



GOOD SAMARITAN BOYS RANCH

Celebrating 55 years of helping kids 1959 - 2014

Suggested items for residents upon admission to the Good Samaritan Boys Ranch

- Blue jeans
- Casual shirts (t-shirts and collared pullover shirts)
- Dress slacks & button-down shirt (if available)
- Shorts
- Swim suit
- Tennis shoes
- Boots (if available)
- Heavy coat & light jacket
- Ball cap
- Stationary
- Family photographs
- Toys (up to moderate size)
- Hobby materials
- Books
- Electric razors (no straight-edge razors)
- Radios players (mp3 players and play stations are not allowed)

The Good Samaritan Boys Ranch provides all residents with socks, underwear and all necessary hygiene products for the duration of their placement. Clothing purchases are coordinated with the resident's family or legal guardian.

The following items are not allowed:

- Clothing with inappropriate wording and/or images
- Cigarettes
- Lighters
- Earrings and body piercings
- Cell phones
- Homemade "burned" cd's or dvd's
- Knives



GOOD SAMARITAN BOYS RANCH RESIDENT CONTACT LIST

Name of Resident: _____

Good Samaritan Boys Ranch policy regarding visitation, phone contact and mail correspondence will be limited to the people who approved by the legal custodian or parents of the residents.

Please list below all who are approved to have contact with the resident:

Please list below any person(s) who are not allowed to contact with resident:

Signature of Parent, Guardian or Legal Representative

Date

Signature of Witness

Date



**GOOD SAMARITAN BOYS RANCH
AUTHORIZATION OF RELEASE**

To Whom It May Concern:

This document will certify that the minor, _____, DOB _____
is presently in the legal custody of _____

Pursuant to our legal authority, foster placement of said child has been made in the home of:

Good Samaritan Boys Ranch
5549 Highway K
Brighton, MO 65617

and such placement is for an indeterminate period.

While said child is in the care of said foster parent(s), they are authorized to:

- a) Arrange for and provide minor medical attention to meet emergency situations as shall be available from medical personnel or agencies working within the MEDICAID program.
- b) Retain said child in their immediate custody and control while on normal business or vacation travel.
- c) Provide GSBR Nurses, Kelly Kite, LPN, and Kim Vest, LPN, and Sue Barton access to all medical files and information concerning the said child.

Assume such further responsibilities "in loco parentis" as would be reasonable and appropriate under the circumstance at hand.

Sincerely,

(signature)

Name: _____

Title: _____

Organization: _____



**GOOD SAMARITAN BOYS RANCH
CONSENT FOR VACCINATION**

I hereby certify that I am the parent/legal guardian (please circle relationship) of

_____ and give my consent for him to receive necessary vaccinations

while placed at Good Samaritan Boys Ranch.

If consent is not obtained, a medical or religious exemption must be submitted which will be kept in the resident's medical records.

Signature of Parent, Guardian, or Legal Representative	Date
---	-------------

State of Missouri
County of _____

Subscribed and sworn to before me this _____ day of _____ ' _____

Notary Public

My commission expires: _____



**GOOD SAMARITAN BOYS RANCH
 CONSENT FOR H.I.V. & HEPATITIS TESTING**

H.I.V. testing will be conducted on all GSBR residents with a known history of sexual offending or that are known to have been sexually abused.

H.I.V. testing will be conducted on any resident not previously tested who is involved in an incident with body fluid exposure.

Resident: _____

 Signature of Parent, Guardian or Legal Representative

 Date

 Signature of Witness

 Date



**GOOD SAMARITAN BOYS RANCH
 CONSENT FOR MEDICAL/SURGICAL/PSYCHIATRIC CARE**

I hereby certify that I am the parent/legal guardian (please circle relationship) of

_____ and give my consent for him to receive necessary medical or surgical care during his stay at the Good Samaritan Boys Ranch. I also give my consent for him to receive necessary vaccinations and immunizations, medications, and routine medical examinations.

If _____ participates in excessive noncompliance and becomes harmful to himself and/or others, I will be notified in order to remove him as soon as possible from the facility, and/or to authorize and make arrangements for psychiatric hospitalization.

