



# **Shelter Care for Kids Policy and Procedure Manual**

**Includes Parent Handbook, Client Handbook, and  
Emergency Procedures**

Revised July 21, 2015

The following is the statement of the philosophy, personnel policy, and staff manual for Shelter Care Inc.

Dbas: Shelter Care for Kids

The contents of this handbook are not contractual, but rather they are written for the purpose of giving employees a brief description of company benefits, policies, and procedures. The terms of this handbook are implemented at the sole discretion of management, and they may be withdrawn or changed at any time without notice.



# Admission to Shelter Care for Kids

## Parent and Provider Handbook

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### **Mission Statement**

Shelter Care for Kids is a licensed emergency shelter serving 1 to 12 year old children coming from crisis and traumatic experiences. Our program is designed to provide an environment in which clients are safe, cared for, and respected.

### **Services**

Shelter Care for Kids provides a trauma informed care environment which provides a safe placement for children who have had traumatic experiences in their lives. Staff has the understanding of the role that violence plays in the lives of children, and creates an environment that accommodates vulnerabilities of trauma that avoids re-traumatization.

### **Values**

- Staff assists children with:
- Hope Building trust
- Self-esteem
- Setting boundaries
- Family communication
- Feelings
- Managing stress
- Guiding behavior
- Schedules and routines
- Safety and protection of children
- Grieving
- Having fun

Other services provided are:

Medical and Dental Appointments, Education and School, On-site Visitation, Support of Extra-Curricular Activities, Community Activities, Cultural and Ethnic Care, Spirituality, One to One Services, and Sticker Book Program

### **Eligibility Criteria**

Children may be accepted from anywhere in the State of Minnesota. The majority of our clients are from Hennepin County. Service is provided to boys and girls ages 3-11 and represents all ethnic and racial backgrounds. All children must be functioning at a minimum 1-year level, and our licensed capacity is 10.

### **About our Home and Staff**

Shelter Care for Kids is located at 3103 Columbus Avenue South in Minneapolis. The building is an old but comfortable two-story house in a neighborhood. The shelter is in the Minneapolis Public School District. Shelter Care for Kids is a for-profit corporation. The State of Minnesota requires a Department of Human Services Children's Residential Facilities license, and funding is solely by Purchase of Service Agreement with Hennepin County Human Services Department

The majority of Shelter Care for Kids employees has Bachelor degrees in Social Work or related fields. The program incorporates an intensive 2:8 staff to client ratio and a highly structured environment in order to work successfully with children who have suffered from traumatic experiences. Shelter Care is staffed with three morning staff working 6:00am to 2:00pm, three evening staff working 2:00pm-10:00pm, an intake/discharge staff 11:00-7:00, and two overnight staff working 10:00pm to 6:00am. Our program welcomes interns and volunteers.

A professional staff provides 24-hour care in a home-like environment. Staff receives on going annual training to provide excellent services to our clients.

### **Referral and Admission Criteria**

Client referrals to Shelter Care for Kids are made via St. Joseph's Home for Children Central Intake program. All referrals are assessed to determine the needs of the client and the current population of clients being served in the program. Referrals may be denied if the child being referred has severe behavioral issues, or physical or developmental disabilities. The Program Coordinator will meet the child at St. Joseph's to further assess the child's ability to function in Shelter Care's program

### **Discharge Criteria and Process**

A child's discharge from shelter is determined by the assigned social worker and is based on the need for further placement. A discharge aftercare plan is provided after the child has resided for more than 10 days.

### **Quality Assurance**

Shelter Care for Kids is known for the quality of service provided to our clients. The program takes great pride in a consistent staff group and the care each client receives during their placement. Shelter Care for Kids provides a quality team work effort with its providers. Shelter Care for Kids distributes a satisfaction survey to parents, service providers, and clients to secure feedback on quality of childcare after a child has been discharged.

### **Daily Routine**

Shelter Care separates children into two groups of five and assigns a primary childcare worker to each group. The "Sun" and "Star" groups are created so that clients can interact positively with other children whom compliment their age, personality, boundaries, and gender.

Sticker Books are provided for clients for rewarding completion of routine tasks, responsibilities, and following shelter norms. Clients can receive money or points to go to the sticker store weekly.

### **School**

The majority of children residing at Shelter Care for Kids attend Minneapolis Public School. Shelter Care for Kids has experience working with Day Treatment and EBD school settings. Staff attends and support children meetings regarding Individual Education Planning, re-entry suspension meetings, one-to-one time, conferences, and school functions. Staff assists clients with homework. Children and staff review report cards to assess educational areas of growth or concern.

### **Responsibility**

All children are responsible for making their bed, cleaning their room, and completing their daily responsibilities. Daily chores consist of clearing the table, sweeping the dining room floor, emptying trash, stacking chairs and wiping tables. Children earn stickers for completion.

### **Community Activities**

Special activities include outings to Comotown, Nickelodeon Universe, Minnesota Zoo, Science Museum, Chuck-E-Cheese, and Grand Slam. Other daily activities include attending Minneapolis Parks, the movies, Hennepin County Parks, the Boys and Girls Club, and going rollerblading. Cultural activities and guest speakers add enriched components to the program.

Children residing in shelter or a permanency placement have the opportunity to attend local social clubs, sports, and groups. Each individual child is assessed for safety to determine social and community activities. Children will be referred to various organizations depending on the interest of the child and individual talent. Shelter Care for Kids will meet frequently with the organization to determine the success of the placement.

Shelter Care for Kids occasional participates in overnight activities such as the Great Wolf Lodge Waterpark. A variance is applied for through the Minnesota Department of Human Services for prior approval. Social Workers and parents are contacted to grant permission to participate in the outing. Staff to client ratio is consistent with typical programming and usually increased for client safety. Boys and girls are divided for safe sleeping space with staff supervision. Business phones are rolled over to a phone to continue to receive business and client phone

calls. St. Joseph's Children's Home Central Intake is notified regarding the outing date, time of departure, location, and return time.

### **Normalcy and Prudent Parenting**

Shelter Care for Kids staff are trained during orientation on Normalcy and Prudent Parenting standards governed by the Minnesota Department of Human Services. Social Workers, parents, or legal guardians are required to give permission for the client to participate in activities, outings, visits, spiritual, or cultural events that would be normal for the client's individual needs that are age appropriate in their development. (Refer to Shelter Care for Kids website at [www.sheltercareforkids.com](http://www.sheltercareforkids.com) under staff training for further information).

### **Medical and Dental**

Shelter Care for Kids arranges medical appointments through the child's primary physician or at St. Joseph's Community Clinic. Dental care is arranged through the child's primary dentist or a community dental office. Each child receives a well-child check-up, dental exam, acute care if necessary upon arrival. Shelter Care provides follow-up care with physicians, specialists, dental care, and psychiatrists.

### **Visitation**

Children at Shelter Care must have approval from their county social worker in order to have contact with others. Shelter Care requires twenty-four hour notification in order to arrange on or off-site visits. Supervised and unsupervised visits are provided on premise. Visiting hours are from 8am until 6pm. Each child is allowed one supervised visit per week for up to one hour. Unsupervised visits are unlimited. Visits requiring significant documentation will need to be arranged with a visitation center or Hennepin County Social Worker.

Off-site and overnight visits are unlimited; however clients from Hennepin County cannot exceed seventy-two hours off-grounds without Hennepin County Administration approval. Pick up and drop off times for off-site visits are from 8am until 8pm. Exceptions may be made in extenuating circumstances with the approval from the program coordinator.

Visitation over the telephone needs no prior arrangements only approval from the county social worker. Supervised and unsupervised telephone visitation is provided at Shelter Care between 8am and 7pm. Supervised telephone visitation is monitored by shelter staff using a speaker phone and is limited to two phone calls a day, one phone call per shift (8am-2pm and 2pm-7pm).

### **Transportation**

Shelter Care provides all transportation to school (until bussing or other arrangements are made) and medical, dental, and psychiatrist appointments. Transportation to family visits and therapy need to be arranged through the county social worker or agency. Transportation is provided to all appointments and visits for children residing at Shelter Care under the group home status.

### **Spirituality**

Clients have the right to practice spiritual beliefs. Staff will support family's religious and spiritual beliefs through daily routine, prayer, attending a specific location, and dietary needs.

### **Length of Placement**

The delivery of transition services does not stop Human Services Department's length of shelter stay limit. Social workers will continue to receive 30-day, 60-day, and 90-day notices and will be required to participate in the Department's length of stay review meetings. If Shelter Care for Kids has concerns about a child's safety or placement, a call will be made to the family, providers, and social worker, to determine an appropriate placement for the client.



## Shelter Care for Kids Client Rights and Basic Services

A client has basic rights including, but not limited to, the rights mandated by the Department of Human Services subpart 2960.0050:

- A. right to reasonable observance of cultural and ethnic practices and religion;
- B. right to a reasonable degree of privacy
- C. right to participated in development of the client's treatment and case plan;
- D. right to positive and proactive adult guidance, support, and supervision;
- E. right to be free from abuse, neglect, inhumane treatment, and sexual exploitation;
- F. right to adequate medical care;
- G. right to nutritious and sufficient meals and sufficient clothing and housing;
- H. right to live in clean, safe surroundings;
- I. right to receive a public education
- J. right to reasonable communication and visitation with adults outside the facility, which may include a parent, extended family members, siblings, a legal guardian, a case worker, an attorney, a therapist, a physician, a religious advisor, and case manager, in accordance with the client's case plan;
- K. right to daily bathing or showering and reasonable use of materials, including culturally specific appropriate skin care and hair care products or any special assistance necessary to maintain an acceptable level of personal hygiene;
- L. right to access protection and advocacy services, including the appropriate state- appointed ombudsman at telephone number **651-757-1811** and address is **121 7<sup>th</sup> Place East Suite 4520 Metro Square Building, St. Paul, Minnesota 55101-2117;**
- M. right to retain and use a reasonable amount of personal property;
- N. right to courteous and respectful treatment;
- O. right to be free from bias and harassment regarding race, gender, age, disability, spirituality, and sexual orientation;
- P. right to be informed of and to use a grievance procedure; and
- Q. right to be free from restraint or seclusion used for a purpose other than to protect the client from imminent danger to self or others.

I have received a copy of my Basic Rights and Client Services.

\_\_\_\_\_  
(Signature of client)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of client representative  
if unable to sign)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of staff explaining Client Rights  
in an age appropriate manner)

\_\_\_\_\_  
(Date)



# Shelter Care for Kids Client Handbook

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## When I wake up I will be **respectful, responsible** and **safe**.

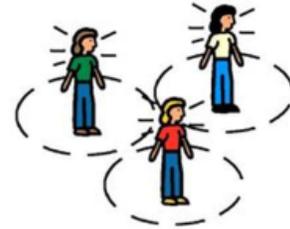
### How can I be **respectful**?

- I can talk quietly to staff and kids while others are still sleeping



### How can I be **safe**?

- I can shut the door while I am changing
- I can stay in my own room/space
- I can keep my hands to myself (only change myself)



### How can I be **responsible**?

- I can get dressed and put my clothes in my bin
- I can make my bed and pick up my things
- I can keep my area nice and neat



## When I transition I will be **respectful, responsible** and **safe**.

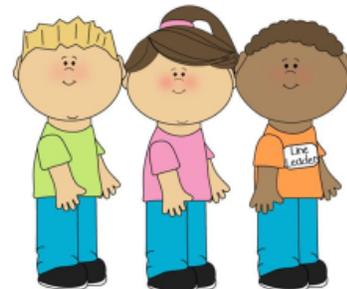
### How can I be **respectful**?

- I can keep my hands and feet to myself
- I can stay quiet and listen to my group leader
- I can raise my hand if I have a question



### How can I be **safe**?

- I can listen and wait for my group leader to call me to line up
- I can listen and wait until my group leader says I can transition
- I can walk around the couch not over it



### How can I be **responsible**?

- I can walk as quiet as a mouse
- I can stay in my place while walking with my group



## When I eat meals and cereal I will be **respectful, responsible** and **safe**.

### How can I be **respectful**?

- I can use appropriate words
- I can say please and thank you
- I can use an inside voice
- I can use my fork and spoon to eat



### How can I be **responsible**?

- I can wash my hands before I eat
- I can try everything on my plate
- I can eat all my food to earn seconds or dessert
- I can clean up after my self
- I can help keep the house neat and clean



### How can I be **safe**?

- I can listen to where staff tell me to sit
- I can keep my hands and feet to myself
- I can stay in my seat
- I can ask staff for items to prevent accidents



## When I brush my teeth and get my hair done I will be **respectful, responsible** and **safe**.

### How can I be **respectful**?

- I can be respectful of my time and others while in the bathroom
- I can use appropriate words



### How can I be **responsible**?

- I can brush my teeth
- I can brush my own hair or have staff help me
- I can put on lotion or have staff help me



### How can I be **safe**?

- I can make sure there is only one person at a time in the bathroom



## When I get ready for school/watch a video I will be **respectful, responsible** and **safe**.

### How can I be **respectful**?

- I can keep my hands and feet to myself
- I can stay quiet
- I can raise my hand if I have a question



### How can I be **responsible**?

- I can wait for staff to tell me where to sit
- I can give staff any new school information
- I can wait for staff to tell me to get my school stuff
- I can be ready for school/activity on time
- I can let the staff use the TV remotes



### How can I be **safe**?

- I can stay with staff at all times
- I can walk with staff across streets
- I can wait with staff for transportation
- I can walk with staff to my bus stop
- I can keep my feet on the side walk



## When I go to a from school or activity I will be **respectful, responsible** and **safe**.

### How can I be **respectful**?

- I can use appropriate words
- I can use my inside voice
- I can keep my hands and feet to myself
- I can listen to the driver



### How can I be **responsible**?

- I can wait for staff to help me to my seat
- I can help pick up items in the van/car/bus
- I can take my items out of the van/car/bus



### How can I be **safe**?

- I can keep my seatbelt on
- I can keep hands and feet inside the vehicle
- I can stay in my seat
- I can walk to and from the vehicle with a staff



## When I am at school or playing inside I will be **respectful, responsible** and **safe**.

### How can I be **respectful**?

- I can use appropriate words
- I can use a kind voice
- I can keep my hands and feet to myself
- I can listen to others (staff/teachers)
- I can use please and thank you
- I can share with others



### How can I be **responsible**?

- I can participate in group activities
- I can clean up after activities
- I can try and be a helper



### How can I be **safe**?

- I can stay with my group/class
- I can ask staff/teachers for permission to leave group/class
- I can stay in sight of my staff or teachers at all times



## When I play in the backyard I will be **respectful, responsible** and **safe**.

### How can I be **respectful**?

- I can ask to use the toys in the garage
- I can wear shoes while playing on the grass and cement



### How can I be **responsible**?

- I can participate in group activities
- I can clean up after activities
- I can try and be a helper



### How can I be **safe**?

- I can stay in the backyard unless my staff says to transition somewhere else



## When I am on activity I will be **respectful, responsible** and **safe**.

### How can I be **respectful**?

- I can look and play with items on activity but I will leave them at the activity



### How can I be **responsible**?

- I can stay close to staff and walk unless I am at the park



### How can I be **safe**?

- I can follow the rules at the place of activity



## When it is shower and video time I will be **respectful, responsible** and **safe**.

### How can I be **respectful**?

- I can shower in a timely fashion so other people can shower too
- I can watch the video quietly so others can hear the video as well
- I will use appropriate words
- I will keep my body parts to myself



### How can I be **responsible**?

- I can shower every day
- I can wash my body everyday and my hair when staff say I need to
- I can put dirty clothes in the laundry bin
- I can change into PJs
- I can do my hair or have staff help me
- I can put lotion on or have staff help me
- I can have staff use the remote at all times

### How can I be **safe**?

- I can sit in the designated area in sight of staff
- I can keep an arms length away from peers
- I can keep hands on top of the blankets



## During arts and craft time I will be **respectful, responsible** and **safe**.

### How can I be **respectful**?

- I can use appropriate words
- I can use a kind/inside voice
- I can say please and thank you
- I can listen to others
- I can share
- I can keep my hands and feet to myself
- I can compliment others on their work

### Compliments



Feel Good!

### How can I be **responsible**?

- I can listen and go where staff assign me to sit
- I can participate in craft activities
- I can clean up after activities
- I can place my craft in a safe place
- I can try to be a helper
- I can ask staff for help if needed



### How can I be **safe**?

- I can stay with my group
- I can ask group leader for permission to leave group, but I must go with another staff
- I can stay in sight of a staff at all times



## During peaceful time I will be **respectful, responsible** and **safe**.

### How can I be **respectful**?

- I can keep my hands to myself
- I can stay quiet and listen to group leader
- I can raise my hand if I have a question



### How can I be **responsible**?

- I can wait for staff to assign my place at peaceful time
- I can participate in peaceful time



### How can I be **safe**?

- I can stay with my group
- I can ask group leader for permission to leave the group, but I must go with another staff
- I can stay in sight of staff at all times



# At lights out I will be **respectful**, **responsible** and **safe**.

## How can I be **respectful**?

- I can use the bathroom if needed, quickly and quietly
- I can be quiet
- I can wait patiently for staff to rub my back



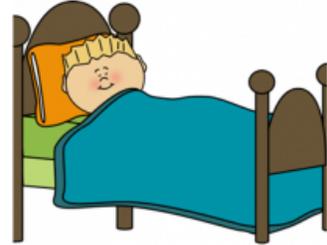
## How can I be **responsible**?

- I can go to sleep
- I can ignore possibly distractions from other kids



## How can I be **safe**?

- I can stay in my own space and in my own bed



## Physical Plant and Environment

### **Building**

Shelter Care for Kids is an old but comfortable home in a clientele neighborhood. We attempt to keep the building in good repair. Shelter Care will take immediate measures to repair walls, ceilings, furnishings, and equipment to ensure the safety of the clients and staff.

### **Maintenance**

Shelter Care has developed the following policies for their maintenance plan: Staff will notify a member of the management team of any equipment problem, safety hazards, or unsanitary conditions. Notification will be in person or by means of the communications notebook. Staff member of the management team who is in charge of maintenance will contact the appropriate persons to respond to the repairs needed to be completed. Once repairs are completed, staff will leave a note in the communication notebook to inform all staff that repairs have been completed.

**Shelter Care maintains very high standards in regards to the upkeep of its physical property to ensure the safety of its clients and staff**

### **Facility and Equipment Codes**

Shelter Care for Kids makes sure the physical environment of the shelter will provide for comfort, privacy, and the dignity of each client. (Areas will be monitored for comfortable temperature)  
All food service, fixtures, and equipment will conform to applicable health, sanitation, and safety codes and regulations. All food service storage, housekeeping, laundry, and maintenance are completed in a consistent and healthy basis.

Shelter Care for Kids will provide adaptive equipment and furnishings to meet the client's needs. First aid kits are readily available for clients and staff. The first aid kits will meet the needs of the clients and staff. A complete stocked First aid kit is maintained in the medication closet. Emergency kits stocked with flashlights, band aids, etc. are kept on each floor of the shelter.

### **Non-secure Construction Standards**

Clients are provided with adequate space for clothing and personal possessions, with appropriate furnishings. Shelter Care provides appropriate furnishings providing two dresser drawers per client, a large plastic container, as well as a cubby area to place personal items in. Shelter Care for Kids has five bedrooms for clients. Room 1 (2 clients); Room 1 (1 client); Room 3 (3 clients and variance approved for 4<sup>th</sup> client if necessary); Room 4 (2 clients); and Room 5 (2 clients).

Shelter Care for Kids provides adequate outdoor space for recreational activities. The backyard has a large outdoor play area with two large muscle areas and a basketball court for the clients recreation needs. Shelter Care has one bathroom with 2 showers, sink, and toilet on the lower level. On the main level there is a bathtub, shower, sink, and a toilet. The upper level has a bathtub, sink, and toilet. All three bathrooms have hot and cold running water.

