

New Jersey MENTOR

Children's Services

Chapter 128 Welcome Guide

WHO ARE WE?

Let me begin by introducing us. New Jersey MENTOR is a partner in The Mentor Network, a Boston-based company with similar programs nationwide which was created in 1980. The Mentor Network was founded on the principle that individuals with severe behavioral, physical or developmental disabilities should have the opportunity to grow and affirm themselves through a wide range of therapeutic and supportive services offered in community-based settings. Our company was one of the first companies in the United States to establish Treatment Home programs for children and adolescents with serious emotional disturbances and behavioral disorders.

The mission of The MENTOR Network is to offer adults, children, young people and their families innovative, quality services and supports that lead to growth and independence, regardless of the physical, intellectual or behavioral challenges they face.

Our philosophy emphasizes partnerships—with those we serve, their families, our employees, Mentors, payors and the communities in which we work—in an effort to help people shape the direction of their own lives in community-based settings.

We have been in New Jersey since 1990. We have since broadened our services to meet the needs of other high risk populations including: children and adolescents with complex medical needs, adults and children with developmental disabilities, individuals with dual diagnoses, and individuals with neurological impairments.

Children's Services has two programs, one in the North serving the northern and central part of the state and one in the South serving the southern part of the state. We also serve children, adolescents and young adults who have sexually problematic behaviors. These individuals are overseen by a specific therapeutic program called the Second Chance Program. Each program is designed in the same way and is each led by a Program Director/Area Director who has overall responsibility for the financial management, program enhancement, staff development and the delivery of quality clinical services. The Program Director is supported by a multi-disciplinary team which includes a consulting psychiatrist, APN (Advanced Practice Nurse), a consulting psychologist, clinical supervisors, a quality improvement specialist, an intake specialist, case managers, and therapists. The therapists, all of whom are Master's level, coordinate all services delivered to program recipients and work in conjunction with the rest of the multi-disciplinary team. Youth in the Second Chance program also receive additional services via in-office group

and individual sessions based on their level or need and the supervision/ monitoring that is required by the court and treatment team.

The consulting psychiatrist for all programs is Board Certified in Child, Adolescent and Adult Psychiatry with extensive experience working with youth and their families. All psychiatric treatment is either delivered or supported and monitored by the consulting psychiatrist to ensure appropriate services are being accessed.

Therapists have the pivotal role of case manager and psychotherapist. All individual information is channeled through the therapist who provides connections between all significant areas of the child's life. These include, but are not limited to, family, medical/dental, social, psychological, legal, educational and recreational areas. The therapists also provide weekly individual counseling to their assigned youth and supportive counseling to the treatment home unit. When indicated, the therapist also provides family counseling to the youth and his or her biological family unit when reunification is imminent.

WHO COMES TO OUR PROGRAM?

Our program serves children from 5 to 21 years of age who are experiencing emotional trauma and stress. The average age is thirteen. We realize that adolescence is a difficult period and that the children referred to our program have had especially chaotic lives usually complicated by abuse and/or neglect, academic failure and truancy, behavior problems, learning disabilities and chemical dependency. Therefore, we do all that we can to create environments which are nurturing, supportive, structured, well maintained and closely monitored. In particular, some children have feelings of anxiety and depression, as well as thoughts of suicide sometimes as a result of being physically or sexually abused. We assist them with managing the symptoms, medication compliance, anger management and utilization of problem-solving counseling. Please note that New Jersey MENTOR does not develop homes specifically for HIV+ children; however, a Mentor home may have an individual served or family member who may be HIV+. All Mentors are educated in universal health precautions and are expected to utilize these techniques when caring for all individuals.

For our Second Chance Program, the average age range of individuals served is usually 12 years of age to 18 years of age. However, the clinical team is equipped to work with individuals from age 8 to 21. Referrals are through state entities based on a specialty level of care due to sexually problematic behaviors. Many individuals have additional behavioral, emotional and cognitive issues, are court involved and are currently or have had probation or parole involvement. Second Chance staff work collaboratively with all outside team members to assess risk and develop treatment and safety plans in an individual basis based on need.

SO, WHAT HAPPENS?