 Signature of Parent, Guardian or Legal Representative

 Date

State of Missouri
 County of _____

Subscribed and sworn to before me this _____ day of _____, _____

 Notary Public

My commission expires _____



**GOOD SAMARITAN BOYS RANCH
STATEMENT OF FINANCIAL RESPONSIBILITY
REGARDING MEDICAL NEEDS**

Re: _____

I, _____, have provided proof that
Parent/Legal Guardian

_____ has current and active Medicaid coverage.
Resident

The Children’s Division, Division of Youth Services or Legal Guardian does accept responsibility for any medical/dental/vision expenses not covered by Medicaid during placement of Good Samaritan Boys Ranch.

_____ is covered by the following insurance company:

Insurance Company: _____

Insured’s Name: _____

Policy/Group/ Medicaid #: _____

Relationship to Applicant: _____

Signature of Parent, Guardian or Legal Representative

Date

Signature of Witness

Date



GOOD SAMARITAN BOYS RANCH RESIDENT INSURANCE COVERAGE

Resident: _____

Please Print

If a resident has insurance other than Medicaid, all information below must be completed.
All medical charges not covered by Medicaid will be billed to the legal guardian.

Does this resident have other insurance beside Medicaid? ____ Yes ____ No

If Yes, please complete the following form:

Insurance Company: _____

Insured's Name: _____

Bin #: _____

Policy/Group #: _____

Relationship to Applicant: _____

Insured's Date of Birth: _____

Insured's Social Security #: _____

Insured's Address: _____

Insured's Phone Number: _____

Signature of Parent, Guardian or Legal Representative

Date

Signature of Witness

Date



GOOD SAMARITAN BOYS RANCH CLOTHING REIMBURSEMENT POLICY

It is the policy of the Good Samaritan Boys Ranch to purchase clothing items for residents who have funds available to them, and in turn, bill the parent(s) or legal custodian for reimbursement of the purchase.

I hereby certify that I am the parent/legal guardian (please circle relationship) of

_____ and acknowledge that he does have funds

available in the amount of \$ _____ to purchase necessary clothing items.

Annual clothing allowance renewal date: _____

Signature of Parent, Guardian or Legal Representative

Date

Signature of Witness

Date



JEREMIAH W. (JAY) NIXON, GOVERNOR • BRIAN KIRKGADE, INTERIM DIRECTOR

CANDACE A. SHEVELLY, DIRECTOR
CHILDREN'S DIVISION

PO Box 88 Jefferson City, MO 65103-0088
WWW.DSS.MO.GOV 573-522-8024 573-526-3971 Fax

Written Placement Agreement for Residential Care

Child: _____

Date of Birth: _____

TO WHOM IT MAY CONCERN:

The residential treatment facility is authorized to enroll children in school, to seek emergency and routine medical care, and to give authorization for treatment. This authorization does not extend to surgical procedures or procedures requiring general anesthesia. In the event of a medical emergency requiring surgery or any procedure requiring general anesthesia, please immediately contact the worker, supervisor, or call the hotline at 1-800-392-3738 and ask for the on call worker.

If you have any questions, please feel free to contact the worker or supervisor.

Case Manager/Service Worker

Telephone: _____

Supervisor

Telephone: _____

Date: _____

RELAY MISSOURI
FOR HEARING AND SPEECH IMPAIRED
1-800-735-2466 VOICE – 1-800-735-2966 TEXT PHONE
An Equal Opportunity, services provided on a nondiscriminatory basis.



**GOOD SAMARITAN BOYS RANCH
AUTHORIZATION FOR PARTICIPATION IN HORSEBACK RIDING**

As Parent/Guardian of _____, I am aware that as a resident of the Good Samaritan Boys Ranch, he will participate in horseback riding activities as a part of the Recreation Therapy process.

Signature of Parent, Guardian or Legal Representative

Date

Signature of Witness

Date



GOOD SAMARITAN BOYS RANCH CONSENT FOR TREATMENT AND DAILY CARE

I affirm that I have been informed of the services available at the Good Samaritan Boys Ranch. Its members and agents have full and free consent for admission, basic counseling, daily care, and evaluation services as are deemed appropriate by the treatment team who care for

Applicant's Name

It is further understood that the Good Samaritan Boys Ranch will reasonable steps to protect the rights of the resident and the resident's family and to advise the referring agency of the above named resident's welfare through periodic reports during the time in residence.