Admissions services are provided in the Placement Coordinators office where there is adequate space to conduct a private and confidential meeting. There are also additional separate private meetings spaces that provide the opportunity to meet privately in the agency such as the Program Directors office, front sunroom, and attic.

The heating system for the building maintains a comfortable temperature in all the clients' rooms and throughout the facility. Electric lighting and natural lighting provide proper light levels in all areas.

The shelter is a large home with many areas for a quiet place or group program activities. Shelter Care provides space for clients when there is a need for quiet time.

## Intended Use, Admission Criteria, Discharge and Aftercare

### Intended Use

Shelter Care, Inc. offers an interim living situation for kid's ages 3-11 who are on need of shelter and/or family concerns yet who are capable of functioning in an open community setting. Shelter Care for Kids was established to provide shelter for children ages 1 to 12. Children are placed in shelter by county social workers for various reasons including:



- Child's health and welfare are in jeopardy
- Home or parent of the child cannot be located
- Child's home is being investigated by a county
- Parent is unavailable to continue to care for the child for reasons of hospitalization, treatment, or incarceration
- Parent is unable to provide a home for the child and is looking for a permanent home setting.

The purpose of our program is to provide a warm, safe, and nurturing environment in which our clients can stay until permanent placement is found. Shelter Care for Kids clients find the shelter a successful placement. Providers and clients often return to our services when further crises occur

### Expertise and Qualifications to Provide Services

Shelter Care for Kids staff is skilled in working with children who have behavioral and psychological disorders. A professional staff provides 24-hour care in a home-like environment. The majority of Shelter Care for Kids employees has Bachelor degrees in Social Work or related fields. The program incorporates an intensive 2:8 staff to client ratio and a highly structured environment in order to work successfully with children who have significant behavioral problems. Shelter Care is staffed with three morning staff working 6:00am to 2:00pm, three evening staff working 2:00pm-10:00pm, an assistant maintenance staff working 12:00pm to 8:00pm, and two overnight staff that are awake for 6 hours and asleep for 2 hours working 10:00pm to 6:00am. Our program welcomes interns and volunteers.

### Target Population

Shelter Care for Kids is a 24-hour client facility for boys and girls ages 3 through 11 of all ethnic and racial backgrounds. All children must be functioning at a minimum 1-year level. We provide a safe, secure and nurturing environment that practices Trauma Informed Care and a daily routine schedule that helps to reduce stress and anxiety. The need for care arises from neglect, abuse, and abandonment; previous failed placements, and other emergency situations.

Client referrals to Shelter Care for Kids are made via St. Joseph's Home for Children Central Intake program. If the child being referred has severe behavioral issue, physical or developmental disabilities, and or medically fragile condition, a Shelter Care Supervisor will contact the assigned social worker to further assess the child's ability to function in Shelter Care's program. Clients that may have severe aggression or sexual perpetration concerns may be denied to due to the current population of the clients residing in the program. Shelter Care for Kids is not currently wheel chair accessible. Shelter Care for Kids list of prohibitive characteristics on a referral maybe but not limited to:

- Exhibit physically aggressive or self-injurious behavior beyond the scope or capability of program staff to safely contain in a non-secure setting;
- Experiencing a mental health crisis and are in danger to themselves or others beyond the scope or capability of program staff to safely contain in a non-secure setting;
- Physical disabilities beyond the scope or capability of staff;
- Developmentally disabled beyond the scope or capability of program staff;
- Shall not represent medical problems requiring full time medical supervision; and

- Need of detoxification at time of admission with criminal charge/conviction that would indicate a safety risk to other children

### **Referrals**

We receive all referral information, with the exception of out of county referrals, by phone from St. Joseph's Intake or First Response. Staff should evaluate the St. Joseph's Screening Assessment for all information given. If an out of county referral is needed staff will utilize a referral form to gather the necessary information to assess whether or not a client will be appropriate for the agency and current client population of clients. Referral forms are found in the buffet in the dining room. If the staff is unclear whether the referral should be accepted, he/she should consult with a supervisor. If denied, the reason for denial must be recorded on the St. Joseph's Screening Assessment or referral form.

Out of county referrals are approved by the management team depending on space availability. Referral information is received by the county social worker responsible for the client, and is recorded in the same manner as Hennepin County referrals.

A written Intake Assessment, Physical Health Screen document, worker and parent/guardian information, and copy of the Police Hold accompany the child from St. Joseph's to Shelter Care for Kids.

### **Legal Status and Placement Holds**

All clients entering the shelter must have a legal hold. This information must be given to shelter staff at the time of the referral. The following explains the different procedures staff must follow when admitting clients on different types of hold. There are five types of hold:



- Voluntary Placement Agreement
- Court Order
- First Response
- Police Hold

#### **Voluntary Placement Agreement**

When a client enters shelter under this type of hold the legal guardian has authorized shelter placement. For this hold to be valid, the legal guardian must sign a Placement Agreement (see sample) within 24 hours of the client's arrival. Staff is responsible to see that this form is signed upon admittance if the guardian is present.

#### **Court Order**

When a client enters shelter under this type of hold, no forms need to be signed. In this case, a client has been ordered by a Judge to be placed in shelter. A client cannot be discharged to parents or social workers without the Court's approval. For example, a parent cannot remove a client who is court ordered into shelter unless the staff hears from a social worker that the Judge has approved the discharge.

#### **First Response**

First Response is the afterhours Hennepin County social service agency that has the authority to place children in shelter on an emergency basis. These placements will occur during the evening and weekend hours. No forms need to be signed for a First Response placement. When business hours resume, another type of hold must be obtained, so staff must leave a note to the Program Coordinator of a First Response placement. First Response hours are: Monday through Friday 4PM to 3AM, Saturday, Sunday and Holidays 3PM to 3AM.

#### **Juvenile Arrest**

Clients may be placed in our facility under a Juvenile Warrant, of which there are two types: Bench Warrants and Arrest & Detain Warrants. Bench Warrants are issued in instances where an individual has missed a scheduled court date. Arrest & Detain Warrants are issued for failure to comply with detention, probation or a Court Order. Juvenile Warrants are generally issued by Probation Officers.

#### **Police Holds**

The 72-hour police health and welfare hold means the police have seen fit to remove a child from his/her home for a period of time, usually for reasons of abuse and/or neglect. These hold are enforced for a certain amount of time that only involve business hours. A client may be admitted on a 72-hour hold on a Thursday, but because of weekend and evening hours, the hold will not be lifted until 12:01 AM the following Wednesday (see 72-hour Hold Schedule). Below are the special steps staff must take when a client enters the program under a Police Hold:

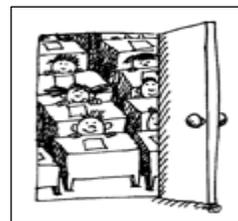
\*Staff must determine from the Police and St. Joseph's intake Staff whether the client's parent's parent or legal guardian has been notified of shelter placement. If not, **STAFF MUST NOTIFY PARENT/GUARDIAN UNLESS** the hold states "No Parental Contact". A "No Contact" hold means exactly that-no contacts are to be made with the parent by either staff or the child. Refer any parental inquiries to Child Protection (either the assigned worker, or Child Protection Intake, if no worker is yet assigned).

\*Staff must receive a copy of the Police Report and the Hold at the time of admittance. The white copy is kept in the client's file, the other copies are sent to St. Joseph's Intake by the Program Coordinator. The pink copy is given to the parents if they visit the facility.

\*The police officer, his/her immediate supervisor, or County Attorney are the only people that can lift this hold. This means that under no circumstances can a parent remove his child without this authorization, nor can a Social Worker authorize the discharge of a child before a hold expires. A hold may be lifted prior to its expiration by the Officer/Supervisor of the County Attorney, calling St. Joseph's Intake or Shelter Care Inc. It is wise to verify an officer's identity by calling him/her back. If police call the shelter to lift a hold, staff should notify St. Joseph's that the hold was lifted.

**Shelter Care  
72-Hour Police Schedule**

<u>If the time the child is taken into custody is anytime on:</u>	<u>Hold will expire at 12:01 AM on:</u>
Monday.....	Friday
Tuesday.....	Monday
Wednesday.....	Tuesday
Thursday.....	Wednesday
Friday.....	Thursday
Saturday.....	Thursday
Sunday.....	Thursday



\*Please remember that Saturday, Sunday and holidays are not included when calculating a hold.

**Parent/Child Rights  
When child is placed on 72 hour hold**

The child's and parent's right to visits and phone contact during a 72-hour hold:

**Visits:** From Minnesota Statute 260.171, Subd.4(c):

The child's parent, guardian, or custodian and attorney or guardian ad litem may make an initial visit to the Shelter Care facility at any time. Subsequent visits by a parent, guardian, or custodian may be made on a reasonable basis during visiting hours and by the child's attorney or guardian ad litem at reasonable hours.

**Phone Contact:** From Minnesota Statute 260.171, Subd.4(d):

The child may telephone his parents and an attorney or guardian ad litem from the shelter facility immediately after being admitted to the facility and thereafter on a reasonable basis to be determined by the director of the facility.

**No Parental Contact" Provisions:**

If the police write “no parental contact” provision on the 72-hour hold form then parents may not have visits or have phone contact until a Child Protection Worker has investigated the situation and approved contact.

**Primary Needs of the Clients Served:**

Shelter Care services are designed to calm children who have experienced trauma, assist children in gaining control of their behavior, and facilitate their physical, emotional and social development. Professional staff provides children with a safe and supervised environment. One-to-one staffing is available for children with who need additional support and supervision. A daily sticker sheet system and positive reinforcement point programming help children establish appropriate behaviors, healthy boundaries, cooperative living skills and positive interpersonal relationships. Shelter Care staff monitor children’s educational, medical, dental, and psychological needs and initiate appropriate services.

**Services provided by Shelter Care for Kids are the following:**

- daily supervision of the clients
- meals
- activities (gross and fine motor), paid activities, crafts, organized sport activities
- clothing shopping
- arrange child to return to home school or entry in new school
- staffings
- medication administration
- schedule medical and dental appointments
- transportation to medical, dental, and psychiatry appointments
- laundry
- clean bedding weekly or change of bedding if a bed wetter
- goal
- in district transportation to school until transportation has been initiated
- assistance with hygiene
- stabilization of behaviors
- teach cooperative living skills
- supervised phone calls
- one supervised visit per week if client requires supervised visits
- transitional services

**Services provided outside of Shelter Care for Kids**

- transportation to therapy appointments
- education
- therapy
- any medical care
- psychological evaluations
- additional supervised visits



**Client’s Cultural and Ethnicity**

Shelter Care for Kids staff participate in informative or open discussions with children regarding different cultural or various religious beliefs for the purpose of education and sharing opinions. Staff will take children who choose to attend chosen religious services throughout the year such as church, temple, synagogue, mosque, or Native American teachings. These are services children may choose to attend for Christmas, Hanukkah, Kwanza etc. Children are encouraged to participate in faith based activities during their placement. Shelter Care respects the religious preferences of our children and does not interfere with their practices. Staff assesses each child and religious organization to determine the safety needs of the child. Shelter Care for Kids meets with the faith based organization to determine the success of the placement.

Shelter Care for Kids attempts to keep clients involved within their own community setting, Activities outside of the agency generally occur within the neighborhood setting from which the clients come from. Staff arrange

clients to participate in cultural based activities in craft ideas, pow-wows, mid-town global, cinco de mayo, drummings, rondo days, kite flying, etc. Shelter Care also prepares a culturally based menu.

### **Admissions**

Shelter Care, Inc. offers an interim living situation for kids ages 3-11 who have behavioral and/or family concerns yet who are capable of functioning in an open community setting. Shelter Care for Kids was established and licensed to provide shelter for children ages 1 to 12.

Client referrals to Shelter Care for Kids are made via St. Joseph's Home for Children Central Intake program. If the child being referred has severe behavioral issue, or physical or developmental disabilities, a Shelter Care Supervisor will meet the child at St. Joseph's to further assess the child's ability to function in Shelter Care's program. Children that have significant sexualized or aggressive behavior or the listed prohibitive characteristics maybe denied due to the current population of clients residing in the shelter. Again, a Shelter Care Supervisor will contact the social worker to assess the function of the child to determine safety for the individual, clients, and staff. A written Intake Assessment, Physical Health Screen document, worker and parent/guardian information, and copy of the Police Hold accompany the child from St. Joseph's to Shelter Care for Kids. See Our licensed capacity is 10 children.

### ***No Eject Policy***

Shelter Care for Kids attempts to keep all clients safe in our facility. If there is imminent danger or safety concern regarding a client's behavior towards themselves or others, the Program Director will confer with other interested persons or the treatment team to review the issues involved in the decision. During this review process, which must not exceed five working days, the Program Coordinator and staff will develop additional strategies to resolve the issues leading to the discharge and to permit the client an opportunity to continue to receive services from Shelter Care for Kids. If interested persons decide a discharge is warranted, the reasons for the discharge and the alternative strategies are documented in the clients discharge summary.

### ***Discharge***

Shelter Care for Kids offers transitional support to all clients who remain in our program over 14 days. If a client has been at Shelter Care for Kids less than 14 days the client's case plan and medical information is passed on and discussed with the facility, family, or social worker. A meeting is always recommended to discuss the client's behavior and case plan to create a positive transition into the next placement; however this is determined by the availability of the Social Worker.

Transitional support is discussed with all providers to the client during the staffing. It is also discussed with the social workers when a placement for discharge has been decided. It is always per the social workers discretion whether or not transitional support will be used. Prior to a client's discharge, the Placement Coordinator will speak with interested persons regarding the client's case plan.

The discharge of a client is primarily determined by the placing authority. In the case of a police hold, the child may not be discharged unless the hold has expired, or the officer who placed the hold has lifted it. The social worker does not have the power to lift a hold.

The agency opinion regarding placement recommendation is often requested. These requests should be referred to the Placement Coordinator for professional consistency.

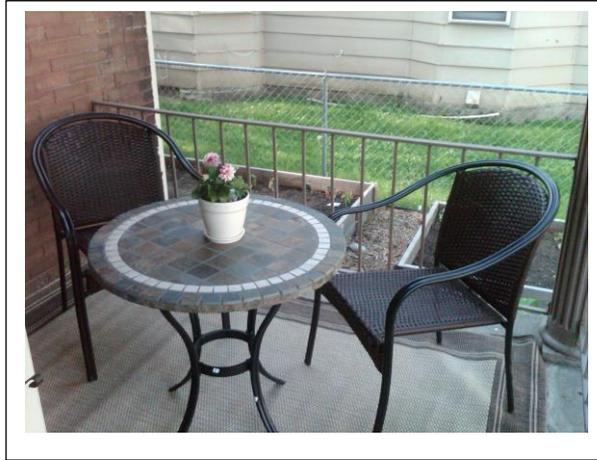
The discharge checklist form (see sample) is designed to assist staff in completing all steps of the client discharge. All steps must be completed.

### ***Discharge and Aftercare Plan***

Discharge and After Care Plans are completed within 10 business days of a client's discharge. Shelter Care completes the Discharge and Aftercare Plan for any client who has stayed in shelter for at least 10 days. The

completed Discharge and Aftercare Plan put in the client file. Copies of the Discharge and Aftercare Plan are provided to the social worker, placing agency and school. Similar reports are also written at worker request for the purpose of court or placement recommendation.

Discharge Aftercare Plans are the responsibility of the Placement Coordinator. Lead Child Care Workers, or other staff interested in completing discharge summaries should notify a supervisor. The following is a guide to the questions to be answered when writing a discharge summary. This format need not be rigidly followed.



### Department of Human Services Critical Incident Reporting Form Instructions

As defined at 7.701.26F of the General Rules for Child Care Facilities, a **critical incident** is a serious life safety or potential life safety incident or concern that poses a danger to the life, health, and/or well-being of a child or children at the facility or of a staff member at the facility.

**Within 24 hours of the occurrence of a critical incident, the facility or child placement agency must report in writing to the licensing or certifying authority any critical incident(s) involving a child in the care of the facility or a staff member on duty.**

Instructions for completing the form:

1. Facility Information: Enter the name of the facility as it appears on the license, the license I.D. number, the type of license, the location address of the facility, including county where the facility resides, and the telephone number at the facility.

License types are as follows:

DT Day Treatment PRCCF Psychiatric Cliential Child Care Facility  
FFHC Family Foster Home RCCF Cliential Child Care Facility  
GRPCC Group Center SRTC Secure Cliential Treatment Center  
GRPHC Group Home TRCCF Therapeutic Cliential Child Care Facility

2. Governing Body: Enter the name of the individual, partnership, corporation, or association in whom ultimate authority and legal responsibility are vested for the administration and operation of the child care facility. Include phone number, county where the governing body resides, and the license I.D. number if the governing body is a Child Placement Agency.

3. Incident Type: Check the appropriate box to indicate the type of critical incident (select the one type that has the highest severity level). The types of major injury to a child or a staff member while at the facility that must be reported are those serious injuries that require medical attention by a health care professional or admission to a hospital. The types of major illness of a child or staff member while at the facility that must be reported are those serious illnesses that must be reported to the Colorado Department of Public Health and Environment or its local unit. The communicable illnesses that must be reported include but are not limited to measles, mumps, diphtheria, rubella, tuberculosis, shigella, hepatitis, meningitis, salmonella, and giardia.

4. If Incident Type is Abuse: If the critical incident type is abuse related (physical or sexual), provide the name of the local county department of social or human services or the law enforcement agency the alleged abuse was reported to. Indicate the date the referral was made to the local county department of social or human services or law enforcement agency.

5. Date and Time of Occurrence and Discovery: Be sure to indicate the date and time of occurrence, if known, for all Critical Incident Reports. If date and time are unknown, indicate the estimated date and time that the incident

occurred. The date and time of discovery for all incidents are mandatory. This indicates when staff discovered the incident.

6. Number of Youth and Staff Present at Incident: Enter the number of youth and staff actually present at the incident. The staff members included in the staff-to-child ratio are only those staff directly in the vicinity of the group of children actively supervising them.

7. Contributing Factors: Choose any or all factors that may have contributed to the occurrence of the incident. If **other** is chosen provide a brief explanation.

8. Report Prepared By: Provide the name and title of the person who authorized the initial critical incident. Provide the date the report was prepared.

9. Incident Location: Indicate where the incident occurred. Indicate if the incident was on the grounds at the licensed location of the facility or away from the licensed facility such as at a school or recreation center. If the incident occurred on the grounds of the facility indicate the name of the unit, dorm, cabin, wing, and/or any other designation of the residence where the child lived and the specific area within the facility where the incident occurred. If the incident occurred off the grounds of the facility indicate the location of the incident and whether a staff person from the facility was with the child at the time of the incident.

10. Parties: If more than one person is involved in the incident use the additional party spaces on the last page of the report and attach additional pages of parties involved if necessary. Provide the name of the person(s) involved in the critical incident. Indicate the status of the person such as staff, client, visitor, etc. for each person involved in the incident. The birthdate for any staff member involved in an incident is mandatory; for other parties, such as visitors, provide if available. Enter the date of birth; this is a mandatory field for the child who is a client or client of the facility. Indicate if the party is a male or female. Provide child I.D. or client I.D. number. Mark "Yes" next to CHRP if the client receives CHRP funds; mark "No" if they do not. Indicate if the child is placed through a contractual arrangement with a county department of social or human services (DSS), the Division of Youth Corrections (DYC), the parent of the child (Private), or outside of Colorado (out-of-state). Do not include those persons who only witnessed the incident but were not involved in the incident, instead, indicate those persons who witnessed the incident in the witness section later in the report.

