

POLICY AND PROCEDURE MANUAL

[AGENCY NAME]

Version: 1.0
[Month, Year]



WWW





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[Agency Name]
[Agency Address]
[Contact Number]
[Email Address]
[Website]



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INTRODUCTION

[AGENCY NAME] is a Residential Treatment Center located in Grand Prairie, Texas. As a non-profit organization, we work together to build a better future for the youth. We provide assistance to those young minds that would otherwise face the challenging world without anyone guiding them in the right direction.

We firmly believe that it is our obligation to help the youth look at the world from a wider perspective. It is really unfortunate that some of the youth doesn't have resources and are either misguided or not guided at all. These beautiful souls have so much potential and yet negligence prevents them from accomplishing their goals. [AGENCY NAME] ensures that every youth realizes his true potential and become an independent individual. We make self-sufficient individuals through providing services that comprise care for youth, Parent/Sibling Visitation Center/Room, On-campus school, Educational Coordinator, Father Engagement Programs, and youth development programs.

At [AGENCY NAME], we accommodate males from the ages of 12 to 17 as we believe that it is the best time for them to learn to their maximum potential. When it comes to youth development, we use appropriate resources to guide their intellectual, physical, emotional, social, and moral development. Our experienced, well-trained staff ensures that a level of independence is instilled in every youth so that they are prepared and self-sufficient upon their departure from the group house.

STATEMENT OF PURPOSE

The purpose of this policy is to define organization-wide processes and activities that maximize the coordination of quality and safe services to children at [AGENCY NAME]. The goal of this plan is to coordinate children's care in a manner that is seamless from their perspective. This policy shall be made available for review, upon request, to clients and their designated representatives and shall be readily available for staff use at all times within [AGENCY NAME].

STATEMENT OF POLICY

[AGENCY NAME] prohibits discrimination in all its activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, gender identity, genetic information, and any political beliefs.

[AGENCY NAME] is consistent with the:

- Federal and State Law of Texas
- Needs of our staff and the community we serve;
- Agency policies and procedures;



We strongly adhere to compliance requirements stated by Texas State Law, Department of Health and follow the best practices implemented in terms of policies and procedures within [AGENCY NAME].

DOCUMENT CONTROL & APPROVALS

Document Revisions shall be recorded in the table below;

Ver. No.	Rev. No.	Page No.	Description of Amendment	Approved By	Date

Document review and approvals shall be recorded in the table below;

Description	Title	Signature	Date
Prepared By			
Reviewed By			
Approved By			

Note: All policies and procedures shall be reviewed at least annually, with recommended changes submitted to the governing body for approval, as necessary.



WHO IS RESPONSIBLE FOR COMPLYING WITH THESE MINIMUM STANDARDS?

(a) For a licensed general residential operation, the permit holder, [AGENCY NAME] must ensure compliance with the minimum standards in this chapter at all times, with the exception of those minimum standards identified for the operation of a Residential Treatment Center.

(b) For an unlicensed general residential operation that is subject to Licensing's regulation, the operation's administrator, owner, or operator or any other controlling person who has the ability to influence or direct the operation's management, expenditures, or policies must ensure compliance with all the minimum standards in this chapter at all times, with the exception of those minimum standards identified for specific types of services that the unlicensed operation does not offer.

TYPE OF SERVICES

Our permit lists the types of services that [AGENCY NAME] has been approved to offer.

1. Child-Care Services – Services that meet a child's basic need for shelter, nutrition, clothing, nurture, socialization and interpersonal skills, care for personal health and hygiene, supervision, education, and service planning;
2. Additional Programmatic Services
 - a. Transitional Living Program – A residential services program designed to serve children 14 years old or older for whom the service or treatment goal is basic life skills development toward independent living. A transitional living program includes basic life skills training and the opportunity for children to practice those skills. A transitional living program is not an independent living program.
 - b. Assessment Services Program – Services to provide an initial evaluation of the appropriate placement for a child to ensure that appropriate information is obtained in order to facilitate service planning.