Signature of Parent, Guardian or Legal Representative

Date

Signature of Witness

Date



GOOD SAMARITAN BOYS RANCH CONSENT TO CONDUCT EVALUATIONS

I certify that I am the parent / legal guardian (please circle relationship) of

_____ and give my consent for psychosocial, psychological and/or educational evaluations to be conducted when necessary during his stay at Good Samaritan Boys Ranch.

Signature of Parent, Guardian or Legal Representative

Date

Signature of Witness

Date



**GOOD SAMARITAN BOYS RANCH
 CONSENT TO PARTICIPATE IN ACTIVITIES
 (Both On and Off Ranch)**

I, _____ . Give my permission for
 Parent / Legal Guardian (Please circle relationship)

_____ to participate in all activities both at and away from
 Good Samaritan Boys Ranch. I understand that some activities may take place outside of Polk county.

For all out-of-state activities, written permission will be required from the resident’s legal guardian
 (DFS worker, Juvenile Officer or Parent).

Signature of Parent, Guardian or Legal Representative

Date

Signature of Witness

Date



GOOD SAMARITAN BOYS RANCH PHOTO AND VIDEO AUTHORIZATION

In consideration of your accepting applicant, _____, I authorize Good Samaritan Boys Ranch or it's duly appointed representatives to photograph and/or videotape the applicant alone or in groups, and to display these images to various groups, organizations, societies, or to publish them as promotional material. The permission is granted in an effort to cooperate with, and promote Good Samaritan Boys Ranch and I do further agree to waive any and all rights, actions, causes of actions, claims or demands for the taking and displaying of the aforementioned images.

In the event a resident's image is published publicly, only his first name will be revealed. The resident's participation in a photographed or videotaped event is entirely voluntary on his part.

Signature of Parent, Guardian or Legal Representative

Date

Signature of Witness

Date



GOOD SAMARITAN BOYS RANCH MEDIA CONTACT AUTHORIZATION

On occasion, news media requests the opportunity to speak with a resident in regards to certain aspects of being a resident of the Good Samaritan Boys Ranch. In the event a resident does speak with a representative of the media, the resident’s last name is not provided, nor are any treatment issues revealed. Prior to the interview, the resident will be counseled in regards that his participation in voluntary.

The resident participating in the interview will not be held liable in the event he discloses confidential information about himself or others. Permission is granted in an effort to cooperate with and promote Good Samaritan Boys Ranch and I do further agree to waive aforementioned contact with media representatives.

I have been informed and understand that any information released by myself during this media contact concerning confidential information, i.e. name and personal information about myself, my treatment and other residents and their treatment, may have an effect on myself and other residents.

I further understand that Good Samaritan Boys Ranch cannot be held liable for this release of information.

Resident

Signature of Parent, Guardian or Legal Representative

Date

Signature of Witness

Date



GOOD SAMARITAN BOYS RANCH AUTHORIZATION FOR DRUG TESTING

I hereby certify that I am the parent / legal guardian (please circle relationship) of

_____ and give my consent for Good Samaritan Boys Ranch to arrange for testing in regards to drug screenings. A drug screening will be arranged if the resident is suspected of drug use.

Signature of Parent, Guardian or Legal Representative

Date

State of Missouri
County of _____

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public

My commission expires: _____



GOOD SAMARITAN BOYS RANCH RELIGIOUS POLICY

Good Samaritan Boys Ranch offers Sunday afternoon chapel services that are non-denominational. These services are mandatory and are provided on-grounds. If a parent or legal guardian would like the resident to attend a church in the community, the parent or legal guardian is responsible for making arrangements for him to be transported and supervised during his time away from Good Samaritan Boys Ranch. Any special religious services, i.e. baptism, first communion, etc., must be handled by the parents or legal guardians.