11. Incident Description: Provide a detailed written explanation of the critical incident. This document will be transferred to an automated database. In the description include specific details regarding any or all contributing factors indicated previously in the report. Include a description of how all parties previously indicated in the report were involved such as if a witness observed only part of the incident.

12. Notifications: Indicate all persons notified about the critical incident. The facility is required to notify those persons who are responsible for the placement of the child and all entities who through a regulatory or contractual basis require notification of the incident. These entities may be different for each child in placement. Fill in the name of the person notified and the date, time, and name of person who did the notifying. The date and time that notifications were made are mandatory fields.

13. Witnesses: Provide names of any witnesses to the critical incident. Indicate status of witness. A witness is a person who saw the critical incident but was not an involved party and indicated in the parties' section of this report.

14. Action Item: Indicate what action occurred or will be occurring as a result of the critical incident. Indicate who is going to do what and when. An action item might be a pending child protection investigation by a local county department of social or human services, a police investigation, or a physical building safety issue. It should be very apparent to the reader how this action item is going to resolve this incident or prevent future similar incidents. Indicate whether the estimated timeframe for the resolution of the action taken as a result of the incident is a long-term or short-term action. If more than one action is taken as a result of the incident and the timeframes for implementation are both short-term and long-term, check both boxes and provide the timeframes for each action item in the detailed description of the action items section. If **other** is chosen give a brief explanation.

15. Additional Parties Page: Use this page for additional parties involved in the critical incident.



## **Maltreatment of Minors Mandated Reporting for DHS Licensed Programs**

### **Who Should Report Child Abuse and Neglect**

- Any person may voluntarily report abuse or neglect.
- If you work with children in a licensed facility, you are legally required or mandated to report and cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility. If you know or have reason to believe a child is being or has been neglected or physically or sexually abused within the preceding three years you must immediately (within 24 hours) make a report to an outside agency.

### **Where to Report**

- If you know or suspect that a child is in immediate danger, call 911.
- All reports concerning suspected abuse or neglect of children occurring in a licensed facility should be made to the Department of Human Services, Licensing Division's Maltreatment Intake line at (651) 431-6600.
- Reports regarding incidents of suspected abuse or neglect of children occurring within a family or in the community should be made to the local county social services agency at 612-348-3552 or local law enforcement at 612-673-5703.
- If your report does not involve possible abuse or neglect, but does involve possible violations of Minnesota Statutes or Rules that govern the facility, you should call the Department of Human Services, Licensing Division at (651) 431-6500.

### **What to Report**

- Definitions of maltreatment are contained in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556) and should be attached to this policy.
- A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the abuse or neglect (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected abuse or neglect occurring within a licensed facility, the report should include any actions taken by the facility in response to the incident.
- An oral report of suspected abuse or neglect made to one of the above agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays.

### **Failure to Report**

A mandated reporter who knows or has reason to believe a child is or has been neglected or physically or sexually abused and fails to report is guilty of a misdemeanor. In addition, a mandated reporter who fails to report maltreatment that is found to be serious or recurring maltreatment may be disqualified from employment in positions allowing direct contact with persons receiving services from programs licensed by the Department of Human Services and by the Minnesota Department of Health, and unlicensed Personal Care Provider Organizations.

### **Retaliation Prohibited**

An employer of any mandated reporter shall not retaliate against the mandated reporter for reports made in good faith or against a child with respect to whom the report is made. The Reporting of Maltreatment of Minors Act contains specific provisions regarding civil actions that can be initiated by mandated reporters who believe that retaliation has occurred.

### **Internal Review**

When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility must complete an internal review within 30 calendar days and take corrective action,

if necessary, to protect the health and safety of children in care. The internal review must include an evaluation of whether:

- (i) related policies and procedures were followed;
- (ii) the policies and procedures were adequate;
- (iii) there is a need for additional staff training;
- (iv) the reported event is similar to past events with the children or the services involved; and
- (v) there is a need for corrective action by the license holder to protect the health and safety of children in care.

#### **Primary and Secondary Person or Position to Ensure Internal Reviews are Completed**

The internal review will be completed by Christine Rickart, Program Director (name or position). If this individual is involved in the alleged or suspected maltreatment, Adam Rickart, Program Coordinator (name or position) will be responsible for completing the internal review.

#### **Documentation of the Internal Review**

The facility must document completion of the internal review and make internal reviews accessible to the commissioner immediately upon the commissioner's request.

#### **Corrective Action Plan**

Based on the results of the internal review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any.

#### **Staff Training**

The license holder must provide training to all staff related to the mandated reporting responsibilities as specified in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556). The license holder must document the provision of this training in individual personnel records, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

**The mandated reporting policy must be provided to parents of all children at the time of enrollment in the child care program and must be made available upon request.**

#### **Death**

Shelter Care for Kids will report all client deaths to the commissioner of human services and the Minnesota State Ombudsman within 24 hours.



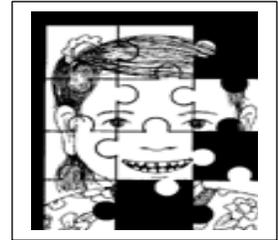
#### **Basic Rights Information**

#### **Shelter Care for Kids Client Rights and Basic Services**

A client has basic rights including, but not limited to, the rights mandated by the Department of Human Services subpart 2960.0050:

- A. right to reasonable observance of cultural and ethnic practices and religion;
- B. right to a reasonable degree of privacy
- C. right to participated in development of the client's treatment and case plan;
- D. right to positive and proactive adult guidance, support, and supervision;
- E. right to be free from abuse, neglect, inhumane treatment, and sexual exploitation;
- F. right to adequate medical care;
- G. right to nutritious and sufficient meals and sufficient clothing and housing;
- H. right to live in clean, safe surroundings;

- I. right to receive a public education
- J. right to reasonable communication and visitation with adults outside the facility, which may include a parent, extended family members, siblings, a legal guardian, a case worker, an attorney, a therapist, a physician, a religious advisor, and case manager, in accordance with the client's case plan;
- K. right to daily bathing or showering and reasonable use of materials, including culturally specific appropriate skin care and hair care products or any special assistance necessary to maintain an acceptable level of personal hygiene;
- L. right to access protection and advocacy services, including the appropriate state- appointed ombudsman at telephone number **651-757-1811** and address is **121 7<sup>th</sup> Place East Suite 4520 Metro Square Building, St. Paul, Minnesota 55101-2117**;
- M. right to retain and use a reasonable amount of personal property;
- N. right to courteous and respectful treatment;
- O. right to be free from bias and harassment regarding race, gender, age, disability, spirituality, and sexual orientation;
- P. right to be informed of and to use a grievance procedure; and
- Q. right to be free from restraint or seclusion used for a purpose other than to protect the client from imminent danger to self or others.



### Client and Family Grievance Procedure

#### Grievance Procedure

All clients and concerned individuals of the client, at Shelter Care have the right, and should be encouraged to express their concerns. Realizing the children placed at our facility may need a great deal of adult assistance to express themselves, **clients has the right to choose an authorized representative to assist them in the process, prior to the beginning.** The Grievance Procedure is discussed with the client at time of intake. After the form has been discussed the staff has the client sign the document.

The Grievance Procedure will allow the client, parent, legal representative, guardian, or a concerned person in the clients lift to make a formal complaint or suggestion or express a concern about any aspect of the clients care during the clients stay in the facility. During this process Shelter Care for Kids will not attempt to influence a client's statement about the facility in the grievance document or during an investigation resulting from a grievance. Staff will supply the client with the appropriate document or during an investigation resulting from the grievance. Shelter Care will maintain a formal grievance on file for two licensing periods for Kids.

Christine Rickart, Program Director, is authorized to resolve the complaint and to whom an initial resolution of the grievance may be appealed and, upon request. Shelter Care for Kids will carry a grievance forward to the highest level of administration and the placing agency of the client. Any individual reporting a grievance must not be subject to adverse action by the license holder as a result of filing the grievance. Shelter Care will respond to a grievance within five days.

Step 1: Encourage the client/concerned individual to **talk with the person** about the concern directly, ideally, within five days of when the incident happened.

Step 2: If the client/concerned individual does not feel comfortable doing this, or has done this and is not satisfied with the outcome, the client/concerned individual should be encouraged to **talk with a Supervisor**. This should be done within eight days of when the incident happened. The client/concerned individual should also **put the concern in writing. Complete Section 1 on the back of this form** and give it to a supervisor for review.

Step 3: If the client/concerned individual feels further actions need to be taken, or is not satisfied with the supervisory response, he or she can **complete Section 3** on the back of this form for review by the Program Director.

Step 4: If the client/concerned individual cannot contact the persons in any one of the steps within the time allowed he/she should proceed to the next step.

I have reviewed the Grievance Procedure with a staff.

\_\_\_\_\_ Client Signature \_\_\_\_\_ Date

\*Clients with concerns about their case plans can discuss their concerns with any staff, the Director, the case worker's supervisor and the office of the ombudsman (651-757-1811.)

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Section 1

Complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you discussed this with a Shelter Care staff: Yes \_\_\_\_\_ No \_\_\_\_\_  
Which staff person did you speak with: \_\_\_\_\_  
Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Section 2 (Supervisor Complete)

Date received by supervisor: \_\_\_\_\_

Supervisory Response and/or actions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Date Returned to Client: \_\_\_\_\_ (Must be within 5 days of when filed)

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Section 3

Yes, I would like to appeal the supervisor's response to the Program Director.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received by staff: \_\_\_\_\_

Date passed on to Program Director: \_\_\_\_\_

Program Director's Response and/or actions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Program Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Returned to Client: \_\_\_\_\_



## Intake, Communication, Visitation, and Spirituality

### **Intake Interview**

The intake interview is the first experience the client has in our shelter. It is crucial the staff facilitating this meeting provide a safe and comfortable atmosphere as possible. Any shelter staff can facilitate an interview, which can last from 20 minutes to an hour. The length of the interview should depend on the willingness of the client to share information, the comfort level of the child and the amount of information to be obtained and given. It is essential the facilitator gather the most accurate information possible.

### **Tennessee Warning/Mandated Reporting**

Staff needs to explain and give the client the Tennessee Warning, Data Privacy, and Mandated Reporting **BEFORE** collecting any information from them. This is for the client's protection and they need to have this information to decide what to tell us. **NO EXCEPTIONS!**

### **Intake Procedure Checklist Form**

This form was designed to assist in completing the intake procedure thoroughly. It lists the steps of an intake and provides a checklist. Staff initials the checklist item as it is completed.

### **Shelter Care Intake Form**

This form should be accurately completed during the interview. Each item on the form should be completed, or a line drawn through the item if it not applicable. The date noted and time noted at the top of the form I to be the time of admittance, which is either when the client is dropped off or when we pick the client up from St. Joe's .. not the time the interview starts.

### **Explaining basic expectations**

During the intake interview staff summarizes and explains the basic expectations of the shelter program. The client receives The Child and Parent Handbook. This includes discussing rules specific to the client's group, consequences, and assessing the client's understanding of these expectations. This discussion should include, but not limited to:

- All clients are expected to behave in a respectful manner (not being hurtful) to others. Examples of problems solving and consequences are given.
- All clients refrain from threatening others or using abusive language.
- All clients respect the physical boundaries of others (i.e. no hitting or sexual touching).
- All clients respect the physical property of others (i.e.) proper use of shelter facility and equipment, not borrowing or destroying property of others).

The staff also explains the rules around smoking, phone use, visitation, passes, and fire drills. The staff answers any questions from the new client, and assures the client further explanation of all rules and policies can be attained by the Child Care Worker assigned to the client's group.

### **Immediate Needs Plan**

The staff will complete an assessment regarding the client's needs. This is an assessment to determine the client's needs and best interest while residing at Shelter Care. The Immediate Needs Plan is completed within 24 hours of the intake and is placed in front of the client daily logging. All employees are responsible to read and sign the Immediate Needs Plan upon returning to work after a new client has entered the program. Immediate Needs Plan is updated at any time for any changes regarding the client.

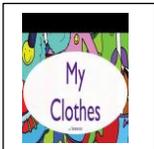
### **Basic Rights and Basic Services**

Clients receive a copy of their Basic Rights and Basic Services in the Parent and Child Handbook. It is important that staff read and explains each right.

### **Client Files**

Each current client's file is located in the staff office file cabinet. Contents of the files include referral and intake information, hold information, shelter forms, visit and phone logs, logging, incident reports, abuse forms, goals, and personal belongings lists. A separate Medical Log is kept in the buffet that contains all medical information regarding the client. All client files are private and could also contain confidential data. After a client has been discharged, files are stored for safe keeping up to seven years after discharge. It is staff's responsibility to read information in the clients file and know the case plan for each current client.

### **Clothing Inventory**



All client belongings are inventoried before the client can have access to them. The inventory for is used to keep track of client belongings. Client items are all labeled with the client's initial, or they must stay in lock up. All client inventory must be signed by two staff at the time of intake and discharge.

### **Client Money**

Shelter Care for Kids will keep a separation of client funds from the agency funds. Staff will assist clients with safekeeping of funds or other property: Client money is kept in the med closet in a pouch. The client is asked to sign his or her initials along with staff initials when money is put into pouch or removed.

- Document receipts and disbursement of the client's funds or other property, including the signature of the client, conservator, or payee.
- All funds will be returned to client within 3 days.



### **Bed List**

Client room assignment are determined at the time of the intake and recorded in pencil on the bed list. This list assist fill-in and overnight staff in doing bed checks. The list is located on the staff bulletin board.

### **Client Privacy**

Shelter Care for Kids does not assign staff to the client's in a manner that invades the privacy of the client or embarrasses or diminishes the dignity of the client by requiring staff of the opposite gender to perform private duties. Duties which include: direct visual supervision of clients during showers or lavatory use, assisting a client with personal hygiene activities (if assisting the client would require the staff person to view the client unclothed or to touch the genitals, buttocks, or breasts of the client), and appropriately caring for the needs of clients whom are victims of sexual abuse.

Shelter Care for Kids does not conduct strip searches and internal body searches.

### **Classification of Clients**

Shelter Care for Kids serves a population of children age on to twelve years old. Client's reason for placement, behaviors, vulnerability, and developmental level are taken into consideration when placing them into groups and bedrooms. Children will be placed with other children that we feel they will be most compatible with and try to group same age children together if possible to do activities.

When it is known that a child has developmental challenges staff will need to assess how this child interacts and problem solves with others. Staff will communicate with the client's county worker to discuss any services already in place or recommended. The client will be placed with children that the client would have most successes with and would be most safe with.

Shelter Care for Kids has both male and female clients. There are two groups, which are generally mixed with both male and female. Staff assesses whether clients of the opposite sex are safe enough to be with each other by information provided at intake, by county worker, and by observation. If a child shows that they are stressed or traumatized behaviors or have proven to be unsafe measures will be taken to ensure the safety of all clients. Shelter Care will assess a child's safety when they have a history of violent behavior.

### **Length of Stay**

Shelter Care for Kids will not retain clients any longer than ninety days. The Program Coordinator or Program Director will apply for a variance through the Department of Human Service.

A thirty-day review will be completed to determine whether or not the client should remain in shelter. The review will assess why the shelter believes is in the best interest of the child to remain in shelter. Shelter must consider different placement options. Shelter must put in writing what they believe substantiates the child's retention. The written summary will be placed in the client's file.

### **Staffing Plan**

The Program Director is the Primary Director at Shelter Care for Kids. In coordination and services the Staff Program Coordinator and Client Coordinator report to the Program Director. In absence of the Program Director, either Program Coordinator will act as the Program Director. The Program Director is on call 24 hours a day. In the absence of the Client and Staff Coordinator, the Lead Child Care Worker will be In-Charge of Shelter Care for Kids. The Program Coordinator can be reached to answer any questions regarding client care or staffing needs. The Program Director, Program Staff Coordinator, Placement Coordinator and Lead Child Care Worker make up the Management Team for Shelter Care for Kids. The Child Care Worker and Overnight Staff report to the Lead Child Care Workers. Volunteers also report to Lead Child Care Worker.

### **Same Gender Contingency Plan**

If there are not both genders working on a particular shift, there will be a same gender staff member on-call, immediately available, to assist with the client(s) needs. When the on-call staff member is required to come to work and assist with a client, the following protocol must be followed:

- Documentation on a critical incident report must be made explaining the client's need for supervision by staff of the same gender as well as the actions taken by staff implementing the plan for same gender supervision.
- If the contingency plan cannot be fully met, documentation on a critical incident report must be made explaining the circumstances and reasons as well as what will be done to prevent a recurrence of failure to comply with the contingency plan.
- The documentation will be kept on file for at least two years or until the next licensing renewal inspection, whichever is longer.

Shelter Care for Kids will also obtain same gender medical services, when requested by the client. If a female client requests a female health care provider, and one is not available, Shelter Care for Kids will request permission from the health care provider that an adult female be allowed to be present during the health care procedure. If a male client requests a male health care provider, and one is not available, Shelter Care for Kids will request permission from the health care provider that an adult male be allowed to be present during the health care procedure.

### **Staffing Pattern**

During normal awake working hours Shelter Care for Kids provides the correct ratio of staff to client care and services:

The following ratio is required under the shelter standard

- **One staff person to three clients, if the clients are less than six years old**
- **One staff person to four clients, if the clients are six to eight years old**
- **One staff person to six clients, if the client are nine to eleven years old**
- **One staff person to eight clients, if the clients are twelve to eighteen years old**

During normal asleep hours Shelter Care for Kids provides the correct ratio of staff to clients care and services:

- **One staff person to seven clients, if the clients are less than nine years old**
- **One staff person to twelve clients, if the clients are nine years old or older**

Shelter Care for Kids is sensitive to the needs of the clients and will not assign staff that invades the privacy of the client or embarrasses or diminishes the dignity of the client.

Shelter Care for Kids is medically sensitive regarding clients and will request licensed professionals to care or treat clients of the opposite sex.

Staff will review each client's case and treatment plan on a monthly basis. Recommendations are made or decided if it is necessary to review more often.

Advocates provide weekly face to face contact with clients. The advocate will assist, monitor, and help implement the child's case plan.

### **Privacy of Clients in Placement**

Photographs, videotapes, and motion pictures taken on the property or in the facility by the program personnel are considered a client record. Photographs, videotapes, and motion pictures may be needed for staff supervision, safety concerns, or therapy needs. A client must be informed that he or she is being videotaped. The client will have the right to refuse to be taped unless otherwise authorized by law due to the necessity for the program security, or for the safety of the clients'. Educational settings will only be allowed to record clients upon consent of a parent, guardian, or county social worker. School districts supply their own media release forms to sign by the parent, guardian, or social worker before any recording can take place.

### **Visitation**

Children at Shelter Care must have approval from their county social worker in order to have contact with others. Shelter Care requires twenty-four hour notification in order to arrange on or off-site visits.

Supervised and unsupervised visits are provided on premise. **Visiting hours are from 8am until 6pm.** Each child will be provided one supervised visit per week for up to one hour. Additional supervised visits may be arranged upon request with an outside agencies supervision. Unsupervised visits are unlimited. Visits requiring significant documentation will need to be arranged with a separate agency.

Off-site and overnight visits are unlimited; however clients from Hennepin County cannot exceed seventy-two hours off-grounds without Hennepin County Administration approval. **Pick up and drop off times for off-site visits are from 8am until 8pm.** Exceptions may be made in extenuating circumstances with the approval from the program coordinator.

Visitation rights of the client's parents will not be restricted beyond the limitations placed by a court order or case plan. Shelter Care for Kids will evaluate visitation with families who are working to meet the needs of the family and client.

