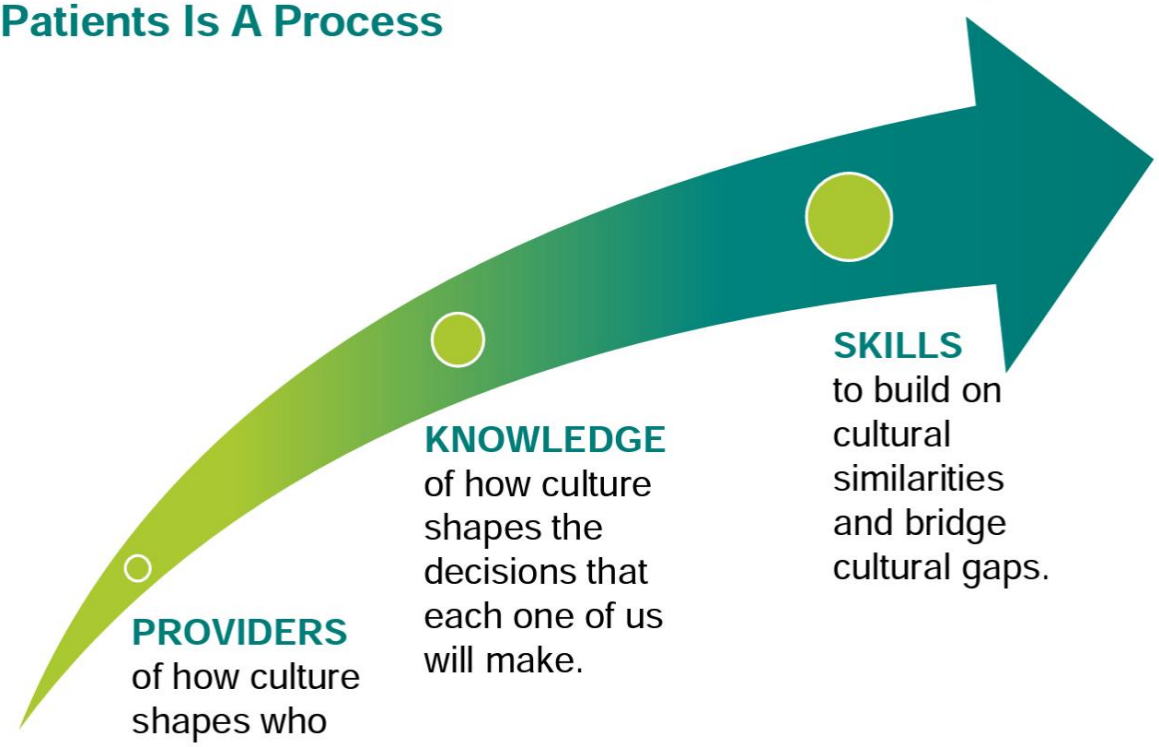
2. Learning Partnerships
Create social-emotional partnership for deep learning by reducing people's social-emotional stress from threat and stereotypes, giving participants both care and push, and by helping them cultivate a positive mindset.

3. Information Processing
Strengthen and expand participants' intellectual capacity by providing appropriate challenges and authentic opportunities to process content, connecting content to culturally relevant examples from their communities and everyday lives, and using formative assessment and feedback.

4. Community Building
Create an environment that is intellectually and socially safe for learning; one where rituals and routines reinforce self-directed learning and academic identity, and where people are comfortable taking meaningful risks.

Building Cultural Engagement With Patients Is A Process

Health Net®



PROVIDERS
of how culture shapes who you are.

KNOWLEDGE
of how culture shapes the decisions that each one of us will make.

SKILLS
to build on cultural similarities and bridge cultural gaps.

Komino's Law

The Stephen Komninos Law

New Jersey's Stephen Komninos' Law reinforces our commitment to keeping adults with developmental disabilities healthy, safe and protected from harm.

Kominos Law is covered more in-depth in your CDS training; however, it is important to acknowledge the impact & intention of the law in this orientation. Some of the key take-aways include:

All Day Program staff members must receive a drug test within ten days of employment.

Parents/guardians must be notified within two hours of minor, moderate or severe injuries.

Parents/guardians must have the opportunity to exchange contact information.

The following link includes additional information:

https://www.youtube.com/watch?v=ZuvIcFLLXw8

State of New Jersey
Department of Human Services

Effective May 1, 2018

The Stephen Komninos' Law - Public Law 2017, Chapter 238

The Stephen Komninos' Law was enacted in 2017 and strengthens protections for participants of any New Jersey Department of Human Services (DHS) funded, licensed or regulated program for adults with developmental disabilities, including State developmental centers and community programs. The law recognizes the important role of guardians and family members in the lives of adults with developmental disabilities and establishes greater communication links between providers and guardians.

When Does the Stephen Komninos' Law Take Effect?

Effective May 1, 2018, every person who is employed by or volunteering in any DHS-funded, licensed or regulated program serving adults with developmental disabilities is subject to the requirements of this law.

What Are the Requirements of the Stephen Komninos' Law?

DHS Site Visits

- Two unannounced site visits annually by a DHS representative to all community residential programs (group homes and supervised apartments) to evaluate if individuals residing in these settings are at risk of, or being subjected to, abuse, neglect or exploitation by a caregiver.

- Within residential community settings or DHS facility settings, verification within 48-hours by a DHS representative, of an incident or allegation reported to DHS involving abuse, neglect or exploitation or any moderate or major injury - regardless of the cause, involving an individual.

Guardian/Family Communication

- In community residential settings or day programs, notification in-person or by phone within two hours must be made by the service provider to an individual's guardian of all major, moderate and minor physical injury related to incidents or allegations of abuse, neglect or exploitation, or any moderate or major injury regardless of the cause. If there is no guardian, a family member who requests notification may be notified, unless the individual prohibits the family member from receiving this information. If there is a legitimate reason why the notification was not provided within two hours, it must be provided within eight hours with a written explanation of the cause for the delay provided to the guardian or family member and to DHS. Follow-up communication with the guardian or family member can be done via email/electronic communication. All other DHS policies regarding notifications to guardians remain in place. Guardian notification is still required for incidents or allegations involving abuse, neglect and exploitation, regardless of whether there is a resulting injury.

- In developmental centers, notification in-person or by telephone within two hours must be made by the center to an individual's guardian of all minor, moderate or major injury, regardless of the cause. If there is no guardian, a family member who requests notification may be notified, unless the individual prohibits the family member from receiving this information. If there is a legitimate reason why the notification was not provided within two hours, it must be provided within eight hours with a written explanation of the cause for the delay provided to the guardian or family member and to DHS. Follow-up communication with the guardian or family member can be done via email/electronic communication. All other DHS policies regarding notifications to guardians remain in place. Guardian notification is still required for incidents or allegations involving abuse, neglect and exploitation, regardless of whether there is a resulting injury.

- Each DHS developmental center will schedule meetings twice each year with parents and guardians of individuals to provide an opportunity to share experiences;

- Providing opportunities for parents and guardians of individuals residing in a community residential program, or participating in a day program to exchange contact information with other parents and guardians of individuals in program.

- A guardian may attend a DHS Office of Investigations (OI) interview of the individual the guardian represents and terminate the interview, unless the attendance or termination would impede the investigation.

- A guardian may provide information to facilitate an investigation. If the individual does not have a guardian, a family member may provide information, unless the individual expressly prohibits the family member from providing information.

- The guardian of an individual will be provided with a written summary of the findings of a DHS investigation involving an alleged incident of abuse, neglect or exploitation of the individual. If the individual does not have a guardian, a family member may receive the summary, unless the individual prohibits the family member from receiving information.

- The actual reports and records of an investigation shall be provided to the guardian or a person responsible for the welfare of an individual if the information is needed in connection with providing care to, treatment, an assessment, evaluation or supervision of the individual, and the Division of Developmental Disabilities (DDD) determines that providing the information is in the best interest of the individual.

Reporting Suspected Abuse, Neglect or Exploitation

- The law requires **ALL** persons employed by, or volunteering in, any DHS-funded, licensed or regulated program, or a person providing services with indirect State funding to an individual with a developmental disability to report incidents or suspicions of abuse, neglect or exploitation. Staff working in facilities, agencies or programs should follow their employer's reporting policies. The Division of Developmental Disabilities (DDD) also maintains a toll-free number to call to report abuse, neglect or exploitation. That number is **1-800-832-9173**. When in doubt, REPORT.

- There are criminal penalties and a monetary fine for failing to report abuse, neglect or exploitation of an adult with a developmental disability. A person employed or volunteering who fails to report, but has reason to believe such an act has been committed, is a disorderly person under the law. A person convicted of this offense may be fined $350 for each day that the abuse, neglect or exploitation was not reported.

- A case manager or case manager's supervisor who fails to report abuse, neglect or exploitation, but has reason to believe such an act has been committed shall be guilty of a crime in the fourth degree, unless the abuse, neglect or exploitation results in death, in which case they will be guilty of a crime in the third degree.

Drug Testing

- Drug testing is required of direct care applicants and employees of any DHS-funded, licensed or regulated program for adults with developmental disabilities. This includes drug testing as a condition of employment, random testing while employed and drug testing for cause based on a concern or suspicion.

- If an applicant refuses the test or tests positive, the person will not be eligible for employment. A current staff member who refuses to undergo testing will be terminated from employment. If a staff member tests positive, at the agency's discretion, they may be referred for treatment or terminated from employment.

Are there Specific Requirements for State Developmental Centers, Service Providers and Programs?

Yes, there are specific requirements for State developmental centers, community-based residential programs, day programs, community care residences and other service providers. To ensure compliance with the specific requirements of the Stephen Komninos' Law, view more information online at:

http://www.state.nj.us/humanservices/index.shtml

Are there Specific Requirements for *Employees* of State Developmental Centers, Service Providers and Programs?

Yes, there are specific requirements for employees of State developmental centers, community-based residential programs, day programs, community care residences and other service providers. All direct care staff must cooperate with DHS staff conducting unannounced site visits, injury verifications, investigations and drug testing requirements. To ensure compliance, a mandatory training for direct care staff is required through the College of Direct Supports for community staff and through each facility for employees of State developmental centers.

Learn more on the New Jersey Department of Human Services website:
http://www.state.nj.us/humanservices/index.shtml

Report suspected abuse, neglect or exploitation by following your agency or program protocols, or by calling:
1-800-832-9173

Questions?

Contact the New Jersey Department of Human Services, Office of Program Integrity and Accountability:

DHS-SKLAW.OPIA@dhs.state.nj.us

New Jersey's Direct Support Professionals

Concerned. Caring. Committed.

- As **Direct Support Professionals** SAFETY is your first concern.
- As **Caregivers** for adults with developmental disabilities PROTECTION from harm is your first priority.

You work together to prevent abuse, neglect and exploitation.

You are a lifeline for adults with developmental disabilities. You work to keep individuals safe from harm and you report any potential risk of abuse, neglect or exploitation immediately. Follow your facility, agency or program's reporting policies. Others can call 1-800-832-9173.

New Jersey's Stephen Komninos' Law reinforces the commitment to keeping adults with developmental disabilities healthy, safe and protected from harm. The Department of Human Services, the Division of Developmental Disabilities, and community providers of services for adults with developmental disabilities work together to improve safety in New Jersey's facilities, programs and services for adults with developmental disabilities.

