

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL026-913	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R 07/10/2019
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NAME OF PROVIDER OR SUPPLIER  
**UNITY HOME CARE RESIDENTIAL FACILITY**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**5975 SPINNER ROAD  
HOPE MILLS, NC 28348**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint, and follow up survey was completed on July 10, 2019. The complaint was substantiated (intake # NC00152700. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>A Sister Facility is identified in this report. The Sister Facility will be identified as Sister Facility A. The client will be identified using the letter of the facility and a numerical identifier.</p> <p>V 112 27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be</p>	V 000		

DHSR-Mental Health  
JUL 22 2019  
Lic. & Cert. Section

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

*Brenda McNeal*

C9LN11

If continuation sheet 1 of 8

7/22/19

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V 112	Continued From page 1 obtained.  This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to develop goals and strategies based on client needs effecting 1 of 3 clients audited (client #1). The findings are:  Review on 7/10/19 of client #1's record revealed: -52-year-old male admitted 5/7/17. -Diagnoses included Intermittent Explosive Disorder; Major Depressive Disorder; Moderate Intellectual Developmental Disorder; and Schizoaffective Disorder. -Psychological Evaluation and Behavioral Plan dated 1/24/19. -Treatment team meeting dated 3/5/19 documented a request to increase client #1's level of care from Level II to Level III due to his maladaptive behaviors and property destruction. -Residential goal/strategies addressed personal hygiene, social skills, making simple meals, financial management skills, and general household skills. -No strategies in client #1's treatment plan to address his maladaptive behaviors and property destruction. -No documentation the Behavior Plan had been discussed regarding approval of the Behavior Plan.  Review on 7/10/19 of client #1's Psychological Evaluation and Behavioral Plan dated 1/24/19 revealed:	V 112	Unity Home Care's Director has contacted the Legal Guardian and Care Coordinator to discuss the Behavior Plan's Goals and Strategies. These Strategies are based on the client's behaviors and needs. The Director will educate the Staff on July 25, 2109 on how to document the behaviors daily and any intervention used to assist the clients identified in the home.	8.21.2019 ongoing

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V 112	<p>Continued From page 2</p> <p>-Functional analysis: "[Client #1] is a 51 year old male who has a significant history of aberrant behaviors. These behaviors have included non-compliance, aggression, object throwing and property destruction..."</p> <p>-Behavior Intervention Plan included measurable objectives to decrease non-compliance, verbal aggressive behavior, property destruction, inappropriate name calling, object throwing, accusatory behavior, profanity, and sexually inappropriate behaviors. Behavior Plan included specific strategies for staff to support client #1 to achieve the objectives, and strategies to address non-compliance and physical aggression.</p> <p>-Documentation the plan could be implemented immediately following approval of the Treatment Team, Qualified Professional, and guardian.</p> <p>Interview on 7/10/19 client #1 stated: -He had been living in the home a long time. -He did not like living in the home. He wanted to go back home. -He did not like his peers or staff. He could not identify reasons he did not like staff other than they "talked a lot."</p> <p>Interview on 7/10/19 the Licensee/Qualified professional stated: -When asked if there were reasons the Behavior Plan had not been implemented, she stated his current guardian lived out of state and did not want to be his guardian. -No reasons identified for the plan not to have been submitted to the treatment team to discuss for approval or alternatives to the Behavior Plan as written.</p>	V 112		
V 114	27G .0207 Emergency Plans and Supplies	V 114		



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V 114	<p>Continued From page 3</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to hold fire and disaster drills quarterly on each shift. The findings are:</p> <p>Interview on 7/10/19 the Licensee/Qualified Professional stated: -The facility shift hours were: -Monday-Friday: 8am-4pm; 4pm-12mn; 12mn-8am -Saturday-Sunday: 8a-8p and 8p-8a</p> <p>Review of fire and disaster drills from 7/1/18 - 6/30/19 revealed: -No fire or disaster drills documented on either of the week end shifts during the quarter, 1/1/19-3/31/19. -No fire drill or disaster drill documented on 8pm-8am week end shift during the quarter, 7/1/18-9/30/18. -No separate documentation of disaster drills</p>	V 114	<p>Unity Home Care completes monthly fire and disaster drills. On July 25<sup>th</sup> the staff will complete a training on Disaster Preparedness Drills and what is consider as a Disaster. The Training will also include how to document the drills effectively. Attached is the training materials.</p>	8.31.19 ongoing



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V 114	<p>Continued From page 4</p> <p>from fire drills during the past 12 months audited. The form used to document had check boxes for the staff to check which included an option for "Fire Drill" and one for "Natural Disaster." Staff checked both "Fire Drill" and "Natural Disaster" for each "Emergency Drill."</p> <p>-The type of "Natural Disaster" drill was not documented.</p> <p>-There was no separate documentation of the time the "Natural Disaster" drills were held from the times the fire drills were held. There was only one "Time Started" and one "Time Completed" documented. An example would be a "Fire Drill" and "Natural Disaster" drill on 2/1/19, Time Started: 4:05pm...Time Completed: 4:10pm." Time from start to finish was 5 minutes or less for 40% of drills documented.</p> <p>Interview on 7/10/19 client #1 stated: -They practiced fire drills. They would go outside. -He could not identify any disaster drills. When asked if they practiced for tornados his response was, "No."</p> <p>Interview on 7/10/19 client #2 stated: -They practiced fire drills. They would go outside to the mailbox. -They did not practice or discuss any other types of drills.</p> <p>Interview on 7/10/19 Staff #1 stated: -He started working at the facility in January 2019. -They practiced fire drills by going outdoors. -They did not practice any other types of drills. They did not have discussions about disaster drills. -He had not been taught how to hold a disaster drill.</p>	V 114		
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V 289	Continued From page 5	V 289		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p><b>10A NCAC 27G .5601 SCOPE</b></p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p>	V 289		