Signature of Parent, Guardian or Legal Representative

Date

Signature of Witness

Date



Good Samaritan Boys Ranch

P.A.C.K. Expeditions

Consent to Participate Form

The P.A.C.K. Expeditions (*providing awareness change & knowledge*), is a component of the overall treatment program offered by the Good Samaritan Boys Ranch and focuses on outdoor adventure based activities. It is included with other treatment modalities such as individual, family, and group therapies. The activities are conducted either on grounds or off. They may also range in length from 1-hour sessions to overnight expeditions. The activities are listed below:

- Backpacking / Hiking
- Canoeing / Kayaking
- Camping
- Mountain Biking
- Indoor Rock Climbing

To ensure for the safety of all residents a thorough screening and eligibility criteria has been established to meet these needs. The treatment team staff is responsible for selecting participants based on individual treatment plans and goals. All residents have the opportunity to participate but must meet specific criteria in order to be selected for particular activities. Upon Selection, residents will be required to participant in training for that specific activity. This training focuses on class discussion, activity manual, videos and hands on experience.

I, _____ give my permission

for _____ to participate in the P.A.C.K. Expeditions. These expeditions may take place both away and on ranch property. For all out of state activities, written permission will be required from the president’s legal guardian (DFS worker, Juvenile Officer, or parent)

Signature of Guardian: _____ Date _____

Signature of Witness: _____ Date _____



GOOD SAMARITAN BOYS RANCH NOTIFICATION OF BEHAVIOR MANAGEMENT POLICY

I, _____ have received a copy of the
Parent, Guardian or Legal Representative

Behavior Management Policy used at Good Samaritan Boys Ranch.

Signature of Parent, Guardian or Legal Representative

Date

Signature of Witness

Date



**GOOD SAMARITAN BOYS RANCH
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
PF-2000**

Good Samaritan Boys Ranch reserves the right to modify the privacy practices outlined in the notice.

I have received a copy of the Notice of Privacy Practices for Good Samaritan Boys Ranch.

Name of the Resident	Relationship to Resident
Signature of Parent, Guardian or Legal Representative	Date
Signature of Witness	Date



GOOD SAMARITAN BOYS RANCH ACKNOWLEDGEMENT OF MANUAL RESTRAINTS

Good Samaritan Boys Ranch utilizes manual restraints in cases of physical aggression, extreme out of control behaviors, and to prevent residents from harming themselves. Locked isolation may be used in cases of physical aggression, if a resident presents himself as a run risk, or to closely monitor resident on suicide watch.

Parents and/or legal guardians will be notified with twenty-four (24) hours or the next working day if locked isolation has been used.

Print Name of Resident

I _____, give my permission for Good

Print Name of Parent and/or Legal Guardian

Samaritan Boys Ranch to utilize the above-mentioned interventions when necessary.

Signature of Parent, Guardian or Legal Representative

Date

Signature of Witness

Date



GOOD SAMARITAN BOYS RANCH BEHAVIOR MANAGEMENT PLAN

Name of Resident: _____

Date BM Plan Established: _____ / Date BM Plan Revised: _____

Identify each behavior characteristic of the above named resident:

1. _____ Physically aggressive behaviors towards others
2. _____ Property destruction
3. _____ Self-Harming
4. _____ Manipulation
5. _____ Verbally Abusive
6. _____ Authority Problem
7. _____ Withdrawal and Isolation of Self
8. _____ Anger Outbursts
9. _____ Sexually Abusive Behavior and/or Sexually Inappropriate Behavior
10. _____ Dishonesty
11. _____ Other Behaviors Not Listed: _____



Listed below are methods used for dealing with each identified behavior problem:

Behaviors: 1, 2, 3 ----Safe Physical Management techniques, time-out (either room time or chair time), restriction of privileges, loss of level (if in high risk unit), restriction from program activities.

Behaviors: 4 ----- Interruption of behavior, planned ignoring, room time or chair time, loss of privileges, assignment identifying age-appropriate behaviors.

Behavior 5, 6-----Restriction of privileges, interruption of behavior with time-out, assignment identifying appropriate behaviors and/or issues related to behavior.

Behavior 7-----Identified time with peers, restricted to living room (if in open unit) limited time in room, assigned talk time with peers and/or staff.

Behavior 8-----Interruption of behavior, planned ignoring, room time or chair time, loss of privileges, assignment identifying age-appropriate behaviors.

Behavior 9-----Possible removal from facility, loss of privileges, room time or chair time, supervision at all times by another person, loss of level (if in high risk unit) restriction of off-ranch activities, restriction of program activities, possible placement in Sexually Abusive Youth Program.