Produced by the NJ DHS

Komnino's Law Signature Page

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Produced by the NJ DHS

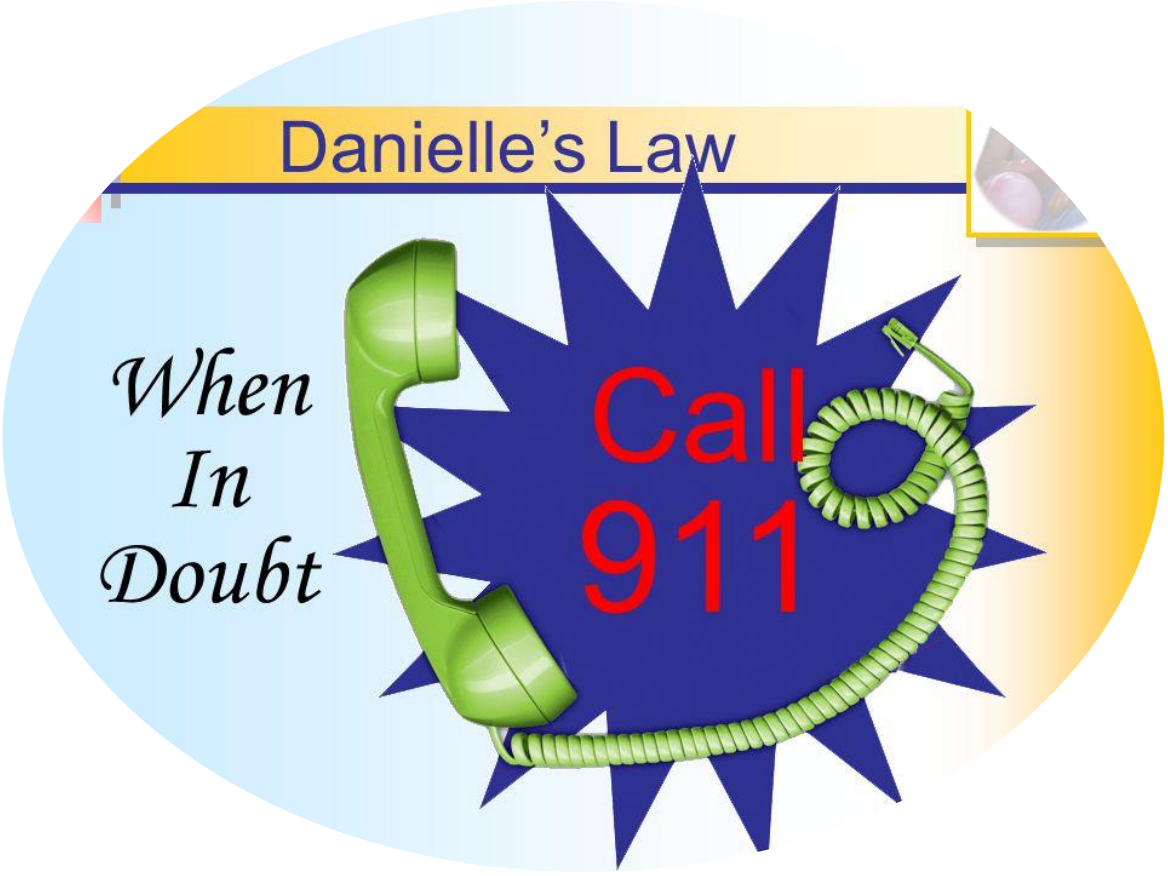
SIGN HERE

As a staff membe racles/Beacon Achievement Center, I have engaged in traini Stephen Komnino's Law on _____. I understand that ment is contingent on my diligent adherence with the law.

_____ _____

Employee name Employee Signature

Danielle's Law



https://www.youtube.com/watch?v=si4PWBdrGAA

In a life-threatening emergency,

Don't Ask, Just Call.

Dial **9-1-1**

then **your Supervisor**

New Jersey Department of Human Services
Prepared by DHS Office of Publications 10/2011

IDENTIFYING LIFE THREATENING EMERGENCIES

- You must call 9-1-1 in the event of a life-threatening emergency.
- **Ask yourself:**
  - » **Could this condition be potentially fatal?**
  - » **Could the condition get worse and become life threatening if you drove the person to the hospital on your own?**
  - » **Could moving the person on your own cause further injury?**
  - » **Does the person require the skills/equipment of emergency medical personnel?**
- Life-threatening emergencies may include:
  - » Unconsciousness, unusual confusion/disorientation or losing consciousness
  - » Difficulty breathing, not breathing, or breathing in a strange way
  - » Having persistent chest pain, discomfort or pressure which persists for more than 3 -5 minutes or that goes away and comes back
  - » Severe bleeding from a body part
  - » Broken bone that is showing through the skin or severe disfigurement of body part
  - » Severe headache with slurred speech
  - » Seizures that are not typical or back-to-back (3 in a row)
  - » Seizures lasting longer than 5 minutes
  - » Seizure resulting in serious injury; seizure in someone who is pregnant; seizure in someone who is diabetic; seizure in someone for the first time
  - » Serious injury to head, neck or back
- Call 9-1-1 first ***before*** your supervisor in a life-threatening emergency.
- If you are unsure whether a situation is a life-threatening emergency, call 9-1-1. If the situation is not life-threatening, call your supervisor and provide appropriate care, including obtaining medical attention.

FREQUENTLY ASKED QUESTIONS
ABOUT DANIELLE'S LAW

1. **How can I prepare for an emergency?**

   Attend Training such as CPR/First Aid.

   Get to know each individual you support and keep a fact sheet on each individual that includes:

   - List of all current medications
   - List of medical conditions and medical history
   - Phone number of guardian, next of kin, and physician

2. **Do I need to call 911 if I think that another staff person has called 911?**

   If you are absolutely certain that the 911 call has been made, which means that you see or hear another staff person place the call to 911, then you do not need to call 911 again yourself. However, if you have any doubt, you must call 911.

3. **When a doctor or nurse is available on staff, should I check with them before calling 911?**

   In the event of a life threatening emergency, you must immediately call 911. A doctor or nurse can be notified *after* the 911 call is made so he/she can evaluate and provide medical attention. Even if the situation is *not* life threatening, a doctor or nurse can still evaluate and provide medical attention.

4. **Can I drive the individual to the emergency room?**

   If the individual has a life-threatening emergency, call 911 instead of driving to the emergency department or a doctor's office. If the situation is *not* life threatening, it may be appropriate to drive the person for an evaluation if your supervisor or a medical professional advises you to do so.

5. **When the person, family member, or guardian doesn't want me to call 911, do I still need to call 911?**

   Yes. If the individual has a life threatening emergency, Danielle's Law requires that 911 be called. Handle the refusal of the individual with sensitivity and explain that calling 911 is necessary.

6. **When the individual has a DO NOT RESUSCITATE (DNR) ORDER, do I still need to call 911?**

   Yes. If the individual has a life threatening emergency, even if the individual has a

DO NOT RESUSCITATE ORDER, Danielle's Law requires that 911 is called. Once the call is made, the Emergency Medical professionals who respond will determine what type of medical care should be provided. Have the DNR Order available to show the Emergency Medical Service technician, and the phone number of the Hospice program, if applicable.

7. **What if I don't have access to a phone?**

   In such an instance, yell for help to persons passing by in cars or walking by, and tell them that the individual has a life-threatening emergency and 911 must be called.

8. **Is staff required to call 911 if issues related to the terminal condition of an individual at the end of life arise?**

   Staff does not need to call 911 for an individual receiving end-of-life care when issues arise related to the medical condition; a violation of Danielle's Law will not have occurred.

9. **Who will investigate situations in which a 911 call was not made in a life-threatening emergency?**

   The Department of Human Services' Office of Program Integrity and Accountability (OPIA) will investigate alleged violations. The Division's Risk Management staff will evaluate the investigative evidence and will present its findings to the Assistant Commissioner who will determine whether or not a violation has occurred.

10. **Will a community care residence provider, developmental center employee, or agency staff member have the right to appeal a licensing action or fine imposed as a result of violating Danielle's Law?**

    Yes. The letter that a violator of Danielle's Law receives will inform him or her of the fine and the appeal process.

Danielle's Law Employee Training

Don't ask! Just Call. Dial 911 in a life-threatening emergency.

CHAPTER 191

AN ACT concerning staff working with persons with developmental disabilities or traumatic brain injury and supplementing Titles 30 and 45 of the Revised Statutes.

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

C.30:6D-5.1 Short title.

1. This act shall be known and may be cited as "Danielle's Law."

C.30:6D-5.2 Definitions relative to staff working with persons with developmental disabilities, traumatic brain injury.

2. As used in this act:

"Commissioner" means the Commissioner of Human Services.

"Department" means the Department of Human Services.

"Facility for persons with developmental disabilities" means a facility for persons with developmental disabilities as defined in section 3 of P.L.1977, c.82 (C.30:6D-3).

"Facility for persons with traumatic brain injury" means a facility for persons with traumatic brain injury that is operated by, or under contract with, the department.

"Life-threatening emergency" means a situation in which a prudent person could reasonably believe that immediate intervention is necessary to protect the life of a person receiving services at a facility for persons with developmental disabilities or a facility for persons with traumatic brain injury or from a public or private agency, or to protect the lives of other persons at the facility or agency, from an immediate threat or actual occurrence of a potentially fatal injury, impairment to bodily functions or dysfunction of a bodily organ or part.

"Public or private agency" means an entity under contract with, licensed by or working in collaboration with the department to provide services for persons with developmental disabilities or traumatic brain injury.

C.30:6D-5.3 Responsibilities of staff at facility for persons with developmental disabilities, traumatic brain injury.

3. a. A member of the staff at a facility for persons with developmental disabilities or a facility for persons with traumatic brain injury or a member of the staff at a public or private agency, who in either case works directly with persons with developmental disabilities or traumatic brain injury, shall be required to call the 911 emergency telephone service for assistance in the event of a life-threatening emergency at the facility or the public or private agency, and to report that call to the department, in accordance with policies and procedures established by regulation of the commissioner. The facility or the public or private agency, as applicable, and the department shall maintain a record of such calls under the policy to be established pursuant to this section.

b. The department shall ensure that appropriate training is provided to each member of the staff at a facility for persons with developmental disabilities or a facility for persons with traumatic brain injury or member of the staff at a public or private agency, who in either case works directly with persons with developmental disabilities or traumatic brain injury, to effectuate the purposes of subsection a. of this section.

C.30:6D-5.4 Violations, penalties.

4. A member of the staff at a facility for persons with developmental disabilities or a facility for persons with traumatic brain injury or a member of the staff at a public or private agency who violates the provisions of section 3 of this act shall be liable to a civil penalty of $5,000 for the first offense, $10,000 for the second offense, and $25,000 for the third and each subsequent offense, to be sued for and collected in a summary proceeding by the commissioner pursuant to the "Penalty Enforcement Law of 1999," P.L.1999, c.274 (C.2A:58-10 et seq.).

C.30:6D-5.5 Record of violations.

5. The department shall maintain a record of violations of the provisions of section 3 of this act, which shall be included in the criteria that the department considers in making a decision on whether to renew the license of a facility or whether to renew a contract with a public or private agency, as applicable.

I have been trained in the statute referred to as Danielle's Law & understand that as an employee of Beacon/Minding Miracles, I am responsible to call 911 immediately in the event of a life-threatening emergency.

Employee name _____ Signature _____ Date _____

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

State of New Jersey
DEPARTMENT OF HUMAN SERVICES
Division of Developmental Disabilities
P.O. BOX 700
TRENTON, NJ 08625-0700

SARAH ADELMAN
Commissioner

Jonathan Seifried
Assistant Commissioner

Acknowledgement of Receipt of Information Regarding *"Danielle's Law"*

I have received the following information pertaining to Danielle's Law:

In accordance with Danielle's Law, 911 is to be called in life threatening emergencies. As defined in the law, "Life threatening emergency means a situation in which a prudent person could reasonably believe that immediate intervention is necessary to protect the life of a person receiving services, or to protect the lives of other persons at the facility or agency from an immediate threat or actual occurrence of a potentially fatal injury, impairment to bodily functions or dysfunction of a bodily organ or part."

Failure to call 911 in a life threatening emergency includes fines: $5,000 for the first offense, $10,000 for the second offense, and $ third and each subsequent offense. Additionally, a health care pr alternately authorized to provide services, may be subject to r ssional license or other authorization to practice as a health care

I have received training on Danielle's Law oint Presentation on Danielle's Law, Frequently Asked Questio w, a Fact Sheet on Life Threatening Emergencies, and a copy o al Law.

I understand that it is my responsib rson served by the Division of Developmental Disabilities is ex tening emergency, as defined in Danielle's Law." I understan bility of the emergency medical professionals to assess the s ncy. My responsibility is to make the call to 911, provide informa condition of the person, and direct emergency workers to the sc ncy. It is also my responsibility to provide immediate care until the em professionals arrive and take over.

