Report of the Independent Expert for the Settlement Agreement Between Bancroft NeuroHealth and the New Jersey Office of the Child Advocate

Submitted by
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Background

The parties entered into this settlement agreement on June 30, 2005 after a long series of investigations and deliberations regarding care provided at Bancroft's campus programs in Haddonfield, NJ.

Section 5. of the agreement called for an Independent Expert to be appointed by the New Jersey Office of the Child Advocate (NJOCA). Steven Eidelman was selected to fill that role in October 2005 and began work at Bancroft in November 2005, and completed monitoring responsibilities in April, 2006. The agreement contemplated a six-month initial period, to be followed by this report. Subsequent extensions of the Independent Expert's work are subject to negotiation between Bancroft NeuroHealth and the NJOCA.

The role of the independent expert is to provide general technical assistance to Bancroft as it implements the terms of the settlement agreement, and to conduct site visits, review policies, procedures and the monthly reports provided as part of section 5.b. of the report. The Independent Expert's authority is limited by the agreement to review and recommendations, and does not have the authority to direct the actions of Bancroft NeuroHealth outside of the agreed upon items in the agreement. The agreement is limited to the pediatric "Campus Residential" and "Lindens" programs on the Bancroft NeuroHealth campus on Kings Highway in Haddonfield.

General Comments

The programs reviewed in the agreement are highly structured residential programs for children exhibiting a wide variety of developmental and behavioral challenges. Children are referred to these programs by public mental retardation/developmental disability organizations, school districts, public child welfare agencies, and behavioral health organizations.

On the more than two-dozen occasions when the author was on the campus, at the Lindens, the Campus Residential, the School, and the central administrative complex, the Bancroft staff appeared to be both concerned and competent.

Both Bancroft staff and family members report there exists a tension and hostility between some of the families of children served at Bancroft and the Bancroft organization that is beyond what this author, in 30+ years of working in the field, has witnessed or experienced. This tension is neither healthy nor productive and, if it continues, will only produce negative consequences for Bancroft as an organization and, by extension, for the children served at the facility, regardless of the appropriateness of their placement.

Pointing fingers to place blame is neither called for, nor productive; however, a means must be found to resolve these tensions. A residential institution is not a family home, and cannot replace the atmosphere of a true home. Caring for large groups of children requires rules, standardization of certain schedules and decision making in both difficult

as well as routine situations. Families have a right to expect competent clinical and therapeutic services for their children. However, they cannot expect an institution to be the same as a family home.

The constant questioning by some families, reportedly rising to the level of verbally abusive behavior, is damaging to the morale of staff and, by extension, to the effectiveness of those staff with the children they are attempting to serve. While conversations with staff show the responses by some staff have aggravated the situation, for the most part, the staff members have been professional and appropriate. Significant turnover of senior professionals at Bancroft during the six-month period the Independent Expert was involved was evident, and may be related to this tension.

Nothing in the paragraphs above should be construed as insulting to the many dedicated professionals encountered by the Independent Expert at Bancroft during the six-month period of the agreement and preparation of this report. The organization has, to its credit, instilled a sense of pride and professionalism in its staff that is to be commended. Providing residential care for children with multiple challenges is even more challenging in an environment where staff feel that their decisions may be second-guessed, and taken out of context.

Findings and Recommendations: The report responds to the items in the settlement agreement and is based upon more than two-dozen visits to the Bancroft campus, both scheduled and unscheduled. The Independent Expert was not hired as a monitor and therefore will not cite specifics concerning any individual child served at the facility. It should be noted that some of the changes at Bancroft were completed prior to signing the settlement agreement. Items in italics are taken verbatim from the settlement agreement. At the end of each subsection of the agreement, when called for, a "finding" is stated, either as "in compliance" (with the settlement agreement), "not in compliance", or "in need of further monitoring". A recommendation will be made when called for in addition to findings.

1. Staffing – "*OCA Findings and Acknowledgements: The parties hereby specifically acknowledge that the OCA's findings include concerns about the adequacy of staffing during various times and under certain circumstances in the Campus Residential Program*". Bancroft's monthly reports address this portion of the agreement. The reports have been provided to the NJOCA and the Independent Expert, and have been reviewed by the author of this report. Each monthly report included an overview and is in a format accepted by NJOCA. Each report included copies of documents backing up statements in the written report. The focus of the reports is to document procedures that are designed to assure proper staffing ratios are maintained, that staff are properly trained for the specific children they are working with and that replacement staff are available when a regularly scheduled staff member is sick, on vacation or otherwise not at work.

During on-site visits, the Independent Expert observed staff in residential settings, in route between residential settings and the school and at the school. Staff acted in appropriate fashion during all observances, with particularly good interaction at the school program. At no time was the staff observed acting in abusive, neglectful or a non-respectful fashion towards the child served under their care; however some of the interactions were "mechanical" in nature. Many of the staff observed were dealing with people who presented significant challenges and directed and redirects the residents in a proper fashion. Staffing appeared adequate, and exceeds state licensure standards. There are no national standards for staffing.

A Daily Accountability Staffing Log is completed by the Shift Supervisor identifying staffing shortages (from planned levels) occurring each month, the actions taken to replace those shortages, and the percentages where a "floater", an otherwise unassigned staff member used for this purpose, has been assigned. The monthly staff shortages ranged from14 in September 2005 to 176 in December 2005. In 100 % of the occurrences of staff shortages a replacement was located. The "floater" was used as a replacement, ranging from 14% in March 2006 to 81 % in October 2005. In the remainder of the occurrences, a staff member from the prior shift was retained at the site to assure coverage. The supervisor on-site rounds needed to monitor this system takes approximately 30 minutes per shift, a minimal investment of time to assure adequate coverage. This process should continue. *Recommendation*. Continue this process and incorporate it into formal policy approved by the Board of Directors.

A process has been put in place that monitors absences by staff. Staff absences that were outside of acceptable reasons as determined by Bancroft's personnel policies, such as medical appointments, a death in the immediate family ranged from 40% in September, 2005 to 12% in December, 2005, averaging 21.25% for the period of September, 2005 to April, 2006. There is not a nationally accepted standard against which to measure this performance and no New Jersey Division of Developmental Disabilities policy on this issue. Bancroft utilizes a progressive discipline approach with staff, beginning with corrective feedback to staff when absences that are out of compliance occur. This is consistent with contemporary practice in personnel management.

Finding. In compliance

(a) i. "*Several management changes were made to enhance the oversight of daily operations of Campus Programs, including the addition of a second Program Director, the retention of New Program Managers with improved qualifications to address staffing issues, as well as the availability of a Staff Floater on each shift"*. The staffing requirements have been met.

Finding: In compliance

See tables of organization in Appendix A.

(a) ii. "*Staffing Schedules were adjusted with the inclusion of staff input to ensure a clear understanding of key transition times and shift changes.*" On observation, staff remained in their assigned areas until after the next shift arrived.

Finding: In compliance

(a) iii. "*Staff Training was implemented to clarify transition expectations, including the requirement that staff remain on site with their assigned person(s) served until the arrival of a relief staff even if overtime is necessary to accomplish this mandate. All staff will receive this training within 14 days of employment by Bancroft, and will acknowledge their attendance at such training on sign-in sheets, to be maintained in a Training Log*." Staff training has been implemented to clarify transition expectations. Training logs were reviewed and, as required, are submitted with monthly reports to NJOCA. In addition, the Independent Expert contracted with Dr. Beth Barol at Widener University, a national expert in positive behavioral approaches. Dr. Barol toured Bancroft and conducted two one half day training sessions in addition to the training required in the Settlement Agreement. The Independent Expert also met with training staff to review the New Staff Orientation Manual. The New Staff Orientation Manual is extensive, and the training schedule exceeds state licensure standards. See attached policies in Appendix B. Staff are required to sign a form during orientation that states: "I understand that I am responsible for the information provided to me during this time. I understand that any further training's needed will be given to me and I will be inserviced and trained as determined necessary by Program Manager and Program Director."

Finding: In compliance

(a) iv. "*In conjunction with such training, staffing policies are more stringently enforced, including severe disciplinary consequences for staff who fail to comply with the requirement of remaining on shift until relief arrives*." Independent questioning of supervisors during one announced and one unannounced visit confirmed this emphasis. Direct care staff interviewed were also aware that they were responsible to stay in place until a replacement arrived.

Finding: In compliance

(a) v. "*A new Staffing Coordinator was hired to oversee scheduling of direct care staff and was assigned to address potential staff shortages in cases of call-outs and emergent situations*." Coordinator and Program Associate job descriptions are attached in Appendix C. The Program Coordinator has multiple responsibilities, including "**Essential Responsibilities:** 1)Interacts with program management on a daily basis to ensure a fully staffed program of day, night, and substitute Program Associates and the maintenance of all levels of supervision for persons served, while

operating in accordance with the approved budget, staffing ratio for each program. Ensures adequate coverage for all staffing vacancies and medical leaves and for night duty staff approved time-off requests. Supports on-call supervisors to ensure coverage of all shifts as outlined in program requirements."

Finding: In compliance

(a) vi. "*A pager system has been made available to staff to access additional staff as needed in the event of an urgent or emergent situation*." The Pager system is operational. It was tested by the Independent Expert on site visits on two occasions and found to be functional.

Finding: In compliance

(a) vii. "*The On-site Supervisor conducts rounds at the beginning of each shift with the order based upon the acuity of the supervision needs in each apartment*." The Independent Expert accompanied supervisors, unannounced, on two separate occasions. The On-site Supervisors were observed to conduct rounds based upon this criteria, at beginning of each shift and documented the rounds in reports. The guidelines are specific… "S.O.S (Supervisor on site) assigned to previous shift in conjunction with supervisor coming onto shift will conduct apartment round checks within the first hour of the shift and document start and end time of rounds on accountability sheet. S.O.S will determine whether the necessary number of staff has reported for the shift. If necessary number of staff has reported for the shift- then go to #2.

Supervisor Responsibility: Shift Supervisor conducts rounds for all apartments beginning with Apt 4, 6 then Apt's 5, 3, 2, 1 then Charlotte and Jenzia. * This includes reviewing level of supervision for all staff and ensures staff signs off on accountability sheet that indicates staff acknowledging level of supervision. S.O.S will be responsible for ensuring that staff assigned to apartment(s) are trained on behavior plans and possess the necessary skills to work in the assigned apartment. *Priority of rounds will be reviewed on a monthly basis during weekly staffing meeting and reflected in those minutes. Accountability sheets will be revised as needed to reflect changes. Revision dates on S.O.S procedures and Accountability Sheets will coincide with most recent revisions of priority list." The complete guidelines are attached as Appendix D.

Finding: In compliance

(a) viii. "*During such rounds, the On-site Supervisor is also now required to complete an Accountability Sheet detailing the level of supervision for each person served both while asleep and awake and requiring that the direct care staff document their presence and accountability for the person(s) served assigned to that staff*." The accountability sheets are signed by the On-site Supervisors. These sheets were developed by Bancroft and modified at the request of Independent Expert to require such authentication. The Accountability Sheets are in use and summary provided in

monthly reports to NJOCA. A sample report and monitoring forms are attached as Appendix E.

Finding: In compliance

(a) ix. "*A Time and Attendance System, utilizing biometric time clocks, has been instituted in an effort to ensure punctual arrival and to improve attendance*." Guidelines and policy for the system, which has been proved problematic in its reliability, were reviewed and are attached as Appendix F. An alternative system is under consideration by BNH.

Finding: In compliance

Recommendation: Continue monitoring until a replacement system has been found and is operating satisfactorily.

b. Systems Enhancements. "*In order to articulate a comprehensive approach to the process improvements at the Campus Residential program already undertaken and to be continued throughout the duration of this Settlement Agreement and to modify those improvements in some respects in response to the OCA's findings, Bancroft agrees to adopt and adhere to amended staffing policies that will include the following core elements:*" Staffing policies were agreed upon as follows:

(b) i. "*An enhancement to the time limits on the rounds conducted by the On-site supervisor at the beginning of each shift to provide for prioritization of monitoring visits, time limits, and documentation of staff coverage.*" BNH has implemented an enhancement and prioritization of monitoring visits at beginning of each shift by on-site supervisor attached in guidelines in Appendix G.

Finding: In compliance

(b) ii. *Enhancements to the procedures for obtaining replacement staff in the event of a staff shortage*:" Replacements are at 100%. Detailed procedures in the Campus Staffing Policy include:

"1. Staff members will sign in as supervisor On-Site (S.O.S) conducts rounds for all apartments beginning with Apt 4, 6 then Apt's 5,3, 2, 1 then Charlotte and Jenzia. Staff will review level of supervision with S.O.S and sign off on accountability sheet that indicates staff acknowledging level of supervision. Additionally, staff will inform S.O.S when a person served is home.

2) <u>In the event that staff require additional staffing assistance to maintain minimum levels of supervision during an emergent situation, they must immediately contact the S.O.S.</u> The staff requesting staff assistance will report their name, the apartment they are calling from, time of the call and the nature of the situation.

3) In the event that the required number of staff have not reported to work, staff will immediately contact the S.O.S. to notify them of any staff that have not reported to their apartment. The staff will ensure that staff on previous shift does not leave until their replacement has arrived.

4) In the event that staff fails to show up for their scheduled shifts, the S.O.S supervisor will contact the On-Call supervisor to establish coverage. Staff on the previous shift will remain on until their replacement staff arrives."

For an example of a report, see the monthly report for April, 2006 (Dated May 15, 2006) in Appendix H.

Finding: In compliance

(b) iii. "*A system for conducting random monitoring visits to each apartment on every shift by a Bancroft supervisory staff person*."

1. The Supervisor on Site Policy includes: "S.O.S will conduct a monitoring visit once on the day shift and once on the overnight for every apartment. At least twice a day, including once on the overnight shift, a random, unannounced, visit to each apartment will be conducted to ensure that the direct care staff are performing their responsibilities. The S.O.S will observe each apartment to see if Level of Supervision is being maintained and if the staff is engaged with person served appropriately. This information will be documented on the Employee Monitoring Form. This form along with the Staff Assistance Log and Accountability sheet will be turned in DAILY to the Program Operations Manager." See Appendix D for guidelines.

Finding: In compliance

(b) iv. "*A system for documenting staff shortages and tracking employee performance to ensure appropriate training and disciplinary actions are taken when policies are not followed'*". A system is in place and management at Bancroft employs a counseling and progressive disciplinary approach with staff. See Appendix I.

Finding: In compliance

(b) v. "*A system for training all staff regarding the new policies and procedures*." Sign in sheets for all trainings have been implemented, and staff have been trained. See Appendix J.

Finding: In compliance

(b) vi. "*A system for enhancing management and leadership review of staffing availability issues, incorporating periodic review of all data sheets and incident reports involving staffing shortage situations*;" Job description Employee Monitoring Form and Absence History Report have been provided by Bancroft and were reviewed. Residential institutions are complex environments. There are times when the standards are met but there is a brief technical violation with line of site supervision. Some people served are quite active and may move from room to room quickly. A staff member assigned to two persons served must react to the needs of the individuals while they are occurring. While doing so, the staff member may briefly be in violation of the line of sight supervision requirement. The nature of this residential setting has a lot of people in a modest amount of space. The density of residents and staff does not lend itself, nor is it called for, to have 1:1 staffing for all residents at all times. For example, in a place where the ratio is scheduled to be one staff member for one person and line of sight supervision, a staff member steps into the hallway to get something for the person he is supervising. This action is a technical violation of line of sight but not unreasonable given the nature of the interaction. An argument could be made that such staffing patterns, on an ongoing basis, do a disservice to the residents. It is both an issue of privacy and of crowding. However, extensive discussions with staff demonstrate that, particularly first line supervisors, have an acute awareness of this issue and incorporate compliance into their day-to-day activities. See Appendix K.

Finding: In compliance.

2. **<u>Reporting and Investigations</u>**

(a) " *The parties hereby specifically acknowledge that OCA, as a result of its inquiry, has concerns about the objectivity and efficacy of the procedures for reaching final conclusions concerning allegations of abuse, neglect, and exploitation of persons served at Bancroft's Campus Residential and Lindens programs. Bancroft has provided information to the OCA about improvements during 2004-2005 to ensure the integrity, independence, and efficacy of its internal investigative process, and Bancroft hereby agrees to continue those improvements throughout the duration of this Settlement Agreement, including the following*:"

Internal abuse and neglect reporting systems are subject to manipulation due to the discrepancy in power between those most likely to commit and/or observe allegations and instances of abuse and neglect, and those responsible for managing the organization. The ultimate tone for vigilance in such reporting rests with senior management and the Board of Directors.

Finding: In compliance

(a) i. "*Bancroft's Quality Management ("QM") Department now generates a final internal report which memorializes the QM Department's investigative*

findings and conclusions prior to any discussions with any other Bancroft employees outside the AM Department regarding the findings of the investigation to dispel any potential threat that program management executives may exert pressure or influence over the outcome of the investigation." Statements were provided, reviewed and found to be acceptable as to compliance with the requirement. Extensive discussions with multiple members of Quality Management team, separately, generated responses that demonstrate understanding of this requirement.

Finding: In compliance

(a) ii. " *Bancroft's QM Department now reports directly to the CEO under the direction of Corporate Counsel*." This requirement is met, though Bancroft has only recently appointed a CEO. However, families who contacted the Independent Expert were concerned that reporting to Corporate Counsel creates the appearance of a conflict of interest, that Counsel's first duties are to protect the organization.

Finding: In compliance

Recommendation: The reporting should be moved to take the Corporate Counsel out of the line of supervision of this function.

(a) iii. "*To remove the potential appearance of such influence, Bancroft has discontinued the use of the Case Review Sheet which formerly incorporated a signature evidencing the approval of Executive Management of the outcome of the investigation.*"

Finding: In compliance

(a) iv. "*Bancroft has discontinued the practice of obtaining an Executive Management employee's signature on any report memorializing investigative findings and conclusions to address the issues of independence and integrity of the investigative process*."

Finding: In compliance

(b) Systems Enhancements. This section is designed to demonstrate further practices in the Reporting and Investigations process. The Monthly Reports contain this information and a master set of copies of the systems enhancements is attached as Appendix L.

(b) i. "*Bancroft will implement improved database technology in order to expedite submission of reports to the State's Special Response Unit in accordance with applicable regulations*." The database that has been developed is an in-house product. The database is able to conduct analysis and maintain the

status of each investigation. Special reports were requested by the Independent Expert examining incidents across time periods and were completed by the staff responsible. The staff member responsible for designing this database has left Bancroft's employ to work for a New Jersey State agency.

Existing staff have provided oral assurances of their ability to maintain and query the system. A consultant with knowledge and expertise in Microsoft Access, the database program utilized for the information, has been retained to supplement staff competencies and to continue to improve the database. This database is not integrated with any automated client database operated by Bancroft, making future decision making and analysis more labor intensive and less automated than desirable. Reporting to the NJ Special Response Unit (NJSRU) is not yet capable of automation by the NJSRU, and an analysis of the state's comparison between Bancroft and other organizations, in terms of frequency of reporting and agreement between reported incidents and findings, was not available.

Recommendation: Continued Monitoring.

(b) ii. "*Within three month, Bancroft will develop its existing database to track unusual incidents so that it can analyze those incidents quarterly to detect patterns that indicate either individual or systemic concerns and take timely remedial action to address any such concerns. That quarterly analysis will commence immediately following the development of the existing database*."

Finding: In compliance.

Recommendation: Continued monitoring.

The automated database tracks incidents and is accessible with proper security by authorized staff. It was developed in-house, and the staff member responsible for its development is no longer employed by Bancroft. The Director of Quality Management (who left Bancroft after the conclusion of the Independent Expert's term expired) has provided oral assurances of their ability to maintain the system and to generate customized reports as needed. Bancroft has employed a consultant to assist with maintenance and ongoing improvements to the database. The query and report generation function of the database is being enhanced and reports should continue to be monitored to detect patters by day, shift, time of day, resident, etc. Between January 8, 2006 and June 6, 2006, a five-month period, the database reports 33 abuse and neglect allegations. Of these allegations six (6), 18.18% were substantiated, utilizing Bancroft's internal criteria, following Bancroft's internal investigation, twenty (20) or 60.61% were unsubstantiated, four (4) or 12.12% were unfounded, and three (3) or 9.09% were awaiting outcomes pending investigation. Bancroft's internal standard is more stringent than relevant

state standards, and all allegations appeared to be properly reported to relevant State authorities (see Appendix M).

Abuse as defined by DDD regulations (*Division of Developmental Disabilities Circular* No. 14.) means any act or omission that deprives an individual of his/her rights or which has the potential to cause or causes actual physical injury or emotional harm or distress. Examples of abuse include, but are not limited to: acts that cause pain, cuts, bruises, loss of body function, sexual abuse, temporary or permanent disfigurement, death; striking with a closed or open hand; pushing to the ground or shoving aggressively, twisting a limb, pulling hair; withholding food; forcing an individual to eat obnoxious substances; use of verbal or other communication to curse, vilify, degrade an individual or threaten with physical injury; unwanted or coerced physical contact of any kind. Planned use of behavioral intervention techniques, which are part of an approved behavior modification plan or Individual Habilitation Plan, shall not be considered to be abuse or neglect.