Behavior 10-----Room time or chair time, loss of privileges, restriction of off-ranch activities, assignment identifying issues related to behavior.

Extreme behaviors such as severe physical aggression, sexual involvement or aggressiveness, and actual runaway attempts may result in locked isolation

Reinforcement of positive behaviors will be used daily to promote progress.

Behavior Management Plan will be modified as necessary.

Signature of Parent, Guardian or Legal Representative

Date

Signature of Resident

Date

Pleasant Hope R-6 Ranch School

5545 Hwy. K, Brighton, MO 65617

Kelly Lowe, Superintendent

Gloria Bailey, Principal

Phone: 417-376-3000

Fax: 417-376-3575

Permission to Enroll Form for 2013/14 School Year

In an effort to provide the best education as possible to our students, it is imperative that you complete all required information.

Name: _____ Enrollment Date: _____

DOB: _____ Age: _____ Grade: _____ Race: _____

*MOSIS State Student ID # _____

SSN# _____

DCN# _____

Father's Name: _____

Father's Address: _____

Mother's Name: _____

Mother's Address: _____

School District Where Parent Resides: _____

(We MUST have this information for our domicile billing at the end of the year)

Legal Guardian: _____

Last School Attended: _____

School's Address: _____

School's Phone Number: _____

School's Fax Number: _____

*Immunization Record must be attached prior to enrollment.

Pleasant Hope R-6 Ranch School

5545 Hwy. K, Brighton, MO 65617

Kelly Lowe, Superintendent

Gloria Bailey, Principal

Phone: 417-376-3000

Fax: 417-376-3575

Consent to Participate in School Field Trips

I, _____
(name) (relationship to student)

Give my approval for _____ to
(name of student)

participate in all school field trips.

Signed: _____

Date: _____

Legal Release of Confidential Information to School District

SECTION A - To be completed by the school district/DESE:

Child's Name: _____

Social Security Number: _____

Departmental Client Number (DCN): _____

MOSIS School Number: _____

Dates of attendance for bill back: August 2013 - May 2014

Request from: Janet Brown, School Secretary at Pleasant Hope R-6 School District

By accepting this information I/we agree not to re-release any information or to use it for any purpose other than the administrative activities authorized by the cooperating agreement between DESE and the Division of Family Services.

SECTION B - To be completed by the county DFS/DYS office liaison:

1. Was the above named child in DFS/DYS custody (LS-1) during the above listed dates?

_____ yes _____ no

2. Was the above named child placed in the above named school district during the dates specified?

_____ yes _____ no

3. Were the parental rights of the above named child terminated either prior to or during the dates specified?

_____ yes _____ no

4. Please list the **parent or guardian's complete** street address and zip code for the dates specified.

Mother

Father

(name)

(name)

(address)

(address)

(city, state, zip code)

(city, state, zip code)

Parent/Guardian's Domicile School District: _____

DFS/DYS Liaison: _____ at _____
(name) (county office)

Date: _____ Appendix C Form - Information Request/Response

Race / Ethnicity Form

Student's Name _____

Name of Person Completing Form _____

Part A. Is this student Hispanic/Latino? (Choose only one)

_____ No, **not** Hispanic/Latino

_____ Yes, **Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Part B. What is the student's race? (Choose one or more)

_____ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America including Central America, and who maintains tribal affiliation or community attachment.)

_____ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

_____ **Black or African American** (A person having origins in any of the black racial groups of Africa.)

_____ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

_____ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)



GOOD SAMARITAN BOYS RANCH BEHAVIOR MANAGEMENT POLICY

Our organization deals with youth who have a history of violence and aggressive behavior. Many have lived in and have an extensive history with unhealthy and harmful punishments and consequences. Our youth have experienced little or no positive attention in their original environments. We operate our safe and secure units using a “strength-based” approach. Residents are evaluated as to both their strengths and weaknesses. Our behavior management approach is then set around to highlight these strengths and to improve weak areas. For example, a resident who is a hard-worker and benefits from physical work may be given extra chores as a consequence. Each resident is given a least one weekly goal that is monitored daily by the unit staff. They are rewarded for receiving “7 out of 7” stars on their goals and for accomplishing monthly goals. We also have a resident of the week. All of these accomplishments are noted and announced to the Ranch during a lunch hour. Residents in our high risk safe and secure unit are placed on a level system and the rules governing it during their orientation into the Unit. Behavior is evaluated weekly using specific criteria and movement up or down the level of system is determined in our Treatment Team Review Meetings. Residents receive privileges (TV time, free time, time outdoors, etc.) based on the level they have achieved. A resident who is able to maintain the top level for a consistent period of time may be transferred to a less restrictive unit or released from GSBR.