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V 289	<p>Continued From page 6</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&amp;(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E),(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on interviews, the facility failed to adhere to licensed residential services by providing care and supervision for 1 of 1 former clients of Sister Facility A who had been discharged to the care of his guardian (former client (FC) A1).</p> <p>Interview on 7/10/19 client #1 stated: -FC A1 came to the facility sometimes. -He did not like FCA1. -FC A1 was there for dinner and would go home at night.</p> <p>Interview on 7/10/19 client #2 stated:</p>	V 289	<p>Unity Home Care was proactive with the new Guardian and provided services as much as possible and placed a Discharge Notice when the staffing issue began. The Director was in contact with Sandhills and called APS about The Legal Guardian failure to allow staff to pick up the consumer from his home. Unity Home Care did provide services rendered in the Community. The Guardian would not pick up The FC at the appropriate scheduled time. The Legal Guardian was aware that the services be rendered in the home and community. Unity Home Care has requested that the LRP Seek another agency to provide 1:1 Services or Re-enroll him in the residential setting.</p>	7.11.2019
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V 289	<p>Continued From page 7</p> <ul style="list-style-type: none"> <li>-FC A1 was at the facility every day.</li> <li>-FC A1 would eat dinner at the facility.</li> <li>-Most days FCA1 would leave about 8pm-9pm.</li> <li>-When FCA1 was at the facility, there would only be 1 staff on duty.</li> </ul> <p>Interview on 7/10/19 Staff #1 stated:</p> <ul style="list-style-type: none"> <li>-FC A1 was at the facility daily except on weekends.</li> <li>-When on duty and FC A1 was present, he was responsible for FC A1 and the other facility clients.</li> <li>-He typically worked the first shift, 8am-4pm. Typically FC A1 was still at the facility when he got off duty at 4pm. At the end of his day shift he was usually relieved by Staff #2 and she would be the only staff on duty when he left.</li> </ul> <p>Interview on 7/9/19 and 7/10/19 the Licensee/Qualified Professional stated:</p> <ul style="list-style-type: none"> <li>-FC A1 was discharged from Sister Facility A on 5/15/19 at the direction of his guardian.</li> <li>-The Licensee continued to provide community support services for the client.</li> <li>-It had been arranged for the guardian to drop FC A1 off and pick him up from the facility.</li> <li>-The guardian had a pattern of not picking up the client until after he got off work. This had resulted in FCA1 being at the facility into the late evening.</li> <li>-There had been a meeting with the guardian, and they were making other plans for the location his guardian would meet the community support staff.</li> </ul>	V 289		



*Spigner Management Systems, Inc.*

BEHAVIORAL INTERVENTION PLAN

CLIENT: [REDACTED]  
DATE: [REDACTED]  
DOB: [REDACTED]

OBJECTIVE:

1. By 1-24-20 [REDACTED] will decrease Non-Compliance to 5 or fewer incidents per month for six consecutive months.
2. By 1-24-20 [REDACTED] will decrease Physical Aggressive Behavior to 2 or fewer incidents per month for six consecutive months.
3. By 1-24-20 [REDACTED] will decrease Verbal Aggressive Behavior to 2 or fewer incidents per month for six consecutive months.
4. By 1-24-20 [REDACTED] will decrease Property Destruction to 1 or fewer incidents per month for six consecutive months.
6. By 1-24-20 [REDACTED] will decrease Inappropriate Name Calling to 5 incidents or fewer per month for six consecutive months.
7. By 1-24-20 [REDACTED] will decrease Object throwing to 2 or fewer incidents per month for six consecutive months.
8. By 1-24-20 [REDACTED] will decrease Accusatory Behavior to 3 or fewer incidents per month for six consecutive months.
9. By 1-24-20 [REDACTED] will decrease Profanity to 2 or fewer incidents per month for six consecutive months.
10. By 1-24-20 [REDACTED] will decrease Sexually Inappropriate Behavior to 1 or fewer incidents per month for six consecutive months.

RESPONSIBLE PERSON: Roy Haddock Jr., MA, LPA Consulting Psychologist

FUNCTIONAL ANALYSIS AND RATIONALE:

[REDACTED] is a fifty-one-year-old male who has a significant history of aberrant behaviors. These behaviors have included non-compliance, aggression, object throwing and property destruction. [REDACTED] is currently taking the following prescribed medication(s): Quetiapine, Setraline and Clonazepam to aid in behavioral control. [REDACTED] has been diagnosed with Intellectual disability (intellectual developmental disorder), Mild range and Intermittent explosive disorder.

MEDICATIONS USED TO TREAT THE DISORDER/BEHAVIOR:

According to the record, [REDACTED] is prescribed psychotropic medications to help control behaviors. See above for details

DESCRIPTION OF TARGET BEHAVIORS

1. NON COMPLIANCE: Defined as refusal for essential services, which includes required activities of daily living (getting out of bed, dressing, toileting, eating,

activity of daily living. Redirect as necessary. Be very consistent with rules and routine, and what you tell him. He responds poorly to changes in his environment, rules or when things don't go the way he expects them to. (He has difficulty handling disappointment). Be consistent and follow through with what you tell him, whether it is a promised reward or activity or if it is limit setting. Become a source of accurate information, stability, safety, and security. Be predictable through honesty and reduce his anxiety. Be helpful to him so that he may meet his perceived needs by seeing you as a supportive individual. Describe the current situation: Talk about what you are doing. Interact verbally. Do not take [redacted] maladaptive behaviors personally: The target behaviors addressed in the current program are mostly learned behaviors, which may serve multiple functions. They have little or nothing to do with you personally and his motives at any given time may change yet he may continue the same behavior patterns. Never talk about his maladaptive target behaviors in his presence or the presence of other clients. Avoid unnecessary changes whenever possible. Increase opportunities for him to be able to help you in performing daily duties, to be responsible, to be needed, to provide rather than receive reinforcement. Focus on the positive things he does. Allow for choices and decision-making whenever possible: Before a problem develops, provide clear opportunities rather than required participation whenever possible. Watch for opportunities where [redacted] is exhibiting pro-social behavior and reinforce him. Study his behavior and learn what he likes and doesn't like. To the degree possible, give him what he wants but do not reward demanding or otherwise inappropriate behaviors.