After a careful evaluation, children are transitioned into our program to begin their treatment. Our Treatment Home providers are called Mentors. Most children who are served in our program are surprised to learn that they live in the community in a typical home and actually become a member of the family. They are also surprised that the therapist meets with them at the home for counseling sessions and becomes regarded as a person on whom they can rely and trust. The Mentor is an important change agent and is the person with whom the child lives. Some Mentors have had formalized education and professional experience in the human services field while others have paraprofessional experience in allied health and “good old” child-rearing.

All Mentors and their family members have decided they want to work together to make a difference in the life of a child or young adult. The entire family is screened and interviewed, and the adults are educated by our staff. The Mentors have all expressed a commitment to helping our youth grow. Many of the children call the Mentors “mom,” “dad,” “aunt,” or “uncle.” The Mentor’s home is a structured, supervised setting with house rules set by the Mentor with input from the child and the therapist. Although the Mentor may have general house rules, specific guidelines will be set depending on the child’s history.

There are some program rules that extend to all Mentors and all individuals in care. They include: how to report problems or grievances and get questions answered, rights of those we serve, search and seizure, religious practice and what to do if you suspect abuse or neglect. These rules, or policies as they are called, are contained later in this manual for your review. Some specific rules may require parental permission.

At New Jersey MENTOR, we support family reunification when clinically appropriate for the child or young adult. In helping to facilitate this process, we may engage in family counseling with biological parents and assist the referring agent with developing a visitation plan to enable the youth to maintain linkage with his/her natural family members, if approved.

Second Chance Mentors and staff receive specialized education and training, respectively, in order to provide the required supervision/monitoring and support for each individual in their care.

WHAT IS TREATMENT?

The child will be actively engaged in individual counseling with our therapist and participate in treatment planning. That means you help write your individualized service plan or JCR, along with your therapist, the New Jersey MENTOR multi-disciplinary team and the full treatment team which extends to include representatives from the school system, your legal guardian, and the referring case manager. Biological parents who have lost custody are also encouraged to participate in the treatment process as long as it is determined to be clinically appropriate for the

child. Sometimes some parents and their child need a little break in communication in order to sort through their respective feelings. Together the team decides which issues you should tackle and in what order. Throughout any kind of break in contact, however, the therapist will maintain contact with your parent/guardian to keep him/her updated on your progress. Of course, your therapist will help you make sense of any issues that are confusing to you.

When you move in, you will help develop an initial service plan so that you and your new Mentor parent will have a plan for getting you settled in and adjusted to your new environment. Within fourteen to thirty days of admission, you will meet with our consulting psychiatrist or APN for an evaluation and when needed, medication will be prescribed. Some children are referred to us already on medication and in those cases, the psychiatrist or APN will review the current medication regime for continued use.

Second Chance Program participants are required to attend and actively participate in group and individual treatment on a weekly basis in addition to the in-home therapy. Both progress or issues with adhering to your plan will be reported to all team members. Family participation in the treatment process is required when the treatment team determines that reunification or reconciliation is a transition option.

WHAT ABOUT SCHOOL?

You will be enrolled in the school that meets your educational needs. For some children, that means attending the local school in the Mentor's neighborhood. Other children may need to attend a school a little further away so they are able to get the best educational support available for them.

Wherever you attend, the treatment team will assist in making sure that you receive all the necessary services. That means not only will the therapist and the Mentor be maintaining contact with the school but, they will also be getting assistance from your family and referring case manager if necessary and other community resources. We want to make sure that the academic plan developed best meets your needs.

Individuals in the Second Chance program also attend school in the community based on their educational level or IEP.

HOW LONG DO YOU STAY AT NEW JERSEY MENTOR?

That's a good question, but the answer is different for everyone. Some children only stay a month or two, while others stay for a year or more. In either case, everyone is involved in that decision from the beginning when discussing the treatment plan. That's why we call it "individualized". Your Individualized Service Plan (JCR) will reflect the strengths, needs, goals, objectives and strategies that you and your team design especially for you.

Those youth in the Second Chance program progress through phases of treatment. This process can be as short as 12 months or continue until 24 months. Progress is based on individual compliance and performance throughout the treatment process.

QUESTIONS?

When you have questions please feel free to contact your therapist, and if you have a lot of trouble reaching that person, please feel comfortable calling the supervisor or, if necessary, the Program Director or Area Director. We will always try to answer your questions as best we can.