### **Telephone Communication**

Visitation over the telephone needs no prior arrangements only approval from the county social worker. Supervised and unsupervised telephone visitation is provided at Shelter Care between 8am and 7pm. Supervised telephone visitation is monitored by shelter staff using a speaker phone and is limited to two phone calls a day, one phone call per shift (8am-2pm and 2pm-7pm). If adaptive communication devices are needed, arrangements will be made to meet the needs of our clients. Both professional calls to and personal calls (to family members) cannot be confiscated due to behavior or as a consequence.

### **Written Communication**

Clients are allowed to receive mail and other written communication as allowed by the county social worker. Written material is inspected for any inappropriate objects as well as any other contraband, as the client is given the letter. It also may be inspected for any inappropriate material, as the county social worker sees fit such as gang graffiti and inappropriate pictures.

### Spirituality Services and Counseling

Shelter Care does not incorporate structured religious or spiritual teaching into our program. However, while residing at Shelter Care for Kids, clients will be given opportunities to participate in spirituality services, activities, and counseling on a voluntary basis. Clients who do not wish to participate are required to be in a location that does not expose them to the services or activities. Whether or not a client participates in spirituality services, should not be considered as a basis for any right or privilege.

Shelter Care will provide the following services for clients when requested:

- Opportunities to meet with clergy or spiritual leaders of their choice, within the area, to provide counseling
- Accommodations to meet the spirituality needs for the client and/or client's family's request, including spiritual needs related to the client's culture
- Written documentation, if spirituality requests cannot be met, explaining the reason

It is our policy to respect the religious preferences of our clients and not interfere with their practices. Therefore, clients will be allowed to practice the religion of their choice while in our program.

There are vague definitions of what constitutes religion. For example, some would consider Satanism or cults to be religions, and some would not. The shelter's policy is to not interfere with the beliefs of our clients. However, if the "religious" practices of the client involves self-injurious behavior, or behavior that endanger the safety of other, this behavior will not be allowed for the client while in our shelter. The safety of our clients is foremost.



### **Shelter Care for Kids Logging**

Shelter Care for Kids has many logging types. Please become familiar with these logs because they are used in daily work at Shelter Care for Kids. All forms of logging and documentation need to be completed prior to leaving your shift.

### **Logging**

The following logs that are commonly used are:

- Sticker Chart and Behavior Log
- Phone Log
- When I Work App
- Medical Logging
  - Health Progress Notes
  - Med Logging Sheet
- Immediate Needs Plan
- Discharge and Aftercare Plan
- Confidential Incident Reports
- Critical Incident Report
- Abuse Neglect Inquiry
- Fill-in
- Bed Check Log/Overnight Shift Record
- Client Contacts
- Visitors Log
- Mileage Log

### **Documentation and Forms**

Other forms and documentation to become familiar with are:

- Behavior Replacement Plan
- Van/Programming
- Emergency List
- Bus List

### **Logs**

Logging information serves several purposes to keep the staff informed on each child's behavior and facilitate consistency in programming; to assist the staff preparing the Discharge and Aftercare Plan ; to evaluate the effectiveness of staff response to specific behaviors and develop necessary programming; and evidence of child's behavior (such as sexual acting out or extreme aggression) for use in court. The daily log is an interactive with client to find out how they may be feeling, concerns that need to be addressed, and record of the clients daily activity.

### **When You Log**

It is the responsibility of the Child Care Workers and Overnight staff to complete all logging before leaving the shift. Logging is done three times daily; during quiet time, in the evening after the children are in bed for the night, and the early morning hours (i.e. what kind of night the child had, sleeping patterns, bathroom wake-ups). The staff that supervised the child should sign their name and title after each entry has been completed.

### **What is logged?**

Any significant behavior of the client (i.e. peer and staff relationships, child's role in his/her group, any discussion with the child pertinent to the family such as reports of abuse, sexual abuse, chemical use, etc) it is also important to remark on the child's development, social skills, fine and gross motor skills. Other important items that should be logged are visits and phone call that the child receives, the degree of acting out the child does, and an evaluation of the child's daily living skills (i.e. table manners, eating habits, dressing, and hygiene). Some comments about

how the client says he/she is feeling, as well as your impressions is also appropriate. It is also important to log any new medications, doctor visits, health concerns and accidents. Any medical or health logging should be written in red pen.

A logging should be brief, but specific, and goal directed. Logging should include the child's progress made on individual goals, and programming set up for the child by the staff team.

### **Phone Log**

Phone logs are our documentation of important phone conversation that we, or the clients, receive or make. The date, caller, time (am/pm) and content of conversation are recorded in the phone log after each call.

### **Staff Communication Notebook**

The staff communication notebook is a main source of communication between staff members. It is your responsibility to read the notebook as soon as you arrive for your shift. After reading the staff communication notebook, staff place their initials to verify that information has been read. Any important information concerning client behavior, discharges, meetings, passes, visits medical information, runs, intakes, meal preparation, etc., should be written in the notebook. You are responsible to be aware of information recorded in the notebook as there are occasionally critical procedures that must be followed for a particular client.

### **Medical Logging and Administration**

Staff needs to be med certified to administer medication to clients. Med Administration training is completed by Health Counseling Services. The two forms of logging used are Health Progress Notes and Medical Logging. Please refer to the Health Counseling written for Shelter Care for Kids regarding medical logging and policies.

### **Immediate Needs Plan and Discharge Aftercare Plan**

The Placement Coordinator and Intake staff completes the Immediate Needs Plan and the Aftercare Plan. It is the responsibility of the staff to read the Immediate Needs Plan for every client served at Shelter Care for Kids.

### **Confidential Incident Reports**

Staff completes incident reports for any noteworthy incident that occurs. These reports are completed for the following reasons: Restrictive Procedures, Aggression, Property Damage, Suicidal Thoughts and Gestures, Absenting, Accidents, Injuries, Unusual Behavior, Staff Injury, Medication Incident, Chemical Use, Sexual Activity Behavior, Moving Vehicle Accident, and Self Injury.

### **Critical Incident Report**

See prior explanation and policy

### **Abuse Neglect Inquiry**

Abuse Neglect Inquiry is completed when staff suspects maltreatment, abuse, or neglect. Refer to critical incident and Maltreatment Reports in manual for policy and procedures.

### **Fill-in**

Fill-in is the time between shifts when staff shares information regarding clients. It is important that staff review clients' medical logs and health progress notes. Staff also reviews Day and Evening Shift logging. The following shift's staff will read over this information to get an idea of what the previous shift was like and follow through with any special programming for a client. The fill-in is used for client follow through and client's daily activity.

### **Client Contacts**

The client contact list is posted in the phone log and lists those with which each client may and may not have phone or visit contact. It is the staff's responsibility to check the contact list before allowing a client on the phone to insure that the client may speak to each particular caller. The Placement Coordinator or Lead Child Care Workers will set up approved visits.



### **Bed Check Log/Overnight Shift Record**

Overnight staff completes bed checks every half hour during the overnight shift. After the bed check is completed a staff person places their initial or checks the box by the time every half hour. The Overnight Shift Record needs to be completed by the overnight staff. It includes duties passed on by the PM staff such as projects, intakes, etc. It also has a reminder of tasks to coincide with the cleaning and cooking checklist. There is a section for the overnights to pass on information to the AM staff. On the bottom right corner there is a line to have the AM staff place initials when fill-in is completed and duties have been passed on.

### **AM and PM Shift Record**

AM and PM Shift Record is completed by the Lead Child Care Worker of the shift. It is to assist the staff in planning the shift. It also has reminder tasks that need to be completed during the shift. It includes duties passed on either by the overnight staff or morning staff. On the bottom right corner there is a line to have the next staff group to place initials when fill-in is completed and duties have been passed on.

### **Mileage Log**

The mileage log serves the purpose of assistance the overall task of vehicle maintenance. It is the responsibility of the staff using the van or their own personal vehicle to make sure the mileage is recorded at the time of use. Staff will be reimbursed for mileage used by driving their own personal vehicle.

### **Visitor Log**

The visitor log is in a three-ring binder located in the front sunroom. It is important for staff to have visitors sign in when visiting or taking a client on pass. Ask the visitor to put the client name, date, time in/out, name of visitor, and the location of the visit.

### **Emergency List**

Emergency List is used in case of an emergency such as fire, threatening weather, etc. The emergency list is placed at the following locations in the shelter: Front door, Back door, Egress Window in basement, and 2<sup>nd</sup> Floor Emergency Door. Emergency list have names and phone numbers of the Program Director, Program Coordinators, and Lead Child Care Workers. It also has each client's date of birth, and what car seat the client needs to use while in shelter. Clients are made aware and shown where to find emergency list upon intake in case of an emergency and are unable to locate a staff member.

**Bus List**

Bus List is posted in the kitchen and dining room area. It has the client name, location of the bus stop, time, number of bus, time of pick up and drops off.

<b>Client Stabilization, Trauma Informed Care, Sticker books, PIA Sticker Book Programming</b>
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At Shelter Care for Kids, we believe that providing sticker book programming for the children who are in our care in order to provide stability for them. Within the house, there is a client handbook that each child, social worker, and parent/ guardian receives upon arrival. The handbook goes over specifics of the programming and norms at Shelter Care for Kids. The sticker books are outlines and explained to each child upon admission and serve to positively reinforce the structured programming that is normative at Shelter Care for Kids.

**Sticker Books**

Every day, a client can earn stickers for following programming and house norms. The stickers are further broken down, so that each child can earn stickers during shifts. There are two possible stickers rewarded for each programming or house norm that is utilized. The house norm is set every week, and discussed with the clients so that they understand the importance of the norm and to help them if they may need help following it. Programming and activities are laid out by the Child Care Worker that is on staff during the shift, and each child receives stickers for follow the programming. Clients also receive stickers for completing their responsibility during the shift. Each responsibility is chosen by the client at the beginning of the week. Typical responsibilities occur at meal times and include: setting the table, wiping the table, clearing the table, sweeping the dining room, wiping chairs, and stacking chairs. These responsibilities help to maintain a structured environment by providing for smooth transitions between meals and activity. Beyond programming and norms, clients also receive stickers for following staff member's directions, and having positive interactions with peers. At the end of the week, stickers are tallied up and each client has the opportunity to use these stickers in the sticker store, or turn them into money, or save them to accumulate for a larger purchase in the sticker store.

**Sticker Store**

Each sticker is worth one point, and a child has the opportunity daily to cash in for different items. Each item is assigned a point value, based on its value, at a discounted price than what a client would pay for it at a store. The various items inside the store include, but are not limited to: snack cubby items, rings, a variety of different toys, and matchbox cars. One point can also be turned in for money, and has the equivalent of one cent. Every item in the sticker store is labeled with a sticker amount, and clients are allowed to purchase however many items they have enough money for.

The ability for a client to turn in their stickers on a daily basis comes from the understanding that often younger children are in need of more instant gratification, and waiting for a week to turn in their stickers is not rewarding in of itself.

**Practice and Independence**

Clients have the opportunity to earn additional stickers for practicing an area they would like to improve about themselves such as staying with my group, using positive language with adults, etc. The client may also work on independent responsibilities and earn additional stickers daily.

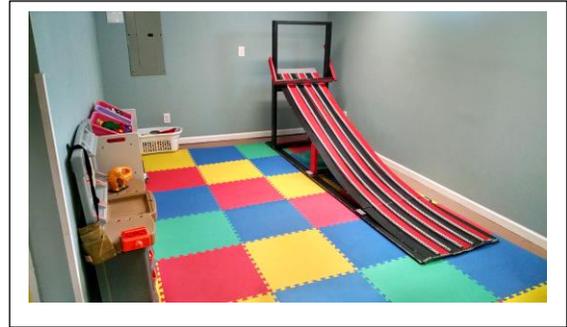
**Community Service**

Clients are able to earn additional stickers for compensation of community service. This could be helping around the shelter, in the community, or to possibly ignore another client who appears to struggle with programming. The Child Care Worker announces to the client when there is an opportunity to earn additional stickers towards community service. This empowers positive choices and rewards cooperative choices for the client.

### Training Approaches

Shelter Care for Kids has a specific training uses very specific training in working with our clients. The following training and methods are utilized:

- Safety
- Trauma Informed Care
- Positive Behavior Intervention Strategies
- Physical Intervention Alternatives
- Kazdin Method
- Cereal
- Structure
- Flexibility
- Hennepin County Crisis Team
- Hennepin County Stabilization



All of these methods have a positive aspect working with our clients. We focus on safety as number one, relationship building, structure, reducing anxiety, avoiding power struggles, positivity, relaxation, empowering, empathic listening in meeting the client's needs. We recognize that not all children respond to one single approach. The uniqueness of the child with consideration to the child's development and age is assessed to learn what approach may benefit the client. Staff training is ongoing to keep improving staff skill in working with our clients. During the orientation staff is taught to empathize and validate children's feeling that may have experienced trauma, abusive situations, stress various disorders. Training also covers skill to prevent and de-escalate crisis behavior, as well as staff responsibilities as mandated reporters of maltreatment.

### Safety

Staff assesses client's safety and how well they can regulate themselves in their group, playing with peers, going on activities, returning from a visit, phone call, or just playing the backyard. Children that have symptoms of stress and anxiety staff will ask the client to remain in the shelter until the client appears to be listening and engaged in the group's activities.

### Key Elements in working with Traumatized Children

- There are three basic functions of the brain: - Survival - Safety – both physical and emotional – and - The power of our thinking brain that makes us humane. We can only think logically when we feel safe.
- Traumatized children cannot regulate their emotions or their behaviors if they are not feeling emotionally safe. They do not know how to find safety, so the caretakers need to offer safety and understanding to them, keeping them close and reassuring them. A child who has experienced trauma cannot think clearly if they are not feeling safe. Support is the best type of help we can provide.
- The issue that causes the conflict, for instance, a child refusing to do something or being disrespectful, etc., needs to be put aside until the relationship with the child and the child's feeling of being safe are assured. Once child and caregiver are calm and safe, then a solution to the problem can be discussed. If discussed too soon, the fear will return. Staff who can stay calm and reassuring will be the adult who can calm a distressed child down so they can begin to think straight. Power struggling or anger will only antagonize the distress and increase the acting out behaviors.
- Early in the morning, during transitions and bedtime are prime times when a distressed child needs special contact with loving encouragement. Remember that the five senses tell the child if they are safe or not. We need to reassure the child using all five senses whenever possible. If we can anticipate distress before it occurs, then we can prepare the child for it and offer reassurance. Perhaps we can even change some part of a process or routine to make it less difficult for the child.

- Overstimulation can increase fear. Crowds, group excitement (groups in general), loud noises, etc. may be upsetting, even if they are fun. Prepare to remove a distressed child early, before he or she loses control, if he or she shows signs of stress and anxiety. The child needs to move near a helping adult who reassures him or her that he or she will stay safe.

- Saying what you see can help a child feel understood: “I see that you are getting stressed, should we move over here or get a drink?” “It looks like you could use a helping hand, let’s work on this together or take a break.” “I hear you saying that this is unfair, I don’t like things to be unfair either, let’s see if we can figure out what else we can do.” If you have a supportive relationship with the children, they will usually de-escalate when they see you understand what they are experiencing. Never judge it as right or wrong, just acknowledge it is how they see it. Gently, you can help them see it in a different way, once they are calm and feel cared for.

### **Kazdin and Praise**

According to Dr. Kazdin, praise is a great tool, one of the strongest ways to influence your child’s actions, but it’s often misused or wasted. Little changes in how you give praise can make huge differences. Staff has learned from his book and video that:

The research tells us six things about effective praise: it should be

- (1) enthusiastic and
- (2) specific; it should include
- (3) verbal and
- (4) nonverbal elements, such as a smile or a gentle touch; and it should be
- (5) frequent and
- (6) immediately follow the desired behavior, which means you praise this behavior whenever it happens, and you create opportunities for it to occur a lot.



Shelter Care for Kids also supports Dr. Kazdin’s methods of allowing children to learn by practicing the replacement behavior. We find this approach re engaging for the client and a positive approach in building relationships.

### **Shelter Care for Kids Protocol for Contacting the Hennepin Crisis Team**

#### **Staff protocol and procedures to contact Hennepin County Crisis Team (612) 348-2233.**

**Step I: Clear signs of Stress:** A visible change or increase in a child’s “normal” behavior such as leaving the group, isolating his or herself, fidgeting, nail biting, rocking, change in volume, tone or rhythm of voice, etc.

**Staff response:** Recognize Trauma Informed Care training and the client may not be responding as their own developmental age, size, diagnosis, and not being able to verbalize anxiety and stress Assess-evaluate self, environment, other person. Non-verbal establish physical presence. Verbal Non-Directive-Use Humor to distract mood. Reduce stress and be supportive, increase activities that engage the child, respect personal space, and empathic listening. **\*Avoid overreacting, demanding, or getting too close, raising your voice, do not make threats. Depending on child, such as reporting wanting to hurt himself or others, staff may call crisis (612) 348-2233.**

**Environmental Changes to reduce stress:** Provide and encourage a change to more “favored” places and activities.

**Step II: Defensive Behavior:** Challenging, verbal escalation, targeting one or more persons but not necessarily dangerous words or actions (challenging questions, argumentative, attempt to draw others in, refusal, intimidation, verbal release, spitting, kicking, and throwing items).

**Staff Response:** Be direct with only one directive with only one staff. All other staff should be on alert to respond, but in another area of the shelter(use walkie talkie), offer choices, redirect and help the child to communicate in another manner, ignore the challenge, not the child, if the child is releasing, allow them to vent. Sometimes calling a social worker, family member, kin, or relative can be helpful. **\*Avoid sarcasm, blaming, taking it personally, and**

using ultimatums, reinforcing norms or rules. Depending on child, staff may consider calling crisis if the client is unsafe to himself or others (612)348-2233. Call Chris if you need ideas or support at (612)282-8987.

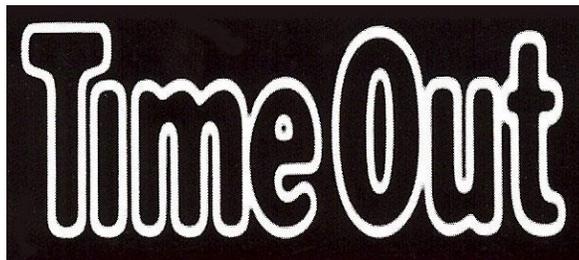
**Environmental Changes to reduce stress:** Gently remove the targeted person, including particular staff. Make sure the room is free of objects that can be thrown.

**Step III Full Scale Aggression/Safety Concern:** The child is experiencing a total loss of control resulting in physical aggression. The challenging behavior poses a threat to the physical safety of themselves and others in the environment (breaking glass or other object, using objects and/or self as weapons or threatening to do so.

**Staff Response:** Recognize Trauma Informed Care training and the client may not be responding as their own developmental age, size, diagnosis, and not being able to verbalize anxiety and stress. Minimize verbal interaction, maintain calm and allow plenty of physical space to do so. Implement client support system/programming/or safety plan. If necessary, use trained manual block attempts to avoid injury to themselves or others. **If Physical Intervention is necessary, please refer to Immediate Needs Plan. \*Avoid display of emotion, muscle tensing, or cornering the child psychologically. CALLCRISIS AT (612)348-2233 IMMEDIATELY OR 911 AND ASK FOR A CIT OFFICER IF IMMINENT DANGER TO SELF OR OTHERS. Notify Chris at (612)282-8987.**

**Environmental Changes to reduce stress:** Reduce visual clutter, reduce and lower the auditory and physical clutter. Stay near the person while respecting personal boundaries.

## Restrictive Procedure Techniques



### **Time Outs**

Shelter Care for Kids has restrictive procedures and in our program, however we do not practice the use of time outs. When a client appears to be stressed, anxious, or signs of anxiety, staff uses Physical Intervention Strategies such as, establishing a quality relationship, you cannot make anyone do anything (what may I be doing to affect the client), positive reinforcement, assess, respect, and communication, environment, and empathic listening. During these times for safety of all clients, the other clients may be removed from the group area for safety. Staff will often ask the client if they would like a bowl of cereal, hot chocolate or cider to regain control. Shelter Care for Kids has learned that eating cereal has positive effects and causes relaxation.