NON-COMPLIANCE:

Staff will give [redacted] an instruction. If he does not comply within one (1) minute, staff will repeat the instruction. If he does not comply after one (1) additional minute, wait five minutes (unless it is a health or safety issue and in that case refer to emergency procedures applicable to all clients), during the 5 minute time span, talk to him and attempt to focus his attention on the request making it sound fun/seem fun. You may entice compliance by reminding him of the reinforcer he will earn upon completion of the activity.

PHYSICAL AGGRESSION:

Staff will say in a firm voice [redacted] One on one, staff/client intervention, staff will escort him using a therapeutic walk to an area away from others where he is to remain for five consecutive minutes of calm. Once he calms down; he will be required to clean/straighten-up any property he may have disturbed. He will then promptly return to ongoing programs and activities. If any type of aggression should occur in the community and a quiet/timeout area is needed then the van should be used.



VERBAL AGGRESSION:

In a firm voice say [REDACTED] Remind him that this is inappropriate behavior. Attempt to redirect him; change the subject. If this fails, again say [REDACTED] and redirect him to another activity. If this continues escort him to his room for 5 minutes of calm.

PROPERTY DESTRUCTION:

REDIRECTION: If [REDACTED] exhibits PROPERTY DESTRUCTION, staff will initially attempt to Redirect him. If he stops exhibiting PROPERTY DESTRUCTION, and is able to be Redirected to an appropriate task, staff will reinforce him with social praise. If he continues to DESTROY PROPERTY he should be escorted away from the area for 5 minutes of calm.

CORRECTION: After he has been calm for 5 minutes, staff will prompt him to correct his environment. If his PROPERTY DESTRUCTION poses a safety hazard (for example, he has thrown items to the floor in a high traffic area), staff will correct the environment instead of waiting for [REDACTED] will also replace the item or items with his own funds.

OBJECT THROWING:

Staff will say in a firm voice [REDACTED] He will be required to pick-up the object that he has thrown and replace it to where it was before he threw it. Staff will then redirect him to an engaged activity that sustains his attention.

INAPPROPRIATE NAME CALLING: In a firm voice say [REDACTED] Remind him that this is inappropriate behavior. Attempt to redirect him; change the subject. If this fails, escort him to a quiet area for five minutes of calm; then return to activity or redirect him into another activity.

PROFANITY: Staff will [REDACTED] in a firm tone and ask him not to use such language. If he does not immediately stop, escort him away from others (His Room) for 5 minutes of calm. Then engage his attention to another activity. If a hour passes and he still is not calm then engage him in an activity. After engaging him in an activity and he exhibits a target behavior then repeat above steps.

INAPPROPRIATE SEXUAL BEHAVIOR: For inappropriate touching; staff will say in a firm voice [REDACTED] Remind him that this is inappropriate behavior. Staff will direct him to a private area if possible; if not possible, redirect him to another activity. For touching others inappropriately, remind him that this is inappropriate behavior and redirect.

DATA COLLECTION:

Staff will document target behaviors on the data sheets per instructions from the QP or other designated staff.

going to bed), medical appointments and treatments, reporting to or remaining in designated treatment/activity areas, attending to and participating in scheduled treatment activities.

2. **PHYSICAL AGGRESSION:** Defined as attempt to physically harm another person, including, but not limited to, hit, push, kick, and spit, etc. (whether the attempt is successful or not, but not in self-defense).
3. **VERBAL AGGRESSION:** Defined as verbally threatening to do physical harm/hostile verbiage, insults directed toward others.
4. **PROPERTY DESTRUCTION** will include any intentional act that causes the destruction of property. The property can belong to himself, others, or Spigner Management Systems, Inc.
5. **INAPPROPRIATE NAME CALLING:** Defined as any inappropriate verbal expressions that are directed at other peers or staff.
7. **OBJECT THROWING:** Defined as deliberately throwing objects; including objects thrown into the air as well as objects thrown in a manner as to direct them toward someone or something.
8. **ACCUSATORY BEHAVIOR.** Defined as any behavior involving [REDACTED] accusing staff, other residents or other people of hitting him or taking his belongings, etc. (without findings).
9. **PROFANITY:** Self-explanatory.
10. **SEXUALLY INAPPROPRIATE BEHAVIOR:** Defined as any attempt to touch another individual in a sexual area, or attempt to get another individual to touch him sexually.

**INTERVENTION PROCEDURES:**

**A. ENRICHMENT:**

In addition to offering such on-going activities as community outings, and vocational opportunities, provide [REDACTED] with a variety of structured leisure and recreational activities while at the residence. When not actively engaged in obvious skill building habilitation goals, provide him the opportunity and encourage him to engage, during leisure time, in a structured and stimulating activity.

**B. REINFORCEMENT:**

[REDACTED] will be reinforced for every task completed with an identified reinforcer. Provide [REDACTED] with social praise at least every thirty minutes in the absence of the target behaviors. Identified reinforcers are as follows: social praise, preferred edibles, and various outings.

**C. RULES OF INTERACTION/PREVENTION:**

Do not give undo attention when applying an intervention. When [REDACTED] is displaying inappropriate behavior, be sure to give him the least amount of attention necessary. Speak in a friendly positive manner. (Do not tease) But do engage in friendly conversation in humorous ways when prompting him to do an

Consumer Name: [REDACTED] DOB: [REDACTED] MID#: [REDACTED] Record Number: [REDACTED] Month/Year: [REDACTED] Shift: [REDACTED]  
 Specify Service: Residential Support (Behavior Chart) Area Program/LME: Alliance Service Provider Agency: Unity Home Care Inc.