The Department of Human Services definition (*N.J.A.C.* 10:133-1.3.) is different, as follows: "Abused or neglected child" means a child: 1. Less than 18 years of age:

i. Whose parent or guardian inflicts, or allows to be inflicted upon such child, physical injury by other than accidental means, which causes or creates a substantial risk of death, or serious or protracted disfigurement, or protracted impairment of physical or emotional health or protracted loss or impairment of the function of any bodily organ;

ii. Whose parent or guardian creates or allows to be created a substantial or ongoing risk of physical injury to such child by other than accidental means which would be likely to cause death or serious or protracted disfigurement, or protracted loss or impairment of the function of any bodily organ;

iii. Whose parent or guardian commits or allows to be committed an act of sexual abuse against the child;

iv. Whose physical, mental, or emotional condition has been impaired or is in imminent danger of becoming impaired as the result of the failure of his or her parent or guardian to exercise a minimum degree of care:

(1) In supplying the child with adequate food, clothing, shelter, education, medical or surgical care, though financially able to do so, or though offered financial or other reasonable means to do so; or

(2) In providing the child with proper supervision or guardianship, by

unreasonably inflicting or allowing to be inflicted harm, or substantial risk thereof, including the infliction of excessive corporal punishment; or by any other acts of a similarly serious nature requiring the aid of the court;

v. Who has been willfully abandoned by his or her parent or guardian;

vi. Upon whom excessive physical restraint has been used under circumstances which do not indicate that the child's behavior is harmful to himself or herself, others or property; or

vii. Who is in an institution other than a day school, and:

(1) Has been placed there inappropriately for a continued period of time with the knowledge that the placement has resulted or may continue to result in harm to the child's mental or physical well-being; or

(2) Has been willfully isolated from ordinary social contact under circumstances which indicate emotional or social deprivation;

Recommendation: Continued Monitoring

(b) iii. "*Bancroft, with approval of the Department of Human Services, Office of Licensing, will establish a new policy that authorizes and implements the use of video recording technology, with appropriate consent or on request of the person served's parent or guardian in prescribed situations, such as repeated injuries of unknown origins, and in specified locations on the Campus and Lindens facilities.*" A preliminary draft was submitted to NJDHS and was not accepted. A revised draft, with review by the Independent Expert was submitted in February, 2006 and NJDHHS responded with additional recommendations in a letter dated May 26, 2006 and received by Bancroft on May 31, 2006. Video monitoring is an infrequent occurrence, and Bancroft staff are sensitive to the judicious application for this practice.

Finding: Not in compliance.
Recommendation: Upon approval by NJDHHS, in compliance

3) **<u>Supervision of Psychological and Behavioral Services</u>**

(a). "*The parties hereby specifically acknowledge that that OCA has evaluated the oversight of the use of behavioral management techniques for persons served, and that the OCA's findings include concerns about the lack of appropriate supervision of staff providing approved Level I, II and III behavioral management plan interventions at Bancroft's Campus Residential and Lindens programs.*" The findings and acknowledgements focus on supervision of Level I, II and II behavioral management plan interventions but are not designed to address the appropriateness of those interventions, which is outside of the scope of the

settlement agreement. Therefore, other than to test against this agreement, review of programs was not undertaken. Bancroft has greatly reduced the use of both Level II and Level III interventions, as part of their efforts over the past four years to improve the quality of services at BNH. The Bancroft policy is located in Appendix N.

Finding: Acceptable and continue monitoring.

(a) i. "*Bancroft will ensure that such interventions only are used in the context of an approved Individual Behavior Intervention Plan, designed in conjunction with trained clinicians, advocates for persons served, and other appropriate participants*." The behavior management committee focused on this issue and Bancroft has reduced the use of Level III, the most restrictive plans. The Behavior management policy (Bancroft Document Number 4B4) and statement on utilization directly address this section. The Human Rights Committee has some outside representatives. Human Rights Committees should function in a fashion to assure that their processes are not controlled by management. The applicable NJ is inserted below, italics added.

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TITLE 10. DEPARTMENT OF HUMAN SERVICES CHAPTER 47. STANDARDS FOR PRIVATE LICENSED FACILITIES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES SUBCHAPTER 7. HABILITATION SERVICES

N.J.A.C. 10:477.4 (2005)

§ 10:477.4 Psychological services

(a) Psychological services shall be provided, either by employees of the facility or through community based providers.

(b) Psychological services shall include the use of nonaversive and/or aversive techniques to modify behavior. They shall be grouped according to the presumed level of aversiveness as follows:

1. Level I shall include nonaversive techniques that include, but are not limited to: differential reinforcement of alternate behavior, communication behavior, higher rates of behavior, lower rates of behavior, and incompatible behavior; stimulus control/change; sensory stimulation; pointed praise; relaxation training; correction with verbal prompts; extinction; and time out from positive reinforcement, not to exceed five minutes.
2. Level II shall include techniques that are presumed to be mildly aversive and/or restrictive in nature, including, but not limited to: correction utilizing physical prompts; response costs; negative practice; and time out from positive reinforcement not to exceed 15 minutes.
3. Level III shall include techniques that are presumed to be more aversive and/or

restrictive than Level II techniques and which place the person at increased risk which include, but are not limited to: aversive stimulation, manual restraint, meal modification, mechanical restraint, overcorrection with or without positive practice, response cost including personal property or community activities, sensory masking, time out utilizing any techniques not found in Levels I and II, and time out from positive reinforcement in a designated room.

Finding: In compliance with continued monitoring.

(a) ii. "*Bancroft will monitor injuries resulting from the administration of various treatment techniques and implement corrective action, including additional training, supervision, and disciplinary consequences when warranted*." Monitoring of injuries from treatment techniques is part of the policy for behavior management. Monthly reports have been provided by Bancroft to NJOCA. There are not national standards, due to varying practices and definitions among the states, for frequency and incidence of injuries. Ongoing training is part of the BNH training manual and should continue, both for existing staff and new staff.

Finding: In compliance.

(b) "*Systems Enhancements: The parties further agree, however, that in order to better maintain the safety of persons served and to ensure the safety and well-being of children, Bancroft agrees to adopt and adhere to amended policies that will include the following core elements*:"

(b)i. "*A system to ensure that direct care staff implementing Level II and III behavioral management interventions receive adequate and appropriate supervision from more qualified supervisory staff*;" Bancroft's behavior management policy places the responsibility on designers of behavioral interventions for supervision of implementation. The policy (4b4) states

"All individually prescribed behavior programs shall be designed in accordance with professional ethical standards and currently accepted practice. In addition, all procedures are used in accordance with Bancroft NeuroHealth's Behavior Management Manual, which includes guidelines on timeouts. Whenever possible, positive, least restrictive interventions (Level I) will be used to increase adaptive behaviors and decrease problem behaviors. In cases where Level I strategies alone have been tried, and are ineffective, Level II or Level III strategies may be approved, in accordance with the New Jersey Department of Human Services' (DHS) Division of Developmental Disabilities (DDD) Circular #34 and the Bancroft Behavior Management Manual. BIP authors are identified based on qualifications outlined in DDD Circular #34 ("Behavior Modification Programming").

Plan authors supervise and monitor the effectiveness of all intervention procedures through the collection of quantitative data." In addition, Bancroft's staffing policy (7A4C) states (attached as Appendix K), in part, "When assessing staffing levels and assignments, the following factors shall be considered: Staff qualifications to include that staff are trained to current individualized Behavior Intervention Plan (BIP)."

(b)ii. "*A system to ensure that a doctoral-level clinician reviews the manner in which all staff provide Level I, II, or III behavioral management interventions that result in an allegation of abuse or neglect to a child in order to ensure that direct care staff do so in accordance with best practices and professional standards*." Bancroft, through internal practice and in discussions in meetings, and through electronic mail messages, follows the procedure called for in this section. However, formal policy statements on Investigation of Abuse and Neglect have not been modified to reflect this change.

Finding: In compliance

Recommendation: The appropriate policy statements should be modified to reflect this practice, and be approved by the CEO.

(b) iii. "*A system to ensure that a doctoral-level clinician reviews the manner in which direct care staff provide Level II or III behavioral management interventions in cases that do not result in an allegation of abuse or neglect to a child in order to ensure that direct care staff do so in accordance with best practices and professional standards*." The monthly reports include review by a doctoral level clinician. The Independent Expert and the NJOCA have interpreted Doctoral Level Clinician to mean a licensed doctoral level practitioner. This is an important distinction. A licensed clinician places their licensure at risk as part of a review of appropriateness. Without a license the assurances attached to the review is diminished.

Finding: In compliance, with written assurance from BNH that a licensed clinician will be continued as the reviewer.

(b) iv. "*Bancroft will support additional appropriate in-service training opportunities for staff in relation to promoting positive behavioral management techniques*." Training has been provided by both the Boggs Center at the University of Medicine and Dentistry of New Jersey (A federally financed University Center for Excellence in Service, Training and Research for persons with developmental and other disabilities) and by Dr. Beth Barol, a nationally recognized expert and consultant in the area of positive behavioral approaches.

Finding: In compliance, with written assurance from BNH that training will be ongoing and provided to all direct support staff and supervisors as well as psychological and behavioral staff.

4. **Coordination of Medical Care**

(a) "*OCA Findings and Acknowledgements: The parties acknowledge that the OCA evaluated the coordination of medical care provided by Bancroft, and that the OCA's findings include concerns regarding the coordination of medical care to children it serves at Bancroft's Campus Residential and Lindens programs. Bancroft has provided information to the OCA regarding improvements designed to ensure the coordination of medical care for all children served, and Bancroft hereby agrees to continue those improvements throughout the duration of this Settlement Agreement, including the following*."

(a) i. " *A highly-regarded developmental pediatrician was appointed in February, 2005 as the Executive Medical Director and Chief Medical Officer for Bancroft*." See Appendix O for C.V. of Medical Director at the time of hire, and Draft Table of Organization.

Finding: In compliance
(a) ii. "*A highly qualified advanced practice nurse was named as Vice-President of Nursing during the Fall of 2004*."

Note: A prior Table of Organization reflected similar reporting pattern with Executive Medical Director. (a) ii. The Advance Practice Nurse, previously the Vice President for Nursing, has resigned. That position is currently vacant and Bancroft is budgeting to replace the position with a half time Advance Practice Nurse or Nurse Practitioner, in a staff capacity. While Bancroft has not filled the position of Vice President of Nursing, they have divided the duties of the position between the Executive Medical Director and a qualified member of the nursing staff, the Senior Director of Nursing. The Position Description is attached as Appendix Q. While nursing care is thus provided for the children living in the Lindens and on the BNH campus, the work is completed by different individuals with different titles than contemplated by the settlement agreement.

Finding: Not in compliance.

Recommendation: Any final agreement should reflect this change in approach which meets the intent, if not the exact description, in the settlement agreement.

(a) iii. "*Turnover in the nursing department of Bancroft has been reduced through the appointment of this nursing Vice President, resulting in a more stable, consistent medical environment for persons served*." Nursing

turnover has been reduced over the period. Bancroft budgets for 280 staff nursing hours per week. Of the 280 hours 240 are filled by full or part-time Bancroft nursing staff. The balance of 40 hours is covered by agency nurses. Nursing agency use is limited to shifts that cannot be covered by Bancroft nurses. Bancroft has reduced its utilization of agency nurses. Bancroft currently meets both JCAHO standards and NJ Licensure standards for nursing care. The use of agency nurses has been minimized. Agency nurses, while properly credentialed, do not offer the same continuity of care and knowledge of persons served as do permanent employees.

Finding: In compliance.

(a) iv. "*Bancroft, in consideration of the OCA's concerns and under leadership of the Executive Medical Director, has instituted a running problem list for each pediatric person served residing in the Campus and Lindens residential programs, documenting the medical conditions of persons served and treatment necessary to resolve those conditions*."

The running problem list was developed and reported on in the monthly reports to NJOCA.

Finding: In compliance.

(b) "Systems Enhancements: In addition to the positive enhancements already undertaken by Bancroft with respect to the Coordination of Medical Care that Bancroft hereby agrees to continue throughout the duration of this Settlement Agreement, Bancroft has agreed to implement the following additional proactive steps in this area:"
(b) i. "*The Executive Medical Director will review the problem lists on a monthly basis to ensure that appropriate medical care is being provided, including, but not limited to laboratory testing, doctor's visits and dietary monitoring*." The monthly problem list has been refined and is currently being reviewed by the Chief Medical Officer, who has encyclopedic knowledge of the children in the Campus Residential and Lindens programs. Bancroft has asked that this function be allowed to be delegated to a Nurse Practitioner or Advanced Practice Nurse.

Finding: In compliance.

Recommendation: Bancroft's request that an Advanced Practice Nurse or Nurse Practitioner be permitted to conduct this review should be accepted, with assurances from Bancroft that the Executive Medical Director will monitor and provide oversight to the person(s) designated. BNH should provide NJOCA written assurance that a statistically valid random sample

of the reviews will be reviewed monthly by the Executive Medical Director.

(c) "*The Executive Medical Director will evaluate and implement a consistent system for determining the appropriate medical home for children served by Bancroft within three months of the date of this Settlement Agreement. That policy will be designed to provide children with coordinated, consistent and comprehensive medical care, and must be acceptable to the OCA. In the event that a disagreement arises regarding the adequacy or propriety of that policy, the Independent Expert described in Section 5 below will resolve that disagreement after conferring with both Bancroft and the OCA.*"
The Medical Home policy was received in draft by the Independent Expert and revisions were requested based upon consultation with four academic pediatricians, including a former Chair of the American Academy of Pediatrics Medical Home Committee. A revised policy was submitted and has been approved by the Independent Expert and NJOCA. The policy does not, and cannot guarantee that community physicians will cooperate and communicate with Bancroft. Many children see outside physicians for primary care, as required by their family insurance coverage. Maintaining a primary care physician will be helpful to some children when they transition to the family home or other community provider. However, while the Chief Medical Officer can work in a cooperative fashion to communicate effectively with those primary care physicians, he/she cannot force them to cooperate or to participate in staffing and program planning for the children under their care who receive residential supports at Bancroft. See policy in Appendix P.

Finding: In compliance.

5. **<u>Oversight Mechanisms</u>**

(a) Technical Assistance. This report serves to conclude the initial six months of the agreement. Cooperation from Bancroft was evident throughout the six months. The Independent Expert had access to anything requested, and staff made themselves available regularly, both individually and in groups.

Finding: In compliance

(b) Reports. Reports were provided as agreed. Changes to policies are reflected in the various appendices to this report and are acceptable to the Independent Expert unless noted in the conclusions and recommendations section.

Finding: In compliance except as noted in recommendations.

(c).i. Bancroft's policies and procedures relative to staffing were examined. Staffing decisions fall into the realm of professional judgment. However, tools are available that make this process more precise and objective. There are a few tools in the marketplace designed for the purpose intended by this section of the agreement. The Independent Expert recommended, and Bancroft has ordered, one tool for examination purposes. Bancroft is not required to accept this specific tool. The methodological processes necessary to assure reliability of any instrument should have been undertaken.

Recommendation: In need of continued monitoring.

The implementation of this process will fall outside the six months of the initial agreement and will need to be monitored.

c. ii. " *In the event that Bancroft materially fails to implement a reform required by this Settlement Agreement or does so in a manner that the Independent Expert believes is contrary to best practices and/or the interest of children, the Independent Expert shall immediately notify the OCA. On receipt to such a notification, the OCA may take any and all actions that it deems appropriate. The OCA agrees not to see judicial relief of recommended administrative agency action for isolated, minor, or technical violations of the Settlement Agreement*." All reforms and recommendations, after discussion and agreement by the Independent Expert, were implemented.

Finding: In compliance

Exhibit A – *Initial Policy Elements* – This exhibit focuses on "*Maintenance of Staffing Levels for the Pediatric Campus Residences*".

1) "*At the beginning of each work shift, a designated Bancroft employee, the "On-Site Supervisor," will visit each residential unit to ensure that the necessary direct care staff members are present in each such residential unit*." Guidelines and audit demonstrate compliance with this item. The author accompanied supervisors, unannounced, to observe compliance, in addition to the documentation in the monthly reports to NJOCA. The report form and procedure for authentication were modified, to require additional signatures, at the request of the Independent Expert. The changes requested have been implemented into procedure. This process should be maintained.

   Finding: In compliance

2) "*When determining the order of units to visit, the On-site Supervisor shall prioritize those units with children with more significant needs. The On-Site*

supervisor shall conduct those visits expeditiously and will complete those visits within sixty minutes; the On-site Supervisor's rounds to visit each residential unit to ensure that necessary staff is present must be complete within 60 minutes after the beginning of each shift. During those visits, the On-site Supervisor will determine whether the necessary number of staff has reported for the shift." Bancroft has provided a written statement as to the priority and review, and the time needed is well within the 60-minute allotment.

Finding: In compliance

2. (a) "If the necessary number of staff has reported for the shift, the On-site Supervisor will obtain each staff member's signature on that day's Program Accountability Sheet," as sample of which is appended hereto, and will indicate, for each residential unit, the time the On-site Supervisor obtained those signatures."

An audit of accountability sheets was conducted and this practice is now incorporated into the routine at BNH.

Finding: In compliance

7) Time an attendance data monitoring.

7. (a) & (b) See Tab F. of Monthly report for April, 2006, which shows eight-month summary and has narrative for April, 2006. Discussions with senior staff demonstrate sensitivity to corrective feedback, counseling and progressive discipline for employees. Also see Appendix H for a sample for March, 2006 of employee absences and for the Bancroft Policy on Employee Discipline – Policy and Procedures Document 7C4.

4) Program Accountability Sheets

8. (a) "*Time sheets will be maintained by Program Operations Manager for one year.*"

Finding: In compliance

8. (b) Appropriate levels of supervision maintained

Finding: In compliance

Conclusions and Recommendations

This report is the result of site visits, reading of policies and reports and extensive conversations between staff at Bancroft and the Independent Expert. Bancroft has undertaken an extensive process improvement effort that is ongoing and complex. The results of this work by Bancroft should be continued improvement of services.

1) 1(a) ix. Continue monitoring time and attendance System until a replacement system has been found and is operating satisfactorily.

2) 2(a) ii. Reporting should be moved to take the Corporate Counsel out of supervision of this function.

3) 2(b)ii. The Unusual Incident Reporting database was developed in-house. While no database guarantees elimination of abuse and neglect this is only accomplished by top-down creation of a culture that is vigilant concerning abuse and neglect) an in-house developed database, without the ongoing assistance of its designer, poses challenges for ongoing monitoring and modification as things change within the organization. During several meetings with the database designer, he was both proud of his work and glad that someone (the Independent Expert) was asking for queries to be developed to look for patterns related to abuse and neglect. Absent an internal function devoted to this type of inquiry, ongoing monitoring of the database should be undertaken for the foreseeable future. The query and report generation function of the database is being enhanced and reports should continue to be monitored to detect patterns by day, shift, time of day, resident, etc.

As there are different standards and interpretation, between BNH and the two New Jersey State Government divisions that monitor abuse and neglect, systematic review by NJOCA is difficult at best. NJOCA should monitor the maintenance and utilization of the UIR database to assure its ongoing functionality. At the state level, there must be better coordination between the Child Welfare agency and the Division of Developmental Disabilities, and work to develop an integrative and automated approach to monitoring of abuse and neglect statewide.

4) 3(a)i. The Human Rights Committee has representation external to and independent from Bancroft, and the policies for those two functions were recently revised, and should be monitored for implementation. Members of both committees should be credible, external and independent and that this representation is memorialized in Bancroft's Board, not staff, approved policies. The NJ DDD has the option of a non-voting member on the Human Rights Committee/Internal Review Board. The NJ DDD does not regularly exercise this right.

5) 3(a)ii. The NJOCA has interpreted Doctoral Level Clinician to mean Licensed Psychologist. This interpretation is important as the value of a license to the clinician provides some assurance that these reviews will not be undertaken lightly. Bancroft should provide assurances that a licensed psychologist will continue to be engaged for this purpose.

6) 4(b)i. Review of Monthly Medical Progress Reports. This function could reasonably be delegated to a Nurse Practitioner or Advanced Practice Nurse, with oversight by the Chief Medical Officer. The purpose of this function, to provide oversight to the day-to-day medical monitoring, is crucial. However a better utilization of human resources

would be to authorize another qualified professional, under the supervision of the Chief Medical Officer, to monitor it.

7) 5(c)i. Staffing Levels. Bancroft utilizes its internally developed method to determine staffing ratios and support needs. An objective, reliable instrument that has been developed and implemented by another organization, and is in use by others, should be sought out and incorporated into Bancroft's operation. Once this implementation has been deemed acceptable for a period of time by monitoring of the proper utilization of the instrument itself monitoring could be discontinued with an assurance that the instrument, and its results be ongoing by BNH.

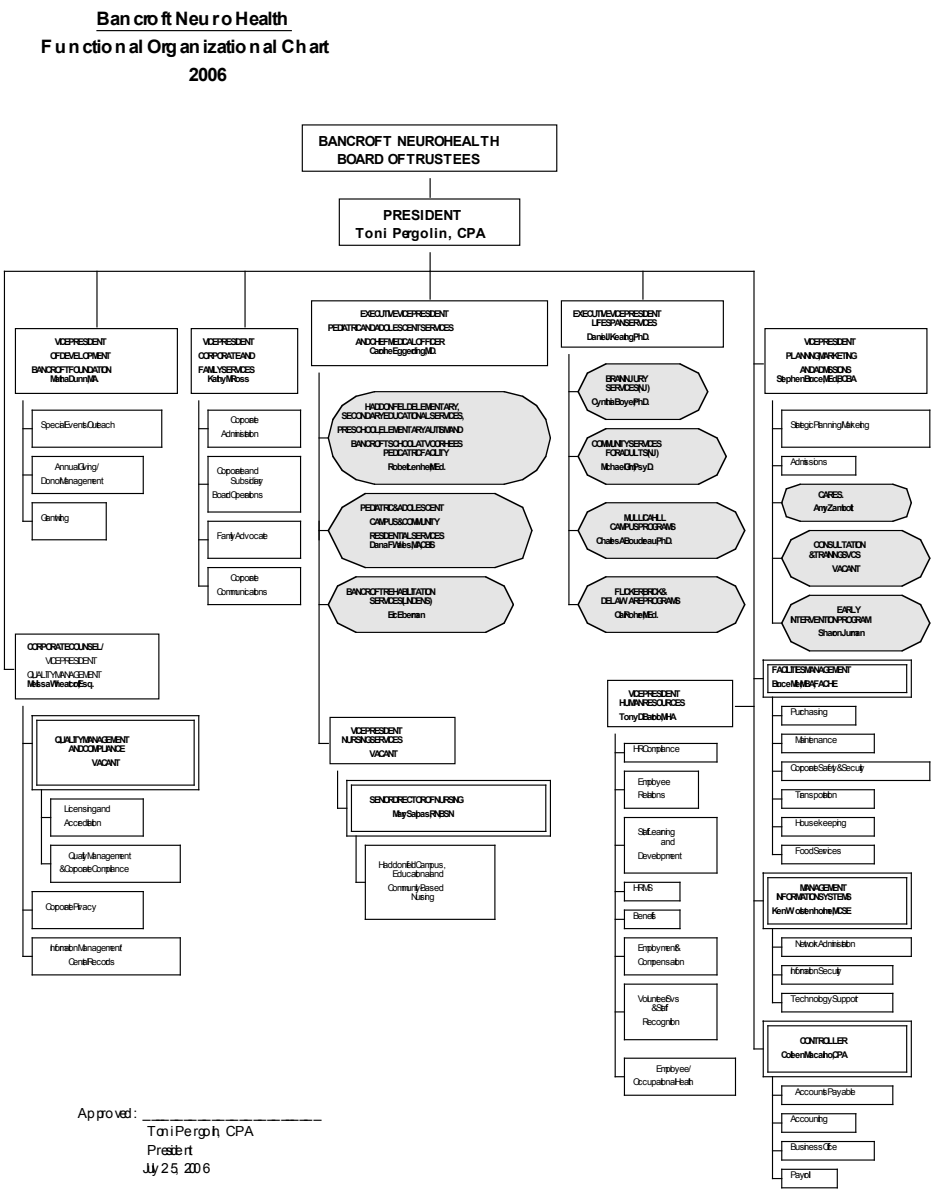
8) Table of Organization. Bancroft is in the process of reorganization based upon hiring of new CEO-formerly the COO. Recommendation. Monitor organizational structure until such time and changes from new CEO have been implemented for a period of at least six months. It should be noted that Bancroft's Board of Directors could modify the table or organization in the future (this is a basic Board of Directors responsibility). Therefore, some assurances as to basic structure with Executive Medical Director and Abuse and Neglect reporting should be obtained from the Board of Directors.