SIGN HERE

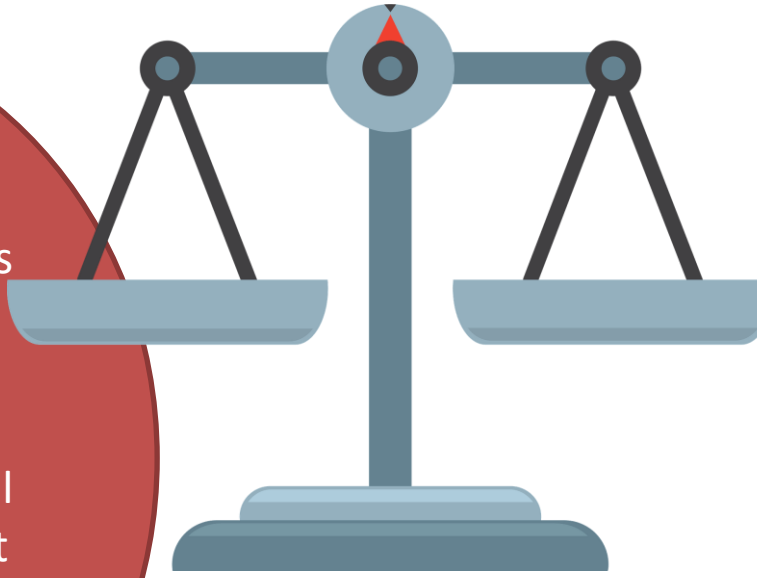
Signature _____ Date _____

Print Name _____ Title _____

Family Relationships

Remember: Though we are working with adults….they are still somebody's 'child.' Be respectful to that relationship. It is a balance: parents deserve the respect as their 'adult-child's' advocate & caretaker…but we need to encourage the autonomy, self-determination and independence of adulthood.

In ANY setting, and with ANY age group….parents/guardians should be regarded as team members & allies. Be thoughtful when communicating behavioral issues, stay positive about the participant's needs/abilities and CREATE A COLLABORATIVE FRAMEWORK!!!



Any staff member who is experiencing difficulty with the ability to collaborate or effectively communicate with a parent/stakeholder should contact their supervisor (Kathy, Rob or Beth) for support or advice.

brightwheel

Brightwheel is our primary mode of communication to parents/guardians. It can be a fantastic tool and communication opportunity. Keep the following guidelines in mind when posting pics and videos:

-Check the background. You may be trying to capture the essence of a person's day but take a quick look at the background of a picture or video before posting to make sure it's appropriate to share.

-Tag only the people in the picture. Any family member whose participant is tagged in the pic/video can access and download the picture. Only the people in the picture should be tagged.

-Notices home, reminders and notes can all be posted as long as they are tagged appropriately.

-Try to vary posts. Sending pics of the same person doing the same activity over and over defeats the purpose. Parents treasure this communication- mix it up—especially when special activities are occurring.

-Medical information, accident reports, unusual incidents, documentation needs & behavior reporting should be accompanied by a phone call.

13.8 Parent Communication

Parent communication should be professional and positive in nature. Employees should refrain from using vulgar or demeaning language in any way when speaking to parents. When notifying parents of a behavior problem, critical incident or problem that included their child, refrain from using derogatory language or imposing judgement. This type of communication should be as neutral and factual as possible. Minding Miracles expects employees to be honest and transparent with clients; however, parents should never be left to feel that their child is an imposition. In the event that you require coaching on how to present feedback to parents, contact your supervisor for assistance.

Parents should be notified of any extraordinary circumstances experienced by their child during the school day including: accidents/injuries (head and neck injuries must be reported immediately), unusual incidents, acts of aggression/bullying, feeding/food issues, allergic reactions/potential health issues. Issues that require immediate attention (such as allergic reactions or the need for medical treatment) should be reported immediately. Non-urgent issues can be reported at pick-up time. Any incident requiring parent notification must be documented in an incident/accident report and must also be reported to a supervisor. Additionally, any parent concerns, altercations, or potential issues must also be communicated to the supervisor.

Parents may not be contacted via personal phones or devices. All calls must be made from the center phone system and written communication must take place via the Brightwheel app. Failure to comply with this regulation may result in disciplinary action or termination.

VERY IMPORTANT

Parent Communication Key Points:

** Professionalism MUST be maintained at all times…in writing, tone of voice, vocabulary, mannerisms, etc.

**REMEMBER…even when reporting negative behaviors, dealing with unreasonable expectations or having to repeat yourself…You are speaking about someone's child. Be respectful of that fact–even when it is challenging.

**When posting on Brightwheel- tag ONLY the clients in the photo, or who the message is intended for.

**Brightwheel is really the only window parents have into their participant's day. Post…post…post. Group pics are OK!

**When in doubt, get a manager's help. Challenging conversations can often be mediated with advice from management.

**Watch your tone…sarcasm, intonation & dismissive attitudes can often be interpreted as disrespectful.

**Be careful about what is discussed in front of participants.

**Your job is MUCH easier when a positive relationship with parents is established!

**Not every instance of a client's negative behavior has to be reported to parents. Remember, parents have been receiving reports of their child's behavior since they were 3-years-old.

Report only critical instance:

- Instances that resulted in injury or property damage
- Instances that are out-of-character.
- Times when the behavior is in excesses to what the participant normally displays
- Changes in the topography, frequency or intensity of the behavior.

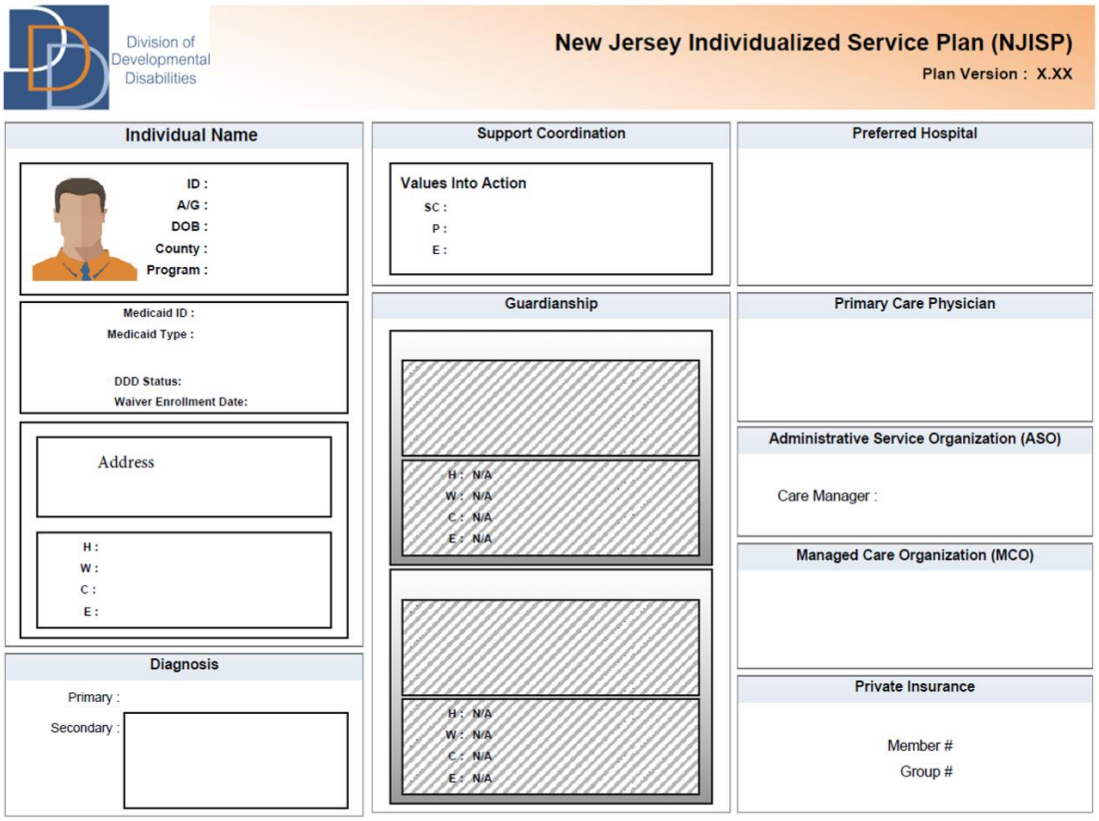
Navigating Difficult Conversations

As teachers, we work hands-on with families and their children. It can be a challenge to balance the importance of our message and our relationship with the families when navigating through topics that can cause discomfort or concern. Remember these tips the next time you need to have a difficult conversation.

1. Start with what matters most
2. Acknowledge different perspectives
3. Ask open-ended questions
4. Provide strength-based observations
5. Reflect feelings and intent
6. Reiterate what you're hearing
7. Listen to the other party's perspective
8. Evaluate Options
9. Develop a Solution
10. Remember the "Third Story"
11. Accept that you will make mistakes
12. Let go of trying to control the other person's reaction

Individualized Services

The ISP (Individualized Service Plan) can be thought of as a personalized handbook for each participant. It includes each person's demographic information, medical needs, medications, outcomes, stakeholders and assistance requirements.



Division of Developmental Disabilities

New Jersey Individualized Service Plan (NJISP)

Plan Version : X.XX

Individual Name

ID :
A/G :
DOB :
County :
Program :

Medicaid ID :
Medicaid Type :

DDD Status:
Waiver Enrollment Date:

Address

H :
W :
C :
E :

Diagnosis

Primary :
Secondary :

Support Coordination

Values Into Action
SC :
P :
E :

Guardianship

H : N/A
W : N/A
C : N/A
E : N/A

H : N/A
W : N/A
C : N/A
E : N/A

Preferred Hospital

Primary Care Physician

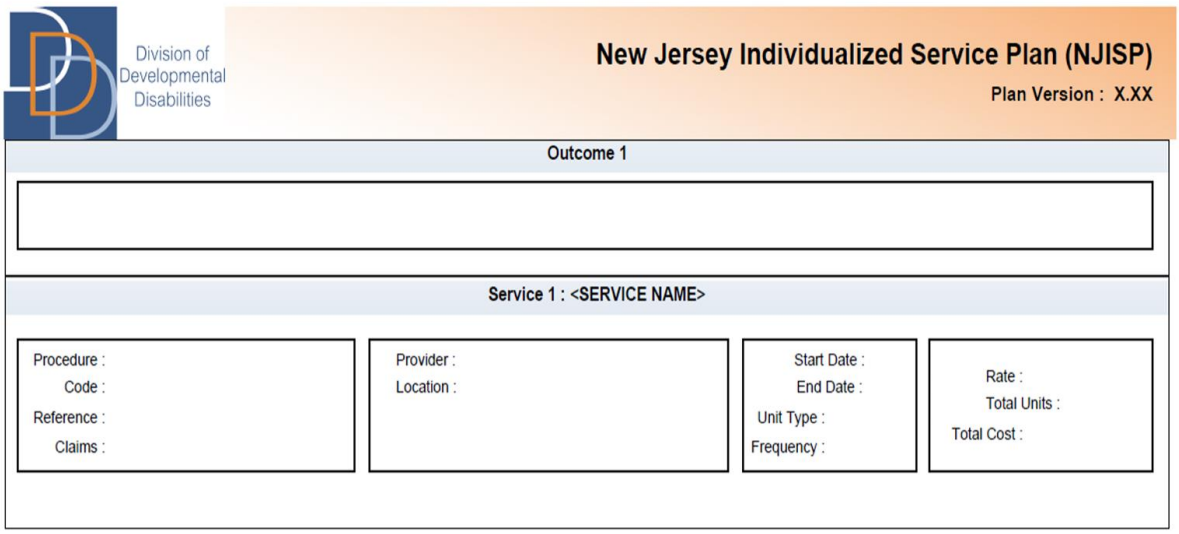
Administrative Service Organization (ASO)

Care Manager :

Managed Care Organization (MCO)

Private Insurance

Member #
Group #



Division of Developmental Disabilities

New Jersey Individualized Service Plan (NJISP)

Plan Version : X.XX

Outcome 1

Service 1 : <SERVICE NAME>

Procedure :
Code :
Reference :
Claims :

Provider :
Location :

Start Date :
End Date :
Unit Type :
Frequency :

Rate :
Total Units :
Total Cost :

New Jersey Department of Human Services
Division of Developmental Disabilities
www.nj.gov/humanservices/ddd

Day Habilitation – Individualized Goals

Name of Individual: Alexander [redacted]

Consumer's name

ISP Date:

Effective Dates

Outcome #	Day Habilitation Outcome(s) from ISP
1	Alexander will have communication and self-help abilities neede[redacted]nities.