Goals	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<b>Key</b>															
<b>Goal #1:</b> By 1/24/2020 [REDACTED] will decrease Non-compliance to 5 or fewer incidents per month for six consecutive months.															
<b>Goal # 2:</b> By 1/24/2020 [REDACTED] will decrease Physical Aggressive Behaviors to 2 or fewer incidents per month for six consecutive months.															
<b>Goal # 3:</b> By 1/24/2020 [REDACTED] will decrease verbal Aggressive Behavior to 2 or fewer incidents per month for six consecutive months.															
<b>Goal # 4:</b> By 1/24/2020 [REDACTED] will decrease Property Destruction to 1 or fewer incidents per month for six consecutive months.															
<b>Goal # 6:</b> By 1/24/2020 [REDACTED] will decrease Inappropriate name calling to 5 or fewer incidents per month for six consecutive months.															
<b>Goal # 7:</b> By 1/24/2020 [REDACTED] will decrease object throwing to 2 or fewer incidents per month for six consecutive months.															
<b>Goal # 8:</b> By 1/24/2020 [REDACTED] will decrease Accusatory Behavior to 3 or fewer incidents per month for six consecutive months.															
<b>Goal # 9:</b> By 1/24/2020 [REDACTED] will decrease Profanity to 2 or fewer incidents per month for six consecutive months.															
<b>Goal # 10:</b> By 1/24/2020 [REDACTED] will decrease Inappropriate Behavior to 1 or fewer incidents per month for six consecutive months.															
Duration (when required):	8hr	8hr	8hr	8hr	8hr	8hr	8hr	8hr	8hr	8hr	8hr	8hr	8hr	8hr	8hr
Staff Initials:															
Date of Service:															

**K** In the row marked (I) use the following letters to signify the intervention that was used that day.  
**E** A = Assisted I = Instructed PC = Provided Consequences R = Redirected PA = Physically Assist AB = Anticipatory Guidance  
**Y** M = Monitored PF = Provided feedback RP = Role played RF = Refused CH = Challenged MD = Modeled PR = Positive Reinforcement TL = Therapeutic Leave DI = De-escalation P = Processed PS = Problem-solved VP = Verbal Prompts  
 In the row marked (A) use the following numbers to signify the action/outcome of the intervention  
 I = Regression 2 = No progress 3 = Progress noted 4 = Accomplished Independently



# Are You Prepared

## For a Disaster?

### -----What You Will Learn-----

After studying this material, you should:

- Be able to describe ways to prepare for hurricanes.
- Be able to describe dangers of thunderstorms and lightning, name numerous facts about them.
- Name safety precautions to take before and during a flood, describe how to prepare for evacuation and describe the danger of rushing and rising water.
- Name items that should be in a "go kit," and items to have on hand for sheltering in place.

### If You Are With a Patient When Disaster Strikes

- Stay calm and do not panic.
- Get the patient to a safe place—an interior room of the house is safest.
- Stay away from windows and doors.
- Listen to the radio or TV for information.
- Do not leave the patient until it is safe to do so.

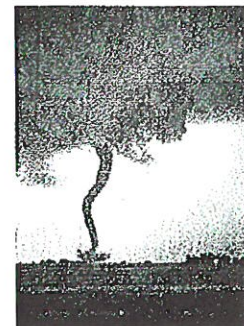
### First Decide If....

You will be able to shelter at home or  
if you will have to leave home (evacuate)

### Sheltering In Place: What You Need to Know

Whether you are at home or elsewhere, there may be situations when it's simply best to stay where you are and avoid any uncertainty outside. Make sure to have a good household plan for what to do during a disaster.

For example, keep gas tanks full, store important documents and cash for easy accessibility, and have a property plot plan showing house floor plan with locations of exits, fire extinguishers, supplies and an outside meeting place. Consider what you can do to safely shelter-in-place alone or with friends, family or neighbors.





## What to Have in Your Go-Bag

Put the following items together in a backpack or another easy to carry container in case you must evacuate quickly. Prepare one Go-bag for each family member and make sure each has an I.D. tag.

Medicine; Flashlight; Radio: battery operated; Batteries; Whistle; Dust Mask; Pocket knife; Emergency cash in small denominations and quarters for phone calls; Sturdy shoes, a change of clothes, and a warm hat; Local map; Some water and food; Permanent marker, paper and tape; Photos of family members and pets for re-identification ; List of emergency point-of-contact phone numbers; List of allergies to any drug (especially antibiotics) or food; Copy of health insurance and I.D. cards; Extra prescription eye glasses, hearing aid or other vital personal items; Toothbrush and toothpaste; Extra keys to your house and vehicle; Any special-needs items for children, seniors and/or people with disabilities; Don't forget to make a Go-bag for your pet.

## Five Ways to Prepare for a Hurricane

1. Make plans to secure your property. Permanent storm shutters are the best protection for windows, or board up windows with 5/8" marine plywood, cut to fit and ready to install. Tape does not prevent windows from breaking.
2. Install straps or clips to secure your roof to the structure.
3. Be sure trees and shrubs around your home are well trimmed.
4. Clear loose and clogged rain gutters and downspouts.
5. Consider building a safe room.

## Evacuation During a Hurricane

### When You Should Evacuate

1. If you are directed by local authorities to do so. Be sure to follow their instructions. 2. If you live in a mobile home or temporary structure—such shelters are particularly hazardous during hurricanes no matter how well fastened to the ground. 3. If you live in a high-rise building—hurricane winds are stronger at higher elevations. 4. If you live on the coast, on a floodplain, near a river, or on an island waterway. 5. If you feel you are in danger.

### If you are unable to evacuate

1. Stay indoors during the hurricane and away from windows and glass doors. 2. Close all interior doors—secure and brace external doors. 3. Keep curtains and blinds closed. Do not be fooled if there is a lull; it could be the eye of the storm—winds will pick up again. 4. Take refuge in a small interior room, closet, or hallways on the lowest level. 5. Lie on the floor under a table or another sturdy object.

## Items to Include in Your First Aid Kit

In any emergency a family member or you may be injured. If you have these basic supplies you are better prepared to help yourself and your loved ones—not all injuries are life threatening, so knowing how to treat minor injuries can make a difference in an emergency.