Again, Shelter Care does not promote the use of time outs and promotes the use of the Scale of Alternatives in the Physical Intervention Alternatives. This includes, Assess, Non-Verbal, Verbal, Non-Directive, Verbal Directive, and Touch (when appropriate to help the client regain control). Time outs are used for the purpose of de-escalation, and to give both the client and staff time away from a volatile situation. Clients also have the ability to give themselves a time out if they want to de-escalate or calm themselves independently. This is actually encouraged to assist the client to self-regulate or manage his or her stress, anxiousness or anxiety. Time out is a non-emergency technique, which is used to allow the client's to reflect and become calm before returning to ongoing activities. Time outs are consistent with the client's Immediate Needs Plan. The staff team must include and document the review of the use of Time Out for each client during the review of the Immediate Needs Plan.

Staff also learns the Protocol for calling the Hennepin County Crisis Team which is paired with Physical Intervention Alternatives.

Staff must have completed at least the following training before a Time Out is used with a client:

- The need and behaviors of the client
- Building relationships with the clients
- Alternatives to Time Out
- Avoiding power struggles with clients
- Documentation standards for the use of Time Out

Time outs are enforced by asking the client to sit away from the group and go to a designated area to calm down. The designated area is within staff supervision and generally within the group play area. At the time the child is asked to sit away from the group. As a general rule, a time out is between 1 to 5 minutes and no longer than 15 minutes. It is important for staff to remember consider clients ages when asking for a time out. An example of this would be a 3 year old would have a 3-minute time out; an 8 year old would have an 8-minute time out. Although the time is designated in the Immediate Needs Plan, staff does not need to administer the full length given time if the client is cooperative and ready to rejoin the group. Staff is always monitoring the client during the time out.

After the child calms down, it is extremely important that the staff spend time talking with the child and debriefing. This is used to find out what happened, look for what may have caused the behavior, and come up with ideas to assist the client in dealing with their frustration in a different way in the future. This idea is to give back responsibility to the person for their behavior, while being supportive and to re-establish communication.

Staff must also complete a Shelter Care for Kids Time-Out Report. The Time-Out Incident Report must include the following information:

- The Lead Child Care Worker on the Shift needs to supervise and manage the use of Time Out
- The Lead Child Care Worker needs to sign the report after staff complete appropriate documentation for the use of Time Out.
- Time outs must be under the direction of the Program Director.

A time out is intended to assist clients in regaining self-control without resorting to physical intervention. The ability to self-monitor and take time out as needed to manage stressful situations is a useful life skill. When, in accordance with the Immediate Needs Plan, clients are directed to take a time out the following procedures will be followed:

1. The purpose and terms of termination of the time-out have been explained to the client.
2. The time-out is terminated as soon as the precipitating behavior has abated or stopped.
3. The client must be monitored and assessed at least every 5 minutes and the client's condition documented in the time-out incident report at least every 15 minutes. The assessment must determine if the student can return to ongoing activity.
4. If time-out is implemented for more than 15 minutes, the client must have access to bathroom facilities, food and water.
5. Time-out procedures are implemented in common living areas of the shelter. Shelter Care for Kids protocol does not allow for designated time-out rooms.

When time-out is used:

1. The client must not be prevented from leaving the room by a locked door or other devices or objects positioned to hold the door closed
2. The area used for time-out must be safe, well lighted, well ventilated, clean and provide for direct monitoring of the client.

**\*See Time-Out Authorization Form**

## **Shelter Care for Kids Time Out Policy and Authorization**

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Shelter Care for Kids is to use the most positive and least restrictive approaches to reducing stress, anxiousness or anxiety. Shelter Care for Kids and the Minnesota Department of Human Services Rules require that the use of time out be utilized in the best interest of the client to help facilitate a positive change. Shelter Care for Kids utilizes the use of time out as a potential learning tool for the client.

Requirements regarding the use of a time-out include:

- A. Control the use of time-out in accordance with the clients Immediate Needs Plan, is specific to an identified stress, anxiousness, or anxiety. This is supported by documentation describing how intervention procedures incorporating positive approaches and less intrusive procedures have been tried.
- B. Prior notification was provided to the parent or legal representative for the use of time out (i.e. intake and any worker or parent contact while the client is at Shelter Care for Kids)
- C. The purpose and terms of termination of the time-out have been explained to the client.
- D. Time-out is terminated as soon as the precipitating behaviors has abated or stopped.
- E. The client must be monitored and assessed at least every 5 minutes and document in the incident report the clients condition at least every 15 minutes. The assessment must determine if the client can return to on going activity.
- F. If time-out is implemented for more than 15 minutes, the client must have access to bathroom facilities, food and water.
- G. Time-out procedures are implemented in the common living area where the group activity is currently happening. Time-outs can also occur in the clients bedroom if the client prefers to use the space to self-regulate or manage his or her behavior. Shelter Care for Kids protocol does not allow for designated time-out rooms.

When a time-out is used:

- A. The client must not be prevented from leaving the room by a locked door or other devices or objects positioned to hold the door closed.
- B. The area used for time-out must be safe, well lighted, well ventilated, clean and provide for direct monitoring of the client.

Shelter Care for Kids does not allow isolation or the used of any locked or secured rooms.

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



### **Physical Interventions**

Shelter Care staff is trained during their orientation to the agency on Restrictive Procedures. Staff participates in an annual training on the use of Physical Intervention Alternatives. Shelter Care for Kids encourages staff to utilize the Hennepin County Crisis Team for support. Staff is assisted with professional mental health advice, and assisting the clients with skills to help behaviors. Physical Interventions Alternatives teaches:

1. To develop and increase staff confidence in dealing with situations that are thought of as challenging.
2. To reduce the chances of injury to people who receive services and to staff.
3. To promote/preserve human value and dignity.
4. To develop skills that will reduce stress and deescalate potential challenging situations.

All staff members at Shelter Care for Kids are expected to insist that a child should never be subject to ridicule, humiliation, threats of physical or verbal punishment or any means of discipline which would diminish rather than strengthen the child's sense of his/her value and dignity as a person. All Shelter Care for Kids staff are Mandated Reporters and receive training in their legal responsibility to report maltreatment.

Corporal punishment is prohibited. Corporal punishment is a violation of our policy as well as a direct violation of the MN Department of Human Services, Rule 2960 Standards by which Shelter Care for Kids is licensed. Examples of prohibited corporal punishments include, (but are not limited to the following):

1. corporal punishment, including, but not limited to; rough handling, shoving, ear or hair pulling, shaking, slapping, kicking, biting, pinching, hitting, throwing objects, or spanking;
2. verbal abuse, including but not limited to; name calling; derogatory statements about the resident or resident's family, race, gender, disability, sexual orientation, religion, or culture; or statements intended to shame, threaten, humiliate, or frighten the resident;
3. punishment for lapses in toilet habits, including bed wetting and soiling;
4. withholding of basic needs, including, but not limited to: a nutritious diet, drinking water, clothing hygiene facilities, normal sleeping conditions, proper lighting, educational services, exercise activities, ventilation and proper temperature, mail, family visits, positive reinforcement, nurturing or medical care. However a resident who destroys bedding or clothing, or uses these or other items to hurt the resident or others, may be deprived of such articles according to the resident's case plan;
5. assigning work that is dangerous or not consistent with the resident's case plan
6. disciplining one resident for the unrelated behavior or action of another, except for the imposition of restrictions on the resident's peer group as a part of a recognized treatment program;
7. use of restrictive techniques or procedures as punishment, for convenience of staff, to compensate for not having an adequate number of staff, or to substitute for program services;
8. restrictions on a resident's communications beyond the restrictions specified in the resident's treatment plan; and
9. requirements to assume uncomfortable or fixed positions for an extended length of time, or to march, or kneel as punishment.

See also, the Shelter Care for Kids bill of rights.

Use of a controlled technique or procedure (time out or physical hold) shall only occur when the technique or procedure is proposed, approved, and implemented as part of an Immediate Needs Plan.

1. The controlled technique or procedure shall represent the lowest intrusive level required to manage a child identified behavior.
2. Before implementation of the controlled technique or procedure the following shall take place:
  - Assessment of the child's identifying challenging behavior by the Program Coordinator or Program Director.
  - Development of a risk management/abuse prevention plan as part of a client's initial Immediate Needs Plan. The risk management plan is updated in each subsequent treatment plan. (See DHS – CRF 2960)
  - The risk management plan address any restrictive techniques (time out or physical holding) which may be implemented as described in the plan.
  - Approval of the techniques or procedures described in the risk management plan by the treatment team, including the client's case worker and parent or legal guardian.
  - The child shall be informed in language that he or she can understand of the proposed controlled technique or procedure and shall be given an opportunity to object.
  - The parent or legal representative shall provide written informed consent before implementation of the control restrictive technique or procedure.

### ***Physical Holding of Children and Restrictive Procedures***

When physical holding of a client is needed, staff should keep in mind the following:

1. Use physical holding only when you have exhausted all other means of helping the client regain self-control
2. Continue physical holding only long enough to insure safety. Physical holding is not a consequence for aggressive behavior. Clients do not need to demonstrate compliance to no longer present a risk to safety.
3. Avoid intervening with a client with whom you have become frustrated. Some clients will intentionally target staff they are angry with. An adult who is not the target of this anger is more likely to be successful in defusing the situation. The client can resolve the issue when he or she is in under control again.
4. When holding a client communicate simply and clearly that you will stop holding as soon as he or she indicated that he or she has regained self-control.

Staff may not initiate a physical hold of a child without having been certified in Physical Intervention Alternatives. Physical holds require the authorization of the Program Director.

Any restrictive procedure exceeding 15 minutes requires the assessment and approval of the Program Director to continue. When any child has to be physically held the staff must complete Restrictive Procedure Report and make an immediate verbal report to the Program Director. Every hold must be reviewed by a Program Coordinator, Program Director, and if appropriate the Mental Health Professional Consultant. Parents or guardians and placing workers must be notified within one working day. Any client who has been physically held must be debriefed, utilizing a Life Space interview format (refer to physical intervention training), within 24 hours and preferable within two or three hours of the hold.

The incident report will be faxed to the social worker and placed in the clients file. The purpose of the Restrictive Procedures policy is to ensure that restrictive physical intervention (which employ force to control a person's behavior) are used as infrequently as possible, that they are used in the best interest of the client, and that when they are used, everything possible is done to prevent injury and maintain the client's sense of dignity.

- 1) It is up to the Management Team and support staff (maintenance) will manage situations involving violence and /or aggression from a client professionally and completely, in a manner that is safe for the both the client and staff, and that maintains the dignity of the client.
- 2) All staff and management staff are required to undertake recertification training to annually by Physical Intervention Alternatives. A new staff will receive an Orientation Module of Therapeutic Intervention, which is a brief introduction to Physical Intervention Alternatives. Physical Intervention Alternatives will

then be scheduled by the trainers for an 8 hour course of Physical Intervention Alternatives. Restrictive Procedures (or PIA) are trained annually by trainers of Shelter Care for Kids Management staff. Trainers are required to attend a recertification course every two years.

- 3) All restrictive procedures must receive authorization from the Program Director one-half hour prior to administering the procedure or the Program Director needs to be notified immediately when the hold has ended.

**In the event that a restrictive procedure becomes necessary;**

\*Every attempt should be made to alert additional staff for observation or assistance

\*Only the safest restrictive procedure methods are to be used

\* A physical intervention leader will be defined

**Prevention**

It is important that staff recognize the early stages of a behavior sequence that is likely to result in violence or aggression and employ diffusion techniques to avert further escalation.

Clients behaving in a dangerous fashion are a regular response to certain situations. Staff should anticipate this possibility and to have a plan in place. These plans will address

\*Potential risks

\*Options for responding to these challenges including techniques for de-escalation

\*Advice for staff on how to respond when behavior becomes dangerous.

Planned responses should be a part of the Immediate Needs Plan.

Shelter Care for Kids discourages the use of restrictive procedures. When a client appears to be stressed, anxious, or signs of anxiety, staff uses Physical Intervention Strategies such as, establishing a quality relationship, you cannot make anyone do anything (what may I be doing to affect the client), positive reinforcement, assess, respect, and communication, environment, and empathic listening. During these times for safety of all clients, the other clients may be removed from the group area for safety.

Again, Shelter Care does not promote the use of restrictive procedures, and promotes the use of the Scale of Alternative's in the Physical Intervention Alternatives. This includes Assess, Non-Verbal, Verbal, Non Directive, Verbal Directive, Physical Intervention, and Touch (when appropriate to help the client regain control). Shelter Care for Kids staff utilizes the Hennepin County Crisis to visit with the client who appears to frequent stress, anxiety, anxiousness, or safety concerns. This assists staff with a professional perspective in understanding the client.

**Asphyxia**

Restraint-related positional asphyxia occurs when the person being restrained is placed in a position in which he cannot breath properly and is not able to take in enough oxygen. Death can result from this lack of oxygen and consequent disturbance is the rhythm of the heart.

Staff members must be especially careful not to use their own bodies in ways that restrict the restrained person's ability to breathe. This includes sitting or lying across a person's back or stomach. When someone is lying face down, even pressure to the arms and legs can impact that person's ability to breathe effectively.

Certain positions may interfere with a persons ability to breathe. When forcefully maintained, pressure to the chest could prevent the diaphragm (the larges muscle of respiration) from working. If the diaphragm is not allowed to move down into the abdomen, breathing is seriously restricted. In fact, when a forcefully maintained position hinders both chest and abdomen movement-the result can be fatal.

When confronted with an emergency situation, always consider the option of disengaging. If the person is not a danger to self or others while on the floor, staff may make the decision to move away and give a clear directive.

### ***Planning***

Forward consideration of the potential use of restrictive procedures should take place following assessment as part of the immediate needs plan. This should take account of personal history, and ensure that care is appropriate to specific individual needs including emotional, developmental, environmental, gender, cultural, communication and health needs. Planning should also take into account an assessment of the risks involved in the use of restrictive procedures. This will also assist staff in learning about their own personal challenges in learning to deal with behaviors, seek alternative strategies, and choices of using physical intervention alternatives.

### ***Stress Profile/Action Strategy***

Stress Profile and Action Strategies are essential for building and maintaining constructive relationship that engage and empower children in their own care appropriate to their age, understanding and capacity. Action strategies can also play a significant role in maintaining self-esteem, which is often lowered through the experience of direct restrictive procedures. Clients that display signs of stress/anxiety/anxiousness, defensive behaviors, or aggression can benefit from a Stress profile/Action Strategy. This tool if needed to be incorporated with the Immediate Needs Plan.

### ***Role of Intervention Leader***

In a situation that cannot be successfully diffused, the most appropriate person on duty should assume the role of intervention leader. This does not need to be the most senior member of staff or a qualified member of staff. Other staff should not get involved until requested by the intervention leader.

The person identified as intervention leader is responsible for diffusing the situation by directing other staff in implementing the physical intervention.

The intervention leader is responsible for maintaining the well being of the client and for protecting and supporting the head and neck, where required. They must observe the client for any signs of positional asphyxia; if this evident the physical intervention must cease immediately.

During physical intervention the intervention leader should continue to communicate with the client in an appropriate manner and explain what is happening, and what behavior is required in order for the intervention to be terminated.

A member of staff who has been injured or is being specifically targeted by the client before or during the physical intervention should be removed from the situation as soon as is practicable, under the direction of the intervention leader.

The intervention leader will also give guidance about the well being of the clients clothing, toileting, and food.

Inexperienced staff will need to supported and mentored by more senior staff members during restrictive procedures.

Where physical intervention is used, it must only be for the minimal amount of time necessary. The intervention leader should direct an agreed decrease in restraint when the client begins to show signs of gaining self-control and calming down.

### ***Procedures Following Physical Intervention***

During the post-intervention period the client involved in the incident must receive appropriate care. This should include:

- \*Post-intervention observation to check airway, breathing and circulation, and for any injuries, i.e. abrasions, scratches bruises
- \*Support and encouragement to examine what happened and why
- \*Support to re-establish regular routines and activities
- \*Support to re-establish and develop positive relationship with others

### ***Debriefing and Going Forward***

A debriefing and going forward meeting (informal or formal) will happen to support individuals after aggression has happened. After the child calms down, it is extremely important that the staff spend time talking with the child and debriefing. This is used to find out what happened, look for what may have caused the behavior, and come up with ideas to assist the client in dealing with their frustration in a different way in the future. This idea is to give back responsibility to the person for their behavior, while being supportive and to re-establish communication. Staff are trained through Physical Interventions debriefing techniques.

### ***Shelter Care for Kids Approved Restrictive Procedure Techniques***

Shelter Care for Kids uses the Physical Interventions that are trained and certified through Physical Intervention Alternatives. These trained Interventions are the: one Arm Hold to Floor, Choke Hold to One Arm Hold, Floor Hold-Two Person, One-Hand Blocks to One Arm Hold, and Two Arm Block to Wrap/One Arm Hold. Staff continually monitor child for any physical or emotional responses every fifteen minutes. Restrictive procedures will end when the child is deemed safe. Staff will comply with the agency policies regarding restrictive procedures.

Staff documents the use of the Physical Intervention on the Restrictive Procedure Report. The Restrictive Procedure Report includes the time of day, and the name of the staff person and client involved in the basket hold **(policy described in restrictive procedures and policies)**.

A Lead Child Care Worker will review a Restrictive Procedure Report after the restrictive procedure was used, and the Program Director will review the procedures within 24 hours with the exception on weekends. During the review process the following standards will be considered:

- Documentation of incident
- Standards governing use of Restrictive Procedures to the staff to correct techniques in the use of the physical escort
- All confidential Restrictive Procedure Reports are faxed to the ongoing social worker.

### **Physical Escorts**

A physical escort may be used to assist a client to an area within his group area or outside of the group area for de-escalation. Staff continues to assess the use of Scale of Alternatives in helping the client. Staff are trained through Physical Intervention Alternatives three approved escorts: Side by Side, Hand Behind/Below Elbow, and Hand Behind/Below Elbow and Hand Mid Back. It is preferred if a client will voluntarily walk to a safe area. This is the minimally intrusive intervention for the client.

Staff documents the use of physical escorts on the Restrictive Procedure Report. The Restrictive Procedure Report includes the time of day, and the name of the staff person and client involved in the physical escort.

The physical safety of our clients and staff is our first responsibility. Our control of a client comes almost exclusively from our relationship with the client and our skill in dealing with them. Restrictive Procedures are the term used for Physical Intervention Alternatives Trained and Approved Physical Interventions and Escorts. Restrictive Procedures are only used for the following reasons:

- A. The used of Restrictive Procedures is limited to emergency situations when the client will physically harm themselves, or others, or damage property that can harm themselves or others.
- B. Restrictive procedure is the least intrusive intervention that will effectively react to the emergency.
- C. Each client will have approval of a Hennepin County Social Worker, Out of County Social Workers, Parent, or Legal Guardian who is responsible for the client to sign an authorization for Shelter Care staff to use Restrictive Procedures in emergency situations. The child's emotional and physical health is considered prior to receiving Restrictive Procedures.
- D. Restrictive Procedures has been approved by the above staff team and included in the clients' Immediate Needs Plan.
- E. The approved Physical Interventions will only occur when less restrictive measures are ineffective or not feasible.
- F. Staff is given restrictive procedures technique training on administering the restrictive techniques. Staff also is given verbal instruction and actual practice of Physical Intervention by a certified trainer.