Negative behaviors within the safe and secure units including the high risk unit are managed using the following techniques and if possible in the order listed:

- *confrontation of negative and/or inappropriate behavior
- *resident is sent to stand or sit in his bedroom doorway
- *resident is sent into his bedroom with door remaining open
- *resident’s door is closed (not locked) and resident is asked to sit on his bed.

The amount of time a consequence is in effect is determined by the original behavior, resident’s understanding of why the behavior was no acceptable, and the nature in which the resident handles the initial confrontation. Aggressiveness, behavioral harmful to self or others, runaway threats or attempts or other dangerous and potentially dangerous behaviors are evaluated to see if isolation or looked seclusion is necessary. Safe crisis management techniques (physical restraints) are used in cases of residents displaying aggressive behaviors towards others, in attempts to stop self-harm, or to prevent major property destruction.

Residents in our Open dorms operate on a “given” privilege systems. Upon admission to an open dorm residents are restricted to on-ranch activities for a period of 30 days and are given a guide to the rules of the Ranch. Residents are put on a “peer teacher” who will help them learn the rules and basic policies of activities and privileges are continue until resident s have shown some type of behavior that would restrict them (i.e. noncompliance of Ranch rules). Along with restriction from activities and privileges, residents may also receive time-out served in a chair away from the group if they violate rules and show noncompliance.

Other consequences that may be used are writing behavior concerning what issues may be contributing for negative behaviors, talk time with peers or staff, work projects, or other approaches designed to help resident identify problem areas and work on new appropriate behavior management techniques.

The Ranch’s behavior management policy hopes to promote healthy self-esteem, relationships with others, and coping skills that will aid residents in the future. Resident’s participate in activities and treatment groups as necessary to promote our mission.



GOOD SAMARITAN BOYS RANCH IMPOSITION OF CONSEQUENCES

As part of attempting to help residents extinguish or modify problematic behaviors, staff may assign consequences or remove privileges. Consequences and loss of privileges must be short term, appropriate to the situation and treatment needs of the resident and must not detract from the dignity and rights of the resident.

The following consequences are not permitted under any circumstances:

- corporal punishment
- use of aversive stimuli (i.e. electric shock)
- withholding nutrition or hydration
- inflicting physical or psychological pain
- force physical exercise
- punitive work assignments
- punishment by peers
- group consequences for individual behavior
- denial of daily needs and the program provided by the individual service plan
- mechanical restraints
- chemical restraints
- confinement in any space not designed for isolation and observation
- denial of planned visits, telephone calls or mail contacts with family unless indicated for treatment purposes
- the use of foods intended to produce an adverse reaction
- requiring that a child remain silent for long periods of time or other unreasonable verbal restrictions
- withholding of shelter, clothing, essential personal needs, essential program services
- withholding of an opportunity for a minimum of eight hours of sleep in a twenty-four hour period

Any intervention is immediately discontinued if it results in any of the following:

- produces adverse side effects such as illness, severe emotional or physical distress or physical damage
- is deemed unacceptable according to prevailing community or therapeutic standards
- is deemed unacceptable according to prevailing community or therapeutic standards
- is ineffectual or detrimental to meeting service goals and objective

Good Samaritan also prohibits the following:

- seclusion, restraint or medication in non-crises or emergency situations, as a form of discipline, or for the convenience of staff
- excessive or inappropriate use of permitted behavior management interventions.
- the application of behavior management interventions by persons served or any other than trained, qualified staff.