- Two pairs Latex gloves, or other sterile gloves
- Sterile dressings to stop bleeding
- Cleansing agent/soap and antibiotic towelettes to disinfect
- Antibiotic ointment to prevent infection
- Burn ointment to prevent infection
- Adhesive bandages in a variety of sizes
- Eye wash solution to flush the eyes or as general decontamination
- Thermometer
- Prescription medications
- Prescribed medical supplies
- Cell phone
- Scissors
- Tweezers
- Tube of petroleum jelly or other lubricant
- Aspirin or non-aspirin pain reliever
- Anti-diarrhea medication
- Anti-acid
- Laxative



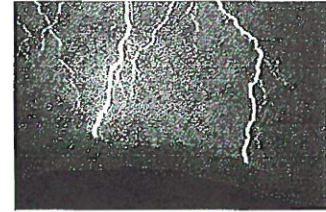


## The “Nuts and Bolts” of Lightning Jolts: Things You Should Know About Lightning and Thunderstorms

Most of us have been taught to count “one- 1,000, two- 1,000, three- 1,000...” when we hear thunder, and depending on how many seconds we count determines how many miles the storm is away from us. Well, although that allows us to guess how far away the rain is, it doesn't specify how far away the lightning is—which may often strike outside of heavy rain and can actually occur as far as 10 miles away from any rainfall.

Due to lightning's unpredictable nature, the risk of lightning strikes to individuals and property increases, but don't lose sleep over it. Your chances of being struck by lightning are estimated to be one in 600,000, and could be reduced even further by following safety precautions—Make sure you are aware of your surroundings and the weather forecast, and plan accordingly. Most lightning deaths and injuries occur when people are caught outdoors in the summer months during the afternoon and evening, so if you enjoy the outdoors, keep that in mind.

Also remember that warm, humid conditions are highly favorable for thunderstorms, which typically produce heavy rain for a brief period of time—anywhere from 30 minutes to an hour or so. Just keep in mind these simple facts and don't get caught “wet-handed!”



**Remember:**  
Lightning strike victims carry no electrical charge. Attend to them *immediately!*

### Do's & Don'ts for Thunderstorms

#### DO'S

- Get inside a home, building, or hard top automobile (not a convertible). Although you may be injured if lightning strikes your car, you are much safer inside a vehicle than outside. The steel frame of a hard-topped vehicle provides increased protection if you are not touching metal.
- Shutter windows and secure outside doors. If shutters are not available, close window blinds, shades, or curtains.
- Unplug appliances and electrical items such as computers and turn off air conditioners. Power surges from lightning can cause serious damage

#### DON'T

Shower or bathe during a storm. Plumbing and bathroom fixtures can conduct electricity.



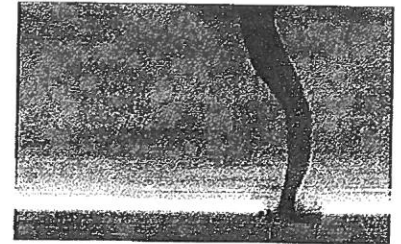
## Topsy Turvy Tornadoes: Why These Twirling Towers of Terror Are Treacherous

Tornadoes may strike quickly, with little or no warning and are nature's most violent storms, which can cause fatalities and devastate a neighborhood in seconds.

A tornado, which appears as a rotating, funnel-shaped cloud, extends from a thunderstorm to the ground with whirling winds that can reach 300 miles per hour, but the average forward speed of a tornado is 30 miles per hour, and could vary from stationary (staying in one place) to 70 miles per hour.

Damage paths of tornadoes can be in excess of one mile wide and 50 miles long. Every state is at some risk from this hazard.

Before a tornado hits, the wind may die down and the air may become very still. A cloud of debris can mark the location of a tornado even if a funnel is not visible. Tornadoes generally occur near the trailing edge of a thunderstorm. It is not uncommon to see clear, sunlit skies behind a tornado.



### Thing to do before a tornado...

- Be alert to changing weather conditions
- Look for danger signs: Dark, often greenish sky; Large hail; A large, dark, low-lying cloud (particularly if rotating); Loud roar, similar to a freight train
- If you see approaching storms or any of the danger signs, be prepared to take shelter immediately.

### If you are inside a building...

- Go to a shelter such as a safe room, basement, storm cellar, or the lowest building level. If there is no basement, go to the center of an interior room on the lowest level (closet, interior hallway) away from corners, windows, doors, and outside walls.

### If you are outside with no shelter...

- Lie flat in a nearby ditch or depression and cover your head with your hands. Be aware of the potential for flooding.
- Do not get under an overpass or bridge. You are safer in a low, flat location.
- Never try to outrun a tornado in urban or congested areas in a car or truck. Instead, leave the vehicle immediately for safe shelter.
- Watch out for flying debris. Flying debris from tornadoes causes most fatalities and injuries.

**Peak tornado season in the southern states is March through May.**

**Tornadoes are most likely to occur between 3 p.m. and 9 p.m., but can occur at any time**



# Floods

Floods are one of the most common hazards in the United States and can impact a neighborhood or community, or affect entire river basins and multiple states.

Two feet of rushing water can carry away most vehicles including sport utility vehicles!

However, all floods are not alike. Some floods develop slowly, sometimes over a period of days. But flash floods can develop quickly, sometimes in just a few minutes and without any visible signs of rain. Flash floods often have a dangerous wall of roaring water that carries rocks, mud, and other debris and can sweep away most things in its path.

Be aware of flood hazards no matter where you live, but especially if you live in a low-lying area, near water or downstream from a dam. Even very small streams, gullies, creeks, culverts, dry streambeds, or low-lying ground that appears harmless in dry weather can flood. Every state is at risk from this hazard.

## During a Flood

Listen to the radio or television for information.

Be aware that flash flooding can occur. If there is any possibility of a flash flood, move immediately to higher ground. Do not wait for instructions to move.

Be aware of streams, drainage channels, canyons, and other areas known to flood suddenly. Flash floods can occur in these areas with or without such typical warnings as rain clouds or heavy rain.