ORGANIZATION AND ADMINISTRATION

Operation Plan

[AGENCY NAME] will ensure the following requirements are met at all times:

- Have a designated full-time licensed child-care administrator who meets the minimum qualifications required by DFPS.
- Operate according to approved plans, policies, and procedures;
- Maintain current, true, accurate, and complete records;
- Always stay in compliance and allow inspection of operation during its hours of operation;
- Not offer unrelated types of services that conflict or interfere with the best interests of a child in care, a caregiver's responsibilities, or operation space;
- Maintain liability insurance; and
- Prepared annual and monthly budgets and control expenditures and ensure compliance
- Only admit youth from contracted placement agencies such as DFPS and other regulated entities.

Changes to Operational Plan

If any changes are made to the operation plan pertaining to any of the following items in the list below, a written notification must be provided to [AGENCY NAME]'s Licensing Representative:

1. As soon as possible, but at least 30 days before you:
 - a. Change the legal structure of your operation or your governing body, if applicable;
 - b. Move your operation to another location;
 - c. Change your operating hours;
2. As soon as possible, but at least 15 days before:
 - a. You make changes to the policies and procedures required in §748.103(b) of this title (relating to What policies and procedures must I submit for Licensing's approval as part of the application process?);
 - b. Changes are made to the operation's floor plan showing the dimensions and the purpose of all rooms and specifying where children and caregivers, if applicable, will sleep; and
 - c. Construction begins on adding a swimming pool or other permanent body of water;
3. As soon as possible, but no later than two days after:
 - a. You change your licensed child-care administrator;
 - b. A new individual becomes a controlling person at your operation;
 - c. An individual cease to be a controlling person at your operation; or
 - d. There is a significant change in the information we maintain about a controlling person, such as a name change or mailing address change; and
4. Within 24 hours of the child's placement, if you provide emergency care services and exceed capacity, which [AGENCY NAME] do not provide emergency care services.



Capacity Rules

The number of children and young adults in your care must not exceed the capacity stated on the permit.

Fiscal Plan

Please see the Fiscal Plan Document.

Floor Plan

Please see Floor Plan Document.

REPORTS AND RECORD KEEPING

Reporting Serious Incidents and Other Occurrences

What is a Serious Incident?

A serious incident is a non-routine occurrence that has or may have dangerous or significant consequences on the care, supervision, and/or treatment of a child.

What constitutes a suicide attempt by a child?

A suicide attempt is a child's attempt to take his own life using means or methods for causing his death, including any act a child commits intending to cause his death, but excluding suicidal gestures where it is clear that the act was unlikely to cause death. Suicidal thoughts are not reportable as a suicide attempt.

Does Everything need to be Reported?

Not every trip to a hospital or emergency clinic must be reported as a serious incident. Only those incidents involving a "substantial physical injury or critical illness" must be reported and documented as a serious incident. The definition of "substantial physical injury" contains some examples of reportable serious incidents. Visits to the emergency room or emergency clinic (that did not result in hospitalization) for a common illness such as the flu, for a chronic illness such as an asthma attack, or for a routine medical exam would not warrant reporting as a serious incident.

Also, it is the nature of the injury or illness that determines whether it is reportable as a serious incident, not the venue in which it is treated. Taking a child to the emergency clinic or doctor's office for stitches is still reportable as a serious incident, even though the treatment did not occur at an emergency room or hospital.



How do I make a report of a serious incident or occurrence to Licensing?

All serious incident reports must be made directly to the Texas Abuse and Neglect Hotline.

Hotline	Number	Availability
Texas Abuse/Neglect Hotline	1-800-252-5400 or www.txabusehotline.org Use this number to report: <ul style="list-style-type: none">• Abuse, neglect, or exploitation of children, the elderly, or people with disabilities• Violations of minimum standards in a child care operation.	24 hours a day, seven days a week. This number is available across the United States.

How to document a serious incident

A serious incident must be documented in a written report that includes the following information:

1. The name of the operation, physical address, and telephone number;
2. The time and date of the incident;
3. The name, age, gender, and date of admission of the child or children involved;
4. The names of all adults involved and their role in relation to the child(ren);
5. The names or other means of identifying witnesses to the incident, if any;
6. The nature of the incident;
7. The circumstances surrounding the incident;
8. Interventions made during and after the incident, such as medical interventions, contacts made, and other follow-up actions;
9. The treating licensed health-care professional's name, findings, and treatment, if any; and
10. The resolution of the incident

***This is only a preview of the Original Document**

***For inquiries or assistance, please reach out to us at www.carepolicy.us**