Appendix A

Functional Organizational Chart

Pediatric and Adolescent Residential Services Organizational Chart

Referenced: 1(a)i.



Approved: _____

Toni Pergolin, CPA

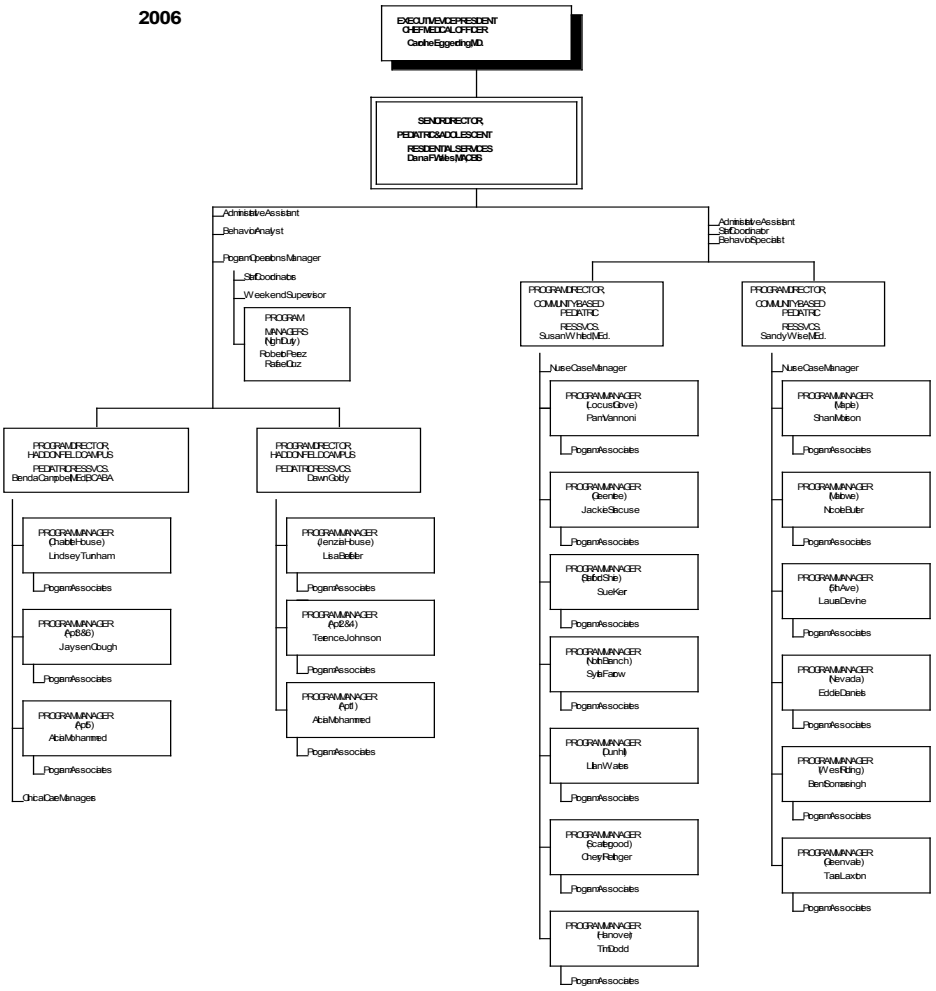
President

July 25, 2006

PEDIATRIC AND ADOLESCENT RESIDENTIAL SERVICES

Organizational Chart

2006



Approved: _____

Toni Pergola, CPA
Chief Operating Officer
May 2006

Appendix B
New Staff Orientation Requirements
Training Requirements

Referenced: 1(a)iii.

POLICIES AND PROCEDURES

Document Number: 7C1

Section VII

Human Resources

Subject

New Staff Employment and Orientation Requirements
and Special Training Requirements

PURPOSE

The purpose of this policy is to assure that all new Bancroft NeuroHealth (BNH) staff members receive appropriate training and meet the employment and orientation requirements for their positions, as specified by Bancroft policy, state licensing, and accreditation guidelines.

POLICY

Bancroft is committed to providing staff with the training necessary to address the special needs of those it serves. All new staff are required to complete the centralized New Staff Orientation Program. Whenever possible, the employee's first day of hire will begin with Orientation. If attendance at the full Orientation Program is not possible, the new employee will be required to attend at least the first three days of the New Staff Orientation program before they can report to their job assignment. If attendance at the full Orientation Program is not possible prior to beginning the employee's assigned job responsibilities, the employee is required to complete the training within the first 90 days of employment to remain an active employee.

In all aspects of training, the principles of normalization are emphasized as a top priority in order to assist persons served in fully participating in community and social activities and in enjoying the highest quality of life attainable.

DEFINITIONS AND REGULATIONS

PHASE I: PRE-EMPLOYMENT

Prior to an offer of employment, hire, and starting work, all new staff will successfully complete the following:

PRIOR TO JOB OFFER

1. Job Application
2. Validation of Reference Checks

AFTER JOB OFFER AND BEFORE NEW STAFF ORIENTATION

3. Physical Examination
4. Urine Drug Screen
5. Mantoux (Two-Step Testing where required)
6. Provide verification and copies of any applicable State licenses (professional or driver's), certifications, or other credentials required to assume position responsibilities (must be current and valid in the State where the employee will be working)
7. Receive an official offer of employment with an Employment Packet
8. Complete Authorization for Release of Driver Record Information
9. Complete Education Verification Forms

During the First Day of New Staff Orientation

10. Observation of Valid US Driver's License and a Social Security Card, passport or birth certificate; photocopy of each
11. Employment Eligibility Verification Form I-9
12. Copy of Employment Authorization card issued through government, if applicable
13. Sign Confidentiality Statement/HIPAA Disclosure
14. Criminal History Review – Requires the completion and submission of fingerprinting authorization forms for all staff working at Bancroft NeuroHealth. Electronic fingerprinting is to be scheduled with the State-designated vendor within the first ten (10) days of employment.
15. Review of Occupational Exposure to Bloodborne Pathogens, general information on Bloodborne Pathogens, information on Hepatitis B Vaccination, and Consent Form for Vaccination or Declination
16. New Hire/Emergency Notification Form
17. Subsequent Offense Form – Requires signatures on two attestation statements regarding any current and subsequent offenses.
18. Appendix A Form
19. Life Insurance
20. W-4
21. Employee ID badge and parking sticker
22. Dept. Of Education authorization forms/Emergent hiring (when applicable)

By the time New Staff Orientation is completed, all new staff will have also accomplished the following:

1. Review of Bancroft NeuroHealth's Philosophies
2. Review of Payroll and Fringe Benefits

3. Review of policies governing employment
4. Sign Employee Handbook Acknowledgement
5. Sign Orientation Acknowledgement
6. Sign Benefits Acknowledgement
7. Sign Acknowledgement for Receipt of Job Description
8. Return fingerprinting receipts to Human Resources, Compliance Department. Note: Based on appointment availability, this step may not be complete prior to the end of New Staff Orientation; if fingerprinting has not been accomplished within the first 30 days of employment, the employee may be suspended or terminated

PHASE II: ORIENTATION AND INITIAL TRAINING

Orientation Program segments are provided beginning with the first day of employment. If for any reason, an employee is unable to attend the full Orientation Program at that time, he/she must successfully complete all required training within the initial 90-day period to remain an active employee. Any portions missed during the initial Orientation must be rescheduled at the earliest available New Staff Orientation session, and the employee will incur an absence occurrence for the missed time. Direct care staff may not work alone with persons served until they have successfully completed all components of orientation.

The following topics include pre-service licensing requirements. Employees must successfully complete these segments prior to working in their assigned positions. The Categories referred to below are as follows:

Staff Category A: ***All administrative and support staff***

Staff Category B: All program and department directors

Staff Category C: All program-based supervisory staff with direct care staff responsibilities and all direct care staff

Orientation includes the following:

ALL STAFF (CATEGORIES A,B,C)

1. Overview of Bancroft Services/ Organizational Structure
2. Bancroft Mission, Philosophy, Goals, and Core Values
3. Employee Benefits and selected Bancroft Policies/Employee Responsibilities
4. Public Relations
5. Confidentiality/Central Records/HIPAA
6. Advocacy and Rights
7. Life Safety (fire, bomb threat, elopement, general safety)
8. Overview of Developmental Disabilities, Traumatic Brain Injury, and Functional Skills
9. Treatment Approach (Principles of Normalization, Independence)
10. Quality of Life Standards
11. Cultural Diversity
12. Age Specific Guidelines for Interacting with Persons Served
13. Preventing Abuse, Neglect, and Exploitation
14. Staff Reporting Responsibilities
15. Staff Cooperation with Investigation Process
16. Infection Control/Standard Precautions/Exposure Control Plan
17. Social/Sexual Guidelines Training
18. Corporate Compliance Plan

19. Valuing Diversity
20. Workplace Harassment Awareness

ALL PROGRAM SUPERVISORY AND DIRECT CARE STAFF (CATEGORY C)

1. Nutrition Guidelines and Individual Needs
2. Driver and Vehicle Safety (including Behind the Wheel training)
3. Introduction to Behavior Management (includes approval process and techniques and Standard Interaction Protocol)
4. Person Centered Planning and Family Communication Skills
5. Introduction/Explanation of Bancroft Competency-based Checklist Training as a follow-up to Orientation and Pre-service Training
6. Medication Training (half day for education awareness only—Education Programs; full day for certification to administer medications)
7. Standard First Aid
8. CPR (Adult and Child)
9. Crisis Prevention and Intervention Training (is required prior to starting work in some programs, and not required for Voorhees Pediatric Program, or the Early Intervention Program)
10. Unusual Incident Reporting

PROGRAM SPECIFIC ORIENTATION

Program-specific orientation is required for all new direct care staff on the first day at the program. In addition, it shall be required that direct care staff are accompanied by experienced staff on initial tours of duty for at least a two week period, or such time that these new staff are able to safeguard the health and safety of individuals served.

Also, within the initial 90-day period, newly hired Supervisory and Direct Care staff must complete primary competency checklists within their assigned programs, which are required, based on specific job assignments. Topics include:

1. Infant CPR (as part of CPR training for EIP only) (Category C)
2. Review of Program-specific Operations Manual (All Staff Categories)
3. Program/Department-specific Orientation (All Staff Categories)
4. Information on Specific Health Needs of People Served (Category C)
5. Information on Special Needs of Assigned Area (Category C)
6. Information and training on assistive devices, wheel chair lifts, special equipment, etc. (as required) (Category C)
7. Competency-based Checklist Training for (Category C)

Incident Reporting (includes Internal Reports and Unusual Incident Reports)
Preventing Abuse, Neglect, and Exploitation
Positive Reinforcement
Verbal and Non-Physical De-escalation Techniques
Information on Persons Served
Medication Awareness (by position)
Medication Administration (by position)
Medication Documentation (by position)

8. Behavior Management Training as it applies to specific persons served and program philosophy (Category C)
9. Principles of Normalization as it applies to specific persons served and program philosophy (Category C)
10. Emergency and Safety Procedures specific to assigned position/program (All Staff Categories)
11. Written reporting procedures (Category C)
12. Interdisciplinary Approach (Category C)
13. Person Centered Planning and Family Communication Skills (All Staff Categories)

PHASE III: COMPETENCY-BASED CHECKLIST COMPLETION

Each employee shall complete Competency-based Checklists, as required by his/her specific position. The Primary Checklist training includes the first seven checklists (1 through 7b), which shall be completed within the first 90 days of employment. These Checklists include the following: Abuse and Neglect, Medication Administration, Medication Documentation, Diffusion Techniques, Information on Persons Served, Positive Reinforcement, and Incident Reports.

The Secondary Checklist training consists of the remainder of the checklists (8 through 17), which are to be completed prior to the employee's first annual review. These include the following: Behavior Management, Mealtime, Instructional Procedures, Direct Instruction, Family Communication, Personal Hygiene, Recreation/Leisure Time, Writing Goals and Objectives, and Graphing.

The specific checklists required for each staff is based upon his/her job description and department.

Orientation/Training Completion Requirements

In the event that the new staff member has not completed all orientation and initial training requirements (in addition to the pre-service training requirements) during the first days of employment, the employee and the appropriate supervisor will be notified. The employee may begin working (but not alone), but the employee must make up the missed sections of the Orientation Program as soon as possible, but before the end of the initial 90-days of employment.

Should the employee fail to complete all Bancroft training requirements within the first 90-days of employment, the employee will no longer be eligible to work until this requirement is met. The employee will be scheduled for the next available class offering(s) and if the employee does not attend, employment status will be suspended. Once the employee has been suspended, he or she may not return to work until the required training is completed. After 30 days of failure to comply, employment status will be terminated.

Training Requirements for Staff Returning from a Lapse in Employment

Employees who leave the organization and are subsequently rehired are subject to the same training requirements as new staff. Employees returning after a lapse of one year or more must attend new staff orientation in its entirety (including pre-service components) prior to beginning service in the program. Employees returning within one year of separation date need only attend re-certification classes prior to

beginning work in the program, along with any new training segments that may have been added since the employee's separation.

Each employee will be required to complete new competency-based checklist training and program-specific orientation as outlined previously above under "Phase II: Orientation and Initial Training" and "Phase III: Competency-based Checklist Completion."

Training Records

Organizational training records shall be maintained by Staff Learning and Development/Human Resources, including the following:

1. Curriculum and training plan;
2. Record of attendance which includes the dated signature of the trainer and trainee; and
3. An employee's record indicating all training sessions attended (including sections on mandated training).

PROCEDURES

Responsibility	**Action**
Staff Member	Responsible for the completion of all requirements listed within the required time frame for his/her specific position.
	Successfully completes all licensing required pre-service training prior to beginning his/her assigned position and responsibilities.
Supervisor (or designee)	Ensures an experienced staff member accompanies new staff members for at least two weeks or until such time he/she has demonstrated competence.
	Facilitates staff attendance at required training by scheduling time to attend trainings and arranges for coverage of assigned responsibilities during training (including on-call/pager responsibilities.)
	Reviews job performance and completion of requirements for new staff (Competency Checklist Training, 90-day and Annual Performance Reviews).
Staff Learning and Development	Conducts the required training segments, documents staff completion, and forwards same documentation to the appropriate Program/Department designee and the employee's personnel file.
	Tracks data received from Program Directors/Supervisors and distributes compliance reports regarding checklist training (Lindens and Pediatric & Adolescent Campus only),

	required training, and re-certification classes on a monthly basis.
Department Head/Directors	Implements this policy and ensures that these guidelines are followed.

Approved:

_____

Robert D. Martin, Ph.D.
President/Chief Executive Officer

Primary Author:	Alexis Skoufalos
Date Written:	May 1991
Last Revised:	April 2003 by Veronica Rantuccio; October 2004 by Alexis Skoufalos
Effective Date:	January 2005

References:

N.J.A.C. 10:44A Standards for Community Residences for Persons with Developmental Disabilities, NJ Department of Human Services, Division of Developmental Disabilities, adopted February 2000.

N.J.A.C. 10:44C Standards for Community Residences for Persons with Head Injuries, NJ Department of Human Services, Division of Developmental Disabilities, adopted January 20, 2004.

N.J.A.C. 10:47 Standards for Private Licensed Facilities for Persons with Developmental Disabilities, NJ Department of Human Services, Division of Developmental Disabilities, adopted September 2001.

CARF 2003 Employment and Community Services Standards Manual, July 1, 2003-June 30, 2004.

Appendix C
Coordinator job description
Program Associate job description

Referenced: 1(a)v.

Position Description
Bancroft NeuroHealth

Job Title: Staffing Coordinator

Department: Campus and Residential Services

Reports to: Program Director *or* Senior Program Director

FLSA Status: Non-exempt

The following statements are intended to describe the general nature and level of work to be performed. They are not intended to be construed as an exhaustive list of all responsibilities, duties, and skills required of an incumbent.

Position Summary:
Coordinates all staffing, recruitment, and training needs for the specified program to ensure a fully staffed operation and maximum provision of care for persons served.

Essential Responsibilities:

1. Interacts with program management on a daily basis to ensure a fully staffed program of day, night, and substitute Program Associates and the maintenance of all levels of supervision for persons served, while operating in accordance with the approved budget, staffing ratio for each program. Ensures adequate coverage for all staffing vacancies and medical leaves and for night duty staff approved time-off requests. Supports on-call supervisors to ensure coverage of all shifts as outlined in program requirements.

2. Reviews and revises staffing schedules for assigned programs upon initial completion by program management and in accordance with established time schedules, team assignments, approved staffing ratios, census, and intensive status. Interacts with other Staffing Coordinators and Human Resources to redeploy staff, support transfers, and reassign applicants to assist in other programs, as needed.

3. Working in conjunction with the Human Resources Department, actively participates in the applicant hiring process. Screens and refers qualified applicants, coordinates interviewing process with program management, tracks status of applications, determines most appropriate placement of qualified candidates based on program needs and applicant skills, tracks Human Resource and Division of Developmental Disabilities (DDD)-related forms, and performs necessary follow-up with program management and Human Resources through the completed job offer to ensure a smooth and timely hiring process. Actively participates in job fairs, when applicable. Acts as program resource regarding various Human Resources, Bancroft, and program policies and procedures.

4. Coordinates changes in work assignments for existing staff and completes separation reports in the event of staff terminations for subsequent review and approval of program management. Tracks open requisitions and ensures adherence to approved hiring ratios.

5. If applicable, compiles overtime and FTE data in accordance with established time schedules and develops charts and graphic illustrations for submission to program management and to ensure

compliance with approved budget. May compile and analyze strategic goal information; e.g., use of overtime, number of staff not in compliance with recertification requirements, etc., for review by program management.

6. Acts as the primary timekeeper for assigned programs. Functions as a liaison between the Payroll Department and program management. Performs related payroll activities including verification of work hours on timecards, reconciliation of timecards with edit sheets, etc. Coordinates payroll process with other Bancroft departments to ensure accurate and timely payment to staff in the event he/she is working in multiple programs within same payroll period; ensures appropriate chargeback of payroll expenses to departments.

7. Serves as the primary liaison and key contact for substitute Program Associate(s) within the program. Coordinates work schedules, ensures adequate coverage during leave requests, works with Human Resources regarding hiring process, fingerprint process, required recertifications, etc. Periodically reallocates substitutes among different programs to build adaptability of staff and expand the level of familiarity with program environments and persons served.

8. Coordinates new and existing staff training to include on-site training, mentor training, required certification and recertification, and department trainings. Maintains staff training database and updates appropriately.

9. Tracks the timely completion of staff competency checklist packet for all new staff including the completion of the initial checklists within 90 days and the remainder of the checklists within 12 months of hire. Provides training/retraining to program management on a timely basis regarding required compliance with DDD regulations.

10. Tracks staff absences occurrences each pay period and generates disciplinary forms in accordance with Bancroft's occurrence policy. Provides occurrence report to program management for review and subsequent disciplinary action.

11. May coordinate weekly staff meetings and materials; arranges meeting logistics, serves as meeting facilitator, takes and documents accurate meeting minutes, etc.

12. Serves as a role model to persons served by projecting a positive self-image of professionalism, appearance, courtesy, conduct, honesty, fairness, personal integrity, and a respect for the fundamental rights, dignity, and privacy of others.

13. Provides direct care to persons served, as needed.

14. Performs other related duties as assigned or as necessary; e.g., performs special projects, serves on performance improvement teams, performs follow-up on occupational health requirements for staff, etc. Remains flexible and adaptable in work schedules and work assignments as defined by program needs.

15. Abides by the Bancroft Code of Ethics, Mission Statement, and Vision Statement in promoting ethical behavior, establishing relationships and providing guidance in decision-making situations.

16. Remains current with required training certifications, meets state-regulated licensing and regulatory accreditations, and adheres to mandatory requirements.

17. Maintains effective verbal and written communications with colleagues, those served, and their family members and/or guardians when applicable.

18. Willingly and effectively cooperates with Bancroft NeuroHealth, The Department of Human Services, The Division of Developmental Disabilities (DDD), and other licensing or state agency or local municipalities in any inspections and investigations, upon request.

19. Maintains a safe and respectful environment, free of abuse, neglect, or exploitation; does not allow weapons, threats, bullying or intimidation.

20. Reports any violations to the appropriate individual as soon as the incident occurs.

21. Maintains levels of supervision as defined in behavior plans; e.g., Individual Program Plan (IPP), Individual Rehabilitation Plan (IRP), Individual Education Plan (IEP), Individual Service Plan (ISP), etc., when applicable.