## After a Flood

- Return home only when authorities indicate it is safe.
- Listen for news reports to learn whether the community's water supply is safe to drink.
- Stay out of any building if it is surrounded by floodwaters.
- Clean and disinfect everything that got wet. Mud left from floodwater can contain sewage and chemicals.
- Use extreme caution when entering buildings; there may be hidden damage, particularly in foundations.
- Stay away from downed power lines, and report them to the power company.
- Avoid moving water. Avoid floodwaters; water may be contaminated by oil, gasoline, or raw sewage. Water may be electrically charged from underground or downed power lines.
- Service damaged septic tanks, cesspools, pits and leaching systems as possible. Damaged sewage systems are serious health hazards.
- Be aware of areas where floodwaters have receded. Roads may be weak and collapse.
- Clean and service vehicles (SUV's) and pick-ups that got wet.

## If you must prepare to evacuate, you should do the following:

Secure your home. If you have time, bring in outdoor furniture. Move essential items to an upper floor.

Turn off utilities at the main switches or valves if instructed to do so. Disconnect electrical appliances. Do not touch electrical equipment if you are wet or standing in water.

Do not walk through moving water. Six inches of moving water can make you fall. If you have to walk in water, walk where the water is not moving. Use a stick to check the firmness of the ground in front of you.

Do not drive into flooded areas. If floodwaters rise around your car, abandon the car and move to higher ground if you can do so safely.

Six inches of water will reach the bottom of most passenger cars causing loss of control and possible stalling. A foot of water will float many vehicles.



Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. Tornadoes may strike quickly, with little or no warning.

- A. True
- B. False

2. The following are items that could be useful in a First Aid Kit:  
(Circle all that are correct)

- A. Antibiotic ointment
- B. Adhesive bandages
- C. Toothbrush
- D. Tweezers
- E. Eye wash solution

3. During a hurricane you don't need to worry about having a supply of water because hurricanes come with rain.

- A. True
- B. False

4. The best place to shelter during lightning is under a tall tree.

- A. True
- B. False



5. If a person is struck by lightning and you touch them, you will be electrocuted.

- A. True
- B. False

6. Tornadoes are nature's most violent storms.

- A. True
- B. False

7. Every state is at some risk for tornadoes.

- A. True
- B. False

8. A Go-Bag is very important to have for each member of the family.

- A. True
- B. False

9. If you are with a patient when disaster strikes stay calm and don't panic.

- A. True
- B. False

10. A Go-Bag should be easy to grab in case of evacuation.

- A. True
- B. False

11. Most lightning deaths and injuries occur when people are caught outdoors in the summer months during the afternoon and evening.
- A. True
  - B. False
12. Two feet of rushing water can carry away most vehicles including sport utility vehicle.
- A. True
  - B. False
13. You should have a disaster plan that is as specific as possible for your individual needs.
- A. True
  - B. False
14. You should have an emergency supply kit in your home with supplies that would last you for 72 hrs.
- A. True
  - B. False
15. All emergency shelters are the same and take the place of a hotel.
- A. True
  - B. False

## **Potential Hazards**

### **Natural Disasters**

- Hurricanes
- Tornadoes
- Heavy thunder storms
- Flash flooding
- Flooding
- Mud/rock slides
- High winds
- Hail
- Severe winter weather
- Avalanche
- Extreme high heat
- Drought
- Wildfire
- Earthquake
- Volcano eruption
- Tidal wave/Tsunami

### **Man-made Disasters**

- War (conventional, biological, chemical or nuclear)
- Toxic material emission/spill (from a train or nearby plant)
- Riot or other civil disorder
- Nuclear plant melt down or other nuclear disaster
- Terrorism
- Fire

### **Technological Failures**

- Electrical
- Communications
- IT system
- Heating /cooling

### **Other**

- Disease outbreak
- Community infrastructure breakdown (bridges collapse, Dam breaks, etc.)
- Utility failure
- Transportation failure



# Sample of an Announced Earthquake Drill: Drop, Cover, and Hold On

Use songs, rhymes, books, or scripted stories to teach children the basics of what happens in an earthquake, how to Drop, Cover, and Hold On, and how to assume the "turtle pose." Teach the turtle pose, by showing how to kneel on the ground and cover your head with your hands. Bend at the waist so your face is close to your knees and protected from falling objects.

Tell the client(s) that during an earthquake, the Earth might move beneath their feet like a boat in the waves. Explain that earthquakes may be noisy, with loud banging, crashing, or rumbling sounds and ringing alarm bells.

<b>NOTIFICATION</b>	Tell the client(s) that an earthquake drill is about to happen. Then say "Earthquake—Drop, Cover, and Hold On," or use a bell or alarm to signal the drill.
<b>INDOOR ACTION</b>	<p>Drop to the ground with the client(s), take cover under a sturdy piece of furniture such as a heavy desk or table (if available) and hold on. Try using role-play imagery like: "I am a mama chicken and you are my little chicks, get under my wings! Now let's all be turtles, get in your turtle pose!"</p> <p>Huddle together facing away from windows while you assume a turtle pose. Pretend that the table is a log or a rock.</p> <p>Demonstrate how to cover your eyes with your free hand (the one you're not holding on with).</p> <p>If there are no sturdy pieces of furniture to get under, huddle together and assume the turtle pose next to an interior wall but away from windows, overhead light fixtures, and tall pieces of furniture that might fall over.</p> <p><i>For infants:</i> Carefully pick up the baby in your arms, holding the child against your chest, and carry them as you Drop, Cover and Hold On. The adult will provide additional protection above and on either side of the child. Alternatively, place infants in an evacuation crib (or other infant evacuation equipment) and roll it next to an interior wall. Lock the wheels and shield the infants from falling objects.</p>
<b>OUTDOOR ACTION</b>	<p>Move the client(s) into the open, away from buildings, fences, trees, tall playground equipment, utility wires, and streetlights.</p> <p>Have the client(s) face away from windows and assume a turtle pose.</p>
<b>CONCLUSION</b>	<p>Stay under cover until the drill is over. Work up to staying under cover for one minute or longer after seeking cover.</p> <p>Take attendance and ensure all children are present and safe.</p>