Individual Outcome (GOAL)

Strategy #	Strategies for Reaching ISP Outcome(s)
1	Communication: Alexander will use communication aids to make choices for activities or preferences.
2	Daily living: Alexander to demonstrate the use of self-regulation strategies when agitated or frustrated.
3	Problem solving: Alexander will engage in trial and error while completing activities that pose challenges.
4	Adaptive skills: Alexander will adapt to changes in his schedule by engaging in a variety of new activities.
5	Social skills: Alexander will tolerate a variety of people in his pri[redacted] without displaying negative behavior.

Strategies used to achieve outcome

Who was involved in developing these strategies?
(Please note that the individual must always be involved in this process.)

Ryan Mikstas (SC)	Ma[redacted]e (guardians)
Alexand[redacted](Consumer)	
Kathleen DeMarco (BCBA/Director)	
Robert DeMarco (Center Manager)	

Individuals who collaborated to develop ISP

Completed By: Kathleen DeMarco, BCBA **Date of Completion:** 6/24/2023

New Jersey Department of Human Services
Division of Developmental Disabilities
www.nj.gov/humanservices/ddd

Day Habilitation (Day Program) Activities Guidelines

The Division of Developmental Disabilities encourages best practices and engaging activities in day habilitation services (day programs) and offers the following guidance as a starting point for day habilitation service providers in planning and executing comprehensive activities in their programs.

General Guidelines:

Day habilitation service providers should include activities with the following general guidelines in mind. Day habilitation activities should:

- **Be Age-Appropriate**
  The NJ Division of Developmental Disabilities serves adults (21 and over) with developmental disabilities, thus activities should be implemented that are reflective of those activities of interest to and appropriate for adults rather than activities designed and geared for children.

- **Offer Variety & Choice**
  Adults learn best when there are varied opportunities to develop and practice skills and when they can be applied to new settings. Offering a variety of activities assists with engagement, decreases boredom, and provides each individual with the opportunity to identify strengths, abilities, preferences, support needs, etc. This information can lead to additional ideas for activities and identification of a career path or potential job matches for individuals who are not currently employed in the general workforce.

- **Emphasize Community Experiences**
  Both CMS and states are moving away from traditional, facility-based programs to an emphasis on real community experiences for adults with developmental disabilities. The NJ Division of Developmental Disabilities expects that day program providers will have regular opportunities for individuals to experience their communities and have assistance in doing so.

- **Focus on Small Groups and Individual Interactions and Experiences**
  Community outings that involve large groups do not provide an individualized or personalized experience and do not allow for the building of social capital. Designing day programming to ensure that small group and individual experiences take place during the course of the day/week is important in fostering skill development and community involvement.

MINDING MIRACLES Learning Center, Inc.

Beacon Achievement Center

Day Habilitation Daily Activity Log

Time	Group Location1	Activity (A)	Group Location2	Activities (B)	Group Location3	Activities(C)
9:00 - 9:30	**GROUP A**	Morning routine	**GROUP B**	Morning routine	**GROUP C**	Morning routine
9:30 -10:00	UPSTAIRS	Art & Creativity	DOWNSTAIRS	Games /Logical thinking	ANNEX	Physical Activity / Community
10:00 -10:30					*Community*	
10:30 -11:00	DOWNSTAIRS	Games /Logical thinking	ANNEX	Physical Activity / Community	UPSTAIRS	Art & Creativity
11:00 -11:30			*Community*			
11:30 -12:00						
12:00 -12:30	UPSTAIRS	Lunch Prep	DOWNSTAIRS	Lunch Prep	ANNEX	Lunch Prep
12:30 - 1:00						
1:00 - 1:30	ANNEX	Physical Activity / Community	Upstairs	Art & Creativity	Downstairs	Games /Logical thinking
1:30 - 2:00	*Community*					
2:00 - 2:30	Upstairs	Self-Advocacy	DOWNSTAIRS	Self-Advocacy	ANNEX	Self-Advocacy
2:30 - 3:00						

ART / CREATIVITY: Participants choose art modality, choose work area, choose peers to create with, share materials, respect others personal space, experiment with sensory mediums, create designs out of shapes and textures, paint a landscape, copy a preferred painting, color or draw a picture.

PHYSICAL ACTIVITY: Increase motivation, Challenge self, develop eye/hand coordination, Increase strength & speed, Increase agility, Set goals, Improve self-regulation, Increase spatial awareness, Increase interpersonal skills, practice joint attention, social reciprocity, encourage others

GAMES / LOGICAL THINKING: Initiate choice activity, brainstorm /solution to dilemmas, play fair, join in on a non-preferred game, identify preferences, follow along, wait for turn, understand consequences, critical thinking skills, organization skills, make confident choices, practice patience & kindness

COMMUNITY: Choose trip preference, choose partner, stay with the group, wait appropriately, help peers, put on seat-belt, self-regulate, express interest, enter van safely, engage in activity, demonstrate awareness of others in location, use statements and ask questions, demonstrate safety in environment

MORNING ROUTINE & LUNCH PREP: Greet others, increase spontaneous communication, Use language for a variety of intentions, Accept no for an answer Use kitchen materials appropriately, Prepare for transitions, Clean-up, Demonstrate awareness of feelings, Choose chores, Interact with peers

SELF-ADVOCACY: Know what to do or be prompted in case of emergency situations, Use the toilet appropriately, be aware of and communicate primary needs, make choices based on personal preference

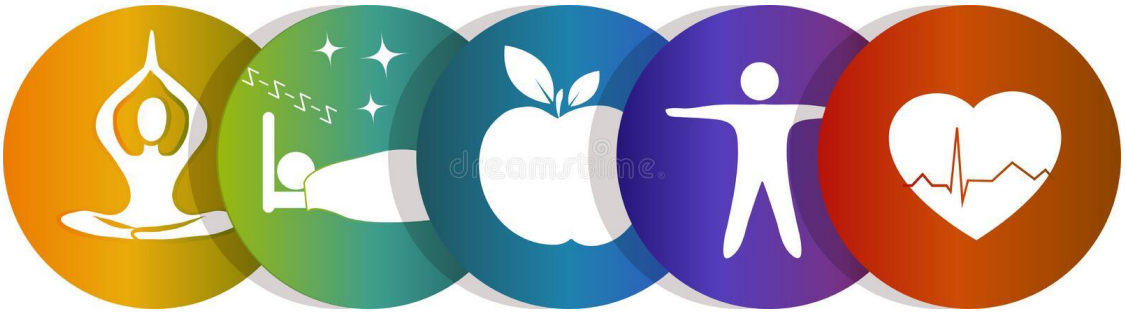
TIME MANAGEMENT: Organization skills, Breaking-down large activities into smaller pieces, Work through emotional obstacles

SOCIAL SKILLS: Understand another's feelings, Cooperate with others, Acknowledge social cues & non-verbal communication, Be polite, Be kind

BEHAVIOR: Self-regulate using breathing techniques, Read social cues, Take the coaching, Use positive self-talk

COMMUNICATION: Clearly initiate greetings, Make eye contact when speaking, Let others know how you feel, Advocate for yourself

Health Policies



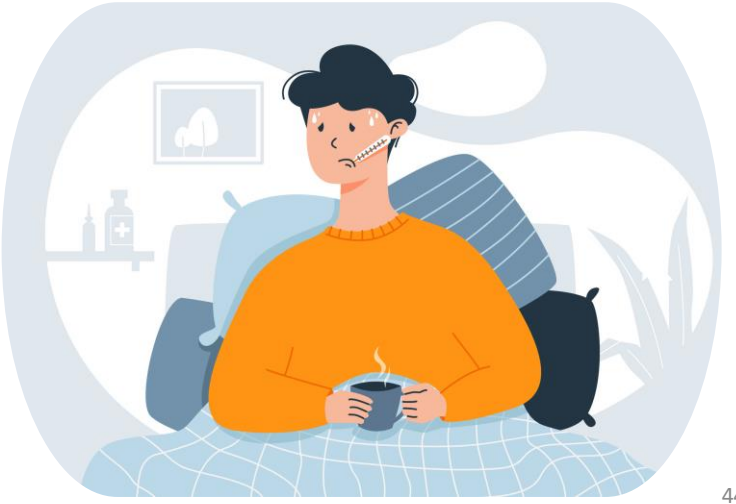
Communicable Illness Policy

The following symptoms are considered a risk of communicable illness:

- Severe pain or discomfort
- Diarrhea
- Vomiting
- Elevated temperature of 101.5 degrees Fahrenheit
- Yellow eyes or jaundice skin
- Red eyes with or without discharge
- Infected or irritated skin patches
- Difficult or rapid breathing
- Skin lesions
- Swollen glands or red irritated throat/strep throat
- Visibly enlarged lymph nodes
- Stiff Neck
- Blood in urine
- Cloudy or colored nasal discharge
- Excessive cough

Once the child is symptom free for at least **twenty-four hours**, he/she may return to the center. However, a doctor's note may be required for return to school if the child has any of the following illnesses:

- Whooping Cough
- Mumps
- Hepatitis A
- German Measles
- Chicken Pox
- Influenza
- Measles
- Meningococcus
- Tuberculosis
- Giardia Lamblia
- Salmonella
- Shigella
- Impetigo
- Lice
- Scabies



Caring for Sick Individuals

A person who demonstrates any of the symptoms from the above list must be immediately separated from the group and a parent must be contacted for pick-up. Do your best to keep the child separate and comfortable while waiting for his/her parent.

ONLY program administrators may make the determination and contact the parent to send a participant home sick—unless otherwise instructed by the center manager or director.

Disinfect all items that may have been contaminated by the sick person.

Upon pick-up, remind parents/guardians that the individual must be symptom-free for 24 hours before returning to program.

Quick Reference

Reporting Requirements for Communicable Diseases and Work-Related Conditions

(see New Jersey Administrative Code Title 8, Chapters 57 and 58)

Communicable Disease Service Disease Reporting Requirements and Regulations can be viewed at: http://nj.gov/health/cd/reporting.shtml

Health care providers required to report: physicians, advanced practice nurses, physician assistants, and certified nurse midwives.

Administrators required to report: persons having control or supervision over a health care facility, correctional facility, school, youth camp, child care center, preschool, or institution of higher education.

Laboratory directors: For specific reporting guidelines, see NJAC 8:57-1.7.

CONFIRMED or SUSPECT CASES TELEPHONE IMMEDIATELY to the LOCAL HEALTH DEPARTMENT

- Anthrax
- Botulism
- Brucellosis
- Diphtheria
- Foodborne intoxications (including, but not limited to, ciguatera, paralytic shellfish poisoning, scombroid, or mushroom poisoning)
- *Haemophilus influenzae*, invasive disease
- Hantavirus pulmonary syndrome
- Hepatitis A, acute
- Influenza, novel strains only
- Measles
- Meningococcal invasive disease
- Outbreak or suspected outbreak of illness, including, but not limited to, foodborne, waterborne or nosocomial disease or a suspected act of bioterrorism
- Pertussis
- Plague
- Poliomyelitis
- Rabies (human illness)
- Rubella
- SARS-CoV disease (SARS)
- Smallpox
- Tularemia
- Viral hemorrhagic fevers (including, but not limited to, Ebola, Lassa, and Marburg viruses)

Cases should be reported to the local health department where the patient resides. If patient residence is unknown, report to your own local health department. Contact information is available at: localhealth.nj.gov.

If the individual does not live in New Jersey, report the case to the New Jersey Department of Health at: 609-826-5964.

In cases of immediately reportable diseases and other emergencies - if the local health department cannot be reached - the New Jersey Department of Health maintains an emergency after hours phone number: 609-392-2020.