- G. Staff will contact the Program Director to inform the use of Restrictive Procedures to seek permission to use restrictive techniques, but no later than 30 minutes after initiating the use of Restrictive Procedures. If Restrictive Procedures continues an hour, the Program Director will be contacted for further review.
- H. Staff will inform the client at an appropriate time by the person doing Physical Interventions why the procedure is being used and what the expectations of the client will be to terminate the restrictive procedure. Staff will exchange places every 10 minutes when administering Restrictive Techniques to attempt de-escalate client as promptly as possible.
- I. Staff will continually assess the client's condition. Staff will document in 15 minutes intervals during the restrictive procedure. Staff will document the behavioral change and change in physical states (including distress) that resulted from the use of the procedure. Staff will stop the use of the restrictive procedure immediately as soon as the threat of harm to self or others stops.
- J. Staff will assess the client when the restrictive procedure has ended to decide whether or not the client can be returned to an ongoing activity. The client will be treated respectfully throughout the procedure.
- K. Staff will complete a confidential Restrictive Procedure Report regarding Physical Interventions.
- L. The Restrictive Procedure Report will include relationship building documentation, alternatives used rather than restrictive procedures, de-escalation methods, and methods used to avoid power struggles.
- M. The Intervention Leader will make appropriate arrangements for medical care if needed.
- N. A shift supervisor and the Intervention Leader will review all Restrictive Procedure Report after the restrictive procedure was used, and the Program Director will review the procedures within 72 hours. During the review process the following standards will be considered:
  - Documentation of incident
  - Prior authorization on file by Social Worker, Parent, or Legal Guardian
  - Standards governing use of Restrictive Procedures to the staff to correct techniques in the use of Restrictive Procedures or improvements
  - All confidential Restrictive Procedure Reports are faxed to the ongoing social worker
  - Any concerns regarding the Restrictive Procedure by parent or guardian will be considered in review
  - Review of clients Immediate Needs Plan to reduce the use of Restrictive Procedures
  - Staff have been properly trained in Restrictive Procedures

The Program Director, management team, and child care worker staff, will meet quarterly to review the use Restrictive Procedures.

The following information will be reviewed as follows:

- Any patterns or problems indicated by similarities in the time of day, day of the week duration of the use of a procedure, individuals involved, or other factors associated with the use of Restrictive Procedures.
- Any injuries resulting from the use of Restrictive Procedures.
- Actions needed to correct deficiencies in the program's implementation of Restrictive Procedures.
- An assessment of opportunities missed to avoid the use of Restrictive Procedures.
- Proposed actions to be taken to minimize the use of Restrictive Procedures.
- Shelter Care for Kids completes an annual written review regarding the use of Restrictive Procedures.

***Shelter Care for Kids does not use these forms of restrictive techniques in our program: mechanical restraints, disciplinary room time, or seclusion.***

Staff must take client to either St. Joseph's Children's Community Clinic or Minneapolis Children's Hospital if there is any medical assistance that occurred from administering Restrictive Procedures. If there is life threatening harm staff must **dial 911 for emergency care.**

**\*See Restrictive Procedures Authorization Form**

## Shelter Care for Kids Restrictive Procedures Policy and Authorization

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Shelter Care for Kids staff are responsible for the safety and welfare of the clients in our care. Shelter Care for Kids is to use the most positive and least restrictive approaches to reducing stress, anxiousness or anxiety. Our staff are trained in behavior management techniques and non-violent crisis intervention. Shelter Care for Kids practice is to use the most positive and least restrictive approaches to making positive change. The emphasis of our crisis intervention course is to teach our staff skills to prevent or defuse crisis. Shelter Care for Kids and Minnesota Department of Human Services requires that physical holding be used in emergency situations involving likelihood that the client will physically harm him/her or others. Shelter Care for Kids has no secure rooms and does not use restraint devices to contain violent clients.

Shelter Care for Kids staff utilizes the Hennepin County Crisis to visit with the client who appears to frequent stress, anxiety, anxiousness, or safety concerns. This assists staff with a professional perspective in understanding the client.

### I. Requirement regarding the use of holding include:

- A. The use of holding must be authorized in the clients abuse prevention plan.
- B. Less restrictive measures of intervention must be ineffective or not feasible.
- C. The Program Director must authorize the use of holding.
- D. The justification, use, circumstances, efforts to employ less restrictive measures and length of hold are clearly documented on the Restrictive Procedure Report..
- E. Each incident is administratively reviewed no later than 72 hours after its use.
- F. Persons being held are monitored continuously and assessed at least every 15 minutes for any harmful health or psychological reactions.
- G. Direct service staff has access to this policy and it will be reviewed as a part of the intake process.
- H. Persons being restrained are given access to, bathroom facilities, food and water.
- I. A log is kept, through the Restrictive Procedure Reporting System that contains names, reasons for the hold, amount of time, and verification that continuous observation is maintained.
- J. The use of physical holding is document in the Immediate Needs Plan.
- K. Physical holds must be re-authorized after 15 minutes, but not more than 30 minutes, by the Program Director or Mental Health Professional, who have the authority and training to make such decisions.
- L. An administrative review is conducted within 72 hours (3 working days) that includes follow up services, if any required, identifies the antecedent to holding and other interventions attempted; and analyzes how the incident was handled.
- M. If a client seriously injures another client or staff member, is injured, or is abused staff are authorized to call 911 for emergency assistance or to report maltreatment. **Further, if after 15 minutes staff are unable to reach a facility Program Director or the Mental Health Professional** and judge the situation to be unsafe they may call 911 for assistance.
- N. Incidents of physical holding must be documented in a Restrictive Procedure Report. A facility Program Director or Mental Health Profession must be notified of the holding incident as soon as possible by no more that 30 minutes after a hold has been initiated. This notification will be document in the Restrictive Procedure Report.
- O. The Program Director and staff will review each hold within 1 week (7days) of the hold-taking place.
- P. The parent or guardian must be contacted within one (1) working day of the incident by the case manager or their designee, and so indicated on the appropriate place on the Critical Incident.
- Q. Only staff properly trained in Physical Intervention Alternatives are eligible to perform physical holds.

II. Staff uses holding procedures taught by Physical Intervention Alternative Certified Trainers. Only approved Physical Alternatives and Escorts can be used. Only those staff trained is authorized to initiate and participate in a physical hold. Exceptions to this would include if a person is in imminent danger of being attacked, is being attacked, or to protect a client or staff from being attacked. Staff can assist other staff who are trained to perform a physical hold in order to ensure the safety of all people in the immediate vicinity of an acting out individual. This could include, but is not limited to, removing clients from the area to keep them safe, helping another staff to

secure an acting out client to prevent harm to any person, getting assistance or other actions that will maintain the safety of clients and staff.

III. When a client is physically held, staff are responsible for the following:

- A. As soon as it is appropriate, the client must be told by the person doing the holding why holding is being used and what is expected of the client in order to stop the holding.
- B. There must be documented reassessment of the hold every 15 minutes to determine if the hold can be stopped. Whenever possible, the reassessment must be made by a staff member not directly involved in holding the client at time of reassessment. The Restrictive Procedure Report will document who did the reassessment (s).
- C. Physical holding must be terminated as soon as the threat of harm to self or others has ended.
- D. Upon the termination of holding the clients must be assessed determine if the client can return to an ongoing activity. Specifically, the teaching conference outlined in crisis intervention training should be completed.
- E. The client must always be treated with respect.
- F. Shelter Care for Kids should consult with the Mental Health Professional about reporting the status of cases involving repeated us of physical holding to our licensing agent or the Ombudsman's office.

Signature of Parent/Guardian: \_\_\_\_\_



**Reduction of Risk of Sudden Unexpected Infant Death and Abusive Head Trauma**

Shelter Care for Kids does not serve children that currently use cribs, nor do we have cribs in our facility. We are licensed ages 1-12, however, we focus on children ages 3-11. Therefore, our staff and volunteers are trained on Abuse Head Trauma because we serve children ages 3-5. Shelter Care for Kids utilizes the training material from the Department of Human Services on reducing the risk of sudden unexpected infant death and abusive head trauma from shaking infants and young children.

# Emergency Manual

## Employee and Clients

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*Staff and clients must review emergency procedures every six months.  
Clients must review emergency procedures once during their placement*

### Fire Procedures

In case of a fire evacuate all clients and staff from the building.  
Take the Emergency Client List located by all emergency exits.  
The meeting place is the church stairs across the street from the shelter.

When three staff members are present:

Each group leader should evacuate their own group and move them to the church stairs to meet the other group. Make certain all clients are accounted for, using the Emergency List. The third staff should get the van keys and their cell or cordless phone if possible and meet the groups by the church stairs. Make certain all staff are accounted for. When everyone is accounted for, call 911 with the phone or one staff should leave and call at a nearby business, restaurant, or church.

When there are two staff member present:

Each staff person assigned to a group evacuates their group and takes them to meet the other group at the church stairs. Make certain all clients are accounted for using the Emergency List. If there is only one group in the building the second staff should retrieve the van keys and cell phone if possible.

When all staff and clients are accounted for, call 911 with the cell phone or one staff can leave to call 911 at a nearby business, restaurant, or church.

When there is one staff present:

Evacuate all clients and take them to the church stairs. Make certain all clients are accounted for. Get van keys and cell phone if possible. If no phone is retrievable staff should bring all clients with them and call 911 at a nearby business, restaurant, or church.

If fire damage is minimal, clients and staff may return to the building as soon as the fire department determines that it is safe.

If fire damage is extensive clients should be brought to St. Joseph's Home for Children at 1211 E. 46<sup>th</sup> St. Minneapolis, MN. **612- 204-8222. Try to call before arriving if possible.**

Contact the Program Director and or Program Coordinator/and or supervisor as soon as possible.

### Fire Drill Procedures:

Fire drills are held twice monthly. They are held at varied time to practice the above scenarios of having different numbers of staff, the fire located in different places throughout the house, and access and non-access to a phone.

Any time the fire alarm sounds, react as though it were a real fire.

Evacuate all clients and staff.

Bring an Emergency List

All persons should convene by the church stairs.

Discuss where you would go to call 911 if the phone was unavailable.

Check the length of time it took to evacuate, and discuss with clients and staff anything about the evacuation process that should have or could have gone more smoothly.

Fire drills should be logged on the fire drill form, in the file cabinet in the staff office.

**In Case of Fire Posting:**

1. Any time a fire alarm sounds, group leaders will evacuate children from the building immediately.
2. Staff will take Emergency list located by the exits with a list of children’s names and birthdays.
3. All staff and children will meet at the church stairs.
4. Staff will do a role call to make sure all children are accounted for.
5. Staff will also check to see that all staff and visitors are accounted for.
6. One staff will go to a local business, or church to call 911.
7. Do not reenter the building unless given the okay by the fire department.
8. If damage is extensive take children to St. Joseph’s Home for Children at 1211 E. 46<sup>th</sup> Street, Mpls, MN. Call prior to going to St. Joseph’s at 612-204-8222.

**Location of fire extinguishers:**

1. Main floor fire extinguishers are located in the kitchen next to the stove in the kitchen and in the dining room wall next to the window.
2. Second floor fire extinguisher is located at the top of the front stairwell.
3. Lower level (basement play area) fire extinguisher is located on the floor in the furnace area.
4. Attic floor fire extinguisher is located on inner wall after you go up stairwell.

**Fire Drill Record**

Date:

Time: \_\_\_\_\_ AM or PM was the fire real \_\_\_\_\_ or simulated \_\_\_\_\_?

Where was the fire (or orange blanket if simulated) \_\_\_\_\_?

Which staff assumed responsibilities? \_\_\_\_\_

Was the fire department called: (pretend for simulation) Yes \_\_\_\_\_ or No \_\_\_\_\_

How long did the evacuation take? \_\_\_\_\_ Did staff have car keys? Yes \_\_\_\_\_ or No \_\_\_\_\_

What was the general tone of the drill? \_\_\_\_\_

Other(if the fire was real, include the cause here) \_\_\_\_\_

**Severe Weather Procedures**

If there is a severe weather warning, including tornado or thunderstorm warnings take the following steps:

**At the shelter:**

Remain calm. Take the clients to a corner of the basement where they can watch a movie or play quietly. If it is bedtime or night, the clients can have a sleepover in the corner of the basement. Do not take them to a corner if there are heavy appliances on the floor.

Listen to a radio and be aware of any change in the status of the storm. The weather radio is in the emergency tool box in the laundry room with additional head lights, flashlight, and first aid kit. WCCO gives weather updates. Keep clients away from windows.

**Away from the shelter:** Take shelter at the nearest appropriate place. Do not attempt to drive back to the shelter. Follow the emergency procedures of the place you have taken shelter. If possible contact the shelter to inform staff where you are. Wait for all clear and call the shelter and verify that everything is safe before returning to shelter.

**In open country:** Move away from the path of a tornado at a right angle. If there is no time to escape, lie flat in the nearest depression such as a ditch or ravine.

**Severe Weather Watch:**

Anytime there is a severe weather watch, including thunderstorm or tornado watches, the following steps should be taken:

Monitor weather conditions through television or a radio (WCCO AM 830). If the weather looks threatening take the clients to the basement to play or sleep. Anytime there is lightening present and clients are playing outdoors they should be brought indoors.

## Severe Injury or Illness Procedures

In case of any serious injury or illness call 911 and Health Counseling Nurse. If staff needs to staff with the injured or ill, send another client to call 911 if needed.

Emergency First Aid should be administered if needed. After the immediate needs of the client have been attended, contact the nurse as soon as possible. Contact a supervisor as soon as possible. If the client is taken to the hospital, call the worker and parents if appropriate to inform them of the incident.

Make certain incident reports are thoroughly completed for any episode of severe illness or injury.

### Transporting:

Shelter Care staff are responsible for transporting clients to the hospital when it is reasonable. If the injured or ill client is not life threatening condition and is controllable we transport for emergency care to Children's Hospital or HCMC. If it's not reasonable for staff to transport, call 911 for ambulance.

## Disappearance of a Client

### At the Shelter:

All doors are to remain locked at all times. Each staff person should know the whereabouts of each client in their group at all times. ON staff should be doing bed checks every 30 minutes to be certain clients are in their rooms. If it appears that a client is missing, there must be an immediate thorough search of the house and the yard. If the client is not located, all staff members present should be notified and another search should be conducted. If the client is not located a Supervisor, Program Coordinator, or the Program Director must be contacted immediately. The police, client's social worker and parents should be informed.

### On outings:

Each staff person should know the whereabouts of each client in their group at all times. It is important to frequently count and recount heads and to be aware of individuals around the group. If a client disappears in an outdoor setting (park, beach) a thorough search should be conducted by staff of the surrounding area. Staff should contact employees if possible (park ranger, lifeguard) to assist in the search. If a client disappears in a public building (museum, store, restaurant), either the management or security should be notified immediately and a thorough search of the building and surrounding areas should be conducted. If the client is not located a Supervisor, Program Coordinator, or the Program Director must be contacted immediately. The police should be informed. The client's social worker should be informed.

### Not returning from visits:

If a client is more than half an hour late returning from an out of shelter visit with a parent, relative, or potential foster parent supervisor and the client's social worker must be notified. If the worker cannot be reached, First Response or their supervisor must be contacted. At that point the supervisor and county worker should decide a course of action. In the event that a return time has not been set up or written down, a supervisor and Social Worker/First Response should be contacted if client has not returned by 9:30 PM on the expected day of return.

### Not returning from school:

If a client is more than half an hour late from school the school and transportation should be called to check on possible causes for the delay. If the client does not return on their scheduled bus, a Supervisor, Program Coordinator, or the Program Director should be contacted. The social worker or First Response and the police must also be contacted.

## Run Away Client Procedures

It is important when suspecting that a client has run to clearly determine if the client ran or is lost. We do not assume a run unless it is clear. If the client is lost, or may have been abducted we must make this clear to the police immediately.

### At the Shelter:

If there is only one staff present at the time of the run, that staff must stay with the group. Notify the police immediately. If possible, watch the client to see where he or she is going. If there is more than one staff one staff should stay with the group and any other available staff should attempt to stop the client from running by following and keeping communication with the shelter by cell phone. If a client is successful in running away, notify the Program Director, the police, county social worker or First Response, and parents if they have legal custody. Document the incident clearly and thoroughly on an incident report form, and if the police are involved a critical incident form will need to be completed.

**Shelter Care will not discharge a client from the facility without the worker or Program Director's approval.**

**Away from the Shelter:** If a client runs while staff is away from the shelter follow the above procedures. If there is only one staff notify the police immediately, either by using a cell phone or taking the group to the nearest phone. Call the shelter and establish a plan with a Supervisor to meet you at the place where the client ran from. After the Supervisor arrives, they will search for the missing client and the group leader will take the group back to the shelter if possible. If no other staff can meet the group leader at the site of the run, stay at that site for a reasonable amount of time to assure the client is not coming back. **Remember do not call a lost or potentially abducted client a runaway.**

### Suicidal Threat/Suicide Attempt Procedures

#### **Suicidal Threat:**

If a client is threatening suicide assess the situation: Is the client threatening to hurt themselves at that moment?

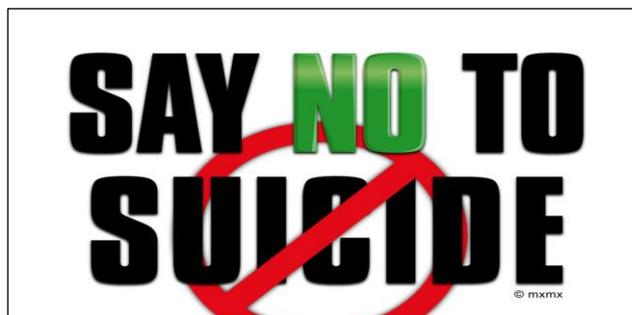
If so, stay with that client until he/she makes a commitment not to harm him/herself for a period of time. Notify a supervisor immediately that the client is threatening suicide, and call the Hennepin County Crisis Team. The worker needs to be contacted; either directly or through First Response and the worker will decide whether or not a client needs to be transferred to another facility or should stay at the shelter.

If no backup staff can be contacted, and you do not want to or cannot leave a client alone, use cell phone to call for backup or have client dial 911.

Parents who have custody should also be contacted as soon as is reasonably possible. Thoroughly document the incident on an incident report.

**If possible do the following:**

***Be certain there is nothing in the vicinity with which the client could harm him/herself (Med Closet is locked, no knives, razors, glass etc.)***



- Try to ascertain what the client needs to prevent a suicide attempt (time alone, talking, reading, a phone call etc.)
- Try switching faces with backup staff or work as a team to talk to the client
- Refer to logging to see what has been effective in the past
- You can utilize restrictive procedures if it is in the clients Immediate Needs Plan for a client who is trying to injure themselves
- Try calling a suicide prevention hotline if client wants to speak to someone outside the shelter

### **Suicide Attempt:**

Clients who attempt suicide in shelter are almost always removed to a more secure setting as soon as possible. The following procedures are followed:

If you witness a client attempting self-harm or see that a client has harmed him/herself:

- Call 911
- If safe, utilize restrictive procedures if in the clients Immediate Needs Plan
- Clients can often be talked into putting a weapon down
- Attend to medical needs until help arrives

## **Visitation**

### **Visitation**

Children at Shelter Care must have approval from their county social worker in order to have contact with others. Shelter Care requires twenty-four hour notification in order to arrange on or off-site visits. Supervised and unsupervised visits are provided on premise. Visiting hours are from 8am until 6pm. Each child is allowed one supervised visit per week for up to one hour. Unsupervised visits are unlimited. Visits requiring significant documentation will need to be arranged with a separate agency. All individual will be asked to identify themselves with picture identification unless an exception is made by the placing agency such as Hennepin County.

All visits are monitored in an open area even if unsupervised. Staff should be aware of what is happening during a visit. During supervised visits, staff is present in the room and able to hear and see everything that is happening.