## Sample Announced Fire / Evacuation Drill

<b>NOTIFICATION</b>	<p>Tell the client(s) that a fire drill is about to happen. A smoke detector test button or other designated noise, such as a recording of the fire alarm, may be used as your practice alarm. Tell children that when they hear that sound it means there is a fire drill.</p> <p>Explain to the client(s) that when they hear the fire alarm or designated noise, they must get up quickly and leave everything behind.</p> <p>Point out all the exits to the client(s). Tell the client(s) that you will leave the building through the closest exit. Test alternate escape routes and windows that can be used as exits. Practice with ladders if they are part of your evacuation plan.</p>
<b>ACTION</b>	<p>Evacuate children as follows:</p> <p><i>Infants and Toddlers:</i> Practice using evacuation equipment for infants and toddlers. For example, use an evacuation crib, a stroller with multiple seats, a wagon, or an infant rescue vest/apron/carrier.</p> <p><i>Preschoolers:</i> Gather children in a group and supervise an orderly evacuation to the designated assembly area. Practice using a walking rope for children to hold on to during evacuation.</p> <p><i>Children with Special Needs:</i> These children will be assisted by specific staff members who have been trained in their role to evacuate children with special needs.</p> <p>Grab the daily attendance list and the "Ready-to-Go Kit" backpack, including the Ready-to-Go File on the way out.</p> <p>Check bathrooms and the classroom and shut the door behind you after you are sure everyone has exited.</p> <p>Gather outside at the agreed upon place.</p> <p>Take attendance to ensure everyone has made it out safely.</p>
<b>COMMUNICATION</b>	<p>Practice using a portable battery or hand-assisted radio to listen for announcements from local officials.</p>
<b>CARE AND SUPERVISION</b>	<p>Follow established procedures for assisting children and/or staff with special health care needs. Bring medications, care plans, and assistive devices for communication and mobility.</p> <p>Follow established procedures for addressing children's (especially infants and toddlers) nutrition and hygiene need during the period they are evacuated.</p>
<b>CONCLUSION</b>	<p>Remain at the meeting spot until the Staff or designee announces the end of the drill.</p>

## Sample Announced Tsunami / Flood Drill

Both tsunami and flood drills will be the same as an evacuation drill, except that you will need to seek higher ground. Tsunamis come after earthquakes, and they can come on suddenly.

For most floods, you would have time to follow flood updates and call families to pick up their children before evacuating. Flash floods can come on quickly and you will have to leave the building right away.

<b>NOTIFICATION</b>	<p>Tell the client(s) that an emergency drill is about to happen, and they will leave the building. Explain to the client(s) that when they hear "tsunami drill" or "flood drill," you will all evacuate the building.</p> <p>Tell the client(s) that they must get up quickly and leave everything behind, just like in a fire drill.</p> <p>Point out all the exits to the client(s). Tell the client(s) that you will leave the building through the closest exit.</p>
<b>ACTION</b>	<p>Evacuate children as follows:</p> <p><i>Infants and Toddlers:</i> Practice using evacuation equipment for infants and toddlers. For example, use an evacuation crib, a stroller with multiple seats, a wagon, or an infant rescue vest/apron/carrier.</p> <p><i>Preschoolers:</i> Gather children in a group and supervise an orderly evacuation to the designated assembly area. Practice using a walking rope for children to hold on to during evacuation.</p> <p><i>Children with Special Needs:</i> These children will be assisted by specific staff members who have been trained in their role to evacuate children with special needs.</p> <p>Grab the daily attendance sheet and the "Ready-to-Go" Kit including the "Ready-to-Go" File on the way out.</p> <p>Check bathrooms and other classrooms and shut the door behind you after everyone has exited. Gather outside at the agreed upon place.</p> <p>Take attendance to ensure everyone has made it out safely.</p>
<b>COMMUNICATION</b>	<p>Practice using a portable battery or hand-assisted radio to listen for announcements from local officials.</p>
<b>CARE AND SUPERVISION</b>	<p>Follow established procedures for assisting children and/or staff with special health care needs. Bring medications, care plans, and assistive devices for communication and mobility.</p> <p>Follow established procedures for addressing children's (especially infants and toddlers) nutrition and hygiene need during the period of time they are evacuated.</p>
<b>CONCLUSION</b>	<p>Tell the client(s) that in a real event you would be going to a relocation site at higher ground. You may want to practice walking on the sidewalk through the neighborhood as if you were going to this location. If appropriate, tell the client(s) the name or location of the higher ground relocation site.</p>



# Sample Announced Lockdown Drill

<b>NOTIFICATION</b>	<p>Tell the client(s) that a lockdown drill is about to happen.</p> <p>Director or designee will announce "Lockdown" or other code word.</p>
<b>ACTION</b>	<p>If there are children playing outside, bring them inside.</p> <p>Go to the nearest room or the designated location away from danger.</p> <p>Bring disaster supplies to the designated safe place location.</p> <p>Tell staff and families outside the building that they cannot enter the building and to find a safe location.</p> <p>Lock the classroom doors and windows, cover the windows, and turn off lights and audio equipment.</p> <p>Keep all children sitting on the floor, away from doors and windows. Use tables, cabinets, or other heavy furniture as a shield, if present.</p> <p>Take attendance of children and ensure all children remain in room as quietly as possible.</p> <p>Ignore any fire alarm activation.</p>
<b>COMMUNICATION</b>	<p>Turn cell phones on silent or vibrate.</p> <p>Role-play: "Call 9-1-1" (just pretend!) and explain the situation. * note: in a real emergency it might not be safe to talk on the phone, but you can still call 9-1-1 and leave the phone on. Do not make phone calls unless there is an emergency (for example, an injured child or adult in need of immediate medical attention).</p>
<b>CARE AND SUPERVISION</b>	<p>Follow established procedures to help children stay quiet, for example, holding hands, gently rocking back and forth, and making eye contact with each child, or offering pacifiers to infants.</p> <p>Follow established procedures for assisting children and/or staff with special health care needs. Bring medications, care plans, and assistive devices for communication and mobility.</p> <p>Follow established procedures for addressing children's (especially infants and toddlers) nutrition and hygiene need during the period of time they are in lockdown.</p>
<b>CONCLUSION</b>	<p>Remain in the room until the Staff or designee announces the end of the lockdown.</p>