22. Demonstrates Bancroft's core values of Teamwork, Compassion, and Independence in the performance of position responsibilities.

Position Requirements:

Education & Experience:
High School diploma or equivalent required with a minimum of two years of related experience, preferably in a staffing or scheduler capacity. Prior experience working with special needs population desirable.

Special Skills:
Effective verbal and written communication, interpersonal, time management, and organizational skills required. Effective leadership skills required, as well as flexibility, adaptability, the ability to act independently, respond quickly, and work within tight timeframes. Operative knowledge of MS Office Word and Excel, and Chart Wizard or equivalent software required. Valid driver's license required in incumbent's legal name and current address with no provisional restrictions. Minimum of 18 years of age required.

Leadership Responsibilities:
Serves as liaison and key contact for substitute Program Associates.

Required Knowledge, Skills and Abilities:

1. ***ADAPTING TO CHANGE*** - Demonstrates willingness and an ability to adjust to change. This change may involve new ways of doing things, working with different types of people, performing unfamiliar tasks, or adjusting one's schedule in order to accommodate changes.

2. ***COMMUNICATION*** - Presents ideas in an easy to understand manner with an engaging and captivating style. Effectively communicates complex ideas or thoughts in an easy to understand manner. Uses appropriate grammar, including vocabulary and sentence structure. Expresses information and ideas, orally and in writing, in a manner that is clear, concise, and easy to comprehend. Uses proper spelling, grammar, and sentence structure.

3. *FLEXIBILITY/MANAGING STRESS* **– Demonstrates willingness and the ability to adjust to working with different types of people, stressful, or demanding situations, or adjusting one's schedule in order to accommodate changes. Maintains a realistic interpretation of what constitutes a stressful situation. Functions effectively even when faced with stress and/or stressful situations. Effectively manages and controls stress-related responses in order to perform a job effectively and successfully.**

4. ***INITIATIVE*** **-** Is proactive rather than reactive both in thought and action. Identifies areas for improvement and takes necessary steps to implement those changes. Is a self-starter rather than waiting for direction from others.

5. ***PLANNING & ORGANIZING*** - Schedules and organizes time and resources based on an established plan. Sets up and maintains systems in order to organize and keep track of tasks and assignments. Appropriately prioritizes tasks and activities.

6. ***POSITIVE ATTITUDE*** - Views the world in a positive, optimistic manner. Does not always assume that there are hidden agendas behind every act. Maintains a positive demeanor and effective work behavior, even in the face of challenges or obstacles.

7. ***PROBLEM SOLVING -*** Is able to effectively resolve problems that involve people, things, and processes that require general logic and common sense. This may include gathering relevant information, considering alternatives, and drawing logical conclusions based on facts.

8. ***SEEING THE BIG PICTURE*** - Is able to step back from detailed data analysis to understand how the analysis and/or implications of the analysis fit into a larger picture. Identifies and understands connections, interrelationships and cause-effect relationships among different pieces of data while not becoming too deeply mired in the details.

9. ***TEAMWORK -*** Works effectively with others to accomplish goals. Effectively handles conflicts with other team members. Focuses first on the effectiveness and success of the team as a group. Is sensitive to the needs, strengths, weaknesses, and differences of individual players within the team.

10. ***WORK ETHIC*** - Sets high standards for own work rather than solely following those that are expected. Successfully completes work with a careful attention to all aspects of the job. Assumes responsibility for a job well done. Is organized, neat, precise, hard working, and dissatisfied with average performance.

Additional Required Skills, Knowledge, and Abilities When Providing Direct Care:

APPLIED LEARNING - Demonstrates the ability to acquire knowledge and to learn new concepts and skills while working on the job. Accurately applies new skills and knowledge within a reasonable timeframe.

ATTENTION TO DETAIL - Pays attention to and is able to identify small differences, mistakes, or defects. Identifies when something is wrong or is likely to go wrong by paying careful attention to one's work.

COACHING - Explains new information or skills to another individual for the purpose of improving that person's performance. Patiently works with the individual to ensure that he/she understands and is competent at the skill or competency area.

INFLUENCING OTHERS –Reaches formal and informal agreements, obtains commitments, or arranges plans with other individuals or groups in a way that serves or promotes mutual goals or interests. Energizes and engages others in support of and commitment to activities and goals by creating a shared vision, role modeling performance and professionalism, and recognizing and rewarding high performance. Builds trust and respect among followers. Encourages and facilitates an environment for the constructive handling of resolution or conflict.

INTEGRITY - Acts in an honest and trustworthy manner based on personal responsibility and sound ethics. Shows consistency among principles, values, and behaviors.

MAKING GOOD DECISIONS - Considers alternative courses of action when faced with a decision and

follows a logical decision-making process. Makes decisions and takes actions that have a positive, beneficial impact on the team, the organization, and the self. Chooses the course of action that maximizes the benefits and minimizes loses.

SAFETY - Is aware of factors that affect safety and uses good judgment in all work situations that could potentially affect anyone's safety. Takes action to correct safety hazards and anticipates and addresses potentially unsafe situations.

SERVICE ORIENTATION **-** Maintains a strong commitment to providing outstanding service and putting the persons served first. Identifies the needs of internal/external persons served and doing whatever it takes to meet or exceed their expectations. Makes realistic commitments and is honest about what can be delivered.

WORKING SUCCESSFULLY WITH OTHERS/SENSITIVITY TO DIVERSITY - Works effectively with others on a team or in a work group to accomplish goals. Effectively handles conflicts with other team members. Is sensitive to the needs, strengths, weaknesses, and differences of individuals. Respects individual/cultural/gender differences and adapts style or approach in order to mutually benefit the relationship. Views and responds to feedback as a learning process as opposed to an affront on one's self-esteem or personal competence. Encourages and supports the ideas and effort of other team members. Finds or creates ways to help the team perform more effectively.

Signatures*:*

I have received a copy of this job description and understand that if I have any questions about the responsibilities (stated or later assigned), I may ask my supervisor for clarification.

Employee Name:

PRINT: _____ Sign:_____ Date: _____

Management Name:

PRINT: _____ Sign:_____ Date: _____

Human Resources Name:

PRINT: _____Sign:_____ Date: _____

Position Description
Bancroft NeuroHealth

Job Title: Program Associate

Department: Campus, Residential, Vocational and Day Treatment Services

Reports to: Program Manager *or* Senior Program Associate

FLSA Status: Non-exempt

The following statements are intended to describe the general nature and level of work to be performed. They are not intended to be construed as an exhaustive list of all responsibilities, duties, and skills required of an incumbent.

Position Summary:
Provides supervision, guidance, instruction, skill building, and/or rehabilitation to assigned persons served within a specific Program site regarding daily living activities, safety, vocational activities, and interaction with others.

Essential Responsibilities*:*

1. Maintains all levels of supervision for assigned persons served at specific Program site as outlined in the IPP (Individual Program Plan), Annex A and/or program descriptions. Follows established Bancroft policies and procedures, and maintains compliance with Division of Developmental Disabilities (DDD) regulations, Health Insurance Portability & Accountability Act (HIPAA) regulations, DDD Supported Employment/Day Program (SE/DP) Manual standards (if applicable), Department of Labor (DOL) regulations (if applicable), Department of Human Services 1047 regulations (if applicable), Commission on Accreditation of Rehabilitation Facilities (CARF) standards, and applicable state/local/federal regulations at all times.

2. Complies with the IPP as detailed for assigned persons served; runs daily goals with each individual; instructs, prompts, and/or assists each person in the achievement of goals while actively encouraging the independence of each person within his/her ability limit while following standard interaction protocol or individual behavior plan.

3. Supervises, instructs, and provides guidance to assigned persons served with daily living and work activities, as applicable and dependent upon specific Program; e.g., purchase and inventory of food and personal supplies, cooking, housekeeping, money management, social awareness, interpersonal relationships, work skills, personal hygiene, recreational and vocational activities, etc.

4. Ensures Program site operates in accordance with the organization's quality standards for safety, cleanliness, and comfort and state licensing and accreditation standards.

5. Aids in the resolution of problematic situations that may occur for persons served within a specific Program or job site. Exercises appropriate judgment in addressing specific situations.

6. Dependent upon specific Program requirements, follows medical guidelines to administer medication as scheduled or as needed to persons served in strict accordance with each IPP. Maintains adequate medications inventory levels to ensure immediate availability of medications.

7. Dependent upon specific Program requirements, may ensure the routine maintenance and cleanliness of specific Program site, as well as the transportation vehicles assigned.

8. Coordinates transportation needs, as applicable, of assigned persons served in accordance with IPP and dependent upon specific Program needs. Safely transports and accompanies persons served, if needed, to:
   - physicians', dentists', and other healthcare consultants' offices for routine or emergency medical appointments;
   - preferred religious services of person served;
   - recreational outings and other community activities, while dressing accordingly for active participation; and/or
   - vocational job site.

9. Dependent upon specific Program needs, may schedule medical appointments for assigned persons served.

10. Strictly follows physicians' orders for continued care and, dependent upon specific Program needs, may update necessary medical records and may perform medical records filing.

11. As required by specific Program needs, assists assigned persons served with schoolwork and/or vocational/employment activities.

12. Dependent upon Program needs, may gather behavior data for persons served, perform calculations, and create graphic illustrations for review by others to assist in monitoring the progress of individual persons served.

13. Completes paperwork in a professional manner and maintains all documentation as required (and as applicable for specific Program) and as determined by Program management for the Program site; e.g., daily logs, monthly progress reports, daily goal reports, assessments, daily financial transactions, Medical Administration Records, behavioral data sheets, Critical Incident Reports, Parent/Guardian/Other contact form, etc.

14. Maintains effective communications with assigned persons served, parents, guardians and other family members, healthcare personnel, own manager and coworkers across Programs and functions, neighbors, surrounding communities, etc. Operates in accordance with the Confirmation of Understanding or Plan of Care for assigned persons served regarding Programs and treatment, healthcare, religious and sexual preferences (if applicable), ethnic and cultural support, recreational/socialization/vocational activities, physical fitness and healthy living, family visits and involvement, and disagreements and grievances.
15. Serves as an advocate on behalf of assigned persons served in a variety of situations.

16. Participates in the Interdisciplinary Team (IDT) or Trans-Disciplinary Team (TDT) process in conjunction with the IPP. Follows up and takes necessary action on change in behavioral plans, reports issues in the event plan is problematic, updates records, etc.

17. Follows state-approved emergency procedures and Bancroft-approved crisis intervention techniques at all times.

18. Prepares for, and promptly responds to, emergency situations to ensure the safety and security of the Program site and persons served at all times; e.g., participates in fire drills, emergency evacuations, etc. Notifies proper authority in the event of a valid emergency.

19. Serves as a role model to persons served by projecting a positive self-image of professionalism, appearance, confidentiality, courtesy, conduct, honesty, fairness, personal integrity, and a respect for the fundamental rights, dignity, and privacy of others.

20. Where shifts apply at Program site, effectively transitions with the staff of the incoming and outgoing shifts to ensure coverage at all times.

21. Ensures the smooth transition of persons served across Programs and effectively communicates with the staff members of those Programs; e.g., transition from Residential to Vocational, etc.

22. May serve as designated in-charge on a specified shift, in charge of staff and Program site activities in absence of Program management.

23. Performs other related duties as assigned or as necessary. Remains flexible and adaptable in work schedules and work assignments as defined by program needs.

24. Abides by the Bancroft Code of Ethics, Mission Statement, and Vision Statement in promoting ethical behavior, establishing relationships and providing guidance in decision-making situations.

25. Remains current with required training certifications, meets state-regulated licensing and regulatory accreditations, and adheres to mandatory requirements.

26. Maintains effective verbal and written communications with colleagues, those served, and their family members and/or guardians when applicable.

27. Willingly and effectively cooperates with Bancroft NeuroHealth, The Department of Human Services, The Division of Developmental Disabilities (DDD), and other licensing or state agency or local municipalities in any inspections and investigations, upon request.

28. Maintains a safe and respectful environment, free of abuse, neglect, or exploitation; does not allow weapons, threats, bullying or intimidation.

29. Reports any violations to the appropriate individual as soon as the incident occurs.

30. Maintains levels of supervision as defined in behavior plans; e.g., Individual Program Plan (IPP), Individual Rehabilitation Plan (IRP), Individual Education Plan (IEP), Individual Service Plan (ISP), etc., when applicable.

31. Demonstrates Bancroft's core values of Teamwork, Compassion, and Independence in the performance of position responsibilities.

NOTE: The percentage of time spent on any one of the above responsibilities may vary for a Night Duty Program Associate, Substitute Program Associate, or Floater.

***Position Requirements*:**

Education & Experience:
High School diploma or equivalent required with additional education in a related field desirable. BA in Social Work, Psychology, or a related field preferred. Related work experience desirable.

Special Skills:
Demonstrated ability to effectively communicate both verbally and in written form required. Basic math skills required. Effective interpersonal skills, a strong desire to work with neurologically-challenged individuals required, and the ability to implement crisis intervention techniques required. Operative knowledge of MS Office Word and Excel spreadsheets preferred. Attainment of CPR, First Aid, Crisis Prevention and Intervention, and Medication certification within first 90 days of employment required. Valid driver's license required in incumbent's legal name and current address with no provisional restrictions. Minimum 18 years of age required.

Leadership Responsibilities (if applicable to specific Program site):
When designated as Senior Program Associate, provides supervision to direct care staff assigned to a shift.

Required Knowledge, Skills and Abilities: Direct Care Positions

10. ***APPLIED LEARNING*** - Demonstrates the ability to acquire knowledge and to learn new concepts and skills while working on the job. Accurately applies new skills and knowledge within a reasonable timeframe.

11. ***ATTENTION TO DETAIL*** - Pays attention to and is able to identify small differences, mistakes, or defects. Identifies when something is wrong or is likely to go wrong by paying careful attention to one's work.

12. ***COACHING -*** Explains new information or skills to another individual for the purpose of improving that person's performance. Patiently works with the individual to ensure that he/she understands and is competent at the skill or competency area.

13. ***COMMUNICATION*** - Presents ideas in an easy to understand manner with an engaging and captivating style. Effectively communicates complex ideas or thoughts in an easy to understand manner. Uses appropriate grammar, including vocabulary and sentence structure. Expresses information and ideas, orally and in writing, in a manner that is clear, concise, and easy to comprehend. Uses proper spelling, grammar, and sentence structure.

14. *FLEXIBILITY/MANAGING STRESS* **– Demonstrates willingness and the ability to adjust to working with different types of people, stressful, or demanding situations, or adjusting one's schedule in order to accommodate changes. Maintains a realistic interpretation of what constitutes a stressful situation. Functions effectively even when faced with stress and/or stressful situations. Effectively manages and controls stress-related responses in order to perform a job effectively and successfully.**

15. ***INFLUENCING OTHERS*** –Reaches formal and informal agreements, obtains commitments, or arranges plans with other individuals or groups in a way that serves or promotes mutual goals or interests. Energizes and engages others in support of and commitment to activities and goals by creating a shared vision, role modeling performance and professionalism, and recognizing and rewarding high performance. Builds trust and respect among followers. Encourages and facilitates an environment for the constructive handling of resolution or conflict.

16. ***INTEGRITY*** - Acts in an honest and trustworthy manner based on personal responsibility and sound ethics. Shows consistency among principles, values, and behaviors.

17. ***MAKING GOOD DECISIONS*** - Considers alternative courses of action when faced with a decision and follows a logical decision-making process. Makes decisions and takes actions that have a positive, beneficial impact on the team, the organization, and the self. Chooses the course of action that maximizes the benefits and minimizes loses.

18. *MOTIVATIONAL FIT* **- Aligns job content with what a person finds satisfying and dissatisfying. Has interests and beliefs about work that are consistent with the organization's values and what it expects from its employees.**

19. ***POSITIVE ATTITUDE*** - Views the world in a positive, optimistic manner. Does not always assume that there are hidden agendas behind every act. Maintains a positive demeanor and effective work behavior, even in the

face of challenges, obstacles, and stressful or demanding situations.

20. ***PROBLEM SOLVING -*** Is able to effectively resolve problems that involve people, things, and processes that require general logic and common sense. This may include gathering relevant information, considering alternatives, and drawing logical conclusions based on facts.

21. ***SAFETY*** - Is aware of factors that affect safety and uses good judgment in all work situations that could potentially affect anyone's safety. Takes action to correct safety hazards and anticipates and addresses potentially unsafe situations.

22. ***SERVICE ORIENTATION -*** Maintains a strong commitment to providing outstanding service and putting the persons served first. Identifies the needs of internal/external persons served and doing whatever it takes to meet or exceed their expectations. Makes realistic commitments and is honest about what can be delivered.
23. ***WORK ETHIC*** - Sets high standards for own work rather than solely following those that are expected. Successfully completes work with a careful attention to all aspects of the job. Assumes responsibility for a job well done. Is organized, neat, precise, hard working, and dissatisfied with average performance.

24. ***WORKING SUCCESSFULLY WITH OTHERS/SENSITIVITY TO DIVERSITY*** - Works effectively with others on a team or in a work group to accomplish goals. Effectively handles conflicts with other team members. Is sensitive to the needs, strengths, weaknesses, and differences of individuals. Respects individual/cultural/gender differences and adapts style or approach in order to mutually benefit the relationship. Views and responds to feedback as a learning process as opposed to an affront on one's self-esteem or personal competence. Encourages and supports the ideas and effort of other team members. Finds or creates ways to help the team perform more effectively.

Signatures*:*

I have received a copy of this job description and understand that if I have any questions about the responsibilities (stated or later assigned), I may ask my supervisor for clarification.

Employee Name:

PRINT: _____ Sign:_____ Date: _____

Management Name:

PRINT: _____ Sign:_____ Date: _____

Human Resources Name:

PRINT: _____Sign:_____ Date: _____

Physical Requirements — Level I

Percentage of Time: **N** = Never (0%) **O** = Occasionally (1%=33%) **F** = Frequently (34%-66%) **C** = Constantly (67%-100%)

Physical Demands (strength)

- ❑ SEDENTARY - Exerts up to 10 lbs. of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull, or otherwise move objects, including the human body. Involves sitting most of the time, but may involve walking or standing for brief periods of time.
- ❑ LIGHT - Exert up to 20 lbs. of force occasionally, and/or up to 10 lbs. of force frequently, and/or a negligible amount of force constantly to move objects. Physical demands are in excess of those of Sedentary work. Light work usually requires walking or standing to a significant degree.
- ❑ MEDIUM - Exert up to 50 lbs. of force occasionally, and/or up to 20 lbs. of force frequently, and/or up to 10 lbs. of force constantly to move objects.
- ☒ **HEAVY** - Exert up to 100 lbs. of force occasionally, and/or up to 50 lbs. of force frequently, and/or up to 20 lbs. of force constantly to move objects.
- ❑ VERY HEAVY - Exert in excess of 100 lbs. of force occasionally, and/or in excess of 50 lbs. of force frequently, and/or in excess of 20 lbs. of force constantly to move objects.

Physical Demands (movement)	**N**	**O**	**F**	**C**
CLIMBING - Ascending or descending using feet and legs and/or hands and arms. Body agility is emphasized.			?	
BALANCING - Maintaining body equilibrium to prevent falling.			?	
STOOPING - Bending body downward and forward. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.			?	
KNEELING - Bending legs at knees to come to rest on knee or knees.			?	
CROUCHING - Bending body downward and for-ward by bending legs and spine.			?	
CRAWLING - Moving about on hands and knees or hands and feet.			?	
REACHING - Extending hand(s) and arm(s) in any direction.			?	
HANDLING - Seizing, holding, grasping, turning, or otherwise working with hand or hands. Fingers are involved only to the extent that they are an extension of the hand.			?	
FINGER DEXTERITY - Picking, pinching, or otherwise working primarily with fingers rather than with the whole hand or arm as in handling.			?	
FEELING - Perceiving attributes of objects, such as size, shape, temperature, or texture, by touching with skin, particularly that of fingertips.		?		
Physical Demands (auditory)	**N**	**O**	**F**	**C**
TALKING - Expressing or exchanging ideas by means of the spoken word. Talking is important for those activities in which workers must impart oral information to clients or to the public, and in those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.			?	
HEARING - perceiving the nature of sounds. Used for those activities which require ability to receive information through oral communication.			?	
Physical Demands (taste/smell)	**N**	**O**	**F**	**C**
TASTING/SMELLING - Distinguishing, with a degree of accuracy, differences or similarities in intensity or quality of flavors and/or odors, or recognizing particular flavors and/or odors, using tongue and/or nose.		?		
Physical Demands (vision)	N	O	F	C
NEAR ACUITY - Clarity of vision at 20 inches or less. Use this factor when special and minute accuracy is demanded.			?	
FAR ACUITY - Clarity of vision at 20 feet or more. Use this factor when visual efficiency in terms of far acuity is required in day and night/dark conditions.			?	
DEPTH PERCEPTION - Three-dimensional vision. Ability to judge distances and spatial relationships so as to see objects where and as they actually are.			?	
COLOR VISION - Ability to identify and distinguish colors.		?		
FIELD OF VISION - Observing an area that can be seen up and down or to right or left while eyes are fixed on a given point. Use this factor when job performance re-quires seeing a large area while keeping the eyes fixed.			?	

I have read and understand the physical requirements necessary to perform the essential functions of this position.

_____ _____ _____

Print Name Signature Date

Appendix D
Supervisor On Site Responsibilities

Referenced: 1(a) vii., 1(b)iii.

Bancroft NeuroHealth

P&A Campus

Last Revised 8/2/05

S.O.S (SUPERVISOR ON SITE) ROUNDS RESPONSIBILITIES:

1. S.O.S assigned to previous shift in conjunction with supervisor coming onto shift will conduct apartment round checks within the first hour of the shift and document start and end time of rounds on accountability sheet. S.O.S will determine whether the necessary number of staff has reported for the shift. If necessary number of staff has reported for the shift- then go to #2.