PARENTS/GUARDIANS

Parents and/or guardians are encouraged to participate in the treatment process. Please be advised that New Jersey MENTOR will always secure written consent from the any child's parent/guardian before the home or agency would involve the child in fund-raising or publicity activities related to the home or agency.

For individuals participating in the Second Chance Program, parent/guardian participation is a requirement if reconciliation or family reunification is a transition goal.

New Jersey MENTOR encourages children in our program to have opportunities that allow them to engage in age appropriate social experiences. When these are of the recreational type, New Jersey MENTOR staff will make an attempt to receive written or verbal consent for each child participating in these activities. Specifically, activities which may be considered to be "adventurous", must be open to the public, on a walk-in basis in order for the youth to be permitted to participate. Since New Jersey MENTOR requires consent for participation in these recreational activities, signature of receipt, of this Welcome Guide, will serve as consent. Recreational Activities that would fall into this category include:

- ✓ Swimming at lifeguarded recreational facilities
- ✓ Swimming at pools when there is a CPR certified Mentor Parent and/or their approved CPR approved Back-Up and when required licensing requirements have been met, including life saving devices.
- ✓ Bike riding*

- ✓ Commercial Caving
- ✓ Commercial Hiking
- ✓ Commercial Horseback Riding
- ✓ Commercial Ropes Activities
- ✓ Commercial Rock Climbing
- ✓ Commercial Skiing, Cross Country Skiing, Snowboarding and Snow Tubing
- ✓ Commercial Camping

Please note that all activities noted above are required to be supervised by ‘staff’. This could include, but not be limited to the Mentor Parent and their approved Back-up Mentor Parent. *Should this activity be approved for ‘Autonomous Time’, it must be approved as such and noted in their treatment plan.

Each parent/guardian has the right to request/review the following information from a member of the Intake Team:

- * The program’s certificate of approval to operate from the Department of Children and Families Office of Licensing.

- * A copy of this guide

- * A copy of the Department of Children and Families Office of Licensing Manual of Requirements for Children’s Group Homes (a copy may also be obtained at: <http://www.nj.gov/dcf/providers/licensing/laws/GroupHomes.pdf>)

- * Answers about policies or requirements of the program

- * Information on how to report abuse and/or neglect

- * To review the Inspection/Violation and Complaint Report

- * A copy of the behavior management and search and seizure policy

- * A list of the Children’s Rights

MONITORING/SUPERVISION

Supervision/monitoring is of utmost importance in maintaining the safety, care and nurturing of the children and youth in our care. Mentors are expected to be aware of the individual’s whereabouts at all times. When clinically appropriate, adolescents thirteen years and older may spend up to four hours in the community unsupervised by the Mentor, engaged in an age appropriate activity (e.g. library, movie, after school program, etc.) with a person/persons approved on the Visitors List which has been approved by the treatment team during the quarterly review meeting.

Second Chance participants must be monitored at all times by either Mentors, New Jersey MENTOR staff or, when at school or approved events, appropriate alternate staff. Autonomous time, when appropriate, can be earned and is granted based on individual request, treatment team approval and successful progress in treatment.

GRIEVANCE PROCEDURE

The youth in care and the youth's parents/guardians, if applicable, shall register any written complaints with the therapist who will attempt to resolve the matter in a satisfactory manner. If the youth or the youth's parents/guardians wish to appeal they may do so in written form to the Program Director, and if this is also found unsatisfactory a written request can be filed with the Executive Director or Vice President.

HOUSE RULES

Listed below are some of the rules which pertain to all New Jersey MENTOR homes:

1. All Mentor homes shall implement discipline and problem management procedures which preserve the rights, dignity and self-respect of individuals served.
2. Mentors shall provide humane, instructive discipline appropriate to the individual's age and functional level.
3. Mentors will not use, nor delegate any other person to use, the following (not an all-inclusive list): physical abuse, requiring the individual to take a painful or uncomfortable position, verbal abuse, ridicule or humiliation, denial of elements of the treatment plan, mechanical restraint, refusal of entry to the residence, or isolation of the individual.
4. Visitation schedules and phone privileges will be discussed with your therapist and Mentor.
5. An individual's use of any illegal substances is strictly prohibited in any Mentor home.
6. The Mentor will inform you about fire exits and how to evacuate the home during an emergency immediately after you are admitted to the program. You will have a fire drill within 24 hours of your admission. A more detailed explanation of this policy is available upon written request.
7. Smoking and the use of smokeless tobacco products are prohibited in our homes and properties, including vehicles.

