



# Today & Tomorrow Program Handbook and Policies & Procedures Manual

11 Executive Park Drive  
North Billerica, MA 01862  
[www.valleycollaborative.org](http://www.valleycollaborative.org)  
Tel: (978) 528-7826  
Fax (978) 663-0759

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## **INTRODUCTION**

Please take the time to familiarize yourself with the contents of this handbook. The Collaborative is hopeful that the handbook will answer many questions you may have about the Collaborative, its programs, rules, and policies. Guardians and Individuals are required to sign the Individual/Guardian Acknowledgement of Receipt of the Today & Tomorrow Program Handbook & Policies and Procedures Manual and return it to the Director of DDS Services.

Valley Collaborative's Today and Tomorrow Program provides individuals the opportunity to be "Worker Trainees" within the Group Supported Employment model. For the purposes of this Handbook, the word "Individual" shall mean the Today & Tomorrow Program participant referred to Valley Collaborative Adult Services Department by a Health and Human Services Agency.

By enrolling in Valley Collaborative's Today and Tomorrow Program, individuals will have the opportunity to work in a group supported employment setting as a "Worker Trainee" supported by Valley Collaborative staff and to earn a stipend equivalent to the hourly minimum wage in Massachusetts. Also, and as defined by the Massachusetts Department of Unemployment Assistance, individuals may not be eligible for unemployment benefits if the only source of employment is from working as a worker trainee in a program run by a nonprofit or public institution (i.e. Valley Collaborative).

Individuals enrolled in the Today and Tomorrow Program are not an employee of Valley Collaborative, or any other organization where they participate in Group Supported Employment. As such, individuals will not receive the employee benefit package offered by Valley Collaborative or the businesses where they participate in Group Supported Employment as a worker trainee program does not meet the eligibility requirements of employment. As such, "Worker Trainees" are not eligible for employee benefits such as paid leave, holiday pay, vacation time, workers compensation, unemployment insurance, state pension, etc.

### **About the Collaborative**

Valley Collaborative is operated by the following school districts: Billerica, Chelmsford, Dracut, Groton-Dunstable Regional, Nashoba Valley Technical High School, North Middlesex Regional, Tewksbury, Tyngsborough, and Westford.

The Collaborative is a Massachusetts Department of Elementary and Secondary Education (DESE) approved public school entity and a contracted provider of services for the Executive Office of Health and Human Services (EOHHS) that provides high quality academic, transitional, vocational, and community inclusion services.

The Collaborative's Today & Tomorrow Programs offer opportunities for Individuals to work in the community with supports funded through Department of Developmental Services, Massachusetts Rehabilitation Commission, and Massachusetts Commission for the Blind.

### **Mission Statement**

The mission of the Valley Collaborative Adult Services Department is to empower Individuals to navigate confidently and with optimal independence in their community by promoting lifelong learning and self-direction of services.

**Vision Statement**

Valley Collaborative partners with families, districts, and the community to provide innovative programming that empowers Individuals and adults to discover their individual strengths, interests, and abilities. In doing so, Individuals become responsible contributing members of society.



## 2024 - 2025 Calendar

Adult Services  
Today & Tomorrow Program

July 2024							August 2024							September 2024						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6					1	2	3	1	2	3	4	5	6	7
7	8	9	10	11	12	13	4	5	6	7	8	9	10	8	9	10	11	12	13	14
14	15	16	17	18	19	20	11	12	13	14	15	16	17	15	16	17	18	19	20	21
21	22	23	24	25	26	27	18	19	20	21	22	23	24	22	23	24	25	26	27	28
28	29	30	31				25	26	27	28	29	30	31	29	30					

October 2024							November 2024							December 2024						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5						1	2	1	2	3	4	5	6	7
6	7	8	9	10	11	12	3	4	5	6	7	8	9	8	9	10	11	12	13	14
13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21
20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28
27	28	29	30	31			24	25	26	27	28	29	30	29	30	31				

January 2025							February 2025							March 2025						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4							1							1
5	6	7	8	9	10	11	2	3	4	5	6	7	8	2	3	4	5	6	7	8
12	13	14	15	16	17	18	9	10	11	12	13	14	15	9	10	11	12	13	14	15
19	20	21	22	23	24	25	16	17	18	19	20	21	22	16	17	18	19	20	21	22
26	27	28	29	30	31		23	24	25	26	27	28		23/30	24/31	25	26	27	28	29

April 2025							May 2025							June 2025						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4					1	2	3	1	2	3	4	5	6	7
6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14
13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21
20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28
27	28	29	30				25	26	27	28	29	30	31	29	30					

	Professional Development Day All Staff - No Today & Tomorrow Program
	Holiday/Break - No Today & Tomorrow Program
	Early Release - 11:00am
	Board of Directors Meeting (Regular School Day for Staff and Students)