July 2013
www.nj.gov/health/cd

REPORTABLE WITHIN 24 HOURS OF DIAGNOSIS to the LOCAL HEALTH DEPARTMENT

- Amoebiasis
- Animal bites treated for rabies
- Arboviral diseases
- Babesiosis
- Campylobacteriosis
- Cholera
- Creutzfeldt-Jakob disease
- Cryptosporidiosis
- Cyclosporiasis
- Diarrheal disease (child in a day care center or a foodhandler)
- Ehrlichiosis
- *Escherichia coli*, shiga toxin producing strains (STEC) only
- Giardiasis
- Hansen's disease
- Hemolytic uremic syndrome, post-diarrheal
- Hepatitis B, including newly diagnosed acute, perinatal and chronic infections, and pregnant women who have tested positive for Hep B surface antigen
- Influenza-associated pediatric mortality
- Legionellosis
- Listeriosis
- Lyme disease
- Malaria
- Mumps
- Psittacosis
- Q fever
- Rocky Mountain spotted fever
- Rubella, congenital syndrome
- Salmonellosis
- Shigellosis
- *Staphylococcus aureus*, with intermediate-level resistance (VISA) or high-level-resistance (VRSA) to vancomycin only
- Streptococcal disease, invasive group A
- Streptococcal disease, invasive group B, neonatal
- Streptococcal toxic shock syndrome
- *Streptococcus pneumoniae*, invasive disease
- Tetanus
- Toxic shock syndrome (other than Streptococcal)
- Trichinellosis
- Typhoid fever
- Varicella (chickenpox)
- Vibriosis
- Viral encephalitis
- Yellow fever
- Yersiniosis

REPORTABLE DIRECTLY to the NEW JERSEY DEPARTMENT OF HEALTH

Hepatitis C, acute and chronic, newly diagnosed cases only
Written report within 24 hours

HIV/AIDS
609-984-5940 or 973-648-7500
Written report within 24 hours

- AIDS
- HIV infection
- Child exposed to HIV perinatally

Sexually Transmitted Diseases
609-826-4869
Report within 24 hours

- Chancroid
- Chlamydia, including neonatal conjunctivitis
- Gonorrhea
- Granuloma inguinale
- Lymphogranuloma venereum
- Syphilis, all stages and congenital

Tuberculosis (confirmed or suspect cases)
609-826-4878
Written report within 24 hours

Occupational and Environmental Diseases, Injuries, and Poisonings
609-826-4920
Report within 30 days after diagnosis or treatment

- Work-related asthma (possible, probable, and confirmed)
- Silicosis
- Asbestosis
- Pneumoconiosis, other and unspecified
- Extrinsic allergic alveolitis
- Lead, mercury, cadmium, arsenic toxicity in adults
- Work-related injury in children (< age 18)
- Work-related fatal injury
- Occupational dermatitis
- Poisoning caused by known or suspected occupational exposure
- Pesticide toxicity
- Work-related carpal tunnel syndrome
- Other occupational disease

H5697

NJ Department of Education, Division of Early Childhood Education

The Importance of Hand Washing

The Division of Early Childhood Education wants to reinforce the importance of hand washing as a significant preventive measure for reducing the spread of germs. Properly washed hands are key to the health of children and caregivers in child care centers and preschool classrooms.

Both children and adults should wash their hands several times throughout the day as recommended by the National Health and Safety Performance Standards: Guidelines for Early Care and education Programs, Third Edition Standard-3.2.2.1;http://cfoc.nrckids.org/WebFiles/CFOC3_Book_6-10-14Update_.pdf as follows:

- Upon arrival to the classroom.
- Re-entering the classroom after being outside.
- Before and after: eating, handling food, feeding a child, or giving medication.
- After using the toilet or helping a child use a toilet.
- After diaper changing or changing soiled underwear.
- After dealing with bodily fluids.
- After handling pets and other animals.
- Before and after playing in sandboxes (or water table).
- Before and after sharing wet materials.
- After emptying or handling the garbage.

Thorough hand washing with soap for at least 20 seconds, using warm, running water (no less than 60 degrees F and no more than 120 degrees F) removes germs and allows them to be rinsed away. Clean, disposable paper towels should be available for drying hands and turning off faucet handle. Since many children do not have the dexterity to handle a bar of soap which might also be contaminated with bacteria if not properly drained, liquid soap is recommended.

Health practices including hand washing are also measured by the Early Childhood Environmental Ratings Scale Third Edition (ECERS-3) as part of a standard classroom observation. Preschool classrooms are generally lacking in this area and should look to the ECERS as one way to measure their effectiveness in ensuring that health and hygiene standards are maintained.

The Environmental Rating Scales Institute (ERSI) allows the use of hand sanitizers, even if running water/soap are available, if the hands are not visibly soiled. The New Jersey Department of Education recommends the best practice of using soap and water, whenever possible. However, during an outing such as a field trip or on the playground, these methods can be used as a temporary measure until hands can be washed under running water. Finally, pre-moistened cleansing towelettes should not be used as a substitute for washing hands with soap and running water when running water is available. Please consult with your district nurses for any additional training or questions you may have about child illness and the development of program policies to ensure the health and safety of our children.

NJ Dept of Education

The Division of Early Childhood Education

Table Cleaning and Disinfecting Guidance

Keep it Clean

One of the most important steps in reducing the spread of viruses in early childhood settings is cleaning and disinfecting surfaces that could possibly pose a risk to children and staff. Programs should be diligent in maintaining a healthy environment. Proper washing and disinfecting procedures should be followed for cleaning tables and food preparation surfaces. Staff should always wash their hands after wiping tables and before serving food. Before meals, children should wash their hands with soap and water, dry their hands with a paper towel, and go directly to a table.

To clean tables, follow the steps recommended in the Early Childhood Environmental Rating Scale Revised (ECERS-R), as follows:

1. *First, use a soapy water solution to clean tables using a clean disposable paper towel, and*
2. *Second, after cleaning the table surface with soap or detergent and rinsing with water, disinfect tables by using a diluted bleach water solution – according to directions listed below.*

*****DISPOSABLE PAPER TOWELS ONLY*****

NO WIPES!

NO TOWELS!

NO SPONGES!

When to Disinfect?

- After messy play (Play Dough, sand, paste, etc.)
- Before **and** after snack
- Before **and** after lunch
- Before going home

Selecting, Preparing, and Using a Bleach-Water Solution

Caring for Our Children (National Health and Safety Performance Standards) has issued a new recommendation for use of a diluted bleach solution for disinfecting because many brand name companies have changed their bleach solution and there is no longer a consistent solution across different brands. The new recommendation (in sync with ECERS-R) advises us to use only EPA registered products for disinfecting and follow the manufacturer's instructions for diluting the bleach solution and for the required contact time. When purchasing chlorine bleach products, make sure that the bleach concentration is for household use, and not for industrial applications.

Tables must be sanitized using a two-step process: Clean first then disinfect.

When Using Standard Household Bleach

1. Make a bleach-water solution consisting of one-quarter to three quarter cups (1/4-3/4) of standard household bleach to each gallon of cool water or one to three (1-3) tablespoons of standard household bleach to each quart of cool water when children are not present in the area (make fresh bleach dilution daily).
2. It is recommended that you use a "pump" or "pour" bottle instead of a spray bottle to avoid aerosolizing the bleach solution.
3. Allow the solution to sit at least 10 seconds before wiping dry, using a clean disposable towel. Allowing the solution to sit for at least two minutes before wiping dry is preferable
4. Store out of reach of children in a way that prevents tipping and spilling. Always follow the manufacturer's instructions for safe handling.

Keep Schools Clean with Proper Cleaning & Disinfecting

Alternative Solutions to Bleach

An alternative EPA approved "disinfectant" (not sanitizer) may be used in place of the usual bleach and water solution **IF**:

- ⇒ It is registered with the EPA; Check the label of the original container and look for the designation as an EPA disinfectant
- ⇒ It is described as a disinfectant
- ⇒ It is used according to the manufacturer's instructions

References:

California Childcare Health program, 2009. Sanitize safely and effectively: Bleach and alternatives in child care programs. Health and Safety Notes (July).

Caring For Our Children: National Health and Safety Performance Standards.

California Childcare Health Program, 2013. Safe and Effective cleaning, sanitizing and disinfecting. Health and Safety notes (March).

U.S. Environmental Protection Agency. 2012. Selected EPA-registered disinfectants.

Cleaning vs. Disinfecting: What's the Difference?

It's important to understand the difference among cleaning, disinfecting, and sanitizing.

The US CDC explains how these practices work together to help stop germs from spreading:

- **Cleaning physically removes germs** by using soap (or perhaps detergent) and water to wash away surface dirt and grime.

- **Disinfecting kills most germs** on objects like baby toys, or stops germs from reproducing.

Remember that cleaning should always come before disinfection. Start by cleaning baby toys to remove any visible dirt and grime, then rinse with water and apply disinfectant (see directions below).

Diluted bleach is a safe and inexpensive way to disinfect baby toys.

1. Clean non-absorbent toys with soapy water, rinse with clear water, and wipe dry with disposable paper towels.
2. Disinfect with a chlorine bleach solution of **one tablespoon of bleach** to **one gallon of water**.
3. Lay out toys to air dry.

Behavior Intervention

How to read a behavior plan

MINDING MIRACLES Learning Center, Inc.

Beacon Achievement Center

Individual Behavior Plan

Individual: [redacted] DOB: [redacted]

Target Behaviors: Aggressions, scratching, yelling, elopement
Function of behavior: Tangible (primary) escape demands (secondary)

Addressing negative behavior: *****Jake will often aggress when he is feeling hungry. When aggressions first begin, offer Jake food to eliminate this factor before employing other Bx plan components.***
Aggressions: When Jake aggresses toward peers or staff, escort him from the area when possible. If Jake refuses to leave the area, escort all other participants out of the immediate area.

When Jake's aggression occurs due to tangible factors, prompt him to make a verbal request. Promote selection of activity, staff member/peers and location.

When Jake's aggression is controlled by escape (escape demands, attention or elopement), provide him with the choice to go to a quiet area.

When Jake's behavior follows instructor demands: Tell him "Jake, It is time to....(reiterate demand)." Then, immediately prompt him through the activity. If Jake has completed the activity with no further behavior, reinforce as if done independently. If he continues to act out, block all other activities for 30 seconds, and then repeat.

When Jake's behavior is due to blocked reinforcement: Offer an alternate reinforcer. {Ex- 'No outside, but you can have iPad.'} If Jake does not engage in problem behavior, immediate give him the alternate reinforcer.

If he does engage in target behavior, block access to both items, wait until behavior stops and count to 5…then give opportunity for the alternate reinforcer again—"No outside, Do you want iPad?" If no problem behavior is observed, immediately give him the alternative reinforcer. If problem behavior occurs again, repeat step. Remember, this can only work when the alternate reinforcer is a highly preferred item.

Preventing negative behavior:
Positive Behavior Support Systems:
**Use a visual timer and/or provide Jake with multiple warnings before transition from a preferred activity is expected. Whenever possible, give Jake the choice to remain in an activity he is enjoying if his behavior is appropriate.
**Refer to visual schedule or timer to help Jake understand the flow of his schedule.
**Promote choice making: Provide Jake with acceptable choices for preferred items/activities using choice boards and verbal choices (Do you want ___ or ____). Limit choices to accessible or appropriate items/activities.
Verbal redirection: Provide Jake with verbal directions back to the task/activity at hand. Jake may need verbal redirection several times when he begins to lose track.
First/Then promises: To get Jake to transition or engage in activities that he does not like, provide him with the following statement, "First we will _____, and then it's time for _____." Use visual aids. Promised reinforcement **MUST** be provided if Jake upholds his side of the contingency.
Non-contingent reinforcement: When Jake is unable to physically escape an area or demand, he may attempt to self-soothe by engaging in pacing, rocking, self-talk or other self-stimulatory behaviors. Allowing Jake the time/space to engage in these behaviors is a form of de-escalation.

_____ _____
Supervisor Signature Parent/Guardian Signature

*90 Spring Hill Road * Matawan, New Jersey, 07747 * 732-316-4884(ph) * 732-316-1385(fax)*
*45 Appleton Avenue * Leonardo, New Jersey, 07737 * 732-291-0810(ph) * 732-291-0502(fax)*
*204 Wilson Avenue * Port Monmouth, New Jersey, 07758 * 732-769-2722(ph) * 732-769-2343(fax)*
*405 Highway 36 * Port Monmouth, New Jersey, 07758 * 732-796-2400 * MindingMiracles@aol.com*

ABC Data Collection: recording a SINGLE instance of behavior to determine the function

ABC Behavior Data Student ______________________________ Class __________________________

Date	Time/Duration	Environmental Factors	Intensity (1=mild, 3=moderate, 5=extremely intense)

Antecedent	Behavior	Consequence

Date	Time/Duration	Environmental Factors	Intensity (1=mild, 3=moderate, 5=extremely intense)

Antecedent	Behavior	Consequence

Date	Time/Duration	Environmental Factors	Intensity (1=mild, 3=moderate, 5=extremely intense)

Antecedent	Behavior	Consequence

Date	Time/Duration	Environmental Factors	Intensity (1=mild, 3=moderate, 5=extremely intense)

Antecedent	Behavior	Consequence

Tally Collection: recording how frequently a behavior occurs on a different day. One tally mark = one incident of the TARGET behavior

Client Name: _____

Behavior:_____

Date	Tally	Total

De-escalation Strategies

- Act calm even if you're not.
- Give a choice.
- Use humor to lighten the mood.
- Ask them to draw a picture.
- Say, "I see where you are coming from."
- Talk about something they like.
- Try to understand their perspective.
- Let the person talk without interrupting.
- Avoid needing to get the last word.
- Remind them they are not in trouble.
- Say, "I'm here for you."
- Ignore the behavior if you can.
- Say, "What would help you right now?"
- Offer to change something you are doing.
- Let them take a walk or get a drink.