For participants in the Second Chance Program, additional rules are, but may not be limited to: no possession of pornography, no unsupervised contact with individuals under the age of 14 and no unsupervised use of the internet or any personal electronic device used to access the internet. Additional rules may apply based on court order.

SEARCH AND SEIZURE

New Jersey MENTOR follows the Department of Children and Families Manual of Requirements for Children's Group Homes **10:128-6.15**, relevant to treatment homes.

In the event there is reasonable suspicion that a child is in possession of any type of weapon or contraband, a search may be conducted using the guidelines provided. Possession includes items contained in the child's room, in the child's clothing or bags, or within the child's immediate control. A frisk search, or surface searching of the child's outer clothing, may only be conducted when there is reasonable suspicion that the child is in possession of a weapon. This search should only include reaching into the child's pockets when search of the outer clothing reveals that a weapon is in the pocket. The frisk search will be conducted only if two staff members are present and if they are the same sex as the child. One of the staff members must be a supervisor or program administrator, e.g. therapist, Program Director, etc. If this is not possible, the child will be supervised on a one-to-one basis until such a time as the appropriate staff becomes available.

A child may never be strip searched under any circumstances by any person. In the case of suspected possession of other types of contraband, such as illegal drugs, the child will be instructed to empty the suspected container, i.e. pocket, bag, or other item in the child's immediate control. In the event that the child refuses, the proper law enforcement official will be summoned to conduct the search. The items will be viewed in plain view of the child, if he/she wishes. The child's room may also be searched at unexpected times if the child is informed beforehand that this policy exists. The search will be conducted by two staff members, one of whom has an administrative or supervisory capacity in the home, such as the Mentor or therapist. The child will be invited to observe the search if he/she wishes to be present. When contraband is discovered, the staff members involved will verify that the item does in fact belong to the child.

If a child is suspected to have used, or to be under the influence, of any illegal substance, a substance abuse screening may only be conducted in the event it has been court ordered or when a physician has determined that the test is necessary. The child and parent must be informed in advance. A licensed laboratory or clinic is used to conduct the screening, including obtaining the sample and completing the analysis. The child must be provided the opportunity to submit the sample in private, unless the child has a history of falsifying samples. If false samples have been noted in the past, a same sex staff person may witness the sample collection. Positive results must be confirmed with a second test. Substance abuse screenings are discontinued whenever previous screenings result in three consecutive negative readings after the initial positive reading was documented, unless a court order requires continued screenings. In the event that any aspect of the policy is put into effect in a home, it shall be documented in an incident report.

RESTRAINT

Mentors cannot utilize any form of physical restraint with the individuals in care. If a youth's behavior threatens his or her own safety, or that of the Mentor or the Mentor's family, the mentor

will attempt all other interventions, including verbal de-escalation, contacting the On-Call therapist and the local police, and when necessary, retreat.

RIGHTS OF THOSE WE SERVE

1. Receive prompt medical attention.
2. Have access to adequate clothing, food and shelter.
3. Have access to an appropriate education.
4. Be treated with dignity and respect.
5. Be free of physical or sexual harassment or abuse, neglect, and corporal punishment.
6. Have reasonable privacy and freedom from intrusion.
7. Have access to professional, age appropriate services.
8. Be involved in treatment planning.
9. Attend religious services of their choice.
10. Have access to a competent guardian if the biological parent is unable to assume this role.
11. Have unimpeded access to DCP&P case manager and MENTOR staff.
12. Have the right to live in a safe, clean, and healthy environment.

MEDICATION MANAGEMENT

It is the policy of New Jersey MENTOR to ensure that the individual, the legal guardian, Division of Child Protection and Permanency (DCP&P), and the individual's Mentor are adequately informed of the intended benefits and potential side effects of any medication prescribed by a licensed psychiatrist or APN. In addition, it is also New Jersey MENTOR'S policy that all medications, prescribed and over the counter, be kept in either a locked cabinet, locked container or lock box; administered by the Mentor or a educated, approved backup, and properly documented on the correct form which is filed in the individual's chart.