2. **Supervisor Responsibility: Shift Supervisor conducts rounds for all apartments beginning with Apt 4, 6 then Apt's 5, 3, 2, 1 then Charlotte and Jenzia. * This includes reviewing level of supervision for all staff and ensures staff signs off on accountability sheet that indicates staff acknowledging level of supervision. S.O.S will be responsible for ensuring that staff assigned to apartment(s) are trained on behavior plans and possess the necessary skills to work in the assigned apartment. *Priority of rounds will be reviewed on a monthly basis during weekly staffing meeting and reflected in those minutes. Accountability sheets will be revised as needed to reflect changes. Revision dates on S.O.S procedures and Accountability Sheets will coincide with most recent revisions of priority list.**
3. Additional round checks will also be completed after the first two hours and within the last two hours of the shift.
4. In the event that the necessary number of staff have not reported the S.O.S will do the following:

- S.O.S will request that one or more of the direct care staff members who worked the previous shift remain until an adequate number of replacement staff arrives.
- Contact the On-Call Supervisor and advise of staff shortage, indicating the apartment where the staff shortage has occurred and any specific skills or training necessary for replacement staff. Provide name of staff member that has agreed to cover until replacement staff arrive.
- Staff in attendance will complete / sign the Accountability Sheet.
- S.O.S. will document on the Daily Accountability Staffing Log the above information including the staff that has agreed to stay and / or the replacement staff name and ensure signature on Accountability Sheet. Documentation of the staff that is absent and time the shortage was reported will also be noted.
- In the event that a replacement staff cannot be identified after one hour, the S.O.S will contact the Floater and instruct that staff member to report to the site where coverage is needed. S.O.S will document this information on the Daily Staffing Log and Floater will sign in on Accountability Sheet.

5. The Staff Assistance Log will be utilized by the S.O.S to document all calls and requests by staff members for assistance at any point during the shift. In the event that staff request additional staffing

assistance to maintain minimum levels of supervision during an emergent situation, staff will immediately contact the S.O.S. For every call requesting staff assistance, the S.O.S must document on the Staff Assistance Log the name of person calling, the apartment, the time of the call and the nature of the situation, the name of person who provided assistance, and the time that person arrived and departed to / from the apartment. This log will be reviewed on a weekly basis by management team. *If a staff contacts S.O.S, will follow above procedure in #4.

6. S.O.S will conduct a monitoring visit once on the day shift and once on the overnight for every apartment. At least twice a day, including once on the overnight shift, a random, unannounced, visit to each apartment will be conducted to ensure that the direct care staff are performing their responsibilities. The S.O.S will observe each apartment to see if Level of Supervision is being maintained and if the staff is engaged with person served appropriately. This information will be documented on the Employee Monitoring Form. This form along with the Staff Assistance Log and Accountability sheet will be turned in DAILY to the Program Operations Manager.

7. S.O.S will initial the apartment check in the Critical Issues Log.
- During the S.O.S check, remind staff to report and complete any internal reports.
- Ensure that Level of Supervision and Behavior Plans are being implemented.
- Document Attendance on the Accountability Sheet including home visits.

8. S.O.S will collect and review all internal reports throughout the shift. Internal reports should be completed in their entirety. All follow-up is to be completed on internal reports by end of shift. Contact and communicate any incomplete internal reports that are identified in the apartment to Program Director.

9. Staff Responsibility: Staff will sign off on Accountability Sheet at beginning of each shift; acknowledging person served they are assigned to and their level of supervision.

10. Community Outings: Staff will sign out the vehicle assigned to the apartment they are working in. Staff will then inform S.O.S of destination and expected time of return.

11. *Staff* assigned key and pouch are responsible for ensuring van key, log, and correct mileage is documented and ensuring gas card is also returned.

12. Supervision of Psychological and Behavioral Services:

In the event that direct care staff identifies a need to use any and all techniques that are defined as a Level II or Level III behavioral intervention(s), the S.O.S will be notified. Upon receipt of notification of the use of the technique that is likely to exceed ten minutes, the S.O.S will proceed immediately to the location where the staff and person served is located and supervise the implementation of the technique until it is completed to determine whether it is being used in accordance with professional standards and best practices. The S.O.S will also contact by phone a master's level clinician with a certification in behavior analysis. In the event that the staff member is not using the technique in accordance with professional standards and best practices, the S.O.S in consultation with the masters level clinician will immediately order the staff member to cease the implementation of the technique. The S.O.S will record on the 24-hour Report

the following: the time the initial call was received, whether the S.O.S needed to respond, the time of arrival, a full description of the situation from the time of arrival until the resolution, any concerns or comments regarding the use of the Level II or Level III technique, any concerns warranting either individual or systemic corrective action, and whether there was an allegation of abuse or neglect regarding the use of the technique and if a UIR is required.

Remember to keep the parent pager on you at all times. If the pager is not working or lost, contact the Program Director On-Call.

S.OS. RESPONSIBILITY ACKNOWLEDEMENT FORM

I acknowledge that I have received the information of responsibilities as the Supervisor On-Site and reporting procedures. I understand that I am responsible for the information provided to me at this time.

Print Name _____ **Sign Name** _____

Supervisor: _____

Date: _____

Appendix E

Accountability Sheets

Program Accountability Reports (Note: all names have been removed to preserve privacy.)

Pediatric and Adolescent Campus Program Employee Monitoring Form

Referenced: 1(a) viii.

DAILY ACCOUNTABILITY STAFFING LOG

REQUIRED NUMBER OF STAFF PRESENT FOR SHIFT? Y / N
EXPLAIN STAFFING RESOLUTION BELOW
SUPERVISOR SIGNATURE: _____
WAS ROUNDS COMPLETED IN 60 MINUTES OR LESS? LIST REASON FOR ROUNDS EXCEEDING 60 MINUTES:

INSTRUCTIONS:

- **Document call outs by drawing line through name on Accountability sheet and then indicated with C/O and NCNS. List replacement under original name. Include any staff that are switched and indicate replacement. Replacement staff sign off on accountability sheet once switched or reassigned to that specific apartment.**
- **Document on Daily Accountability Staffing Log the call-out and replacement staff. If floater staff is used, list in column indicated.**
- **Contact Staffing Coordinator and notify of staff shortage.**
- **N/A = No training necessary, all staff are trained to necessary skills / behavior plan**

DATE OF SHIFT	TIME OF SHIFT	**APARTMENT ASSIGNMENT WHERE STAFF SHORTAGE IS IDENTIFIED**	**TIME SUPERVISOR ON-CALL NOTIFIED**	**STAFF MEMBER ASSIGNED TO SHIFT**	**NAME OF STAFF REPLACEMENT** Indicate one of the following: **Staff Coverage** **S.O.S in schedule** **Floater in schedule** **Staff stayed late**	**FLOATER USED? FLOATER SIGN-IN AND INDICATE TIME INTO APARTMENT** ***(IF STAFF REPLACEMENT IS NOT AVAILABLE AFTER ONE HOUR- USE FLOATER)**	DID STAFF RECIEVE TRAINING FOR APT ASSIGNED TO?
						Y/N	*Y N/A*
						Y/N	*Y N/A*
						Y/N	*Y N/A*
						Y/N	*Y N/A*
						Y/N	*Y N/A*
						Y/N	*Y N/A*
						Y/N	*Y N/A*
						Y/N	*Y N/A*

Program Accountability Reports

☐	Apt 4	**Staff Assigned Ratio:** 4:5; 4:3; 3:2	**Bedroom (Awake)**	**Bedroom (Asleep)**	Apartment	(Community)	Staff Time IN	Staff Signature	*Notes*
		1.	VS w/in 10 ft	PC 5 min	VS w/in 10 ft	AL			
		2.	VS w/in 5 ft	AL	VS w/in 5 ft	AL			
		3.	VS w/in 5 ft	PC 5 min	VS w/in 5 ft	AL			
		4.	VS w/in 5 ft	PC 5 min	VS w/in 5 ft	AL			
			VS	PC 15 min	VS	AL			
☐	Apt 5	**Staff Assigned Ratio:** 4:5,3:4,2:3	**Bedroom (Awake)**	**Bedroom (Asleep)**	Apartment	(Community)			
		1.	AL	PC 15 min	AL	AL			
		2.	VS w/in 10ft	PC15 min	VS w/in 10ft	AL			
		3.	VS	PC 15 min	VS	VS			
		4.	VS w/in 5 ft	PC 15 min	VS w/in 5 ft	AL			
			VS	PC 5 min	VS	AL			
☐	Apt 6	**Staff Assigned Ratio:** 1+ nurse 3:4 2;4	**Bedroom (Awake)**	**Bedroom (Asleep)**	Apartment	(Community)			
		1.	PC 5min	PC 15 min	VS w/in 10ft	AL			
		2.	VS	VS	VS	AL			
		3.	VS	PC 30min	VS	VS w/5 ft			
			PC 10 min	PC 30 min	PC 10 min	VS w/in 5 ft			
☐	Apt 3	**Staff Assigned Ratio:** 2:3, 1:2	**Bedroom (Awake)**	**Bedroom (Asleep)**	Apartment	(Community)			
		1.	VS	PC 10min	VS	VS w/2ft			
			VS	PC 10min	VS	VS w/2ft			
		2.	VS w/in 5ft	PC 5min	VS w/in 5ft	AL			

☐	Apt 2	**Staff Assigned Ratio:** 2:3, 2:2;1:2	**Bedroom (Awake)**	**Bedroom (Asleep)**	Apartment	(Community)			
		1.	VS w/in 10 ft	PC 20 min	VS w/in 10 ft	AL			
		2.	VS w/in 5ft	PC 10min	VS w/in 5ft	AL			
			VS w/10 ft.	PC 15 min	VS w/ in 10 ft	VS w/in 5 ft			
		Jenzia House	*Closed*	*Unitl Further Notice*					

☐	Apt 1	**Staff Assigned Ratio:** 2:2,	**Bedroom (Awake)**	**Bedroom (Asleep)**	LOS Apartment	LOS Community	**Time IN**	**Staff Signature**	**NOTES**
		1.	PC 10 min	PC 30 min	VS	AL			
		2	VS	VS	VS	AL			*BW see notes on bottoms
☐	Charlotte **Person Served**	**Staff Assigned Ratio:** 7:9, 6:9, 3:5**,**3:4,2:3	**LOS Bedroom (Awake)**	**LOS Bedroom (Asleep)**	LOS Apartment	LOS Community	Time IN	**Staff Signature**	
		1.	AL	PC 10 min	AL	AL			
		2.	PC 5 min	PC15 min	VS	VS w/5 ft			
		3.	VS	PC 30 min	VS / staff should be between other person served at all times	VS			
		4.	VS w/in 5ft	PC 15 min	VS w/in 5ft	AL			
		5.	VS w/ in 5ft	PC 5 min	VS w/ in 5 ft	AL			
		6.	VS w/in 5ft	VS	VS w/in 5ft	AL			
			VS w/ 5ft	PC 1 hour	VS w/ 5ft	AL			
			AL	PC 5 min	AL	AL			

			Awake alone PC 5 min	With Room mate VS w/in 5ft	PC 30 min	VS w/in 5ft	AL			

Campus Floater **If assigned to apt please list apt.**	*Staff in Mentor Training*	**LOS = Level of Supervision Key:** AL= Arms length CG= Contact Guard VS= Visual Supervision=w5, 10 or 25ft PC=Periodic Visual Checks	* BW (Charlotte House) LOS may change according to behavior plan.

☐	Apt 4	**Staff Assigned Ratio: 2:4**	**Bedroom /Awake**	**Bedroom (Asleep)**	**Apartment**	Staff Signature	**Staff Notes/Time in**
		*1.	VS w/in 10 ft	PC 5 min	VS w/in 10 ft		
			VS w/in 5ft	PC 5 min	VS w/in 5ft		
		2.	VS w/in 5ft	PC 5 min	VS w/in 5ft		
			VS	PC 15 min	VS		
	Intensively staffed	3.	VS w/in 5ft	AL	VS w/in 5ft		
☐	Apt 5	**Staff Assigned Ratio: 1:5**	**Bedroom /Awake**	**Bedroom (Asleep)**	**Apartment**		
		***1.**	VS w/in 10ft	PC 15 min	VS w/in 10ft		
			AL	PC 15 min	AL		
			VS	PC 15 min	VS		
			VS w/in 5ft	PC 15 min	VS w/in 5ft		
			VS	PC 5 min	VS		
☐	Apt 6	**Staff Assigned Ratio 1:2**	**Bedroom /Awake**	**Bedroom (Asleep)**	**Apartment**		
		*1.	Pc 5 min	Pc 30 min	VS w/in 10 ft		
		2.	VS	PC 5 min	VS		
			PC10 min	PC 30 minn	PC 10 min		
			VS	PC 30 min	VS		
☐	Apt 3	**Staff Assigned Ratio: 1:3**	**Bedroom/Awake**	**Bedroom (Asleep)**	**Apartment**		
		*1.	VS	PC 10min	VS		
			VS	PC 10min	VS		
			VS w/in 5ft	PC 5min	VS w/in 5ft		

☐	Apt 2	**Staff Assigned Ratio: 1:2**	**Bedroom/Awake**	**Bedroom (Asleep)**	**Apartment**		
		* 1.	VS w/in 10 ft	PC 20 min	VS w/in 10 ft		
			VS w/in 5ft	PC 10min	VS w/in 5ft		
			VS w/in10 ft	PC 15 min	VS w/in 10 ft		
☐							
		Jenzia House	***Closed until further Notice***				
☐	Apt 1	**Staff Assigned Ratio: 2;2**	**Bedroom/Awake**	**Bedroom (Asleep)**	**Apartment**	Staff Signature	**Staff Notes/Time in**
		*1.	PC 10 min	Pc 30 min	VS		* See notes * BW LOS may change according to behavior plan
		2.	VS	VS	VS		
☐	Charlotte	**Staff Assigned Ratio: 2;9**	**Bedroom/Awake**	**Bedroom (Asleep)**	**Apartment**	Staff Signature	**Staff Notes/Time in**
		*1.	PC 5 min	PC 15min	VS		*-Staff should be between MB and another person served
			VS	PC 30 min	VS		
			AL	PC 10 min	AL		
		2.	VS w/ 5ft	PC 1 hour	VS w/ 5ft		
			VS w/in 5ft	PC 15 min	VS w/in 5ft		
			VS w/ 5 ft	PC 5min	VS w/5ft		
			VS	PC 5 min	VS		
			AL	PC 5 min	AL		
			Awake alone PC 5 min / With roommate VS w/in 5 ft	PC 30 min	VS w/In 5 ft.		

- **Document Call outs, staff switches, or NCNS as: line through persons name; C/O, SW, or NCNS on sheet and indicate replacement staff.**
- ******Highlighted areas indicate a change in LOS in last 30 days.*

Campus Floater
If assigned to apt please list apt

AL= Arms length
CG= Contact Guard
VS= Visual Supervision = w/ 25 ft
PC=Periodic Visual Checks

	Apt 4	**Staff Assigned** **Ratio:** 5:4,4:3,3:2	**Bedroom** **(Awake)**	**Bedroom** **(Asleep)**	Apartment	(Community)	Staff Time IN	Staff Signature	*Notes*
		1.	Vs w/in 10 ft	PC 5 min	Vs w/in 10 ft	AL			
		2.	VS w/in 5ft	PC 5 min	VS w/in 5ft	AL			
		3.	VS w/in 5ft	PC 5 min	VS w/in 5ft	AL			
		4	VS w/in 5ft	AL	VS w/in 5ft	AL			
		5.	VS w/in 5ft	PC 15 min	VS w/in 5ft	AL			

	Apt 5	**Staff Assigned** **Ratio:** 4:5,3:4,2:3	**Bedroom** **(Awake)**	**Bedroom** **(Asleep)**	Apartment	(Community)		
			VS w/in 10ft	PC 15 min	VS w/in 10ft	AL		
			AL	PC 15 min	AL	AL		
			VS	PC 15 min	VS	VS		
			VS w/in 5ft	PC 15min	VS w/in 5ft	AL`		
			VS	PC 5 min	VS	AL		

	Apt 6	**Staff Assigned** **Ratio 3;4 2;4**	**Bedroom** **(Awake)**	**Bedroom** **(Asleep)**	Apartment	(Community)		
			Pc 5 Min	PC 30 min	Vs w/in 10 ft	AL		
			VS	VS	VS	AL		
		3	VS	PC 30min	VS	VS w/5ft		
	A.	4..	PC 10 min	PC 30 min	PC 10 min	VS w/5 ft		

	Apt 3	**Staff Assigned** **Ratio:** 3:3 2:3, 1:2	**Bedroom** **(Awake)**	**Bedroom** **(Asleep)**	Apartment	(Community)		
			VS	PC 10 min	VS	VS w/2ft		
			VS	PC 10 min	VS	VS w/2ft		
			VS w/in 5ft	PC 5 min	VS w/in 5ft	AL		
			XXXXXX	XXXXX	XXXXXX	XXXXXXX		

☐	Apt 2	**Staff Assigned Ratio:** 2:3, 2:2; 1:2	**Bedroom (Awake)**	**Bedroom (Asleep)**	Apartment	(Community)			
			VS w/in 10 ft	PC 20 min	VS w/in 10 ft	AL			
			VS w/in 5ft	PC 30 min	VS w/in 5ft	AL			
			Vs w/in 10 ft	PC 15 min	Vs w/in 10 ft	VS w/in 5ft			
		Jenzia House	*Closed*	*Until Further*	*Notice*				
☐	Apt 1	**Staff Assigned Ratio:** 2:2,	**Bedroom (Awake)**	**Bedroom (Asleep)**	Apartment	(Community)	Time IN	Staff Signature	**NOTES**
			VS	VS	VS	AL			*See notes on bottom
		2. VOCATIONAL	PC 10 min	PC 30 Min	VS	AL			

☐	Charlotte **Person Served**	**Staff Assigned Ratio:** 7:9, 6:9,3:5,3:4, 2:3	**LOS Bedroom (Awake)**	**LOS Bedroom (Asleep)**	LOS Apartment	LOS Community	Time IN	Staff Signature	**NOTES**
		1.*	AL	PC 10 min	AL	AL			
		2.	PC 5 min	PC15 min	VS	VS w/5 ft			
		3.	VS	PC 15 min	VS / staff should be between other person served at all times	VS			
		4.	VS w/in 5ft	PC 15 min	VS w/in 5ft	AL			
		5.	VS w/ 5ft	PC 30min	VS w/5ft	AL			
		6.	VS w/in 5ft	VS	VS w/in 5ft	AL			
		7.	VS w/ 5ft	PC 1 hour	VS w/ 5ft	AL			
		8.	AL	PC 5 min	AL	AL			
		9.	Awake alone PC 5min/ with roommate VS w/ 5ft	PC 30min	VS w/5ft	AL			

Staff Floaters:

Sign In:		**LOS = Level of Supervision Key:** AL= Arms length CG= Contact Guard VS= Visual Supervision=w5, 10 or 25ft PC=Periodic Visual Checks	* BW (Charlotte House) LOS may change according to behavior plan

1st
SHIFT

Pediatric and Adolescent Campus Program
Employee Monitoring
Form

(7/26/2005)

Monitoring Questions:
1. Was LOS folowed during monitoring?
2. Was staff engaged with person served?

Date/ Time: _____

Supervisor Monitoring: _____

A1	Yes / No		A5	Yes / No	
A2	Yes / No		A6	Yes / No	
A3	Yes / No		CH	Yes / No	
A4	Yes / No		JZ	Yes / No	

Explain ALL No's: _____
_____
_____

Date/ Time: _____
Supervisor Monitoring: _____

A1	Yes / No		A5	Yes / No	

A2	Yes / No		A6	Yes / No	
A3	Yes / No		CH	Yes / No	
A4	Yes / No		JZ	Yes / No	

Explain ALL No's: _____
_____
_____

Date/ Time: _____
Supervisor Monitoring: _____

A1	Yes / No		A5	Yes / No	
A2	Yes / No		A6	Yes / No	
A3	Yes / No		CH	Yes / No	
A4	Yes / No		JZ	Yes / No	

Explain ALL No's: _____
_____
_____

Date/ Time: _____
Supervisor Monitoring: _____

A1	Yes / No		A5	Yes / No	
A2	Yes / No		A6	Yes / No	
A3	Yes / No		CH	Yes / No	
A4	Yes / No		JZ	Yes / No	

Explain ALL No's: _____
_____

_____

Date/ Time: _____
Supervisor Monitoring: _____

A1	Yes / No		A5	Yes / No	
A2	Yes / No		A6	Yes / No	
A3	Yes / No		CH	Yes / No	
A4	Yes / No		JZ	Yes / No	

Explain ALL No's: _____
_____
_____

Date/ Time: _____
Supervisor Monitoring: _____

A1	Yes / No		A5	Yes / No	
A2	Yes / No		A6	Yes / No	
A3	Yes / No		CH	Yes / No	
A4	Yes / No		JZ	Yes / No	

Explain ALL No's: _____
_____
_____

Date/ Time: _____
Supervisor Monitoring: _____

A1	Yes / No		A5	Yes / No	

A2	Yes / No		A6	Yes / No	
A3	Yes / No		CH	Yes / No	
A4	Yes / No		JZ	Yes / No	

Explain ALL No's: _____
_____
_____

OVERNIGHT
SHIFT

Pediatric and Adolescent Campus Program Employee Monitoring Form

(7/26/2005)

Monitoring Questions:
1. Was LOS folowed during monitoring?
2. Was staff engaged with person served?