If someone who is approved and scheduled for a visit shows up with someone who is not approved or not scheduled (even if they are approved), only the scheduled party can participate in the visit.

If someone comes by the shelter, without a scheduled visit do not let them in the building, and do not let them see the client. If someone harasses you at the door, or attempts unauthorized entry, call 911.

Off-site and overnight visits are unlimited; however clients from Hennepin County cannot exceed seventy-two hours off-grounds without Hennepin County Administration approval. Pick up and drop off times for off-site visits are from 8am until 8pm. Exceptions may be made in extenuating circumstances with the approval from the Program Director. All individuals taking clients on pass will be required to identify themselves with picture identification.

Visitation over the telephone needs no prior arrangements only approval from the county social worker. Supervised and unsupervised telephone visitation is provided at Shelter Care between 8am and 7pm. Supervised telephone visitation is monitored by shelter staff using a speaker phone and is limited to two phone calls a day, one phone call per shift (8am-2pm and 2pm-7pm).

If a telephone becomes disruptive or upsetting to the client, and or staff, staff is encouraged to make the statement such as, “you need to speak with respectful language or I will have to hang up.” If they do not stop, hang up the phone. Document this on an incident form, and in the client’s phone log.

### **Angry or Abusive Visitor**

If a visitor physically or verbally threatens a client or staff during a visit, the visit must be immediately terminated. The client must be removed from the room and return to their group or another staff. The visitor will be asked to leave the building and walked to the door. The visitor can be encouraged to contact the placing agency or the Program Director to reschedule another visit. Other staff working during the visit, though they may not be monitoring the visit, needs to be aware in case the police need to be called. In the event a parent needs to leave the premises, staff should use a statement such as “our policy is that parents who

do \_\_\_\_\_ are asked to terminate the visit, and leave the building.” Do not threaten to call the police. If the police need to be called, and/or you feel threatened in any way, call them, but do not tell the visitor. All clients should be removed to a safe area in the building. Then call the placing agency, or first response to notify the social worker about the incident.

Document any incidents on an incident report that is concerning. It is also best to place a note in the communication notebook for other staff to be informed.

### **Outing Policies and Norms**

- Go over expectations with the clients before you leave.
- Gear the outing for needs of the group and what is on your programming.
- Do 10-15 minute head counts.
- Be aware of the people in the area of the kids.
- Provide constant supervision: the children should never be unattended. Staff should always be aware of what they are doing and be able to make eye contact.
- For use of bathrooms: If at all possible, accompany kids to the bathroom. If not, stand outside the door, then open the door and to see if the client is OK one time per minute.
- Notify a supervisor where you are going, and expected time to return to the shelter.
- Call if you are going to be late, or if an incident arises.
- Call if you have to change the place of an outing, (i.e. it isn't open, or if it rains)
- Have the clients use the buddy system for outings, or keeping them in small groups.
- Do not take clients onto private property
- Utilize your cell phone in case of an emergency.
- Take activity backpack with the first aid kit.
- Never to take clients to playlands, tubes, etc.
- Never take clients sledding
- Be sure to follow swimming rules (Always attend lakes and pools with Life Guard)
- Be sure to follow Red Cross Water Safety Rules especially when fishing (use of Life Preserver)
- Be sure to follow Bike Safety Rules; walk bikes across the street and intersections; stay as group; give clients landmarks; put bike into rack
- Walks-hold hands when crossing the street when possible; stop at alleys to look for cars
- Park Rules; give clients boundaries; allow to play on equipment suitable to their development; safe swinging; safe sliding; no twisting of chains; no climbing on outside of play structures
- Van Rules; Have supervisor take vehicle out of garage while you supervise group; staff must be car seat certified to drive clients in car seat; staff open and shut doors; seatbelts worn at all times; walk to and from van as a group; no eating/drinking in van; no toys in van; no hands and feet outside of windows; all items in back for safety; no smoking; Check van for any items and cleanliness

### **Water Safety**

#### **Take Steps to Stay Safe around Water**

Swimming is the most popular summer activity. The best thing you can do to help your family stay safe is to enroll in age-appropriate [swim lessons](#). Contact the Training Support Center at 1-800-RED-CROSS or [support@redcrosstraining.org](mailto:support@redcrosstraining.org). Follow these safety tips whenever you are in, on or around water.

#### **Make Water Safety Your Priority**

- Swim in designated areas supervised by lifeguards unless at kiddie pools, wading pools, or splash pads.
- Always swim with a buddy; do not allow anyone to swim alone. Even at a public pool or a lifeguarded beach, use the buddy system!
- Ensure that everyone in the family learns to swim well. Enroll in age-appropriate Red Cross water orientation and Learn-to-Swim courses.

- **Never leave a young child unattended near water** and do not trust a child's life to another child; teach children to always ask permission to go near water.
- Have young children or inexperienced swimmers wear U.S. Coast Guard-approved **life jackets** around water, but do not rely on life jackets alone.
- Establish rules for your family and enforce them without fail. For example, set limits based on each person's ability, do not let anyone play around drains and suction fittings, and do not allow swimmers to hyperventilate before swimming under water or have breath-holding contests.
- Even if you do not plan on swimming, be cautious around **natural bodies of water** including ocean shoreline, rivers and lakes. Cold temperatures, currents and underwater hazards can make a fall into these bodies of water dangerous.
- If you go boating, wear a life jacket! Most boating fatalities occur from drowning.
- Avoid alcohol use. Alcohol impairs judgment, balance and coordination; affects swimming and diving skills; and reduces the body's ability to stay warm.

#### **Prevent Unsupervised Access to the Water**

- Install and use barriers around your **home pool or hot tub**. Safety covers and pool alarms should be added as additional layers of protection.
- Ensure that pool barriers enclose the entire pool area, are at least 4-feet high with gates that are self-closing, self-latching and open outward, and away from the pool. The latch should be high enough to be out of a small child's reach.
- If you have an above-ground or inflatable pool, remove access ladders and secure the safety cover whenever the pool is not in use.
- Remove any structures that provide access to the pool, such as outdoor furniture, climbable trees, decorative walls and playground equipment.
- Keep toys that are not in use away from the pool and out of sight. Toys can attract young children to the pool.

#### **Maintain Constant Supervision**

- Actively supervise kids whenever around the water—even if lifeguards are present. Do not just drop your kids off at the public pool or leave them at the beach—designate a responsible adult to supervise.
- Always stay within arm's reach of young children and avoid distractions when supervising children around water.

#### **Know What to Do in an Emergency**

- If a child is missing, check the water first. Seconds count in preventing death or disability.
- Know how and when to call 9-1-1 or the local emergency number.
- If you own a home pool or hot tub, have appropriate equipment, such as reaching or throwing equipment, a cell phone, life jackets and a first aid kit.
- Enroll in Red Cross **home pool safety**, water safety, first aid and CPR/AED courses to learn how to prevent and respond to emergencies.

**Be sure to download our water safety tip sheets and take them with you.**



## Understand the Risks- It only takes a Moment

- **Drowning usually happens quickly and silently—many children who drown in home pools were out of sight for less than 5 minutes and in the care of one or both parents at the time.\***
- **The place where drowning is likely to occur changes with age: - Children under 1 year most often drown in bath tubs, buckets or toilets. - Children ages 1 to 4 years most often drown in home pools. - Older children most often drown in natural water settings.\***
- **Know the water hazards in your community and make sure children stay away. These hazards could include— - Drainage ditches. - Garden ponds. - Creeks and streams. - Wells and cisterns. - Canals. Maintain constant supervision.**
- **Maintain constant supervision of children whenever around water.**
- **Avoid distractions when supervising children around water.**
- **Have children or inexperienced swimmers wear a U.S. Coast Guard-approved life jacket around water, but do not rely on life jackets alone—always maintain constant supervision!**
- **Block access to unguarded, non-designated swimming areas.**
- **Alcohol and water do not mix. Alcohol impairs judgment, balance and coordination; affects swimming and diving skills; and reduces the body's ability to stay warm. Know how to respond to an aquatic emergency.**
- **If a child is missing, check the water first. Seconds count in preventing death or disability.**
- **Know how and when to call 9-1-1 or the local emergency number.**
- **Enroll in Red Cross water safety, first aid and CPR courses to learn what to do. Insist that babysitters, grandparents and others who care for children know these lifesaving skills. \*Source: Centers for Disease Control and Prevention I**
- **Drowning is the second leading cause of unintentional injury-related death for children ages 1 to 14 years.**

## The Life Jacket

The first thing that needs to pop into our heads when we plan a fishing or boating trip is S-A-F-E-T-Y!

We recommend using materials provided in [Chapter 6: Lesson 1: Safety and Fishing at the Water's Edge](#) from the *Fishing: Get in the Habitat!* leaders guide.

**Remember: Life jackets only work when they are worn, and they do not take the place of adult supervision!**

So you've read the lesson and gone over your check list:

- First Aid Kit
- Sun Screen
- Hat or Visor
- Local map
- Insect repellent
- Drinking cups for water
- Throwable life jackets with 50 feet of rope securely attached
- Cell phone, if coverage will be available at site
- Emergency whistle attached to a lanyard
- Life jackets as needed



### Life jackets? Really? For everyone?

Rounding up 25 – 30 life jackets, that fit each individual child, is often a challenge. Typically, when shore fishing or fishing from a fishing pier the need for life jackets is greatly diminished. However, we always advocate that you have a throwable life jacket attached to 50 feet of rope to throw to a victim should it be necessary.



Youth wearing life jacket.

On occasion we have had parents or guardians that required that their youngster wear a life jacket during a fishing program. This is never a bad idea, and never a burden. Remember safety first! In my experience it is best to have the parent or guardian supply a properly fitting life jacket for their child.

Life jackets are also a good idea when fishing rivers, especially in the spring and after major rain events. Rivers have one of the most abundant fish populations in our state, are amazing resources and may be the closest fishing site in your location. Remember though that there is moving water involved and it pays to be extra diligent when it comes to planning and safety. Always place an adult with a throwable life jacket downstream of all your young anglers, just in case.

**Here are some tips and answers provided by the Minnesota Department of Natural Resources (DNR) boating and water safety specialist on life jackets that you may find useful.**

What is a life vest and why does my child need to wear one?

- A life vest or a life jacket is a U.S. Coast Guard approved life jacket that helps the wearer float if they enter the water.
- A child should wear a life jacket anytime they are near water such as in a boat or float tube as well as on docks and river banks and at the beach when allowed by the life guard.
- As of May 2005, Minnesota law requires a life jacket to be worn by children less than 10 years of age when aboard watercraft in Minnesota when the craft is under way (not tied up at a dock or permanent mooring).

How do I make sure I'm using the right life vest?

If you own a boat or plan on renting a boat or boating with a friend, you need to buy your child their own life jacket. Life jackets come in various types and sizes and there may not be a Life Jacket of the proper size and type to rent or borrow.

**When buying a child's life vest, check for:**

- U.S. Coast Guard approved label.
- A snug fit. Check weight and chest size on the label and try the life jacket on your child right at the store. Pick up your child by the shoulders of the life jacket; and tell them to raise their arms and relax. The child's chin and ears won't slip through a properly fitting vest. Do NOT buy a vest that is too large, hoping the child will grow into it.
- Head support for younger children. A well designed life jacket will support the child's head when the child is in the water. The head support also serves to roll the child face up.
- A strap between the legs for younger children. This helps prevent the vest from coming off over the child's head.
- Comfort and appearance. This is especially important for teens, who are less likely to wear a life jacket.
- What's the proper use of a life vest?

Here's some pointers for keeping your child safe.

- Every spring, check the life vest for fit as well as wear and tear. Throw it away if you find air leakage, mildew, rot or rust. Cut up discarded life jackets so someone else doesn't try to use them.
- If a child panics in the water and thrashes about, they may turn onto their face, even though a life jacket with a collar is designed to keep them on their back with face out of the water. Have your child practice wearing a life vest in the water - this will help prevent panic and rolling over.
- Never cut or alter a life jacket in any way. It will no longer be Coast Guard approved since it may lose its effectiveness.
- Wear your own life vest to set an example for your child, and to enable you to help your child if an emergency occurs.
- Never use toys like plastic rings, arm floaties or water wings in place of a life jacket.
- Don't try wrapping a life jacket around a car seat for your baby. Much of the time, a car seat expelled from a boat in a crash or capsizing accident will flip upside down, holding your baby's face under water.
- Some infants are too small for any life jacket, even though the label may say 0-30 lbs. In general, babies under 6 months or 16 pounds are too small for a life jacket to be effective due to the extreme size of their head in relationship to their body mass. If your infant is newborn, please consider waiting until the baby is a little older before taking them boating.
- Visit the MN DNR [Boating Safety Website](#) for more information **Remember: Life jackets only work when they are worn, and they do not take the place of adult supervision!**

### Teaching Children Bicycle Safety

Your child rides a bicycle—that's great! Bike riding is fun, it's good exercise, and it can give your child a sense of independence. But a bike is a vehicle, not a toy. So you and your child need to know how to ride safely. Three important things you can do to keep your



child safe are:

- **Have your child wear a helmet every time he or she rides a bike—no exceptions.**
- **Teach your child the rules of the road to keep him or her safe while riding on the street.**
- **Make sure your child's bike is kept in good working order.**

Read on for more details about bike safety and children.

#### Tips for Bicycle Safety

- Make sure your child has the right equipment.
  - Have your child wear a helmet every time he or she rides a bike (see box below).
  - Make sure the bike is the correct size for the child. A bike that's too big makes injuries more likely.
    - The child's feet should reach the ground when he or she is seated.
    - The bike should fit your child at his or her current age. The child shouldn't "grow into it."

- Make sure the type of bike matches your child’s abilities. For instance, gears and shifting can be confusing for a young child. Start your child with a one-speed and work up.
- Keep the bicycle in good repair. Inspect it often. Things to check include the brakes, the tire pressure, and the tightness of the chain.
- Make sure your child can be seen easily.
  - Dress your child in bright-colored or reflective clothing.
  - Don’t allow your child to ride when it’s dark. And if your child must ride at dawn or dusk, make sure he or she uses reflectors and lights.
- Teach your child safe control of the bicycle.
  - Both hands should be kept on the bike’s handlebars.
  - Books and other items should be carried in a backpack or a basket attached to the bike.
  - Only one person should ride a bike at a time—no exceptions.
- Make sure your child never wears headphones while riding.
  - Your child needs to be able to hear oncoming traffic.
  - If the equipment falls out of your child’s ears, it could get tangled in the bike’s wheels, causing an accident.
- Make sure your child wears the right clothing.
  - Your child should wear sturdy, closed-toe shoes. No flip-flops or bare feet.
  - Loose-fitting clothing should be avoided. It could get caught in tire spokes.

### The Rules of the Road

Learning safety early can help ensure a lifetime of safe bicycle riding. Before your child starts riding, be sure to teach him or her the rules of riding, including:

- Bike riders should know how to use hand signals. These are used to let car drivers know what a bicyclist plans to do. Hand signals include:
  - Left turn: Left arm extended straight out
  - Right turn: Left arm bent up at the elbow, or right arm extended straight out
  - Stopping: Left arm bent down at the elbow
- As a rule, children under 10 years old should ride on the sidewalk, not on the road (even in the bike lane). Use your best judgment about whether your child is ready to ride on the road. Make sure he or she can demonstrate the skill and knowledge needed to keep safe.
- Before pulling into the street at an intersection, a bike rider should always:
  - Stop, look left, look right, and look left again.
  - Look back and yield to any traffic coming from behind.
- Bike riders should always watch for cars coming out of driveways, parking spaces, and parking lots.
- Bikes should always be ridden in the direction of traffic, never against it. They should also be ridden on the right side of the road.
- Bike riders should understand and obey all street signs, traffic lights, and crossing signals.
- Young children should always walk bikes through intersections.
- A bike rider should always assume that a driver can’t see him or her unless the driver makes eye contact.

### Help Your Child Learn

- Model good behavior. For instance, when riding a bike, make sure you stop fully at all stop signs. This teaches your child that “rolling” through stop signs is not acceptable.
- Have older siblings act as role models for younger ones. This “peer-to-peer” guidance can be helpful.
- Be firm. Let your child know that the rules must be followed, or else he or she doesn’t ride.
- Some kids, especially tweens (kids between 10 and 12 years old), think it’s “uncool” to wear a helmet. Let them know they can’t ride a bike without wearing a helmet.

- Look for local bicycle education classes that teach kids proper riding and traffic skills. Check out [www.safekids.org](http://www.safekids.org) or [www.bikeleague.org](http://www.bikeleague.org) for more information.

### **Bicycle Helmets**

One of the biggest risks from bicycle incidents is permanent brain injury. Wearing a helmet the right way greatly lessens your child's chances of having a brain injury. Be sure to do the following:

- Start your child wearing a helmet at an early age. Introduce the helmet when your child starts riding a tricycle.
- Make sure the helmet is appropriate for the size and/or age of your child, and fits well. It should be level on top of the head, about two finger-widths above the eyebrows. It should not rock back and forth or side to side. The strap should be buckled and snug under the chin. For more information on helmet fit, visit [www.nhtsa.gov](http://www.nhtsa.gov) and search for "bicycle helmet fit."
- If you can, take the child to the store to try on the helmet before you buy it. This helps you find one that fits well. It's also helpful because a child who chooses his or her own helmet may be more likely to wear it. If you can't bring your child to the store, measure his or her head before going to the store.
- Make sure there is a CPSC (Consumer Product Safety Commission) sticker on the helmet. This means the helmet meets the CPSC standard for safety.
- Don't use a helmet that has been in a crash. Discard it and buy a new one. A damaged helmet may not protect the head.
- **Set a good example—wear a helmet yourself!**

## **Procedures for Natural Disasters**

### **Extreme Winds**

Damage from severe wind accounts for half of all weather damage reports in the lower 48 states and is more common than damage from tornadoes. Wind speeds can reach up to 100 mph and produce a damage path extending for hundreds of miles. These winds are often called "straight-line" winds to differentiate their damage from tornado damage. Damaging winds are classified as those exceeding 50-60 mph.

Since most thunderstorms produce some straight-line winds as a result of outflow generated by the thunderstorm downdraft, anyone living in thunderstorm-prone areas of the world is at risk for experiencing this phenomenon.

#### Types of Damaging Winds

**Straight-line winds** – Defines any thunderstorm wind that is not associated with rotation, and is used mainly to differentiate from tornadic winds.

**Downdraft** – A small-scale column of air that rapidly sinks toward the ground. A *downburst* is a result of a strong downdraft.

**Downburst** – A strong downdraft with horizontal dimensions larger than 4 km (2.5 mi) resulting in an outward burst of damaging winds on or near the ground. (Imagine the way water comes out of a faucet and hits the bottom of the sink.) Downburst winds may begin as a microburst and spread out over a wider area, sometimes producing damage similar to a strong tornado. Although usually associated with thunderstorms, downbursts can occur with showers too weak to produce thunder.

**Microburst** – A small, concentrated downburst that produces an outward burst of damaging winds at the surface. Microbursts are generally small (less than 4km across) and short-lived, lasting only 5-10 minutes, with maximum wind speeds up to 168 mph. There are two kinds of microbursts: wet and dry. A wet microburst is accompanied by heavy precipitation at the surface. Dry microbursts, common in places like the high plains and the intermountain west, occur with little or no precipitation reaching the ground.

**Gust front** – A gust front is the leading edge of rain-cooled air that clashes with warmer, thunderstorm inflow. Gust fronts are characterized by a wind shift, a temperature drop, and gusty winds out ahead of a thunderstorm. Sometimes the winds push air above them, forming a shelf cloud or detached roll cloud.