GOOD SAMARITAN BOYS RANCH LOCKED ISOLATION POLICY AND GUIDELNES

Locked isolation in which a resident is in his room with the door locked is used when authorized by an on-staff Licensed Clinical Social Worker (LCSW) or Licensed Professional Counselor (LPC). Locked isolation is used in cases where the safety of the resident, other residents, and/or staff is in question (i.e. suicide attempts or threats, physical aggression towards others) and is only used when less restrictive measures haven't proven to be ineffective. When this is used, staff must complete a Locked Isolation Checklist and the resident must be monitored visually every fifteen (15) minutes for any harmful health or psychological reactions. After the initial thirty (30) minutes the person's behavioral and psychological stability is evaluated and a determination is made regarding continued locked isolation. A person placed in locked isolation may remain so for a period no longer than thirty (30) minutes unless reauthorized by an on-staff LCSW or LPC. The staff requesting the initial isolation and reauthorization will call the on-call worker who will evaluate the situation and if locked isolation is necessary, they will authorize its use or call a qualified clinician. The clinical justification, use, circumstances, efforts to employ less restrictive measures, and length of application must be clearly documented in each instance where locked isolation is used. Other guidelines governing the use of locked isolation include the following:

- Personal use the least restrictive, safest, and most effective methods for escorting persons and placing persons in their rooms.
- Rooms used for locked isolation conform to existing licensing or fire safety requirements.
- Persons being isolated are provided with food, water, and access to a bathroom.
- Only one individual at a time, per room, placed in locked isolation.
- A continuing log is kept containing names, reasons for being secluded, amount of time locked in isolation, and verification that visual observation was maintained by the secretary of resident affairs.
- Locked isolation is discontinued as soon as possible.

Each incident of locked isolation is administratively reviewed no later than one working day after its use and is then documented in the person's case record by completing an incident report. The use of this consequence is monitored and supervised on a regular basis by the Director of Youth Care Workers.



GOOD SAMARITAN BOYS RANCH PHYSICAL RESTRAINT POLICY AND GUIDELNES

All Direct Care Staff upon employment are trained in Safe Crisis Management Techniques. A certified trainer teaches both de-escalation techniques and hands on physical techniques. Each employee has the initial training of twelve (12) hours and then an annual re-certification. An emphasis is put on verbal de-escalation and an actual restraint is done after all attempts to de-escalate have failed. Any personnel trained in Safe Crisis Management Techniques may authorize and initiate a manual restrain proving the situation meets the criteria listed for use of manual restraints.

The policy of the Ranch is to physically manage a disruptive resident if the behavior meets at least one of the following guidelines:

Physically harming oneself,
Physically harming others
Destroying property

If an out-of-control resident continues harming behavior after being verbally directed to comply, a restrain may be initiated. A fully SCM trained staff must initiate the restrain and at least one other staff member must be there to assist. During the restrain, the resident tis monitored continuously and assessed at least every fifteen (15) minutes for any harmful health or psychological reactions. This assessment is recorded on a checklist which is attached to the restrain report. All physical complaints made the resident at the time of or following bye restrain are documented and if necessary the nurse is notified. It is the policy of the Ranch to have the resident who was out-of-control participates in a deep breathing exercise and show that he is in control of self before being fully released from the restraint.

A resident will not be in a restraint for longer than thirty (30) minutes unless extreme self-harm or a danger to others is present. The decision to maintain a restraint for longer than thirty (30) minutes must be made by the on-call worker or qualified staff. A resident being restrained may be allowed water or food if needed for will being. Restrictions and consequences for type of behavior are dependent upon the seriousness of the aggression shown by resident during the restraint.

Immediately following the restrain the Lead Youth Care is notified and upon their discretion the on-call worker may be notified. An incident report along with a restrain report is filled out by at least one of the staff involved in the restraint. This paperwork must be completed before the staff leaves shift. The reports are then turned into the Director of Youth Care, the resident's Social Worker, and the executive Director who check them for the following:

Did restraint meet the guidelines for executing a manual restraint?
Was the safety of the resident and staff monitored?
Did qualified staff perform the restraint?
Were other interventions first utilized?

If there are no problems noted, the incident report is then filed in the resident's permanent file and the restraint report and checklist filled out during the restraint is kept with others in order to monitor the use of physical restraints. If there are problems or questions concerning the incident, Director of Youth Care takes appropriate action. At all times the use of a physical restraint must met these guidelines:

- Restraint is used only in emergency or crisis situations to protect individuals from harming themselves or others.
- Staff uses the least restrictive, safest, and most effective methods.
- Restraint is only used when, in each instance of its use, less restrictive measures have proven to be ineffective.
- Restrain is discontinued as soon as possible.