Date/ Time: _____

Supervisor Monitoring: _____

A1	Yes / No		A5	Yes / No	
A2	Yes / No		A6	Yes / No	
A3	Yes / No		CH	Yes / No	

A4	Yes / No		JZ	Yes / No	

Explain ALL No's: _____
_____
_____

Date/ Time: _____
Supervisor Monitoring: _____

A1	Yes / No		A5	Yes / No	
A2	Yes / No		A6	Yes / No	
A3	Yes / No		CH	Yes / No	
A4	Yes / No		JZ	Yes / No	

Explain ALL No's: _____
_____
_____

Date/ Time: _____
Supervisor Monitoring: _____

A1	Yes / No		A5	Yes / No	
A2	Yes / No		A6	Yes / No	
A3	Yes / No		CH	Yes / No	
A4	Yes / No		JZ	Yes / No	

Explain ALL No's: _____
_____
_____

Date/ Time: _____
Supervisor Monitoring: _____

A1	Yes / No		A5	Yes / No	
A2	Yes / No		A6	Yes / No	
A3	Yes / No		CH	Yes / No	
A4	Yes / No		JZ	Yes / No	

Explain ALL No's: _____
_____
_____

Date/ Time: _____
Supervisor Monitoring: _____

A1	Yes / No		A5	Yes / No	
A2	Yes / No		A6	Yes / No	
A3	Yes / No		CH	Yes / No	
A4	Yes / No		JZ	Yes / No	

Explain ALL No's: _____
_____
_____

Date/ Time: _____
Supervisor Monitoring: _____

A1	Yes / No		A5	Yes / No	
A2	Yes / No		A6	Yes / No	
A3	Yes / No		CH	Yes / No	

A4	Yes / No		JZ	Yes / No	

Explain ALL No's: _____
_____
_____

Date/ Time: _____
Supervisor Monitoring: _____

A1	Yes / No		A5	Yes / No	
A2	Yes / No		A6	Yes / No	
A3	Yes / No		CH	Yes / No	
A4	Yes / No		JZ	Yes / No	

Explain ALL No's: _____
_____
_____

Appendix F
Time & Attendance Policy
Time and Attendance Acknowledgement

Referenced: 1(a)ix.

POLICIES AND PROCEDURES

Document Number: 7A4

Section VII

Human Resources

Subject

Time & Attendance

PURPOSE

Bancroft NeuroHealth is committed to fairly and accurately compensating employees for the work that they do. As such, it is the intent of Bancroft NeuroHealth to help ensure that all of an employee's work and benefit time is recorded accurately.

POLICY

Accurately reporting work and benefit time is the responsibility of every employee at Bancroft NeuroHealth. As such, all employees are required to use Bancroft's Time & Attendance System to track their actual time worked. This requires each employee to "punch-in" and "punch-out" at the beginning and end of a work period using the Biometric Time Clock System (BTCS). Additionally, it requires employees to acknowledge the use of any granted benefit time to cover time off.

DEFINITIONS AND REGULATIONS

ENROLLMENT

All employees will have to "enroll" their information into the Time & Attendance system, specifically into the BTCS. This involves recording/registering the employee's index finger identification and employee number into the system. All new hires will be enrolled in the system during New Staff Orientation.

HOW TO USE THE TIMEFORCE BIOMETRIC TIME CLOCK SYSTEM

Designated employees are required to "punch-in" and "punch-out" using the BTCS, following the steps below, each time they arrive for work and before leaving.

Each employee is assigned to a "home" department code. An employee's time will automatically be charged to that home department unless otherwise indicated by the employee at the time clock or by the assigned timekeeper (with management approval).

PUNCHING-IN/PUNCHING-OUT

Each time an employee begins work, he/she will follow the steps below to ensure his/her information was accurately entered into the system:

1. Enter employee number on the keypad
2. Press "Enter"
3. Place index finger on clock where indicated
4. Press "In"
5. Hit "Dept" Key (if not working in home department)
6. Enter department code on keypad (if applicable)
7. Press "Enter"
8. Wait for confirmation that the information was successfully entered

Each time an employee leaves work, he/she will follow the steps below to ensure his/her information was accurately entered into the system:

1. Enter employee number on the keypad
2. Press "Enter"
3. Place index finger on clock where indicated
4. Press "Out"
5. Press "Enter"
6. Wait for confirmation that your information was successfully entered

Any employee who has difficulty entering the information at the time clock should notify their supervisor or in-charge staff (if applicable) as soon as possible to make the necessary adjustments.

Pay Policies Governing the Time & Attendance System

Exempt Employees

All exempt employees are paid a base salary payable over twenty-six bi-weekly pay periods. Any adjustments in schedule or hours worked must be approved by the employee's supervisor. Additionally, any time an exempt employee is absent for an entire day of work, granted benefit time must be used to make up the difference in pay for that day.

Non-Exempt Employees

All non-exempt employees are paid on a bi-weekly basis for scheduled hours worked as well as granted and approved benefit time for scheduled hours not worked. An employee's time is rounded to the nearest quarter hour (within 8 minutes), depending on the time they punch-in or punch-out within their schedule. Employees should not punch-in more than thirty (30) minutes ahead of their scheduled work time or more than thirty (30) minutes after their scheduled work time.

The following shows examples of how rounding affects the employee's approved or adjusted scheduled paid time:

Scheduled Work Time	Employee Punches in at	Paid Time Begins	Employee Punches-out at	Paid Time Ends	Work-time
7:00 am to 3:00 pm	6:53 am	7:00 am	2:53 pm	3:00 pm	8.00 hrs
7:00 am to 3:00 pm	7:07 am	7:00 am	3:07 pm	3:00 pm	8.00 hrs
7:00 am to 3:00 pm	6:35 am	7:00 am	2:53 pm	3:00 pm	8.00 hrs
7:00 am to 3:00 pm	7:09 am	7:15 am	2:46 pm	2:45 pm	7.50 hrs
7:00 am to 3:00 pm	6:56 am	7:00 am	3:10 pm	3:00 pm	8.00 hrs
7:00 am to 3:00 pm	7:07 am	7:00 am	2:51 pm	2:45 pm	7.75 hrs

Any overtime, granted benefit, or unpaid hours may only be adjusted with management approval.

Any employee who works less than their scheduled hours per week or takes unauthorized and/or unpaid time may be subject to disciplinary action under Bancroft's current policies, up to and including termination.

Time Off

It is ultimately each employee's responsibility to report the use of approved granted benefit time according to the guidelines established in his/her program or department to ensure that his/her pay is processed accurately. All paid time should at least equal his/her scheduled number of hours per week. Therefore, any employee who does not work their weekly scheduled time must use granted benefit time to make up the difference in hours. Any employee who does not work and does not have any granted time available will not be paid for that time and may be subject to disciplinary action according to existing policies governing time off.

TIMEKEEPER RESPONSIBILITIES

Each program or department must designate at least two timekeepers, a primary timekeeper and a secondary timekeeper. The primary timekeeper is responsible for general oversight, record keeping, and maintenance of the Time and Attendance and the Biometric Time Clock System for his/her assigned department. The secondary timekeeper is expected to cover for the primary timekeeper when necessary.

Training for Timekeepers

All timekeepers will receive training on how to use the Time & Attendance software, including the BTCS. The Payroll Department and appropriate Directors are responsible for ensuring that all designated timekeepers receive the appropriate training and operate the system software according to established guidelines. All timekeepers must attend training and/or in-services as required.

DISCIPLINARY ACTION FOR MISUSE OF THE TIME AND ATTENDANCE SYSTEM

Missed Punches

In order to maintain accurate time records to ensure all employees are compensated for their time, it is vital that employees remember to use the BTCS to record the time they arrive for work and leave work. When an employee does not use the BTCS according to established policies and guidelines, it requires administrative time to correct all punch errors. Therefore, the following disciplinary action will be taken for those employees who consistently fail to punch-in or punch-out appropriately, using a rolling twelve-month period (current month plus the last eleven months of continuous employment):

Missed Punches	**Action**
2	Verbal Counseling
4	Verbal Warning
8	Written Warning
10	Termination of Employment

Anyone altering or falsifying time records will be subject to disciplinary action, up to and including termination.

For those employees who may start their day at a location where a biometric time clock is unavailable, the employee is responsible for reporting their time to the their supervisor or in-charge staff (if applicable). The timekeeper shall then make the adjustment according to program specific guidelines and procedures. Such instances would not be subject to the above disciplinary action schedule.

Destruction or Sabotage to Time Clocks

Any employee who intentionally tampers with, sabotages or destroys a Bancroft NeuroHealth Biometric Time Clock will be subject to disciplinary action, up to and including termination. Bancroft may also press criminal charges as well as seek payment for damages.

Any individual who witnesses the sabotage or destruction of the biometric time clocks is required to report it immediately to his/her supervisor and the Payroll Department. Failure to report this may also result in disciplinary action, up to and including termination.

Approved:

Robert D. Martin, Ph.D.
President, Chief Executive Officer

Primary Author: Lauren Kelley and Teri Santina
Date Written: December 2004
Last Revised: n/a
Effective Date: March 2005

Bancroft NeuroHealth
Time & Attendance Acknowledgement Form **Implemented: March 2005**

This will acknowledge that I understand the Time and Attendance Policy to fairly and accurately compensate me for time worked as well as approved benefit time granted. I understand and I will follow the Punching-in and Punching-out procedures as listed below. I further understand that disciplinary action, up to and including termination, will be taken for missed clocks, altering or falsifying time records, or tampering with any Bancroft Biometric Time Clock.

HOW TO USE THE TIMEFORCE BIOMETRIC TIME CLOCK SYSTEM:
Each employee is assigned to a "home" department. An employee's time will automatically be charged to that home department unless otherwise indicated by the employee at the time clock or by the authorized timekeeper (with management approval).

PUNCHING-IN/PUNCHING -OUT

Each time an employee begins or ends work, he/ she will follow the steps below to ensure his/her information was accurately entered into the system:

PUNCHING IN
Enter employee number on the keypad. Press "Enter". Place index finger onto clock where indicated. Press "In". Hit "Dept" key (if not working in home department). Enter department code on keypad (if applicable). Press "Enter". Wait for confirmation that your information was successfully entered.

PUNCHING OUT
Enter employee number on the keypad. Press "Enter". Place index finger onto clock where indicated. Press "Out". Press "Enter". Wait for communication that your information was successfully entered.

Any employee who has difficultly entering the information at the time clock should notify their supervisor or in-charge staff (if applicable) as soon as possible to make the necessary adjustments.

DISCIPLINARY ACTION FOR MISUSE OF THE TIME & ATTENDANCE SYSTEM

The following disciplinary action will be taken for those employees who consistently fail to clock-in or clock-out appropriately using the biometric time clocks. These missed clocks will be reviewed using a rolling twelve-month period (current month plus the last eleven months of continuous employment):

Missed Clocks	Action
2	Verbal Counseling
4	Verbal Warning
8	Written Warning
10	Termination of Employment

(Employee ID & Name, Print) (Signature) (Date)

Appendix G
Staffing Guidelines

Referenced: 1(b) i.

Pediatric & Adolescent Campus

STAFFING GUIDELINES

8/05

If you cannot locate the S.O.S, you can contact via parent pager: 253-0928

In the event of any direct care coverage required in the program, the following procedures have been established to support the program and respond to staffing shortages including call outs, staff who fail to report to work, and any lateness as they occur.

1. Staff members will sign in as supervisor On-Site (S.O.S) conducts rounds for all apartments beginning with Apt 4, 6 then Apt's 5,3, 2, 1 then Charlotte and Jenzia. Staff will review level of supervision with S.O.S and sign off on accountability sheet that indicates staff acknowledging level of supervision. Additionally, staff will inform S.O.S when a person served is home.

2. In the event that staff require additional staffing assistance to maintain minimum levels of supervision during an emergent situation, they must immediately contact the S.O.S. The staff requesting staff assistance will report their name, the apartment they are calling from, time of the call and the nature of the situation.

3. In the event that the required number of staff have not reported to work, staff will immediately contact the S.O.S. to notify them of any staff that have not reported to their apartment. The staff will ensure that staff on previous shift does not leave until their replacement has arrived.

4. In the event that staff fails to show up for their scheduled shifts, the S.O.S supervisor will contact the On-Call supervisor to establish coverage. Staff on the previous shift will remain on until their replacement staff arrives.

    - *Night Duty/Overnight staff will stay on shift until the day level of staffing is present. For example, if the schedule has four staff listed for 7 AM, no staff can leave until four staff members are present. Adequate coverage may occur in one of the following manners:*
    - *AM staff arrives to replace staff in accordance with day level of staffing.*
    - *Staff floater is pulled into the schedule*
    - *Shift supervisor replaces staff by working in the schedule*
    - *On-Call supervisor covers staff by working that scheduled shift*

- Education staff will stay with their assigned person served until they have transitioned with afternoon shift. If staff report to work late or fail to show up for their scheduled shift, education staff will remain on shift until replacement staff arrive.
- Weekend coverage is same as above. In the event that staff fail to report to work or report to work late, the shift supervisor follows same procedure by contacting On-Call supervisor to maintain coverage. S.O.S is responsible for ensuring appropriate staffing levels are maintained. This includes previous shift remaining on until replacement staff arrives.

5. In the event that direct care staff cannot be contacted and obtained, the following chain of command will be contacted in order to maintain staff coverage:
    - On-Call Supervisor will contact Staffing Coordinator for resources.
    - Staffing Coordinator will contact Program Operations Manager for support.
    - Program Operations Manager will contact Program Director for support.

Community Outings:

1. Staff will sign out the vehicle assigned to the apartment they are working in.
2. Staff will inform S.O.S of destination and expected time of return
3. Staff is responsible for ensuring van key, log, and correct mileage is documented
4. Staff is responsible for ensuring gas card is also returned
5. Community incidents are to be reported to the S.O.S immediately and all necessary reports completed before end of shift

Internal Incidents:

1. All staff are responsible for documenting any incident defined in our internal reporting procedures. (Refer to policy)
2. Any incident that does not fit into the listed categories must still be documented and reported to the S.O.S
3. All internal reports that relate to an injury of any kind require a nursing body check. This includes any physical interventions.
4. Internal reports must be completely filled out and signed. Reports are to be turned in by the end of shift to S.O.S.

Supervision of Psychological and Behavioral Services:

- When a direct care staff identifies a need to use any and all techniques defined as a Level II or Level III behavioral intervention, staff are responsible for notifying the S.O.S. immediately.

All staff are responsible for reporting any of the following circumstances to the S.O.S:

- Allegation of abuse or neglect *REMINDER- staff may report abuse or neglect anonymously if they are not comfortable reporting it to the S.O.S.
- REMEMBER THAT IF YOU MUST REPORT SUSPECTED ABUSE OR NEGLECT IMMEDIATELY
- DYFS of DDD emergency contact
- Sexual contact between persons served of any age or functioning level
- Issues in the community: person served or staff
- Incidents on the Haddonfield campus that could be a public relations issue

- Physical plant issues (fire, flood, no heat)
- Elopement for more than 30 minutes past LOS (follow missing persons protocol)
- Vehicle accidents that are more than minor fender benders
- Parental issues that can not wait until the next working day (DO NOT PAGE PROGRAM MANAGER OF THAT APARTMENT—Parents can contact the S.O.S via parent pager)
- Any injury (staff or person served) requiring treatment beyond first aid (broken bones, sutures, etc.)
- Any hospitalization of a person served (or emergency room visit)
- Any aggression (or attempt) between persons served that involves the use of a weapon such as a knife, broken glass, or sharp object.
- Any major disruption of persons served that is uncontrollable
- Changes in staff coverage that effects the safety and well being of persons served
- Attempt or threat of suicide
- Any visitors / parents or guardian's presence that is not scheduled

Appendix H
Pediatric and Adolescent Maintenance of Staffing Levels Report

Referenced: 1(b) ii., Exhibit A: 7(a) & 7(b)

Pediatric and Adolescent Maintenance of Staffing Levels Report

Month of: April 2006
Facility: Bancroft NeuroHealth
Summary Author: Heather Haines, Program Operations Manager
Reviewed By: Dana F. Wales, MA, LAC, CBIS, Senior Director

Supervisor On-Site (S.O.S) Rounds Accuracy:

TARGET	*Current Level	Sept 05	Oct 05	Nov 05	Dec 05	Jan 06	Feb 06	Mar 06	Apr 06	Avg. Change
Average time (in minutes) taken to complete.	43 min	30min	30min	32min	31min	32min	31min	32m	30	-2min

Narrative:

The month of April reflects thirty days / three shifts per day of rounds completed by supervisors. The average time to complete staffing rounds continues to be 30 minutes on average.

*Current level reflects the last ten days in August 2005.

Daily Accountability Staffing Log

TARGET	*Current Level	Sept 05	Oct 05	Nov 05	Dec 05	Jan 06	Feb 06	Mar 06	Apr 06	Avg. Change
Number of staff shortages identified. (Floater/Supervisor/staff stayed late).	15	14	58	96	176	37	54	50	32	-18
% Of shortages where a replacement was found	100%	100 %	100 %	100 %	100%	100 %	100%	100%	100 %	0
% Of shortages where the floater was used.	7%	16%	81%	27%	26%	64%	55%	14%	28	-41%

Narrative:
There were thirty identified staff shortages that required staff coverage in the month of April. The residential / education shifts required the use of the floater for seventeen of the thirty instances where the floater was required to go into the schedule. The staff shortages identified during education hours was filled with the floater to cover call-outs that were out of compliance of reported in advance. There was one instance that the supervisor was required to work in the scheduled during the residential/education shift. The campus floater replaced six of the staff

shortages identified during the residential afternoon and five instances on the overnight to cover No-Call/No Shows or call outs that were out of compliance. There were ten instances where staff reported in late and the floater was used until the staff arrived. Administrative review continues to monitor the call outs that are out of compliance and counsel staff in accordance with Bancroft NeuroHealth policy. Education staff received counseling as warranted. All other staff receives occurrences for lateness and absences as outlined in the Employee Absences Policy.

*Current level reflects the last ten days in August 2005.

Staff Assistance Log

TARGET	*Current Level	Sept 05	Oct 05	Nov 05	Dec 05	Jan 06	Feb 06	Mar 06	Apr 06	Avg. Change
Number of times assistance was necessary	14	19	14	0	5	0	2	1	0	-1
Average response time (in minutes)	5min	5min	3min	0	2min	0	1min	1min	0	0

Narrative:
There was no request for staff assistance that required S.O.S to report to the apartment for staffing support.

*Current level reflects the last ten days in August 2005.

Occurrence / Absence Review:

TARGET	*Current Level	Sept 05	Oct 05	Nov 05	Dec 05	Jan 06	Feb 06	Mar 06	Apr 06	Avg. Change
Number of absences (Rate per day)	5.4	2.27	1.7	2.2	2.4	2.7	3.5	2.5	1.3	-1.2
% Of absences that were out of compliance	41%	40%	28%	13%	12%	16%	21%	19%	20%	+1%
Number of lateness'	6	4	39	4	15	12	11	7	10	+3

Narrative:
In the month of April there were forty absences where 20% of the absences were out of compliance. The out of compliance call outs occurred during various shifts. Ten occurrences of lateness were reported. Staff received corrective feedback consistent with Occurrence Policy for not reporting to work for their scheduled shift and for not following the appropriate call out procedures.

*Current level reflects the last ten days in August 2005.

Staff Accountability Sheets:

TARGET	*Current Level	Sept 05	Oct 05	Nov 05	Dec 05	Jan 06	Feb 06	Mar 06	Apr 06	Avg. Change
% Compliance to LOS/ratio	100%	100 %	100%	100 %	100 %	100 %	100 %	100 %	100%	0

Narrative:
The appropriate level of supervision and staff ratios continues to be maintained 100% of the time in the month of April 2006. Staff ratios continue to be maintained by use of the floater staff and supervisor on site.

*Current level reflects the last ten days in August 2005.

Submitted by: _____
Reviewed by: _____

Appendix I
Supervisory Conference Documentation

Referenced: 1(b) iii.

Bancroft NeuroHealth

SUPERVISORY CONFERENCE AND
CORRECTIVE/DISCIPLINARY ACTION FORM

Employee Name:_____ **Date:**_____

Corrective Action: (Check at least one) **Emp. No.:** _____

_____**Documentation of Verbal Counseling**

_____**Documentation of Verbal Warning**

_____**Written Warning**

_____**Imposed Probationary Status** (Probation Length: ____ 30 Days; ____ 60 Days; ____ 90 Days)

_____**Final Written Warning**

_____**Suspension Without Pay** (Suspension Length: _____ Days)

_____**Termination** (Effective Date: _____)

Performance Concern: Use this section to identify the specific area of concern—relate specifics to a general issue (e.g., not utilizing proper call-out procedures might be related to not following policy as evidenced by failure to follow proper call-out procedures). This addresses the larger problem rather than a behavioral symptom.

_____

_____

_____

CORRECTIVE ACTION PLAN

1. Employee Responsibilities: _____

_____

_____

_____

2. Supervisory Supports:

3. Resources:

4. Process to Measure Progress and Feedback:

5. Employee Comments: (Use back of form if additional space is needed)

Employee's Signature **Date**

Supervisor's Signature **Date**

- **<u>All</u> Supervisory Conference & Corrective Action Plans should be forwarded to Human Resources for inclusion in the employee's personnel file.**
- **Staff Change Forms should accompany all corrective actions affecting an employee's pay or position title/responsibilities.**
- **Following the satisfactory completion of a Corrective Action Plan, written documentation confirming the resolution of the performance issue should be forwarded to Human Resources for inclusion in the employee's personnel file.**

❑

❑ Cc: Employee
Program Director
Personnel File/Human Resources _____ HR Reviewed/Initials Implemented: March 1, 2003

VII-35i

Appendix J
Staffing Guidelines Acknowledgment Form

Referenced: 1(b) v.

BANCROFT NEUROHEALTH

P & A RESIDENTIAL CAMPUS ACKNOWLEDGEMENT FORM

(Revised 7/25/05)

I have received the Staffing Guidelines the Campus program on
(Date)_____
(Date of Hire): _____

I understand that I am responsible for the information provided to me during this time.

I understand that any further training's needed will be given to me and I will be inserviced and trained as determined necessary by Program Manager and Program Director.

Supervisor signature: _____ Date: _____

Print Staff Member Name: _____ Employee#: _____
Staff Member signature: _____ Date: _____

CC: Program Operations Manager
Staffing Coordinator

Appendix K
Staffing Policy and Procedures

Referenced: 1(b) vi., 3(b)i.

POLICIES AND PROCEDURES

Document Number: 7A4c

SECTION VII

Human Resources

SUBJECT

Staffing Policy
Pediatric & Adolescent Campus Residential Programs

PURPOSE

To ensure continuity of care and adequate staffing support for persons served within Bancroft NeuroHealth (BNH) Pediatric and Adolescent Haddonfield Campus Residential Programs.

POLICY

Clinical and nursing staffing patterns shall accommodate the acuity levels of clinical and medical treatment issues of the people served. Whenever possible, continuity of staff with persons served shall be maintained.