**Derecho** – A derecho is a widespread, thunderstorm wind caused when new thunderstorms form along the leading edge of an outflow boundary (a surface boundary formed by the horizontal spreading of thunderstorm-cooled air). The thunderstorms feed on this boundary and continue to reproduce themselves. The word "derecho" is of Spanish origin and means "straight ahead." Derechos typically occur in the summer months, when complexes of thunderstorms form over the plains states. Usually these thunderstorms produce heavy rain and severe winds as they rumble across several states during the night. They are particularly dangerous because the damaging winds can last a long time and cover such a large area.

**Bow Echo** – A radar echo that is linear, but bent outward in a bow shape. Damaging straight-line winds often occur near the "crest" or the center of a bow echo. Bow echoes can be over 300km in length, last for several hours, and produce extensive swaths of wind damage at ground level.

## **Flooding, Flash Floods**

Nationally, floods claim nearly 200 lives each year, force 300,000 persons from their homes and result in property damage in excess of \$2 billion. In Minnesota, floods kill more people than any other weather event; 15 people have died in floods since 1993.

About 75 percent of flash-flood deaths occur at night. Half of the victims die in automobiles or other vehicles. Many deaths occur when people drive around road barricades that clearly indicate that the road is washed out ahead.

In 2007, a deadly flood occurred August 18-19 in southeast Minnesota, killing seven people and destroying hundreds of homes and businesses. A state record for rainfall was set at Hokah — 15.1 inches in 24 hours — while several other areas received more than eight inches of rain.

For extensive information, resources and data about flooding in the U.S. from the National Weather Service (NWS) download the NWS Information book *Floods, The Awesome Power* or visit the NWS Flood Safety website.

## **General Flood Preparedness**

### **Before a Flood**

Spring and summer rainfalls can be heavy and can produce flash floods in a matter of hours. However, there are a few common sense preparations everyone can take to reduce their risks from harm and property destruction. The following lists a few steps everyone can take to prepare for any type of flood emergency:

1. **Assemble an emergency supply kit** that includes enough provisions for you and your family to live on for a minimum of three days.
2. **Make an emergency plan** for you and your family and share it with them.  
Learn about the emergency plans that have been established in your area by your state and local government.
3. **Get a NOAA Weather Radio.** Listen for information and warnings.
4. **Elevate appliances** such as the furnace, water heater and electric panel in your home if you live in an area that has a high flood risk.
5. **Consider installing "check valves"** to prevent flood water from backing up into the drains of your home. As a last resort, use large corks or stoppers to plug showers, tubs, or basins.
6. **If feasible, construct barriers** to stop floodwater from entering the building and seal walls in basements with waterproofing compounds.
7. **Get Flood Insurance.** Property insurance does not typically cover flood damage. Talk to your insurance provider about your policy and consider if you need additional coverage. You may also want to learn about the National Flood Insurance Program at [www.FloodSmart.gov](http://www.FloodSmart.gov).

### **Driving Safety**

- Six inches of water will reach the bottom of most passenger cars causing loss of control and possible stalling.
- A foot of water will float many vehicles.
- Two feet of rushing water can carry away most vehicles including sport utility vehicles (SUV's) and pick-ups.

#### What to do in a Flash Flood

Flash floods occur within six hours of the beginning of heavy rainfall. Below are some guidelines for keeping safe during a flash flood:

- Be prepared to evacuate and go to high ground immediately.
- Get out of areas subject to flooding, such as low spots, canyons, washes, etc.
- Do not attempt to cross a flowing stream on foot. Even water only six inches deep, when moving at a high rate of speed, can knock you off your feet.
- Never drive through flooded areas or standing water. Shallow, swiftly flowing water can wash a car from a roadway. Also, the roadbed may not be intact under the water.
- If the vehicle stalls, abandon it immediately and seek higher ground. Rapidly rising water may engulf the vehicle and its occupants.
- Be especially cautious at night when it's harder to recognize flood dangers.
- Do not camp or park your vehicle along streams and washes, particularly during threatening conditions.
- Understand the difference between a Flash Flood Watch and a Flash Flood Warning

### Heat Waves

#### Heat Waves Kill

From 2000 to 2010, 35 deaths were directly attributable to extreme heat in Minnesota. This count does not include data from 2011 when Minnesota experienced an extreme heat event that broke several records for dew point temperature.

The National Weather Service (NWS) places high priority on alerting the public to heat wave hazards. Additionally, the Minnesota Department of Health (MDH) has developed an Extreme Heat Toolkit with communications and public-health planning strategies to prevent heat-related illnesses and deaths.

The toolkit is available on MDH's website here:  
<http://www.health.state.mn.us/divs/climatechange/extremeheat.html>

#### NOAA's Watch, Warning, and Advisory Products for Extreme Heat

The National Weather Service issues the following heat-related products as conditions warrant:

**Excessive Heat Outlooks:** are issued when the potential exists for an excessive heat event in the next 3-7 days. An Outlook provides information to those who need considerable lead time to prepare for the event, such as public utility staff, emergency managers and public health officials.

**Excessive Heat Watches:** are issued when conditions are favorable for an excessive heat event in the next 24 to 72 hours. A Watch is used when the risk of a heat wave has increased but its occurrence and timing is still uncertain. A Watch provides enough lead time so that those who need to prepare can do so, such as cities officials who have excessive heat event mitigation plans.

**Excessive Heat Warning/Advisories** are issued when an excessive heat event is expected in the next 36 hours. These products are issued when an excessive heat event is occurring, is imminent, or has a very high probability of occurring. The warning is used for conditions posing a threat to life. An advisory is for less serious conditions that cause significant discomfort or inconvenience and, if caution is not taken, could lead to a threat to life.

**Heat Index**

NOAA's heat alert procedures are based mainly on Heat Index Values. The Heat Index, sometimes referred to as the apparent temperature is given in degrees Fahrenheit. The Heat Index is a measure of how hot it really feels when relative humidity is factored in with the actual air temperature.

To find the Heat Index temperature, look at the heat Index chart below. As an example, if the air temperature is 96°F and the relative humidity is 65%, the heat index--how hot it feels--is 121°F. The National Weather Service will initiate alert procedures when the Heat Index is expected to exceed 105°-110°F (depending on local climate) for at least 2 consecutive days.

**NOAA's National Weather Service**

**Heat Index**

Temperature (°F)

	80	82	84	86	88	90	92	94	96	98	100	102	104	106	108	110
40	80	81	83	85	88	91	94	97	101	105	109	114	119	124	130	136
45	80	82	84	87	89	93	96	100	104	109	114	119	124	130	137	
50	81	83	85	88	91	95	99	103	108	113	118	124	131	137		
55	81	84	86	89	93	97	101	106	112	117	124	130	137			
60	82	84	88	91	95	100	105	110	116	123	129	137				
65	82	85	89	93	98	103	108	114	121	128	136					
70	83	86	90	95	100	105	112	119	126	134						
75	84	88	92	97	103	109	116	124	132							
80	84	89	94	100	106	113	121	129								
85	85	90	96	102	110	117	126	135								
90	86	91	98	105	113	122	131									
95	86	93	100	108	117	127										
100	87	95	103	112	121	132										

**Likelihood of Heat Disorders with Prolonged Exposure or Strenuous Activity**

- Caution
- Extreme Caution
- Danger
- Extreme Danger

**Heat Disorders**

Heat disorders occur when the body loses its ability to shed heat through circulation and sweating. Heat-loss efficiency may diminish with age, but sunburn is a factor at any age because it significantly reduces skin's ability to shed heat.

When heat gain exceeds heat loss, or when the body can no longer compensate for fluids and salt lost through perspiration, the core temperature of the body begins to rise, and heat-related illness may develop.

Heat disorders vary in seriousness, but they share a common cause: in a warm environment, the person has taken exposure or exercise beyond the limits of the body's age and physical condition.

**Never Leave Children, Disabled Adults or Pets in Parked Vehicles!**

Each year, dozens of children and untold numbers of pets left in parked vehicles die from hyperthermia. Hyperthermia is an acute condition that occurs when the body absorbs more heat than it can handle. Hyperthermia can occur even on a mild day. Studies

have shown that the temperature inside a parked vehicle can rapidly rise to a dangerous level for children, pets and even adults. Leaving the windows slightly open does not significantly decrease the heating rate. The effects can be more severe on children because their bodies warm at a faster rate than adults.

## Vehicle Heat Safety Fact Sheet

### Tips for Preventing Heat Related Illness

- Drink more fluids (nonalcoholic), regardless of your activity level. Don't wait until you're thirsty to drink. Warning: If your doctor generally limits the amount of fluid you drink or has you on water pills, ask how much you should drink while the weather is hot.
- Don't drink liquids that contain alcohol or large amounts of sugar—these cause you to lose more body fluid. Also, avoid very cold drinks, because they can cause stomach cramps.
- Stay indoors and, if possible, stay in an air-conditioned place. If your home does not have air conditioning, go to the shopping mall or public library—even a few hours spent in air conditioning can help your body stay cooler when you go back into the heat. Call your local health department or Red Cross chapter to see if there are any heat-relief shelters in your area.
- Electric fans may provide comfort, but when the temperature is in the high 90s, fans will not prevent heat-related illness. Taking a cool shower or bath, or moving to an air-conditioned place is a much better way to cool off.
- Wear lightweight, light-colored, loose-fitting clothing.
- NEVER leave anyone in a closed, parked vehicle.
- Although anyone can suffer from heat-related illness, some people are at greater risk than others. Check regularly on:
  - Infants and young children
  - People aged 65 or older
  - People who have a mental illness
  - Those who are physically ill, especially with heart disease or high blood pressure
- Visit at-risk adults at least twice a day and watch them for signs of heat exhaustion or heat stroke. Infants and young children, of course, need much more frequent attention.
- If you must be out in the heat:
  - Limit your outdoor activity to morning and evening hours
  - Cut down on exercise. If you must exercise, drink two-to-four glasses of cool, nonalcoholic fluids each hour. A sports beverage can replace the salt and minerals you lose in sweat. Warning: If you are on a low-salt diet, talk with your doctor before drinking a sports beverage. Remember the warning in the first “tip” (above).
  - Try to rest often, in shady areas
  - Protect yourself from the sun by wearing a wide-brimmed hat (also keeps you cooler) and sunglasses and by putting on sunscreen of SPF 15 or higher (the most effective products say “broad spectrum” or “UVA/UVB protection” on their labels).

### Storms, Hail and Lightning

Thunderstorms affect relatively small areas, compared with most other storms. The typical thunderstorm is 15 miles in diameter and lasts for 30 minutes — but whatever their size, all thunderstorms are dangerous.

Severe thunderstorms produce large hail or winds of at least 58 mph. Some wind gusts can exceed 100 mph and produce tornado-like damage. That's why many communities will sound their outdoor sirens for damaging straight-line winds.

When a severe thunderstorm threatens, stay inside a strong structure. Mobile home occupants should go to a more permanent structure.

### Thunderstorm Winds

Thunderstorms can produce straight-line winds that exceed 100 miles per hour. For this reason you should treat severe thunderstorms just as you would tornadoes. Move to an appropriate shelter if you are in the path of the storm.

The strong rush of wind from a thunderstorm is called a downburst. The primary cause is rain-cooled air that accelerates downward, producing potentially damaging gusts of wind.

Strong downbursts can be mistaken for tornadoes, and they're often accompanied by a roaring sound similar to that of a tornado. Downbursts can easily overturn mobile homes, tear roofs off houses and topple trees. Campers are especially vulnerable because trees can fall into campsites and onto tents.

Minnesota's strongest thunderstorm gust was 85 mph on June 19, 2007, near Goodridge .

NWS Guidebook on Thunderstorms, Tornadoes and Lightning

## Hail

Hail is product of thunderstorms that causes nearly \$1 billion in damage every year. Most hail is about pea-sized. Much of it is the size of baseballs, and it can reach grapefruit-size. Large hail stones fall faster than 100 mph and have been known to kill people.

## Lightning

*Every thunderstorm produces lightning!*

Lightning kills about 100 Americans each year — more than tornadoes — and causes about 300 injuries.

### Lightning Safety Tips

- NO PLACE outside is safe when thunderstorms are in the area!
- If you hear thunder, lightning is close enough to strike you.
- When you hear thunder, immediately move to safe shelter: a substantial building with electricity or plumbing or an enclosed, metal-topped vehicle with windows up.
- Stay in safe shelter at least 30 minutes after you hear the last sound of thunder.

### *Indoor Lightning Safety*

- Stay off corded phones, computers and other electrical equipment that put you in direct contact with electricity.
- Avoid plumbing, including sinks, baths and faucets.
- Stay away from windows and doors, and stay off porches.
- Do not lie on concrete floors, and do not lean against concrete walls.

### *Last Resort Outdoor Risk Reduction Tips*

If you are caught outside with no safe shelter anywhere nearby the following actions may reduce your risk:

- Immediately get off elevated areas such as hills, mountain ridges or peaks
- Never lie flat on the ground
- Never shelter under an isolated tree
- Never use a cliff or rocky overhang for shelter
- Immediately get out and away from ponds, lakes and other bodies of water
- Stay away from objects that conduct electricity (barbed wire fences, power lines, windmills, etc.)

## Myths and Facts About Lightning

**Myth:** If it is not raining, there is no danger from lightning.

**Fact:** Lightning often strikes away from rainfall. It may occur as far as ten miles away from any rainfall.

**Myth:** Rubber soles on shoes or rubber tires on a car will protect you from being injured by lightning.

**Fact:** Rubber provides no protection from lightning. However, the steel frame of a hard-topped vehicle provides some protection if you are not touching metal.

**Myth:** People struck by lightning carry an electrical charge and should not be touched.

**Fact:** Lightning victims carry no electrical charge and should be attended to immediately.

**Myth:** Heat lightning occurs on very hot summer days and poses no threat.

**Fact:** What is referred to as heat lightning is actually lightning from a thunderstorm too far away for thunder to be heard. However, the storm may be moving in your direction.

## **Tornado Safety Information**

### What To Do During a Tornado Event

#### **In a House With a Basement**

Avoid windows. Get in the basement and under some kind of sturdy protection (heavy table or work bench), or cover yourself with a mattress or sleeping bag. Know where very heavy objects rest on the floor above (pianos, refrigerators, waterbeds, etc.) and do not go under them. They may fall down through a weakened floor and crush you.

#### **In a House With No Basement**

Avoid windows. Go to the lowest floor, small center room (like a bathroom or closet), under a stairwell, or in an interior hallway with no windows. Crouch as low as possible to the floor, facing down; and cover your head with your hands. A bath tub may offer a shell of partial protection. Even in an interior room, you should cover yourself with some sort of thick padding (mattress, blankets, etc.), to protect against falling debris in case the roof and ceiling fail.

#### **In an Apartment, Dorm or Condo**

If you live in an apartment that is on an upper floor, get to the lowest level of the building that you can immediately. This could be an underground parking garage or a neighbor's first floor apartment. Then move to the most interior area possible, away from windows.

If you live in a high-rise apartment building, you may not have enough time to get to a lower level, so picking a place in the hallway in the center of your building is the best idea such as a stairwell. If that is not available then a closet, bathroom or interior hall without windows is the safest spot in your apartment during a tornado. Power loss during a tornado storm is common, so avoid elevators and keep a flashlight handy.

#### **In an Office Building, Hospital or Store**

Follow instructions from facility managers. Go directly to an enclosed, windowless area in the center of the building -- away from glass and on the lowest floor possible. Then, crouch down and cover your head. Interior stairwells are usually good places to take shelter, and if not crowded, allow you to get to a lower level quickly. Stay off the elevators; you could be trapped in them if the power is lost.

#### **In a Mobile Home**

Get out! Even if your home is tied down, you are probably safer outside, even if the only alternative is to seek shelter out in the open. Most tornadoes can destroy even tied-down mobile homes; and it is best not to play the low odds that yours will make it. If your community has a tornado shelter, go there fast. If there is a sturdy permanent building within easy running distance, seek

shelter there. Otherwise, lie flat on low ground away from your home, protecting your head. If possible, use open ground away from trees and cars, which can be blown onto you.

### **At a School**

Follow the drill! Go to the interior hall or room in an orderly way as you are told. Crouch low, head down, and protect the back of your head with your arms. Stay away from windows and large open rooms like gyms and auditoriums.

### **In a Car or Truck**

Vehicles are extremely dangerous in a tornado. If the tornado is visible, far away, and the traffic is light, you may be able to drive away from its path by **moving at right angles to the tornado**. Otherwise, park the car as quickly and safely as possible -- out of the traffic lanes. Get out and seek shelter in a sturdy building. If in the open country, run to low ground away from any cars (which may roll over on you). Lie flat and face-down, protecting the back of your head with your arms. **Avoid seeking shelter under bridges**, which can accelerate the wind while offering little protection against flying debris.

### **In The Open Outdoors**

If possible, seek shelter in a sturdy building. If not, lie flat and face-down on low ground, protecting the back of your head with your arms. Get as far away from trees and cars as you can; they may be blown onto you in a tornado.

### **In a Shopping Mall, Large Store or Stadium**

Listen for instructions from building security. Watch for others. Move as quickly as possible to an interior bathroom, storage room or other small enclosed area, away from windows. Move away from any glass.

### **In a Church or Theater**

***If possible, move quickly but orderly to an interior bathroom or hallway, away from windows. Crouch face-down and protect your head with your arms. If there is no time to do that, get under the seats or pews, protecting your head with your arms or hands.*** **Wildfires**

Firewise in Minnesota Firewise is a program designed to address the risk of homes in the wildland/urban interface to wildland fire. As more homes are built in the woods and fields of Minnesota, the existing firefighting resources are less able to protect everyone's property while trying to control a wildfire.

Homes close to evergreens and the tall grasses of prairies or marshes are most at risk. Making your home able to survive an approaching wildfire is the goal of the Firewise program.

The **Minnesota Department of Natural Resources (DNR)** has adopted the national Firewise program for fire prevention information and preparedness. For information about this program in Minnesota go to the DNR Firewise website. There you will find links to some of the national Firewise sites and all of the Minnesota related Firewise sites, plus general wildfire information.

Firewise in Minnesota

Health Threat From Wildfire Smoke

Smoke from wildfires is a mixture of gases and fine particles from burning trees and other plant materials. Smoke can hurt your eyes, irritate your respiratory system, and worsen chronic heart and lung diseases.

Accident

## **Program Outcomes Measurement, Evaluation, and Community**

### **Program Outcomes:**

Shelter Care for Kids uses the Shelter Care for Kids Policy and Procedures Manual to identify our written policies. Program outcomes are created and identified in the section of the manual.

Shelter Care for Kids provides semiannual and annual outcomes for Hennepin County. The Department of Human Services Rule 2960.0060 requires quarterly outcomes and a year end to evaluate the program services. These will be identified to promote the client's development as a physical and mentally healthy person. The outcomes are consistent with the clients Immediate Needs Plan and case plan.

The following outcome indicators are:

1. Safety
2. Education
3. Emotional
4. Social

### **Program Evaluation:**

Shelter Care for Kids annually evaluates the strengths and weaknesses of the program. The following indicators are used in our evaluation. All evaluations are kept for two licensing periods.

- Accidents
- The use of restrictive procedures
- Grievances
- Adverse findings, allegations of maltreatment under Minnesota Statutes section 626.0140, citations, and legal action against Shelter Care, Inc.
- Results of a resident and family satisfaction survey required in part 2960, subpart 1
- Critical Incidents

Shelter Care for Kids uses the findings from the Program Evaluation to make improvements in the program.

### **Community Involvement**

Shelter Care for Kids participates in local neighborhood functions. The management staff annually meets with neighborhood or community leaders to inform them any changes about Shelter Care for Kids and the continuation of service. Questions or concerns are addressed from a local level to Board Members of the Hennepin County Commissioners.