STRATEGIES FOR CHALLENGING BEHAVIORS
(MODEL THE BEHAVIORS YOU WANT TO SEE)

OBSERVE

- Observe what lead to the behavior. Is the child seeking or avoiding something? Is this a recurrent behavior? Was an intervention used before? How did it go?

ACKNOWLEDGE AND HANDLE FEELINGS

- Acknowledge your own feelings and come to a calm. You can't calm a brain without a calm brain.
- Acknowledge and validate their emotions
- Identify emotions with feeling words and charts
- Have a calm down kit to help them find their center.

ENGAGE COOPERATION

- Be clear and consistent in our expectations.

⇒ Explain what behavior you want to see

⇒ Explain why they can or can't do things.

⇒ Provide safe alternatives

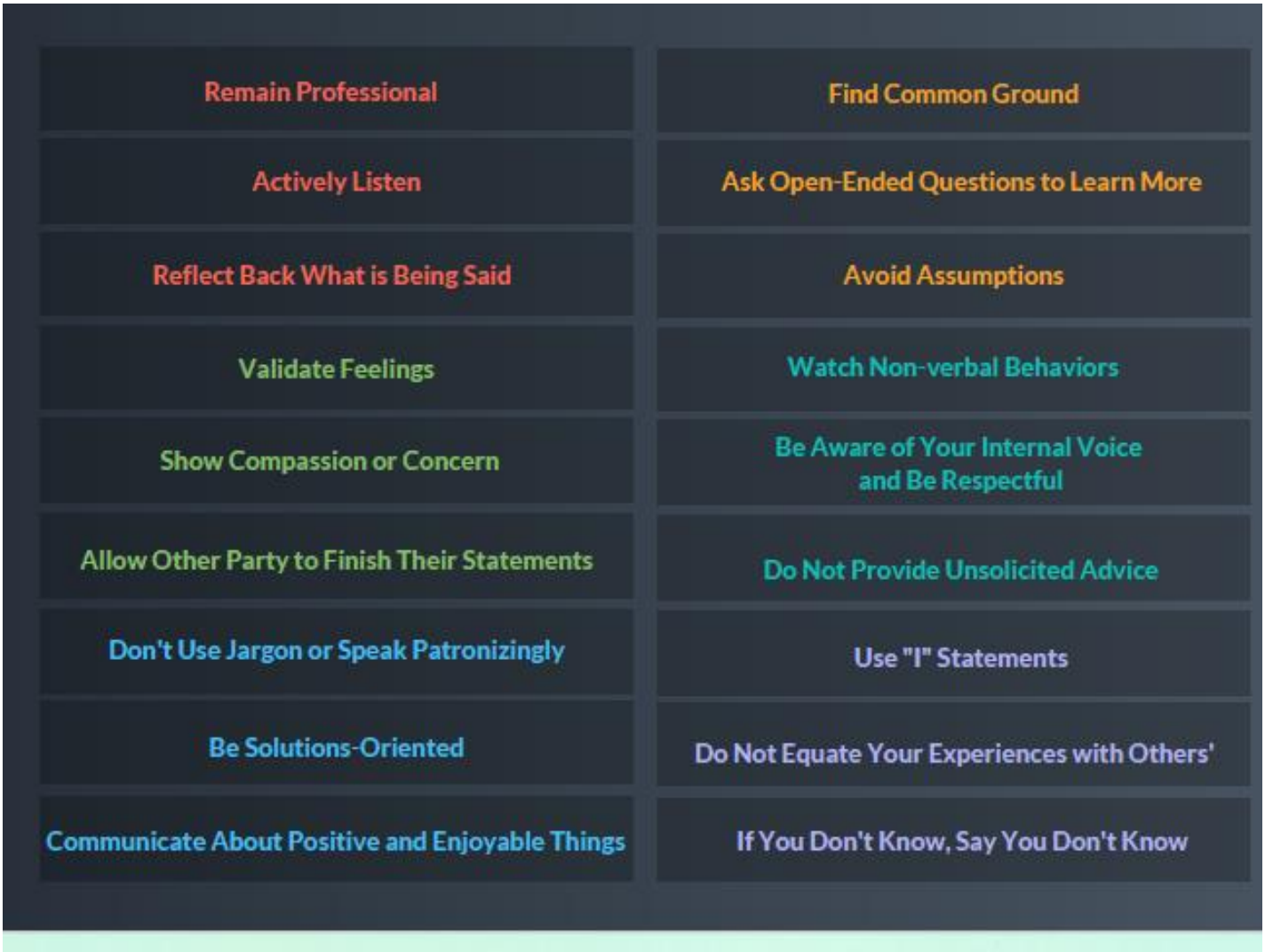
⇒ Use "When…Then…"

- Tell children what's going to happen before it happens
- Praise behaviors you want to see using specific language
- Provide choices
- Make it a game
- Use stories to explain lessons
- Make inanimate objects talk
- Pick your battles

RESOLVE CONFLICTS

- Acknowledge feelings
- Describe actions' effects on others
- Redirect
- Find duplicates
- Encourage turn taking
- Remind them of the rules
- Ask for ideas for solutions and choose one together.

Stay respectful!



Self-advocacy has three key elements:

- Understanding your needs.
- Knowing what kind of support might help.
- Communicating these needs to others.

5 strategies for adults with disabilities to develop self-advocacy skills…

- Understanding one's own needs, desires & likes/dislikes
    - What we can do?
        - Foster choice making
        - Implement support systems for choices (pictures, words, this or that statements).
        - Promoting new experiences
- Developing self-regulation skill sets
    - What can we do?
        - Allow the person to choose alone time (line of sight)
        - Be sensitive to sensory needs/overstimulation
        - Monitor self-stimulatory behaviors that may be an attempt at self-regulation
        - Explicitly teach strategies related to self-regulation
- Find motivation (internal and external) in daily tasks and abilities.
    - What can we do?
        - Help participants find small personal goals that they can work toward achieving.
        - Involve participants in choosing their activities and exploring experiences that they find happiness in.
        - Work toward transferring primary reinforcement or reinforcers that aren't necessarily age appropriate to reinforcement that is more intrinsic or age appropriate
- Social Skills.
- Communicating

Individual Modification Forms

Participant's Name _____ **DOB**_____

Seizures: ☐ yes ☐ no **Other medical conditions:** _____

Behaviors requiring modifications:

☐ Tantrum ☐ Self-injury ☐ Aggression ☐ Lack of appropriate leisure skills ☐ Rigidity
☐ Lack of peer interactions ☐ Academic/cognitive concerns ☐ Non-compliance
☐ Destructive behavior ☐ Elopement ☐ Physical limitations

Is there a behavior plan in place? ☐ **No** ☐ **Yes**

Modifications to be used at Beacon:

☐ Peer modeling
☐ Vocational/Work prep
☐ Specific skill interventions
☐ DRA/DRO/DRI/DRH (specify)
☐ Sensory interventions
☐ Non-contingent reinforcement
☐ Ind. activity schedule
☐ Positive behavior support systems
☐ Mod. to physical environment
☐ Intensive social skill instruction
☐ Shadow/Support during groups
☐ Interruption trials
☐ Physical support systems
☐ Provide alternate behaviors
☐ Visual Aids/timer
☐ Communication aids (PECS/AAC/ASL)
☐ Functional communication training
☐ Other:

Type of Supervision at Program: _____

Type of Supervision in Community: _____

Medication:

Given at the center? y/n Time: _____

Transportation: _____

Personal Preferences:

Dietary/Mealtime needs:

Allergies (& other medical info)

_____ _____

Supervisor Signature Date implemented

Modification Definitions:

Peer modeling: Peers provide the prompting or model for an imitative response (ex- peers walking to the sink to wash hands acts as a gestural prompt for the student to go wash hands)

Intensive social skill instruction: Classroom staff use explicit instruction to help student interact appropriately with peers- this can include small group instruction.

Play interventions: Classroom staff engage student in explicit instruction to teach functional play skills, symbolic toy play, parallel/cooperative play or skill acquisition through play.

Shadow/Support during groups: Classroom staff provide graduated guidance during groups or center play

Interruption trials: Used when a student has a difficult time transitioning- especially from preferred to non-preferred activities. Interruption trials entail systematic practice throughout the day requiring the student to transition away from a preferred activity toward a no-preferred or neutral activity. The less preferred or neutral activity must be paired with positive reinforcement.

Follow through with EI strategies: Classroom staff follows through with the specific strategies or methodology as trained by early intervention specialty staff.

Generalization training: Skills taught through explicit instruction are generalized into the classroom environment through different classroom staff members, different materials, different language and different circumstance to promote differentiation.

Maintenance of intervention goals: previously mastered skill sets are maintained through systematic introduction in the classroom environment

DRA/DRO/DRI: Differential reinforcement of ALTERNATE behaviors (reinforcement of appropriate behaviors that can be replacement behaviors for the target behavior) /Differential reinforcement of OTHER behaviors (reinforce any behaviors OTHER than the target behavior)/Differential reinforcement of INTERFERING behaviors (Reinforce students for engaging in behavior that cannot be exhibited at the same time as the target behavior ex-reinforce clapping hands instead of pushing)

Physical support systems: Hand over hand support (for instance, during feeding) or a specific chair for physical supports

Mand training within natural environment: Communication tempters used to improve communicative intent and increase instances of requests

Sensory interventions: Opportunities are offered for specific sensory stimuli systematically throughout the day. This must be arranged by BCBA or OT to address the child's specific needs. Examples include, tactile input (Orbeez/playdoh), Vestibular input (swinging/bouncing), Visual (sensory tubes/light bds), sensory avoidance strategies (headphones/sunglasses), etc.

Provide alternate behaviors: Teach behaviors to replace the function of the target behavior (for example- teaching students to ask 'Can I play' instead of taking toys from others)

Non-contingent reinforcement: Provide positive reinforcement systematically without provocation to eliminate the need for the student to engage in the target behavior (for example- providing frequent walks outside of classroom with an adult for a student who attempts to elope.

Visual Aids/timer: Visual stimuli (pictures, signs, instructions, reminders, etc) meant to remind the student of the expected behavior. For instance, signs depicting the sequence of washing hands or spots on the floor where students are expected to line up. Timers can be used to help students understand that it is time for transition.

Ind. activity schedule: For students who have a difficult time with self-initiated play or engage in destructive patters of play, independent activity schedules can be used as a formatted, structured play sequence to keep students engaged through to the end of the schedule. Activities can be switched out as long as the format remains consistent.

Communication aids (PECS/AAC/ASL): Alternate forms of communication specific to the current abilities of the student. Picture exchange choice boards or adapted sign language can make it possible for a non-verbal (or limited verbal) student to make choices and communicate wants/needs.

Positive behavior support systems: Any classroom strategy meant to scaffold appropriate behavior and establish effective classroom routines (token boards & first/then boards) would fall into this category as well.

Functional communication training: Total focus on teaching the student functional communication within the classroom. This can include communication aids and mand training.

Mod. to physical environment: Strategic placement of furniture, use of specialized furniture and manipulation of the student's placement in the environment (example, giving the student who has difficulty keeping their body to themselves a cushion to sit on during circle).

Graduated guidance: A type of response prompt that offers the minimal amount of physical prompting needed to occasion a correct response by having a trainer in a position to prompt immediately (if necessary) and then gradually reducing the amount of physical prompting.

Important information regarding behavior:

**When a participant is having ongoing challenging behaviors, and you need support, start by collecting data (ABC data & frequency data can be accessed from the manager, BCBA or consulting head teacher.

**Why the behavior is occurring is AS important as the behavior itself. No behavior occurs for 'no reason.' Taking notes and data is critical to our ability to create an effective plan. Words like 'always,' 'never' or 'constant' must be replaced by actual numbers and circumstantial notes.