DEFINITIONS AND REGULATIONS

"On-Site Supervisor" means a Program Director, Program Manager, Night Duty Supervisor, Clinical Care Manager, or In-charge Staff on duty at the program.

Clinical Assistant Guidelines

Staffing patterns for the Pediatric and Adolescent Residential Programs are based on team staffing requirements for occupied beds and individual acuity needs. The Pediatric and Adolescent Campus Residential program provides intensive staffing for all admitted persons served. Intensive staffing allows for 1 to 1, 1 to 2, 2 to 3, 3 to 4, 3 to 5, and 4 to 5 staff to persons served ratios across the program.

Procedures to guide response to times when direct care shifts cannot be filled include, but are not limited to, adding the Staffing Coordinator, Night Duty Supervisor, Clinical Care Managers, Program Managers, Behavior Analyst, and Program Director to the staffing mix.

No staff shall leave his/her shift until designated staff for the individual who he/she supervises arrives for the next shift.

When assessing staffing levels and assignments, the following factors shall be considered:

1. Staff qualifications to include that staff are trained to current individualized Behavior Intervention Plan (BIP);
2. Ensuring that at least one staff per residential home is currently certified in Cardiopulmonary Resuscitation (CPR) and First Aid, and that no staff accompanies persons served off grounds without certification;
3. The physical environment;
4. Diagnosis of the person served;
5. Co-occurring conditions of persons served (e.g., illness, difficulty sleeping, etc.);
6. Acuity levels of persons served;
7. Age and developmental functioning of persons served;
8. Ensuring that the staffing ratios can maintain the individualized Levels of Supervision (LOS) identified for each person served; and
9. Changes in daily census due to hospitalizations or when family members take their child/relative out of the residential program for a major portion or all of the day need not provide coverage.

Nursing Guidelines

Nursing staffing patterns for the Campus Residential Program comprise two nurses on both the day and evening shifts and one nurse during the overnight hours. In addition, a Nurse Case Manager, who is a Registered Nurse, provides support during the day and is on call to address any additional nursing needs as they arise. This position does not need to be replaced to maintain nursing care to the individuals served. When the Nurse Manager is not on site and the nurses present do not have a Registered Nurse license, an on-call Registered Nurse shall be available by telephone for consultation. Additional staffing for nursing care will be implemented when medical acuity levels warrant such action. Procedures guide responses to incidences when nursing shifts cannot be filled and include adding the Nurse Case Manager and ultimately the Director of Nursing Services (or designee) to the staffing mix. The Director of Nursing Services (or designee) will determine when agency nurses are needed. BNH will only obtain agency nurses from organizations that have entered into a contractual agreement with BNH.

PROCEDURES

Responsibility	Action
Program Director/On-site Supervisor	Responsible for the overall management, safety and treatment provided.
	Conducts staffing planning meetings at least every two weeks with the Behavior Analyst, Program Managers, Staffing Coordinator, and other knowledgeable staff.
	Determines staffing intensity levels required by the level of

	each individual's functioning, taking into consideration the nine factors listed above, and coordinates with Director of Nursing Services (or designee) to determine medical needs of each person served.
Program Director (or designee)	Maintains established staffing plans and arranges staffing for the residence.
Program Director/Program Managers/On-call or On-Site Supervisors	Secures adequate direct care staffing to meet the needs of the persons served. Determines staffing levels and assignments, taking into consideration the nine factors listed above. Coordinates continuity of care with regard to staffing levels and assignments with persons served.
Director of Nursing Services (or designee)	Determines and secures adequate nurse staffing in order to meet the needs of the persons served. Determines when agency nurses are needed.
On-site Supervisor	Oversees staffing plan.
Program Managers/Supervisors/ Clinical Assistants/Clinical Care Managers/On-site Supervisor	Provides quality care at the Level of Supervision (LOS) established by the Interdisciplinary Team (IDT) and as documented in the Individual Habilitation Plan (IHP), and ensures a safe and secure treatment environment for persons served.
Program Nurses	Provides quality care at the level of supervision established by the IDT and as documented in the IHP, and ensures a safe and secure treatment environment for persons served.

Approved:

_____

Raymond H. Welsh
Interim President, Chief Executive Officer

Primary Author: Stephen Bruce
Date Written: May 2004
Last Revised December 2004 by Jennifer DeLuca and Michelle Fuerst ;
April 2005; May 2005 by Stephen Bruce (DRAFT);
September 2005 by Darren Blough and Michelle Fuerst
Effective Date: December 2005

References:

N.J.A.C. 10:47 (4.4) Standards for Private Licensed Facilities for Persons with Developmental Disabilities, NJ Department of Human Services, Division of Developmental Disabilities, adopted September 2001.

Appendix L
Systems enhancements: Sample OCA Report

Referenced: 2(b)

Systems Enhancement	Update	Documentation of Compliance
	Staffing Systems Enhancements	
i. Time limits for On Site Supervisor rounds	The system is in place and operating.	**A EXHIBITS** • Examples: Staff Program Accountability Sheet (Day Staff, Res/Ed Staff, Night Duty Staff)
ii. Procedures for obtaining replacement staff	The system is in place and operating. Staff assistance was not necessary in May.	**B EXHIBITS** • Example: Daily Accountability Staffing Log
iii. Random monitoring visits	The system is in place and operating.	**C EXHIBITS** • Example: P&A Campus Program Employee Monitoring Form
iv. Documenting staffing shortages and employee performance	The system is in place and operating.	**D EXHIBITS** • Example: Daily Accountability Staffing Log • P&A Maintenance of Staffing Levels Report • Occurrences, Time & Attendance
v. System for training staff regarding new policies	Policies released in May include Family Support of Bancroft-sponsored Program Activities, Administration and Documentation of Medications and Treatments on the Medication Administration Record, Establishing Community Residences New Jersey Programs, Intake Evaluation, and Nutritional Services. Transmittal forms have not been completed as staff have	**E Exhibits** • Blank Transmittal forms

Systems Enhancement	Update	Documentation of Compliance
	not yet been fully trained in these policy changes. The transmittal forms will be available in the following month's report.	
vi. Enhancing management and leadership availability issues	The system is in place and operating.	**F EXHIBITS** • P&A Maintenance of Staffing Levels Report
	Reporting and Investigation Enhancements	
i. Implement database technology	The system is in place and operating.	
ii. Use the database to track unusual incidents	The database is in place.	**G EXHIBITS** • Incident Type Code Count By Program: May 2006 • Incident Type Codes by Category: May 2006 • 2006 Incident Types for CHCAM • 2006 Incident Types for NBSU • 2006 Incident Codes for CHCAM • 2006 Incident Codes for NSBU • Assigned Investigation by Month
iii. Policy for video recording	A letter was received on May 25 from Ms. Christine Grogan regarding further recommendations from the Department of Licensing. A revision of the draft policy, incorporating these recommendations will be completed in June.	**H Exhibits** • Letter from Office of Licensing, Ms. Grogan dated May 25, 2006.
	Supervision of Psychological and Behavioral Services Enhancements	
i. System to ensure supervision of direct care staff when they implement Level II and III programs	The system is in place and operating.	**I Exhibits** • Example: P&A Campus 24-Hour Report • Example: Monthly

Systems Enhancement	Update	Documentation of Compliance
		Summary of 24-Hour Report database for P&A Campus • Example: Lindens 24-Hour Report • Example Monthly Summary of 24-Hour Report database for Lindens • Example: P&A Campus Program Supervision of Psychological and Behavioral Services • Examples: Lindens Supervision of Psychological and Behavioral Services • Rota for P&A Campus On-Call Schedule for Masters-Level Clinicians: Current month • Supervision of Psychological Services Log: Current month • P&A Campus Monthly Report Supervision of Behavioral Supports • Lindens Monthly Report Supervision of Behavioral Supports
ii. System for doctoral level clinician to review all allegations of abuse or neglect during implementation of Level I, II, III behavioral plan	There were no completed investigations during May for review.	
iii. System for doctoral level clinician to review a random sample of Level II and III behavioral plan implementation	The system is in place and operating.	**J EXHIBITS** • REVIEW OF BEHAVIORAL MANAGEMENT INTERVENTION REPORT
iv. Additional appropriate in-service training	Training in this area is ongoing as we have	

Systems Enhancement	Update	Documentation of Compliance
	documented in prior reports. No additional relevant training was offered in May.	
	Coordination of Medical Care Enhancements	
i. Medical Director will review the medical problem list monthly	The process is in place and operating.	**K EXHIBITS** • Medical Problem List P&A Campus: EH • Medical Problem List Lindens: MO-P • Monthly Medical Review P&A Campus: EH • Monthly Medical Review Lindens: MO-P
ii. System for determining an appropriate medical home	The policy is in place and operating.	

Appendix M
Systems enhancements
Referenced: 2(b)ii.

2006 Incident Types for CHCAM as of 10/24/2006 4:22:16 PM

Incident Type	January	February	March	April	May	June	July	August	September	October	November	December	Total
911- behavioral	1	0	0	1	0	2	0	0	0	0	0	0	**4**
911- medical	2	1	1	2	1	1	1	1	0	0	0	0	**10**
assault	0	0	0	0	0	0	0	1	0	0	0	0	**1**
criminal activity	0	0	0	2	2	0	1	0	0	0	0	0	**5**
injury	4	3	6	1	2	1	2	1	4	1	0	0	**25**
medication/treatment error	0	0	0	0	1	0	0	0	0	0	0	0	**1**
neglect	5	2	1	2	3	0	3	3	0	0	0	0	**19**
operational	0	0	0	2	0	0	0	0	1	1	0	0	**4**
physical abuse	0	1	2	0	1	2	2	0	0	0	0	0	**8**
restraint use	3	4	0	0	1	1	0	0	0	0	0	0	**9**
sexual abuse	0	0	0	0	0	1	0	0	0	0	0	0	**1**
verbal/psychological mistreatment	0	1	2	1	2	0	0	2	0	0	0	0	**8**
Grand Totals	**15**	**12**	**12**	**11**	**13**	**8**	**9**	**8**	**5**	**2**	**0**	**0**	**95**

2006 Incident Types for NBSU as of 10/24/2006 4:22:32 PM

Incident Type	January	February	March	April	May	June	July	August	September	October	November	December	Total
911- medical	1	1	2	1	0	1	0	0	1	0	0	0	**7**
assault	0	2	1	0	1	0	0	0	0	0	0	0	**4**
injury	3	2	9	3	5	0	1	2	1	1	0	0	**27**
neglect	0	1	0	0	0	0	0	0	0	0	0	0	**1**
operational	0	1	0	0	0	1	0	0	0	0	0	0	**2**
physical abuse	1	0	1	0	0	0	0	0	1	0	0	0	**3**
restraint use	0	1	0	1	0	0	0	0	0	0	0	0	**2**
sexual abuse	0	0	0	0	1	1	0	0	0	0	0	0	**2**
verbal/psychological mistreatment	0	1	1	0	0	0	0	0	0	0	0	0	**2**
Grand Totals	**5**	**9**	**14**	**5**	**7**	**3**	**1**	**2**	**3**	**1**	**0**	**0**	**50**

2006 Incident Types for CHCAM as of 10/24/2006 4:22:16 PM

Incident Type	January	February	March	April	May	June
911- behavioral	1	0	0	1	0	2
911- medical	2	1	1	2	1	1
assault	0	0	0	0	0	0
criminal activity	0	0	0	2	2	0
injury	4	3	6	1	2	1
medication/treatment error	0	0	0	0	1	0
neglect	5	2	1	2	3	0
operational	0	0	0	2	0	0
physical abuse	0	1	2	0	1	2
restraint use	3	4	0	0	1	1
sexual abuse	0	0	0	0	0	1
verbal/psychological mistreatment	0	1	2	1	2	0
Grand Totals	**15**	**12**	**12**	**11**	**13**	**8**

2006 Incident Types for NBSU as of 10/24/2006 4:22:32 PM

Incident Type	January	February	March	April	May	June
911- medical	1	1	2	1	0	1
assault	0	2	1	0	1	0
injury	3	2	9	3	5	0
neglect	0	1	0	0	0	0
operational	0	1	0	0	0	1
physical abuse	1	0	1	0	0	0
restraint use	0	1	0	1	0	0
sexual abuse	0	0	0	0	1	1
verbal/psychological mistreatment	0	1	1	0	0	0
Grand Totals	**5**	**9**	**14**	**5**	**7**	**3**

Date of Incident by Month	Date of Incident	Program	Code #	Outcome
January				
	1/13/2006	CHCAM	NE213	unfounded
	1/16/2006	CHCAM	NE213	unsubstantiated
	1/30/2006	CHCAM	NE213	substantiated
	1/30/2006	CHCAM	NE214	substantiated
	1/31/2006	NBSU	AB112	unfounded
February				
	2/21/2006	CHCAM	AB112	unsubstantiated
	2/1/2006	CHCAM	AB310	substantiated
	2/21/2006	CHCAM	NE212	unsubstantiated
	2/23/2006	CHCAM	NE212	unsubstantiated with concerns
	2/23/2006	CHCAM	NE212	unsubstantiated
	2/25/2006	NBSU	AB310	unsubstantiated
	2/25/2006	NBSU	AB310	unsubstantiated with concerns
	2/8/2006	NBSU	NE213	substantiated
March				
	3/8/2006	CHCAM	AB110	unsubstantiated
	3/13/2006	CHCAM	AB114	unsubstantiated
	3/2/2006	CHCAM	AB310	unsubstantiated with concerns
	3/23/2006	CHCAM	AB310	unsubstantiated with concerns
	3/29/2006	CHCAM	IN314	unsubstantiated abuse or neglect
	3/6/2006	CHCAM	NE213	substantiated
	3/23/2006	NBSU	AB310	unsubstantiated
April				
	4/24/2006	CHCAM	AB310	unsubstantiated
	4/8/2006	CHCAM	NE213	unsubstantiated
	4/23/2006	CHCAM	NE213	unsubstantiated with concerns
May				
	5/1/2006	CHCAM	AB310	unsubstantiated with concerns
	5/24/2006	CHCAM	AB310	
	5/3/2006	CHCAM	NE213	unfounded
	5/4/2006	CHCAM	NE213	unfounded
	5/24/2006	CHCAM	NE213	unsubstantiated
	5/25/2006	NBSU	AB420	
June				
	6/12/2006	CHCAM	AB110	unsubstantiated
	6/16/2006	CHCAM	AB110	unsubstantiated
	6/11/2006	CHCAM	AB420	substantiated
	6/6/2006	NBSU	AB410	

Appendix N
Behavior Management Policy

Referenced: 3(a)

POLICIES AND PROCEDURES

Document Number: 4B4

SECTION IV

Individual Program Planning and Implementation

SUBJECT

Behavior Management

PHILOSOPHY

Each individual served by Bancroft NeuroHealth (BNH) has a right to the most humane and effective education and treatment intervention available. Our approach is individualized. For those individuals whose behaviors are injurious and detrimental to themselves and/or others, our approach is to use positive procedures prior to using any restrictive or aversive procedures to reduce inappropriate behaviors. It is acknowledged that for some individuals served by BNH, appropriately selected and implemented Behavior Intervention Plans (BIPs) are crucial to their progress. These programs maximize the effects of skill building programs by decreasing the frequency and/or duration of problem behaviors.

PURPOSE

This policy on behavior management governs the application of behavior management techniques and outlines the review process, as well as the approval and monitoring procedures, that are required for implementation of an intervention.

POLICY

All individually prescribed behavior programs shall be designed in accordance with professional ethical standards and currently accepted practice. In addition, all procedures are used in accordance with Bancroft NeuroHealth's Behavior Management Manual, which includes guidelines on timeouts. Whenever possible, positive, least restrictive interventions (Level I) will be used to increase adaptive behaviors and decrease problem behaviors. In cases where Level I strategies alone have been tried, and are ineffective, Level II or Level III strategies may be approved, in accordance with the New Jersey Department of Human Services' (DHS) Division of Developmental Disabilities (DDD) Circular #34 and the Bancroft Behavior Management Manual. BIP authors are identified based on qualifications outlined in DDD Circular #34 ("Behavior Modification Programming"). Plan authors supervise and monitor the effectiveness of all intervention procedures through the collection of quantitative data.

DEFINITIONS AND REGULATIONS

Bancroft's Behavior Management Manual includes detailed information and procedures to support the above policy. Following represents an overview of the key elements.

A BIP will be implemented upon admission based upon prior assessment and/or information obtained prior to and at admission. Assessment will be conducted throughout admission in order for the Interdisciplinary Team (IDT) to determine the most appropriate, least restrictive behavioral intervention.

A BIP must be part of an Individualized Habilitation Plan (IHP), including the following information:

1. A projected start date;
2. Techniques and categories of approval for each;
3. Rationale for using the proposed techniques;
4. Programs running the plan;
5. The dates of needed approvals;
6. Function of target behaviors;
7. Behavior goals;
8. Plan for generalization of acquired skills;
9. A written description of the target behaviors in objective, observable and measurable terms;
10. A written description of adaptive/replacement behaviors;
11. A written description of the data collection procedure (e.g., frequency counts, interval recording);
12. A detailed description of staff responses for designated target behaviors in an ABC format;
13. Fading and termination criteria;
14. A graph or other form of data summary which displays the level of behavior over time; and
15. Previously attempted techniques to reduce problem behaviors and increase adaptive behaviors.

All BIPs shall include the following:

1. Include positive, least restrictive interventions that provide for frequent reinforcement of appropriate behavior; and

2. Emphasize teaching, strengthening and maintaining alternative functional behaviors.

All Level III BIPs shall be implemented after the following have been obtained:

1. Informed and non-coerced consent by the individual, parent and/or legal guardian; and

2. The approval of the IDT, Behavior Management Committee (BMC), Human Rights Committee (HRC), and the President/CEO (or designee).

The IDT, BMC, HRC and President/CEO (or designee) will decide on a case-by-case basis those procedures, which should be approved, disapproved, modified, or discontinued. The Behavior Management Manual describes when and how these approvals must be obtained.

A BIP may only be implemented as approved. Changes must be approved according to procedures outlined in the Behavior Management Manual.

A BIP may only be implemented by staff who receive initial and ongoing "hands on" training of the individualized BIP, and who are monitored on a periodic basis to ensure competency.

A BIP requires careful monitoring and extensive documentation. Each plan must be evaluated, as per the schedule in the Behavior Management Manual.

All BIPs shall be consistent with literature in the field of Applied Behavior Analysis.

A BIP that fails to produce behavior change in the desired direction shall be reviewed by the IDT and, if designated by the IDT, revised to achieve target results. If the IDT chooses to continue the plan with no changes, a rationale will be clearly documented. Refer to the Behavior Management Manual for the procedure to follow and timelines.

Approved:

Toni Pergolin, CPA
Chief Operating Officer

Primary Author: Caroline Eggerding, M.D.
Date Written: February 1986 by Paul Nau
Last Revised: June 1999; June 2005 (DRAFT); January 2006
Effective Date: April 2006

References:

Bancroft's Behavior Management Manual

N.J.A.C. 10:47 Standards for Private Licensed Facilities for Persons with Developmental Disabilities, NJ Department of Human Services, Division of Developmental Disabilities, adopted September 2001.

DDD Circular #34, "Behavior Modification Programming"

ACMRDD Manual of Standards Section 1.4.6

JCAHO PC.10.10, 10.30-10.60, 10.90, 10.110, 12.50 (specific to the Lindens Program)

Appendix O
Curriculum Vitae of Medical Director

Referenced: 4(a)i.

CAROLINE EGGERDING, M.D.

Business Address: Bancroft NeuroHealth
425 Kings Highway East
Haddonfield, NJ 08033

CITIZENSHIP: **United States Citizen**

UNDERGRADUATE EDUCATION:

B.S. Degree	University of Illinois Urbana, Illinois	1969-1973

GRADUATE EDUCATION:

M.D. Degree	Washington, University St. Louis, Missouri	1973-1977

POSTGRADUATE TRAINING:

Resident Physician (PL-1,PL-2)	Children's Hospital of Phila. Philadelphia, Pennsylvania	1977-1979
Ambulatory Physician (PL-3)	Children's Hospital of Phila. Philadelphia, Pennsylvania	1979-1980
Registrar Physician	The Hospital for Sick Children Great Ormond Street London, United Kingdom	1980-1981
Research Fellow in Child Development and Rehabilitation	Children's Hospital of Phila. Philadelphia, Pennsylvania	1981-1982

ACADEMIC APPOINTMENTS:

Clinical Instructor University of Pennsylvania	07/77-06/80 09/81-08/82
Assistant Professor of Pediatrics University of Oklahoma	10/82-1/04

Assistant Professor of Pediatrics Temple University	2/84-09/85
Assistant Professor of Pediatrics UMDNJ-Robert Wood Johnson Medical School at Camden	10/85-06/89
Clinical Assistant Professor UMDNJ-Robert Wood Johnson Medical School at Camden	07/89-06/96
Clinical Associate Professor UMDNJ-Robert Wood Johnson Medical School at Camden	07/96-111/04

HOSPITAL APPOINTMENTS:

Oklahoma Children's Memorial Hospital Active Staff Physician	10/82-1/84
Oklahoma Memorial Hospital Active Staff Physician	10/82-1/84
St. Christopher's Hospital for Children Active Staff Physician	2/84-9/85
Cooper Hospital/University Medical Center Active Staff Physician	10/85-12/03
Voorhees Pediatric Rehabilitation Hospital Active Staff Physician	12/99-12/03
Weisman Children's Rehabilitation Hospital Active Staff Physician	12/03-2006

LICENSURE:

Pennsylvania	MD-022542-E	Active
Oklahoma	13960	Not Active
New Jersey	MA 46572	Active

CERTIFCATION:

American Board of Pediatrics	June 1982

Diplomate in Neurodevelopmental Disabilities April 2002

SELECT PROFESSIONAL ORGANIZATIONS AND COMMITTEES:

American Academy for Cerebral Palsy
and Developmental Medicine 1988-2003

AAP/New Jersey Chapter Committee on Children
with Disabilities 1989-2006

Spina Bifida Association of New Jersey 1992-2002

American Medical Directors Association 2000-2006

Southern NJ Perinatal Cooperative 1995-2006

NJ State Special Education Advisory Council 1999-2005

NJ Sate Task Force on Education of Students with Autism 2002-2003

Pediatric Section Chief, AMDA 2005-2006

HONORS AND AWARDS:

Alpha Lambda Delta 1970
University of Illinois

Phi Beta Kappa
University of Illinois 1973

Cori Award in Biochemistry
Washington University 1974

TEACHING RESPONSIBILITIES:

UNIVERSITY OF MEDICINE AND DENISTRY IN NEW JERSEY/
ROBERT WOOD JOHNSON MEDICAL SCHOOL, CAMDEN 1985-2003
Attending Physician, Cooper Pediatric Group:
clinical instruction of medical students, pediatric residents and pediatric fellows in inpatient and outpatient care for children.