## Sample Announced Shelter-in-Place Drill

<b>NOTIFICATION</b>	<p>Tell the client(s) that a shelter-in-place drill is about to happen. Director or designee will announce "Shelter-in-Place."</p>
<b>ACTION</b>	<p>Bring children and staff to the pre-determined areas within the facility or home. Choose an interior room without windows or vents that has adequate space to accommodate children and staff.</p> <p>Close and lock all windows and doors.</p> <p>Shut off the building's heating systems, air conditioners, exhaust fans, and switch intakes to the closed position.</p> <p>Seal all cracks around the doors and any vents into the room with duct tape or plastic sheeting.</p> <p>Conduct a roll call to ensure everyone is present and accounted for in the area.</p> <p>No outside access is permitted, but activity within the facility may continue.</p>
<b>COMMUNICATION</b>	<p>Role play: providing status updates for families (just pretend!).</p> <p>Practice using a portable battery or hand-assisted radio to listen for announcements from local officials.</p> <p>Keep cell phone within reach at all times.</p>
<b>CARE AND SUPERVISION</b>	<p>Bring disaster supplies to the designated safe place location.</p> <p>Follow established procedures for assisting children and/or staff with special health care needs. Bring medications, special health care plans, and assistive devices for communication and mobility.</p> <p>Follow established procedures for addressing children's (especially infants and toddlers) nutrition and hygiene needs.</p> <p>Provide developmentally appropriate activities.</p>
<b>CONCLUSION</b>	<p>Continue the shelter-in-place drill until the Staff or designee announces the end of the shelter-in-place drill.</p>



## Sample Announced Tornado Drill

### NOTIFICATION

Tell the client(s) that a tornado drill is about to happen.  
Director or designee will announce "Tornado" or other code word.

### ACTION

If children are playing outside, bring them inside.  
Secure or store outdoor toys, furniture, and equipment that may act as missiles.  
Seek shelter in an interior, protected area of the building on the lowest level possible or in a designated tornado shelter.  
Keep children away from windows.  
Take attendance.  
Bring disaster supplies to the designated safe location.

### COMMUNICATION

Role play: Provide status updates for families (just pretend!).  
Practice using a portable battery or hand-assisted radio to listen for announcements from local officials.  
Keep cell phone within reach at all times.

### CARE AND SUPERVISION

Follow established procedures for assisting children and/or staff with special health care needs. Bring medications, special health care plans, and assistive devices for communication and mobility.  
Follow established procedures for addressing children's (especially infants and toddlers) nutrition and hygiene needs.  
Provide developmentally appropriate activities.

### CONCLUSION

Continue the tornado drill until the Staff or designee announces the end of the drill.



## Sample Impaired Adult Role-Play

No children are involved in this drill. Including children in an impaired adult drill may cause confusion or fear.

**Conduct this role-play exercise as part of a staff meeting.**

Assign someone to play the impaired adult, two people to play staff members and one person to play the director.

Role-play a situation involving an adult who has come to the Group Home Staff facility to pick up a child. The adult is stumbling, slurring their speech, and smells strongly of alcohol.

The staff person identifies the adult as intoxicated, and immediately looks for a space away from the client(s) to have a conversation with her/him.

At the same time, the staff member uses a code word to signal another staff member to assist.

Example of script:

*"Hello, (name of family member). How are you doing this afternoon?"*

*"Fine"*

*"I know you are here to pick up (name of child). Unfortunately, we are going to have to find someone else to take (name of child) home today."*

*"What? Why? We have to be somewhere at 6 o'clock!"*

*"I am concerned because I smell alcohol on you, and we cannot let (name of child) go home with you alone."*

*"I'm fine; it was just a few beers, what's your problem?"*

*"It's our policy that if someone seems impaired, that we can't send the child home alone with him or her."*

*"I don't have my phone."*

*"We have an emergency contact list and we'll call for you. Let's go to the office and make that call."*

Alternatively, if the impaired adult becomes combative, then one staff member goes to get the director. The director continues the conversation with the impaired adult and determines if a call to the police or social services (Child Protective Services) is needed.

**Other situations you might role-play:** Adults who are emotionally impaired (for example, severely depressed or manic); using drugs; overly tired; or violent. You might also practice how to respond to a disgruntled staff member or former employee.

**Debrief with staff.**

## Bonus Drill: Relocation/Reunification

### NOTIFICATION

Make arrangements with one of your relocation sites to conduct a relocation and reunification drill.

Collect a Relocation/Reunification Drill Permission Form for each child.

Using the emergency numbers listed on each Child Emergency Information Form, notify families of where and when they can pick up their child that day.

### ACTION

Conduct an evacuation drill with the client(s) (see drill above).

Walk or transport children to the relocation site and check in with the primary contact of the site.

Take attendance.

Set up an area to release children and secure against unauthorized access (use caution tape or signs).

### CARE AND SUPERVISION

Follow established procedures for assisting children and/or staff with special health care needs. Bring medications, care plans, and assistive devices for communication and mobility.

Follow established procedures for addressing children's (especially infants and toddlers) nutrition and hygiene need during the period of time they are evacuated.

Set up developmentally appropriate activities for the client(s).

Ensure children stay within designated boundaries.

### REUNIFICATION

Check Child Emergency Information Form for the name of person(s) authorized to pick up child.

Check identification of person(s) picking up children.

Document child releases and have adult sign before releasing child to adult.

Report any unauthorized individuals to the director.

Use alternate modes of communication as needed to reach families of children who have not been picked up by a pre-determined time. Ensure that these families update their emergency contact information immediately following the conclusion of the reunification drill.

### CONCLUSION

End drill when all children have been picked up.

Pack up all materials and thank your reunification site host.

Debrief with staff.

Debrief with families.