CRITICAL information regarding behavior:

**When provided with a behavior plan, the plan MUST be followed as written....CONSISTENTLY. These plans do not work over night and will only work when implemented properly.

**There will always be clients with difficult behavior in our care. It 'par for the course' when working with people who have special needs. Washing your hands of a client because of their behavior is simply not an option for any Minding Miracles employee.

**Remember, it is our job to teach individuals how to behave in socially acceptable, safe ways...not just to address negative behaviors.

**WATCH YOUR LANGUAGE--- negative language in the presence of a participant (bad, nasty, fresh, mean, bully) is <u>not</u> acceptable.

ABC's of Behavior:

Antecedents Behavior Consequences

VANDERBILT UNIVERSITY

The ABC's of behavior help you to understand what turns your child's challenging behavior on and off. By collecting this information, you may be able to identify why your child engages in challenging behavior, strategies you can use to prevent or decrease this behavior, and new behaviors to teach your child to use instead of the challenging behavior.

Antecedents

Antecedents are the contexts or events that occur immediately BEFORE the challenging behavior. They include specific times of day, settings, people, and activites.

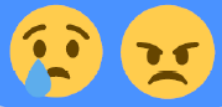
For example, if your child tantrums each night when it's time to transition to bed, the verbal prompt "it's time for bed"might be an antecedent or turn on your child's challenging behavior.

Antecedents are what turn the behavior ON.

Behavior

Challenging behavior is any behavior that interferes with learning or engagement with peers and adults.

Young children often engage in challenging behavior to communicate their wants and needs because they are just learning how to be social and communicate.



Consequences are what turn the behavior OFF.

Consequences

Consequences are the events or contexts that occur immediately AFTER the challenging behavior.

For example, attention from an adult in response to a child's behavior, the removal of activities or demands, or access to objects or activities provided as a result of the behavior might be consequences or turn off challenging behavior.

Click here for strategies you can use to prevent or decrease challenging behavior, teach new behaviors, and new ways to respond when challenging behavior occurs.

Functions of Behavior

Attention

An individual may be engaging in a behavior in order to access attention from other students, teachers, or other people. The attention can be positive or negative.

How do I know if the behavior is an attention behavior?

Refer to your ABC data. If the consequence that follows the target behavior usually involves another person, it may be an attention function. The consequence may be a teacher lecture, other students laughing, or a paraprofessional providing extra help.

Escape

An individual may be engaging in a behavior in order to escape a situation, activity, or person. Escape behaviors may not always be to get out of a task, it may be to escape a specific part of the environment.

How do I know if the behavior is an escape behavior?

Refer to your ABC data. If the consequence that follows the target behavior usually a change in an environmental contingency, it may be an escape behavior. The consequence may be a break from a task, a time out, or access to an area of the class away from other students.

Sensory

An individual may be engaging in a behavior to give himself some type of internal sensation that is pleasing or remove an internal sensation that is averse. These behaviors are sometimes known as self-stimulatory.

How do I know if the behavior is a sensory behavior?

Refer to your ABC data. If the behavior is occurring in a wide range of settings, with a wide variety of consequences, and sometimes occurs while the individual is alone, it may be a sensory behavior.

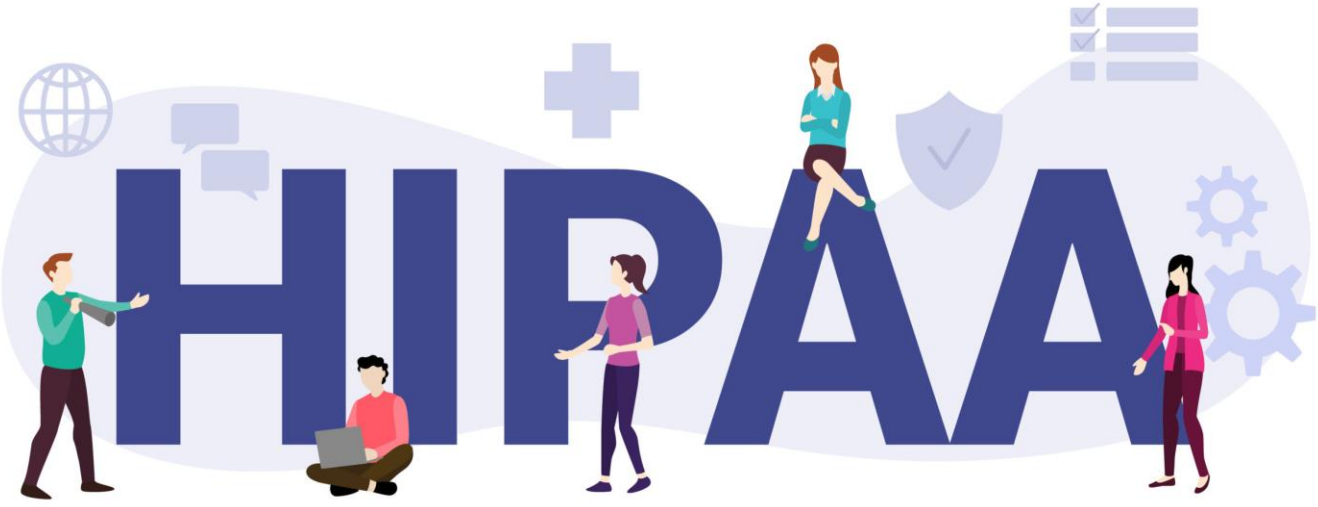
Access to Tangibles

An individual may be engaging in a behavior in order to access an item or activity. The consequence may involve a break or attention but consistently involves access to an item.

How do I know if the behavior is maintained by access to tangibles?

Refer to your ABC data. If the consequence that follows the target behavior consistently involves access to a preferred item or activity, it may be an access to tangible behavior.

HIPAA & General Confidentiality



Health Insurance Portability and Accountability Act

Confidentiality

HIPAA COMPLIANCE

All employees of Minding Miracles are required to comply with the Health Insurance Portability & Accountability Act. This act (HIPAA) protects the personal health information (PHI) of our clients and their families. Personal health information includes, but is not limited to:

- Demographic information (last name, birthday, address, etc)
- Diagnostic information/functioning level
- Behavioral profile
- Services being received
- Anecdotal information
- Programming information

Compliance with HIPPA Laws are mandatory for all Minding Miracles employees. Failure to comply with the safeguards contained within the HIPAA guidelines will result in immediate dismissal. Compliance entails:

- Avoiding discussing a child's PHI with anyone other than parents, supervisors and staff related to the child's direct care.
- Keeping all sensitive paperwork in a secure location.
- Not answering questions from other parents or professionals about a child's PHI.
- Sharing information with others at the parent's request ONLY after signed consent has been attained.
- Refraining from any 'outside' (off-duty) conversation about clients in public places or in the presence of non-employees.

This policy applies to **ALL** Minding Miracles clients (with or without a diagnosis).

Important take-aways:

*No client information should be discussed in public places

*No client information should be shared with non-employees

*Client information pertaining to diagnosis, behavior, treatment types and family situations should only be shared as needed with appropriate staff members.

*When another client is involved in a behavioral incident, staff may not share the other client's name when discussing with parents.

What is HIPAA Compliance?

HIPAA compliance *is adherence to the physical, administrative, and technical safeguards outlined in HIPAA, which covered entities and business associates must uphold to protect the integrity of Protected Health Information (PHI).*

Three Rules to Meet HIPAA Requirements

Privacy Rule

- Ensure Patient confidentiality
- Keep track of disclosures
- Disclose the minimum amount of information
- Notify individuals of the use of their PHI

Security Rule

Implement and maintain best practices to protect patient PHI and ePHI with:

- Administrative safeguards
- Physical Safeguards
- Technical Safeguards

Breach Notification Rule

Report on data breaches within 60 days of discovery (for large breaches) or 60 days of the end of the calendar year (for small breaches) to:

- Regulating body OCR
- All impacted individuals
- In large breaches, the media

WHAT information must remain confidential?

- Demographic information (addresses, phone number, etc.)
- Diagnostic information (health & developmental)
- Behavioral profiles (target behaviors, behavior plans, behavioral incidence)
- Personal health information (medical conditions, etc)

Who can I share information with?

- Parents/guardians
- Beacon staff, managers & supervisors
- DDD Support Coordinators (ONLY the support coordinator assigned to the individual in question)
- Residential program administration
- Individuals designated by DDD to assist with assessment, behavior & planning (Who provide a signed consent form)
- Individuals from DDD tasked with performing audits, licensing & supervision

Managing Seizures

DDD PREVENTION BULLETIN | SEIZURES

Seizures are episodes of disturbed brain activity which can affect one part or multiple parts of the brain. A seizure happens when nerve cells in the brain don't function properly and there is a sudden abnormal electrical signal in the brain. Seizures vary in appearance and severity depending on where they start in the brain.

Epilepsy is a disorder of the brain, characterized by recurrent seizures (uncontrolled body movements). Epilepsy is a common childhood neurological condition that is associated with many developmental disorders.

Why people with a developmental disability may be at higher risk for seizures:

- *Individuals with developmental disabilities are more likely to have seizures or epilepsy due to underlying brain conditions.*

Risk Factors for Seizures:

- Progressive brain disease
- Head trauma
- Hypoglycemia
- Congenital conditions
- Brain Tumor(s)
- Genetic factors
- Stroke
- A history of seizures within the last 5 years

Signs and Symptoms of a Seizure(s):

Symptoms vary from person to person, depending on the type of seizure. Some have staring spells while others may shake violently. Seizures are categorized as either generalized (involving the entire cerebral cortex) or partial (involving part of one cerebral hemisphere). Seizure symptoms can include:

- Rapid eye blinking or staring
- Twitching of the face
- Odd repetitive behavior
- Shaking or jerking of the limbs
- Stiffening of the body
- Sudden aggressive behavior

DDD PREVENTION BULLETIN | **SEIZURES**

Treatment and Prevention:

- Seizure medication should be administered/taken as prescribed (correct dosage and time)
- The individual should have regular follow-up with a Neurologist
- Records should be kept of any seizure activity: how long seizure lasted and a description of each seizure

Management and Precautions:

- Staff should check to make sure the individual is breathing
- Staff should help the individual lie down on the bed or floor, loosen clothing around the neck and remove eyeglasses
- Staff should stay with an individual during a seizure:
  - Staff should not place anything in the person's mouth or restrain them
  - Staff should move objects away to prevent injury
  - Staff should, if possible, provide padding under individual's head/arms/legs
  - Staff should only move the individual if the area is unsafe
- After the seizure has ended, staff should ensure the person is comfortable, allow quiet time to recover from the seizure and check on the individual every 15 minutes to make sure he/she is breathing normally

Call 911 for emergency help if someone is having a seizure and:

- It is the first time the person has had a seizure
- The person has stopped breathing
- The seizure lasts 5 minutes or longer
- The person has another seizure soon after the first one stopped
- The person is not fully awake within a few minutes after the seizure
- The person's lips or face look blue
- The person falls and hits their head during a seizure
- A seizure happens after a head injury

If you have any questions regarding this material or would like to schedule a training, please contact The DDD Resource Team at ddd.resourceteam@dhs.nj.gov.

Seizure First Aid

How to help someone having a seizure

1

STAY with the person until they are awake and alert after the seizure.

- ✓ **Time** the seizure
- ✓ Remain **calm**
- ✓ Check for **medical ID**

2

Keep the person **SAFE**.

- ✓ Move or guide away from **harm**

3

Turn the person onto their **SIDE** if they are not awake and aware.

- ✓ Keep **airway clear**
- ✓ **Loosen tight clothes** around neck
- ✓ Put **something small and soft** under the head

Call 911 if...