A youth who enters into the program with a pre-existing psychotropic medication prescription must have an Informed Consent completed and signed by the legal guardian and the individual prior to admission so that we may continue to administer the medication. Within thirty days of admission, the consulting psychiatrist or APN completes an initial psychiatric evaluation, a Pretreatment Clinical Assessment and signs off on the Informed Consent giving approval for the individual to take all psychotropic medications as prescribed. All psychotropic medications must be reviewed on a monthly basis by the New Jersey MENTOR psychiatrist. Before administering psychotropic medication, the Mentor must ensure that they have an on-site copy of the Informed Consent from the child's legal guardian and from all youth 14 years of age and older. If the treatment team has documented that the child lacks the capacity for informed consent, then consent from the child is not sought. The clinical supervisor or therapist may obtain verbal informed consent by telephone from the child's parents or legal guardian when written consent cannot be obtained provided that the telephone call is documented in the youth's file and the written consent from the guardian is received within 72 hours of receiving the verbal informed consent. If the program cannot obtain written informed consent or verbal informed consent, the home shall use certified mail, return receipt requested, and shall send the request to the legal guardian's last known address at least ten (10) calendar days before the proposed date for the

commencement of treatment. The written notice shall specify the proposed date for beginning of treatment and that a failure to respond by the proposed date for the beginning of the treatment shall empower the Program Director, after consultation with the Division's case manager or other placing agency, to grant consent for the medication.

In an emergency, if a child presents a danger to himself or to others, a licensed psychiatrist or APN may authorize the administration of psychotropic medication prior to completing a Pretreatment Clinical Assessment form or an Informed Consent. A licensed psychiatrist or APN may decide to administer initial medication for 72 hours after an examination of the individual and authorize an additional 72 hours upon determination that the continuance of medication on an emergency basis is clinically necessary. The authorization can be given to the clinical supervisor or therapist by telephone and then countersigned by the psychiatrist or APN and certified as to the necessity in the youth's record within 24 hours

When a parent, legal guardian or child refuses to give consent or revokes consent for medication, the treating physician or designee shall speak with the child or parent or both to respond to concerns about the medication and to explain the child's condition, reasons for the prescription, the benefits and risks of taking the medication and the advantages and disadvantages of alternative courses of action. This would include changes in dosage of a current medication. If refusal or revocation continues, the clinical supervisor or therapist shall advise the child and parent that the matter will be discussed at a treatment meeting and encourage their attendance at such. If revocation continues but the treatment team believes that medication is a necessary part of the child's treatment plan, the therapist shall obtain an independent psychiatric assessment and then the program may initiate an emergency discharge if it is felt that the child cannot be adequately treated without the medication.

Mentors are responsible for maintaining accurate medication logs and other records required by the policy, and for supervising all consumption of medication by individuals in care. A permanent medication log must be maintained for each individual, indicating: name of medication; reason for medication; possible side effects; dosage; date and time medication taken; person administering the medication; and observation as to the effectiveness/ineffectiveness of the medication. This log is reviewed on a monthly basis by the prescribing physician. If an individual refuses to take medication as prescribed on a particular day this should be coded on the medication log and detailed in the comments section of the form. Refusal to take the medication must be immediately reported to the therapist and the Psychiatrist or APN. The therapist and the treating psychiatrist, if necessary, shall speak with the child to respond to any concerns about the medication. If the child continues to refuse to take the medication, a treatment team meeting shall be convened, and the child and parent will be invited to attend the meeting. If, after the treatment team meeting, the child continues to refuse to take the medication, and the treating psychiatrist or APN still believes that medication is a necessary part of the child's treatment plan, an independent psychiatric review will be obtained and this psychiatrist will submit a written report to the treatment team and speak with the child. If the child continues to refuse to take the medication, and the treatment team feels that the child cannot be adequately treated without the medication, we may need to discharge the child on an emergency basis.

Side effects should be immediately documented and reported to the Psychiatrist and the therapist for the child. Mentors should seek the advice and assistance of the therapist assigned to the child and/or the youth's physician, whenever needed. In some cases, the treatment team may determine that the child is capable of self-administering psychotropic medications. This will be documented in the child's treatment plan, and the Mentor will record the consumption, the effectiveness, and any observed side effects on the medication log. The medication must be stored in a locked box or locked cabinet.