Medical Director, Child Development Center: 1985-1992
clinical instruction of medical students, pediatric residents and pediatric fellows in the evaluation and follow-up care of children with developmental disabilities.

Course Director, for UMDNJ/RJW medical student elective and Cooper pediatric resident rotation in Child Development. 1985-1992

Medical Director, Voorhees Pediatric Facility clinical instruction of pediatric residents in care of children with complex, chronic medical and developmental problems. 1992-2004

Medical Director, Voorhees Pediatric Rehabilitation Hospital clinical instruction in acute pediatric rehabilitation. 1998-2004

Medical Director, Voorhees Pediatric Health System 2004 -2005

Director, of Grand Rounds in Chronic Care Pediatrics at Voorhees Pediatric Facility. 1994-1999

Departmental and Interdepartmental Lecturer. 1985-2003
Presenter at Pediatric Grand Rounds at Cooper (approximately once per year). 1985-2003

SELECT CLINICAL RESPONSIBILITIES:

Cooper Hospital University Medical Center 1985-2002
Attending Physician, Cooper Pediatric Group
Attending Physician, Cooper Pediatric Group In-Patient Service and Newborn Nursery

Director, Child Development Center 1985-1992

Attending Physician, Child Development Center 1992-2002

Medical Director, Motor Disabilities Clinic 1985-1992

Medical Director, Growth and Developmental Clinic 1986-1990

Medical Director, Spina Bifida Program 1985-1998

Pediatrician, Bancroft School
Medical Director, Bancroft, Inc. 1993-1997

Medical Director, Voorhees Pediatric Facility 1992-2003

Pediatrician, Mediplex, Inc. 1996-

Medical Director, Voorhees Pediatric Medical Day Care 1997-1998

Medical Director, Voorhees Pediatric Rehabilitation Hospital 1998-2003

Medical Director, Voorhees Pediatric Health System	1998-2003
Physician-in-Chief, Voorhees Pediatric Facility	2003-2006
Physician-in-Chief, Weisman Children's Rehabilitation Hospital	2003-2006
Vice President of Medical Affairs and Chief Medical Officer Bancroft NeuroHealth	2005-2006
Executive Vice-President of Pediatric and Adolescent Services Bancroft Neurohealth	2005-2006

Appendix P
Coordination of Medical Services Policy

Referenced: 4(c)ii.

POLICIES AND PROCEDURES

Document Number: 5D9

SECTION V

Physical Development and Health

SUBJECT

Coordination of Medical Services
Pediatric and Adolescent Program – Haddonfield Campus

PURPOSE

To establish responsibilities for care coordination and oversight of individuals served by Bancroft NeuroHealth.

POLICY

Bancroft NeuroHealth provides comprehensive, consistent, and coordinated medical care for individuals served in the Pediatric and Adolescent Residential Program on the Haddonfield Campus.

DEFINITIONS AND REGULATION

The medical care for individuals served in the Pediatric and Adolescent Program on the Haddonfield Campus is a shared responsibility between the (1) Chief Medical Officer (or designee), who oversees the individual's medical, educational and behavioral care; (2) Primary Care Physician, who is identified by the family and responsible for yearly visits, immunizations, episodic care and referrals; and (3) the Nurse Case Manager, who coordinates services. The Chief Medical Officer is ultimately responsible for ensuring all medical care is comprehensive, coordinated and consistent.

PROCEDURE

Responsibility	**Action**
Primary Care Physician	Responsible for health care management, yearly exams, referrals, immunizations, and follow-up visits, as defined by health problem. Provides episodic care as needed and at the request of the family/guardian and/or Bancroft Nurse Case Manager. In coordination with Chief Medical Officer, monitors health problems and growth.

Chief Medical Officer (or designee)	Reviews pre-admission information and determines if individual should be admitted to program. Once individual has been admitted, creates the following: • Medical Problem List • Diagnosis list Writes orders in compliance with regulatory requirements. Treats children with episodic health care needs on site (with family/guardian approval). Reviews care plan, service objectives and behavioral plans on a regular basis. Reviews Medical Problem List regularly to ensure ongoing care and progress with health goals. Approves Level III behavior plans, as appropriate. Reviews subspecialty visits and communicates with family/guardian, Primary Care Practitioner and individual served as needed. Coordinates visits with Primary Care Physician, as appropriate. Communicates with the Primary Care Practitioner regarding the role of the Chief Medial Officer and the Nurse Manager/Primary Nurse. Responsible for resolving inconsistencies in care management between Licensed Independent Practitioners (LIPs). Reviews labs and testing and refers results to Primary Care Physician and specialist, as needed. Reviews pharmacy recommendations. Notifies prescribing physician of any major drug contraindications as identified by pharmacy and makes final decision regarding drug administration. Monitors growth and nutritional needs and orders any special dietary changes. In the event an individual must be hospitalized, establishes a relationship with hospital staff and coordinates transfer of individual back to Bancroft once hospital stay has ended. At time of transfer or discharge, writes prescriptions and facilities transfer, as needed. Provides 24-hour, 7-day a week coverage for health concerns.

Nurse Case Manager	Participates in and advocates for individual's health care plan in the Individual Program Plan (IPP) process. Facilitates appointments for Primary Care Physician and specialists. Provides documentation for visits and accompanies individual served, as appropriate. Monitors scheduling of appointments for persons served. Trains staff in relevant health care issues. Ensures that the Chief Medical Officer and responsible LIP review all health-related documentation. Contributes a comprehensive nursing report to the IPP on an annual basis. Coordinates laboratory and other testing, reviews reports and refers all results to the Chief Medical Officer and responsible LIP. In the event that an individual is hospitalized, acts as health service liaison. Assesses individuals served as needed and discusses any change with relevant LIP. Communicates medical plans and changes in health status with individual and his/her family/guardian.

Approved:

Toni Pergolin, CPA
Chief Operating Officer

Caroline Eggerding, M.D.
Executive Vice President of Pediatric and Adolescent Services, Chief Medical Officer

Primary Author: Caroline Eggerding, MD
Date Written: July 2005 (DRAFT)
Last Revised: January 2006
Effective Date: February 2006
References:

N.J.A.C. 10:47 Standards for Private Licensed Facilities for Persons with Developmental Disabilities, NJ Department of Human Services, Division of Developmental Disabilities, adopted September 2001.

Appendix Q
Position Description

Referenced: 4(a) ii.

Position Description Bancroft NeuroHealth

Job Title: Senior Director of Nursing

Department: Nursing

Reports to: Chief Medical Officer

FLSA Status: Exempt

The following statements are intended to describe the general nature and level of work to be performed. They are not intended to be construed as an exhaustive list of all responsibilities, duties, and skills required of an incumbent.

Position Summary:
Directs overall nursing operations, activities, case management, and nursing staff for programs.

Essential Responsibilities:

1. Directs and provides oversight to direct reports within all programs supported:

    - Provides ongoing leadership, advice, training, and guidance to direct reports regarding the overall nursing care, instruction, and safety of persons served at program sites and as outlined in the Individual Program Plan (IPP) for each person served;
    - Ensures proper staffing levels and work distribution for all program sites to ensure the provision of high quality care and effective case management for all persons served;
    - Conducts regular staff meetings and attends various management meetings to promote a constant flow of information, open discussions, knowledge sharing, and to keep staff well-informed;
    - Attends various internal management meetings, external conferences, Interdisciplinary (IDT) and/or Trans-Disciplinary (TDT) meetings, family conferences as needed.
    - Manages the ongoing job performance of direct reports; develops and communicates performance goals, completes performance evaluations within established timeframes; provides feedback, develops and takes action on performance improvement plans, and determines and implements disciplinary action as needed;
    - Appropriately delegates work responsibilities;
    - Supports the professional development and career growth of direct reports by identifying and providing ongoing training and certification attainment in accordance with state licensing regulations and any accreditation standards, as applicable within area of responsibility.

2. Directs overall nursing operations, activities, and case management for all program sites and for all shifts, if applicable:

    - Oversees operations of the professional nursing staff in accordance with regulations and guidelines defined by the Division of Developmental Disabilities (DDD), N.J. Department of Health, N.J. Department of Education Administrative Code and Amendments, Commission on

Accreditation of Rehabilitation Facilities (CARF), Joint Commission for the Accreditation of Healthcare Organization (JCAHO) and Division of Youth Services (DYFS), Individual Program Plan (IPP), Health Insurance Portability & Accountability Act (HIPAA), and established Bancroft policies and procedures;

- Develops and implements departmental goals, objectives, standards of performance, and outcome measurements for nursing practices across the Bancroft organization;
- Oversees the continued provision of nursing care and services to each person served in order to provide the highest professional standards that best meet the current and changing healthcare needs of each individual;
- Monitors all direct costs incurred and efficiency of spending for nursing. Ensures that all nursing areas operate within the established fiscal budget. Provides input and data to finance department for annual budget preparation for program sites.

- Oversight of payroll for all nurses and administrative staff, ensuring appropriate pay.
- Creates and revises Medical Policy & Procedures within the areas of responsibility conferring with the Chief Medical Officer as necessary.

3. Directs and supports health promotion programs and the continuity of quality healthcare for persons served through the planning, development, and delivery of effective healthcare education and training by professional nursing staff to healthcare team members. May personally conduct educational sessions and workshops for the benefit of direct reports.

4. Effectively promotes and facilitates a team approach to the continued provision of quality care. Interacts, communicates, and collaborates with family members, discipline-specific clinical staff, primary physicians, healthcare providers, pharmacists, Nursing Department management/staff, program management/staff, School staff members, social workers, state and federal regulatory agencies, etc. to attain and maintain the provision of quality care for persons served.

5. Actively participates in, and provides direction to Nursing management and staff regarding, the admissions process. Provides recommendations for appropriate medical programming and confers with the Chief Medical Officer regarding prospective person served.

6. Oversees the utilization of a system of documentation that is professional, efficient, accountable, and conforms to federal/state regulations and established Bancroft policies and procedures. Directs activities to ensure the overall integrity of medical records and files for persons served.

7. Reports suspected abuse to the appropriate authority in accordance with established reporting policies and procedures.

8. Maintains ongoing awareness of current and changing nursing statutes and regulations, as well as state, county, and local health laws and regulations, etc. Enhances own professional growth and incorporates findings into practice with the objective of strengthening and facilitating the provision of quality health care for all persons served.

9. Plans, develops, and actively participates in the implementation of nursing performance improvement systems for all program sites.

10. Promotes and assists with crisis management, as needed, through de-escalation techniques, staff support, and assistance. Follows state-approved emergency procedures and utilizes Bancroft-approved crisis intervention techniques at all times.

11. Willingly cooperates in any inspections or investigations to include both internal and external investigations and/or inspection processes.

12. Projects and promotes a positive self-image of professionalism, appearance, confidentiality, courtesy, conduct, honesty, fairness, personal integrity, and a respect for the fundamental rights, dignity, and privacy of others.

13. Provides other management and professional nursing services, as needed. Remains flexible and adaptable in work schedules and work assignments as defined by specific program and the individual needs of persons served.

14. Abides by the Bancroft Code of Ethics, Mission Statement, and Vision Statement in promoting ethical behavior, establishing relationships and providing guidance in decision-making situations.

15. Remains current with required training certifications, meets state-regulated licensing and regulatory accreditations, and adheres to mandatory requirements.

16. Maintains effective verbal and written communications with colleagues, those served, and their family members and/or guardians when applicable.

17. Willingly and effectively cooperates with Bancroft NeuroHealth, The Department of Human Services, The Division of Developmental Disabilities (DDD), and other licensing or state agency or local municipalities in any inspections and investigations, upon request.

18. Maintains a safe and respectful environment, free of abuse, neglect, or exploitation; does not allow weapons, threats, bullying or intimidation.

19. Reports any violations to the appropriate individual as soon as the incident occurs.

20. Maintains levels of supervision as defined in behavior plans; e.g., Individual Program Plan (IPP), Individual Rehabilitation Plan (IRP), Individual Education Plan (IEP), Individual Service Plan (ISP), etc., when applicable.

21. Demonstrates Bancroft's core values of Teamwork, Compassion, and Independence in the performance of position responsibilities.

Position Requirements:

Education & Experience:
Registered Nurse graduate from an accredited School of Nursing with a current and valid N.J. license required. Associate degree and/or Nursing diploma required, with a Bachelor's degree in Nursing strongly preferred. Minimum of five years of prior nursing experience working with the developmentally disabled and/or the traumatically brain injured preferred. Prior supervisory and/or management and case management experience also highly preferred.

Special Skills:

In compliance with JCAHO guidelines, demonstrated individual-specific competencies to work with a neurologically-challenged population and to provide individual-specific services and resources to persons served, their families, and staff is required.

Knowledge of general nursing/clinical principles, medical evaluation/assessment procedures, and primary care principles and practices required. Ability to observe and record individual medical symptoms, reactions, and progress required. Knowledge of emergency medical procedures, of drugs and their indications, contraindications, dosing, side effects, and proper administration required. Effective communication and interpersonal skills, organization, time management, and quality management skills required. Ability to provide leadership, management, and direction regarding nursing and department operations required, with the ability to identify and assess areas of concern and independently initiate corrective action. Working knowledge of computer and related computer software preferred. Valid

driver's license required in incumbent's legal name and current address with no provisional restrictions. Minimum 18 years of age required.

Required Knowledge, Skills and Abilities:

1. ***COMMUNICATION*** - Presents ideas in an easy to understand manner with an engaging and captivating style. Effectively communicates complex ideas or thoughts in an easy to understand manner. Uses appropriate grammar, including vocabulary and sentence structure. Expresses information and ideas, orally and in writing, in a manner that is clear, concise, and easy to comprehend. Uses proper spelling, grammar, and sentence structure.

2. ***DELEGATION -*** Assigns responsibilities and decision-making in a way that makes people responsible for results as well as determining appropriate means by which to achieve those results. Ensures that people are provided with sufficient resources to make decisions and take actions on their own. Appropriately outlines expectations and follows up accordingly.

3. ***EMPOWERING OTHERS -*** Maintains beliefs that are consistent with sharing power and responsibility with others as opposed to seeing the world as a fixed pie where there is a limited amount of power/responsibility that needs to be guarded. Demonstrates belief and trust in the abilities of others. Encourages others to take on new challenges and provides support to help them achieve their goals.

4. *FLEXIBILITY/MANAGING STRESS* **– Demonstrates willingness and the ability to adjust to working with different types of people, stressful, or demanding situations, or adjusting one's schedule in order to accommodate changes. Maintains a realistic interpretation of what constitutes a stressful situation. Functions effectively even when faced with stress and/or stressful situations. Effectively manages and controls stress-related responses in order to perform a job effectively and successfully.**

5. ***INITIATIVE -*** Is proactive rather than reactive both in thought and action. Identifies areas for improvement and takes necessary steps to implement those changes. Is a self-starter rather than waiting for direction from others.

6. ***LEADING OTHERS*** - Sets clear expectations for performance and responsibility and ensures that goals are met. Builds trust and respect among followers. Serves as a role model for appropriate attitudes and behaviors. Diagnoses the needs and capabilities of associates and takes actions to maximize each person's development.

7. ***MAKING GOOD DECISIONS*** - Considers alternative courses of action when faced with a decision and follows a logical decision-making process. Makes decisions and takes actions that have a positive, beneficial impact on the team, the organization, and the self. Chooses the course of action that maximizes the benefits and minimizes loses.

8. ***MANAGING RESOURCES -*** Establishes goals, identifying a purpose, and setting clear objectives to guide actions for self or others. Organizes or adjusts information, people, and materials to meet established goals and priorities. Institutes effective methods for keeping track of the status of the subtasks and the overall timeline of a project and for ensuring that project goals are met in a timely manner.

9. ***PROBLEM SOLVING -*** Is able to effectively resolve problems that involve people, things, and processes that require general logic and common sense. This may include gathering relevant information, considering alternatives, and drawing logical conclusions based on facts.

10. ***SERVICE ORIENTATION -*** Maintains a strong commitment to providing outstanding service and putting the customer first. Identifies the needs of internal/external customers and does whatever it

takes to meet or exceed their expectations. Makes realistic commitments and is honest about what can be delivered.

11. ***STRIVING FOR EXCELLENCE -*** Sets challenging goals for oneself to achieve. Demonstrates a willingness and need to work hard to achieve goals.

12. ***TEAMWORK -*** Works effectively with others to accomplish goals. Effectively handles conflicts with other team members. Focuses first on the effectiveness and success of the team as a group. Is sensitive to the needs, strengths, weaknesses, and differences of individual players within the team.

13. ***TECHNICAL KNOWLEDGE*** - Possesses relevant expertise or knowledge of a technical nature that requires specific training, experience, and/or education.

14. ***WORK ETHIC*** - Sets high standards for own work rather than solely following those that are expected. Successfully completes work with a careful attention to all aspects of the job. Assumes responsibility for a job well done. Is organized, neat, precise, hard working, and dissatisfied with average performance.

15. ***WORKING SUCCESSFULLY WITH OTHERS/SENSITIVITY TO DIVERSITY*** - Works effectively with others on a team or in a work group to accomplish goals. Effectively handles conflicts with other team members. Is sensitive to the needs, strengths, weaknesses, and differences of individuals. Respects individual/cultural/gender differences and adapts style or approach in order to mutually benefit the relationship. Views and responds to feedback as a learning process as opposed to an affront on one's self-esteem or personal competence. Encourages and supports the ideas and effort of other team members. Finds or creates ways to help the team perform more effectively.

Signatures*:*

I have received a copy of this job description and understand that if I have any questions about the responsibilities (stated or later assigned), I may ask my supervisor for clarification.

Employee Name:

PRINT: _____ Sign:_____ Date: _____

Management Name:

PRINT: _____ Sign:_____ Date: _____

Human Resources Name:

PRINT: _____Sign:_____ Date: _____

Physical Requirements — Level II

Percentage of Time: **N** = Never (0%) **O** = Occasionally (1%=33%) **F** = Frequently (34%-66%) **C** = Constantly (67%-100%)

Physical Demands (strength)

- ❑ SEDENTARY - Exerts up to 10 lbs. of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull, or otherwise move objects, including the human body. Involves sitting most of the time, but may involve walking or standing for brief periods of time.
- ❑ LIGHT - Exert up to 20 lbs. of force occasionally, and/or up to 10 lbs. of force frequently, and/or a negligible amount of force constantly to move objects. Physical demands are in excess of those of Sedentary work. Light work usually requires walking or standing to a significant degree.
- ☒ **MEDIUM** - Exert up to 50 lbs. of force occasionally, and/or up to 20 lbs. of force frequently, and/or up to 10 lbs. of force constantly to move objects.
- ❑ HEAVY - Exert up to 100 lbs. of force occasionally, and/or up to 50 lbs. of force frequently, and/or up to 20 lbs. of force constantly to move objects.
- ❑ VERY HEAVY - Exert in excess of 100 lbs. of force occasionally, and/or in excess of 50 lbs. of force frequently, and/or in excess of 20 lbs. of force constantly to move objects.

Physical Demands (movement)	**N**	**O**	**F**	**C**
CLIMBING - Ascending or descending using feet and legs and/or hands and arms. Body agility is emphasized.			?	
BALANCING - Maintaining body equilibrium to prevent falling.			?	
STOOPING - Bending body downward and forward. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.			?	
KNEELING - Bending legs at knees to come to rest on knee or knees.			?	
CROUCHING - Bending body downward and for-ward by bending legs and spine.			?	
CRAWLING - Moving about on hands and knees or hands and feet.			?	
REACHING - Extending hand(s) and arm(s) in any direction.			?	
HANDLING - Seizing, holding, grasping, turning, or otherwise working with hand or hands. Fingers are involved only to the extent that they are an extension of the hand.			?	
FINGER DEXTERITY - Picking, pinching, or otherwise working primarily with fingers rather than with the whole hand or arm as in handling.			?	
FEELING - Perceiving attributes of objects, such as size, shape, temperature, or texture, by touching with skin, particularly that of fingertips.		?		
Physical Demands (auditory)	**N**	**O**	**F**	**C**
TALKING - Expressing or exchanging ideas by means of the spoken word. Talking is important for those activities in which workers must impart oral information to clients or to the public, and in those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.			?	
HEARING - perceiving the nature of sounds. Used for those activities which require ability to receive information through oral communication.			?	
Physical Demands (taste/smell)	**N**	**O**	**F**	**C**
TASTING/SMELLING - Distinguishing, with a degree of accuracy, differences or similarities in intensity or quality of flavors and/or odors, or recognizing particular flavors and/or odors, using tongue and/or nose.		?		
Physical Demands (vision)	N	O	F	C
NEAR ACUITY - Clarity of vision at 20 inches or less. Use this factor when special and minute accuracy is demanded.		?		
FAR ACUITY - Clarity of vision at 20 feet or more. Use this factor when visual efficiency in terms of far acuity is required in day and night/dark conditions.		?		
DEPTH PERCEPTION - Three-dimensional vision. Ability to judge distances and spatial relationships so as to see objects where and as they actually are.		?		
COLOR VISION - Ability to identify and distinguish colors.		?		
FIELD OF VISION - Observing an area that can be seen up and down or to right or left while eyes are fixed on a given point. Use this factor when job performance re-quires seeing a large area while keeping the eyes fixed.		?		

I have read and understand the physical requirements necessary to perform the essential functions of this position.

Print Name _____ Signature _____ Date _____