A continuing log is kept containing names, reasons for manual restraint, amount of time restrained, and verification that continuous visual observation is maintained. The secretary of resident affairs keeps this record. These guidelines and policies governing physical restraints are signed and kept in each employees personnel file.



GOOD SAMARITAN BOYS RANCH HAIR CUT AND CLOTHING

Hair Cut Policy

1. No lines, designs or tails
2. Hair must be cut above the eyebrow.
3. Hair must be at least one inch above the base of the neck.
4. Hair cannot be shaved to the scalp.

Clothing Policy

1. Residents must dress according to weather conditions.
2. No obscene or drug-alcohol-tobacco related messages or symbols on clothing.
3. Tank tops are not allowed in the dining hall.
4. Earrings are not allowed.
5. Shirts must be tucked in at all times.
6. Pants and shorts must not sag and belts worn if necessary.
7. Solid white t-shirts are not allowed.
8. No borrowing or lending of clothes.
9. No cutting up of clothes.



GOOD SAMARITAN BOYS RANCH GRIEVANCE POLICY AND PROCEDURES FOR RESIDENT OR PARENT/GUARDIAN

If a resident feels he has been treated in an abusive manner or discriminated against, he may request to speak with the Director of Youth Care regarding the incident. The resident may then request a grievance form. Upon completing of the form by the resident it will be given to the Director of Youth Care who will then review the grievance and send it on to the Program Director. The Director of Youth Care will meet with the resident within one working week to discuss the conclusions.

If a parent/guardian feels his or her child has been treated in an abusive manner or discriminated against, they may speak with the child's therapist and request a grievance form. Upon completion of the form by the parent/guardian, it will be reviewed by the Program Director and the Executive Director. The Program Director will meet with parent/guardian in person or on the phone within one working week to discuss the conclusions.



GOOD SAMARITAN BOYS RANCH PF-1000 NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

USES AND DISCLOSURES

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment. Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health care operations. Your health information may be used as necessary to support the day-to-day activities and management of Good Samaritan Boys Ranch. For example, information on the services you received may be used to support budgeting and financial reporting and activities to evaluate and promote quality.

Law enforcement. Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public health reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

INDIVIDUAL RIGHTS

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

GOOD SAMARITAN BOYS RANCH DUTIES

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices that are outlined in the notice.



RIGHT TO REVISE PRIVACY PRACTICES

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

REQUEST TO INSPECT PROTECTED HEALTH INFORMATION

You may generally inspect or copy the protected health information that we maintain. As permitted by federal, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the Admissions Director. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

COMPLAINTS

If you would like to submit a comment or complaint about privacy practices, you can do so by sending a letter outlining your concern(s) to:

Admissions Director
Good Samaritan Boys Ranch
PO Box 617
Brighton, MO 65617

If you believe that your privacy rights have violated, you should call the matter to our attention by sending a letter describing the cause of your concern(s) to the same address listed above.

You will not be penalized or otherwise retaliated against for filing a complaint.

CONTACT PERSON

The name and address of the person you can contact for further information concerning our privacy practices is:

Admissions Director
Good Samaritan Boys Ranch
PO Box 617
Brighton, MO 65617

EFFECTIVE DATE

This Notice is effective on or after May 12, 2003.



GOOD SAMARITAN BOYS RANCH HANDLING CONTRABAND FROM NEW ADMITS

When a new resident is admitted, his personal items will be searched and inventoried.

If the following items are found they will be handled in a specific way including but not limited to:

Locked storage until resident is discharged, sent home or with case worker, confiscated and disposed of.

- Any tobacco product confiscated and disposed of
- Weapons confiscated and disposed of or sent back upon entry
- Drugs confiscated / disposed of & guardian and/or law enforcement notified
- Vaping supplies locked storage and/or sent to legal guardian
- Cell phones / internet device locked storage and/or sent to legal guardian

Any other items not on the above list that are found and deemed inappropriate for the resident to have will be confiscated, disposed of, locked in storage or sent to the legal guardian.

Signature of Parent, Guardian or Legal Representative

Date

Signature of Witness

Date