For over the counter medications, Mentors must take full responsibility for administering those as well and document their consumption on the "Over the Counter Medication Log." If the treatment team determines that an adolescent is capable of self-administration of prescription birth control-related supplies, the Mentor may allow the youth to maintain the supply among her personal possessions in a locked box/container supplied by the Mentor. The individual service plan must document the rationale and arrangements for the adolescent to maintain prescription birth control-related supplies.

All medication errors and drug reactions shall be reported by the Mentor, at the time of the occurrence, to the therapist and/or Mentor On-call therapist/Supervisor, who will notify the prescribing physician or APN, the legal guardian, and the Division of Child Protection and Permanency or other placing agency. Discontinued medication should be returned to the pharmacy when possible. If the pharmacy will not accept it, ask them if it can be flushed down the toilet. If not, follow their instructions for disposal. Therapists are responsible for monitoring Mentor compliance with medication policies, including regular review of medication logs and other related records. Therapists are responsible for ensuring that prescriptions are reviewed by the prescribing physicians or APNs in accordance with the policies and procedures stated herein.

VISITATION

Working in conjunction with the DCP&P case manager or placing agency, the New Jersey MENTOR coordinator establishes a visitation plan which takes into consideration existing court orders, therapeutic needs, the case goal and permanency plan, and the child's wishes and best interests. Visitation could include the child's parents, siblings, significant others and identified relatives with special focus on the child's guardian (s) and siblings. Mentors log the visitation on the New Jersey MENTOR "Visitation Log" and it is conducted as outlined on the "Visitation Plan" completed at intake and updated at ISP treatment team meetings. If for any reason the visitation becomes counterproductive, a meeting will be held to discuss the plan and make changes as necessary.

For Second Chance participants, there is a 30 day period where face to face visitation is disallowed. Visitation will then be discussed at a 30 day treatment team meeting and revisited at each team meeting thereafter.

COMMUNICATION

Each child has the right to unobstructed, unrestricted contact with DCP&P and New Jersey MENTOR staff. Both DCP&P and MENTOR's 24 hour toll-free numbers are posted on the emergency phone list at New Jersey MENTOR, in accordance with the child's legal status. Therapists maintain regular contact with their DCP&P counterparts, advising them of significant urgent information, providing monthly progress summaries and inviting them and legal guardians/biological parents to quarterly ISP/JCR meetings. If they are unable to attend, the plan is sent to them and explained by the therapist.

MAIL POLICY

Mentors cannot restrict the amount of mail a child sends or receives unless a court order stipulates a restriction. The child shall receive a postage allowance and writing materials for corresponding with family, friends, or other persons who have a positive impact on the child's treatment.

Mentors cannot open the child's parcels or letters or read the child's letters unless the child is physically incapable of doing so, and then only in the presence of both the child and a New Jersey MENTOR staff (therapist, Supervisor, QI, etc).

If the Mentor suspects the contents to be contraband, he/she can ask the child to open the mail in the presence of a New Jersey MENTOR staff (Coordinator, Supervisor, QI, etc) and the Mentor. If the child refuses, the mail can be kept in a secure place until the child complies or is discharged.

The Mentor must document in a Mentor Incident Report the rationale for, and the outcome of, all incidents when the Mentor asks the child to open mail in a staff member's presence.

TIME OUT POLICY

Time out is permitted in the event there is a need to discipline the child and/or to assist the child in developing self-control. Homes that use time-out as a means of disciplining children and to teach them self-control shall make sure that the length of time-out does not exceed 30 minutes. Time-out should be discontinued as soon as the child is under instructional control. The time out must not take place in a closet, bathroom, unfinished basement, unfinished attic, stairway, locked room, or other unapproved area.

EMERGENCY PROCEDURES

Each home will have an evacuation route posted on each floor of the home that includes the location of fire alarms and fire extinguishers.

The following information must be posted near an accessible telephone:

- The name, address and telephone number of the health facility to be used in emergencies.
- The location of written authorizations from parents for emergency medical care for each individual.
- The telephone numbers of local police, fire department, emergency transportation and poison control.
- The location of the first aid kit and any additional first aid supplies.
- The name, address and phone number of an approved back up Mentor.