- Seizure lasts longer than 5 minutes
- Person does not return to their usual state
- Person is injured, pregnant, or sick
- Repeated seizures
- First time seizure
- Difficulty breathing
- Seizure occurs in water

Do NOT

- ✗ Do **NOT** restrain.
- ✗ Do **NOT** put any objects in their mouth.
  - **Rescue medicines can be given** if prescribed by a health care professional

Learn more: **epilepsy.com/firstaid**

EPILEPSY® FOUNDATION | **epilepsy.com**

24/7 Helpline: 1-800-332-1000

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ILLNESS OR STRESS
MISSED MEDICATION
BEING DEHYDRATED
WHAT ARE
seizure triggers?
FACTORS THAT MAY HAPPEN BEFORE A SEIZURE.
SLEEP DEPRIVATION
ALCOHOL OR DRUG USE
FLASHING LIGHTS
EPILEPSY FOUNDATION

Form #8

Seizure Log

(Used To Document Each Seizure)

Individual's Name: _____ Program: _____

Date	Time Seizure Started	Time Seizure Ended	Approx. Length	911 Called	Comments

Mandatory Staff Training

COLLEGE OF DIRECT SUPPORT

- More than 30,000 people across new Jersey are employed as Direct Support Professionals (DSPs), supporting people with disabilities in daily activities ranging from personal care to developing relationships in the community.
- Statewide, DSPs are dedicated to supporting and empowering people with disabilities to live meaningful lives in their communities. The New Jersey Partnership for Direct Support Professional Workforce Development acknowledges the critical role these employees play in the lives of people with disabilities through recognition and initiatives aimed at enhancing the quality of this workforce.
- Trainings mandated by the Division for agency staff and self-directed employees are accessed online through the College of Direct Support (CDS), administered in New Jersey by The Boggs Center on Developmental Disabilities.
- In addition, the National Alliance for Direct Support Professionals (NADSP) has developed a national certification program for DSPs.

CDS for Direct Support Professionals

- College of Direct Support Learner's Guide
- College of Direct Support Login

CDS for Agency Administrators

- College of Direct Support Administrator Training Registration
- College of Direct Support Administrator Training Manual

This information was taken directly from:
https://www.nj.gov/humanservices/ddd/providers/staterequirements/collegedirectsupport/

STAFF DEVELOPMENT

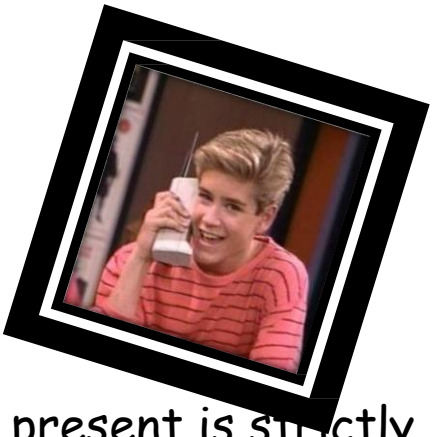
DDD requires that each employee in a participant care setting perform continuing education throughout their employment.

Management & Credentialed staff must complete 20 hours of staff development each school year (8/1-7/31). All other staff must complete a minimum of 12 hours of continuing education each school year. Staff meetings, meetings-in-a-memo and in-services all count toward staff training. However, each staff member is responsible for completing the remainder of the hours by seeking out additional training opportunities.

Online and satellite training opportunities are available through the NJ participant Care Information System. If you haven't done so already, make a profile on CDS in order to seek out training opportunities.

Other important policies

Staff Cell Phone Policy



Use of cell phones while students are present is strictly prohibited at Minding Miracles/Every Little Step. Cell phones are a distraction and can create a safety risk. Therefore, the following consequences will be enforced when any staff member is observed using their cellphone while on-duty for any reason other than that permitted below:

Permitted Uses:

- A critical family emergency that requires constant contact. Use must first be approved by the center manager and must not interfere with the classroom dynamic.
- Application use for classroom management/student benefit (ex- timers, SeeSaw, Youtube, Spotify). This stipulation applies only to the head classroom teacher, and must be approved by the center manager. ***In most cases, the classroom iPad should mainly be used for this purpose.***
- Use in the office or outside the building during staff breaks.

In the event that a staff member violates this policy, the following consequences will be enforced:

1st offence: Warning

2nd offence: 1 Day suspension without pay

3rd offence: 2 Day suspension without pay and meeting with management

4th offence: Dismissal

Attendance

Attendance is CRITICAL to accurate bookkeeping and organization. Every staff member must contribute to accurate attendance by assisting in the following:

*When greeting students upon arrival/dismissal, remind caregivers to sign in/out.

*Keep paper attendance logs listing time in AND time out.

*When technical glitches occur or discrepancies are determined, make note and bring to the center manager's attention.

*Please remember, Minding Miracles often is responsible for billing third party payers such as CCR&R, Medicaid and Insurance Companies: Accurate attendance is **critical** to compliance.*

Staff Schedules:

Every effort is made to accommodate personal requests and availability; however, Minding Miracles' staff schedule is created to ensure that our student:staff ratio is adequate. Unplanned absences create inefficiency and havoc. Requests made with less than 1 week's notice will not be guaranteed and requests made without 48 hours notice will be considered 'unplanned' and are subject to 'write-up.'

Please review the attendance policies provided in the employee handbook for guidelines and consequences of employee attendance issues. The form below (found in the office of each center) can be submitted to request a schedule change or day-off.

NOTE: ALL UNPLANNED ABSENCES WITHOUT SUPPORTING DOCUMENTATION WILL NOW BE SUBJECT TO EMPLOYEE WRITE-UP.

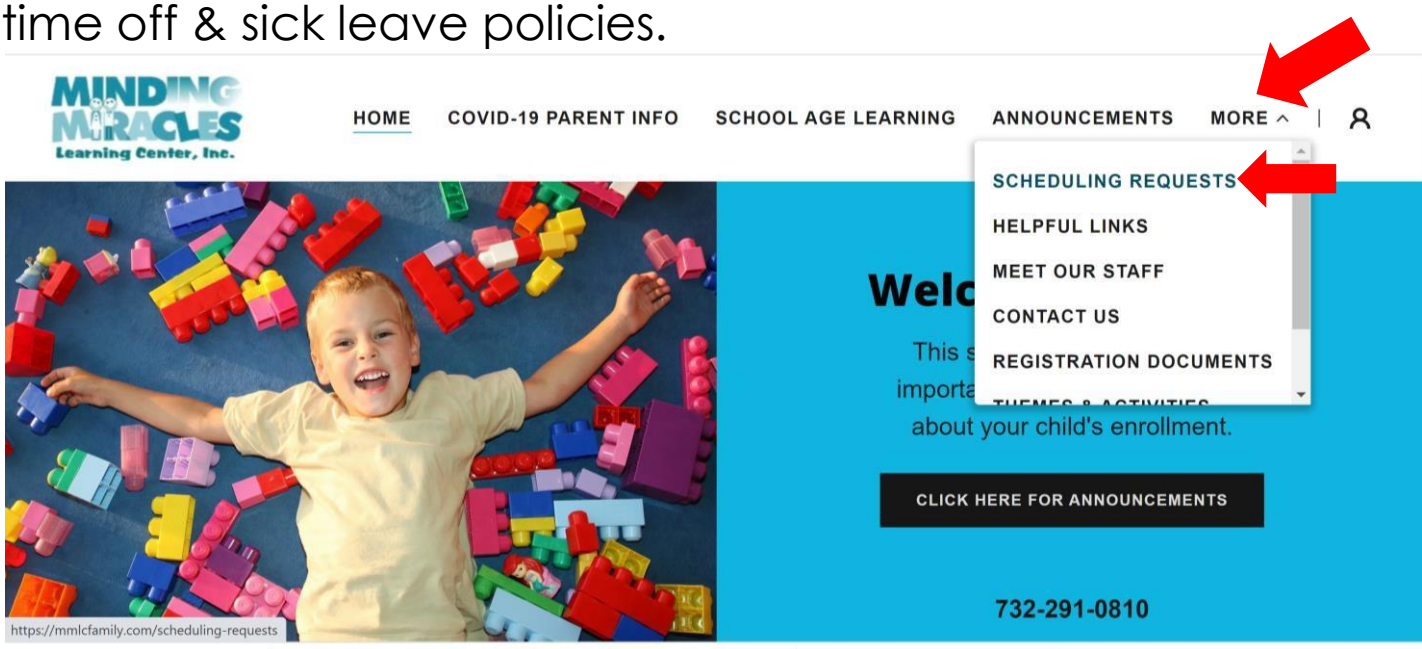
Day-off requests and schedule changes can be made by filling out the electronic form on our website at MMLCfamily.com. You will receive an email in return informing you of approval or rejection.

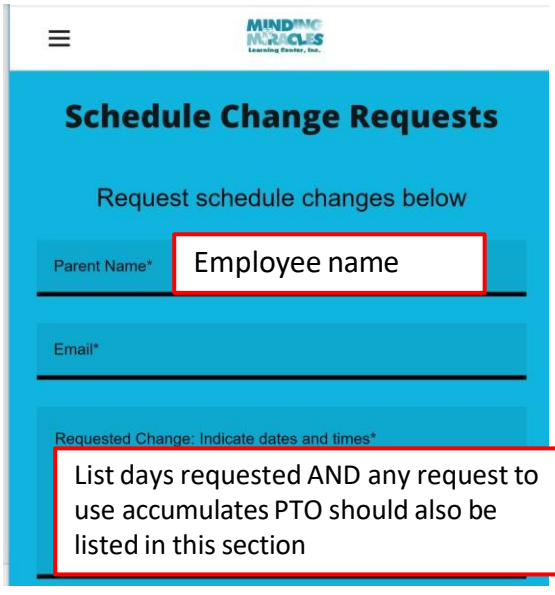
Requesting time off:

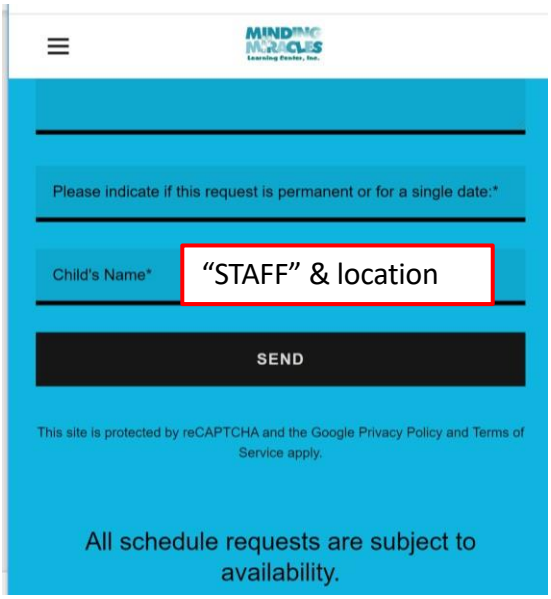
All days off must be requested through Minding Miracles website. Gina will receive the message, discuss coverage with your manager and notify you of approval.

If you do not hear from Gina within 72 hours, check-in with her or your manager to be sure the request was received.

Check the Employee Handbook (updated 8/2021) for paid time off & sick leave policies.







Social Media Policy

This social media policy applies to parents, members of staff, students, and volunteers at Minding Miracles. As part of our duty to safeguard children it is essential to maintain the privacy and security of all our families. We therefore require that no staff member may take pictures/video of the children for personal use; including to be posted or utilized on social media. Staff members who do not abide by this policy are subject to immediate termination.

Parents are allowed to take pictures/video of their own child and advised that they do not have a right to photograph anyone else's child or to upload photos of anyone else's children.

Photos and videos posted as a part of Minding Miracles' parent inclusion program (i.e. learning displays or See Saw journals) are for parent viewing only and may not be shared by parents if they include children other than their own.

This policy includes (but is not limited to) the following technologies:

- Social networking sites (e.g. Facebook, Instagram, Snap Chat, etc)
- Blogs
- Discussion forums
- Collaborative online spaces
- Media Sharing services (i.e. You Tube)
- Micro-blogging (i.e. Twitter)

Beacon Achievement Center Employee Annual Orientation

_____ Agency Overview: Who we are
_____ Mission Statement & program Philosophy
_____ Personnel Policies
_____ DSP Job Description
_____ DDD Overview
_____ Participant Rights & Responsibilities
_____ Health & Safety Training
_____ Day habilitation purpose, activities, supports
_____ Daily note training (Therap)
_____ Individual Service Plans, modifications & behavior plans
_____ Cultural responsiveness
_____ Detecting & reporting abuse, neglect and exploitation
_____ Family relationships/Communication
_____ Incident reporting
_____ Stephen Komnino's Law
_____ Danielle's Law
_____ Emergency Preparedness (Evacuation, lo -place)
_____ Universal Precautions
_____ Managing Seizures
_____ Behavior support plans/Data c
_____ Employee Responsibilities

_____ _____ _____
Employee Name Employee Signature Date