Mentors will conduct a fire drill once a month and will provide instructions to the individuals in care on how they are to evacuate the home. Documentation of the fire drill will include; who participated in the fire drill, the date and time of the drill, the weather condition at the time of the evacuation, the number of participating household members, the total amount of time taken to evacuate the home, and the signature of the Mentor conducting the drill. Fire extinguishers located in the kitchen and in the same room as any fireplace or wood-burning stove must be in good, working condition. A first aid kit and manual are located in an unlocked, accessible location. These kits must be fully restocked within 24 hours after use.

GROUP PUNISHMENT

Mentors must not threaten discipline or administer discipline to one child/youth for the misbehavior of another child or group of children.

RELIGION

New Jersey MENTOR respects the right of the individual to participate in the religion of his/her own choosing.

The Mentor shall ensure that every child is afforded the opportunity to participate freely in religious activities and/or services in accordance with his or her own faith or with that of his or her parents.

The Mentor shall make reasonable efforts to ensure that every child is permitted to attend religious activities and services in the community and the home shall make reasonable efforts to arrange for, or directly provide, transportation and approved supervision/monitoring, if necessary, for any child who wishes to attend religious activities or services unless deemed clinically inappropriate by the team.

The Mentor shall not coerce or require children to participate in religious activities. The Mentor cannot punish children who choose not to participate in religious activities and may not give special rewards to children for participating in religious activities.

ABUSE/NEGLECT

Anyone having reasonable cause to believe that a child has been subjected to child abuse or acts of child abuse or neglect shall report this information **immediately** to the State Central Registry (SCR) Child Abuse Hotline at **1-877-NJ ABUSE (1-877-652-2873)**. Immediately following that call, notification must be made to the therapist, clinical lead or Program Director/Area Director for Children's Services at New Jersey MENTOR at **1-800-374-0071**. Suspicion is based on "reasonable cause to believe" which means specific factors are known directly by the reporter or that a reliable source has provided specific information that supports a particular condition's probability. SCR refers after hours calls to the Special Protective Response Unit (SPRU) and any calls received during normal business hours are referred to the local district office.

An incident report must be completed and submitted to the therapist within 24 hours of the report being received. The therapist will ensure that it is submitted to the Program Director and applicable corporate representatives. Incident reports should adhere to New Jersey MENTOR policy and procedure regarding incident report completion and form usage.

Please note:

Any person who, according to the law, in good faith reports abuse or neglect or testifies in a child abuse hearing resulting from such a report is immune from any criminal or civil liability as a result of such action.

Any person who knowingly fails to report suspected abuse or neglect according to the law or to comply with the provisions of the law is a disorderly person and subject to a fine up to \$1,000 or up to six months imprisonment, or both.

RECREATIONAL ACTIVITIES:

Mentor Parents may want to have their youth in care engaged in varying recreational activities. Since New Jersey MENTOR does not permit individuals, served in their Treatment Home Programs, to participate in "Adventure Activities" as defined by the Office of Licensing Manual of Standards, Chapter 128, Sub-Chapter 9, it is critical to review the enclosed policy (#17) and confirm receipt.

Please note that Mentors are permitted to allow the individuals in care to participate in certain commercial activities, provided Legal Guardian consent. All requests for youth in care to participate in commercial activities, as noted below, need to be discussed with the youth's therapist prior to implementation to ensure consent has been received.

- ✓ Swimming at lifeguarded recreational facilities
- ✓ Swimming at pools when there is a CPR certified Mentor Parent and/or their approved CPR approved Back-Up and when required licensing requirements have been met, including life saving devices.
- ✓ Bike riding*
- ✓ Commercial Caving
- ✓ Commercial Hiking
- ✓ Commercial Horseback Riding
- ✓ Commercial Ropes Activities
- ✓ Commercial Rock Climbing
- ✓ Commercial Skiing, Cross Country Skiing, Snowboarding and Snow Tubing
- ✓ Commercial Camping

Please note that all activities noted above are required to be supervised by 'staff'. This could include, but not be limited to the Mentor Parent and their approved Back-up Mentor Parent. *Should this activity be approved for 'Autonomous Time', it will be approved as such and noted in their treatment plan*.

FINAL THOUGHTS:

We hope that the time spent at New Jersey MENTOR is a positive and enriching experience for both our youth in care as well as their families.

Updated 12/5/18