**239 Total Program Days**

## **2024 - 2025 PROGRAM YEAR**

### **List of Holidays or Closings**

July 4, 2024	Fourth of July
September 2, 2024	Labor Day
September 3, 2024	Professional Development Day
October 14, 2024	Columbus Day
November 11, 2024	Veterans Day
November 28, 2024	Half Day
November 28 - 29, 2024	Thanksgiving Break
Dec. 20, 2024 - Jan. 1, 2025	Winter Break
January 20, 2025	Martin Luther King Day
February 17, 2025	Presidents Day
April 18, 2025	Good Friday
April 21, 2025	Patriots' Day
May 26, 2025	Memorial Day
June 19, 2025	Juneteenth

## **GENERAL PROGRAM POLICIES AND PROCEDURES**

### **Program Closing Announcements**

On occasion, the Collaborative may need to close programing because of bad weather or an emergency situation. Announcements for Program cancellations, delayed openings, and early release will be made on: AM radio - WBZ (1030); local television channels; the Collaborative website: [www.valleycollaborative.org](http://www.valleycollaborative.org).

### **Program Closings**

In the event of inclement weather or an emergency, the Today & Tomorrow Program will be closed.

- 40 Linnell Circle, Billerica, MA
- 11 Executive Park Drive, North Billerica, MA

### **Early Release**

In case of inclement weather or an emergency that develops in the middle of the day, the Executive Director may make the decision to release Individuals early for the sake of safety.

**NOTE: Individuals/Guardians should make sure that a current emergency form with proper emergency contact information, including the contact information of alternative caretakers is on file with the Program Nurse.**

### **Observation Policy**

The goal of this observation policy is to allow a guardian, consultant to the Program, or evaluator to observe an Individual or Program in order to gain the information the observer is seeking with as little disruption as possible to the Individuals, staff, and Program.

### **Program Visitor Procedures**

While the Today & Tomorrow Program encourages the involvement of guardians and community members in the services provided to Individuals, the Program has a duty to protect the safety and confidentiality of its Individuals, as well as to ensure that their Program Services are not disrupted. As a result, certain rules and procedures must be followed to ensure that visits are beneficial to the visitors and not harmful to the Individuals.

All visitors to the Program must report to the Program Coordinator/Program Nurse immediately upon entering the building. All visitors must sign in, noting the time of their arrival and identifying the purpose of their visit. The Program Coordinator/Program Nurse will designate a staff member to escort visitors to their appropriate destination.

All visitors must sign out, noting the time of their departures. Visitors may not proceed to any areas of the building other than the designated locations of their meetings, visits, or observations.

### **Release of Individual Other than Guardian**

The Today & Tomorrow Program will not allow anyone other than the Individual/guardian to dismiss from the Program without prior notification. If a guardian wants a relative, friend, or care provider to pick up an Individual from the Program, the guardian must give permission to the Director of DDS Services. If a guardian calls, the Program must verify that it was



the guardian making the call. The Individual must be signed out by the guardian/relative/provider before the Program will release the Individual.

### **Attendance Policy**

Regular attendance is vital in order for Program Services to be delivered in a meaningful and consistent manner. The Today & Tomorrow Program requires Individuals maintain an attendance rate of at least 90% throughout the Program year. This translates into a maximum of 24 annual absences, albeit for vacation, illness, or personal reasons.

Attendance dropping below 90%; that is not the result of hospitalization, may result in removal from the Program.

As per our health policy, any absences due to illness lasting 3 or more consecutive days require a doctor's note before returning to the Program.

### **Whole Program or Community Emergencies**

There may be instances where there is a disaster or community emergency. In such instances, the Program will work to reunite guardians/group home managers/parents with Individuals if the Program is in containment or needs to be evacuated. Occasionally, there may also be a need to increase the level of security because of a possible disturbance in the community. When this happens, visitors may not be allowed into the Today & Tomorrow Program, and Individuals and staff may not be allowed to leave until local authorities have deemed it safe to do so.

### **Emergency Evacuation Safety Plan**

The Today & Tomorrow Program will develop and ensure that staff are familiar with emergency procedures, including the emergency evacuation safety plan for their building. During an evacuation, the priority is to get all Individuals out of the building in an orderly, prompt, and safe manner. Staff should make arrangements in advance with the Program Coordinator (or designee) to provide additional assistance for the evacuation of any Individual requiring such assistance.

*The Today & Tomorrow Program Emergency Evacuation Safety Plan includes the following procedures:*

- Every two years the plan is reviewed in the location that affects safe evacuation;
- When existing evacuation plans are no longer effective or changes are proposed, the plan is updated and sent to DDS Area Director(s);
- A minimum of 2 evacuation drills are conducted by the Program annually;
- Initial training, including a walk-through of the setting, identification of sprinkler and fire extinguisher locations, and location of emergency number postings;
- Embedded Program strategies to help all Individuals understand the nature of the drills;
- Special provisions for the evacuation of any mobility-impaired Individual;
- Identification of the location of emergency information for Individuals to be taken during an evacuation;
- A written log of each evacuation drill report sheet that includes date, time elapsed, participants (Individuals and staff), witnesses, etc.

## **Written Notification and Communication**

The Today & Tomorrow Program staff welcomes and encourages communication between program and home.

The Director of DDS Services or his/her designee has the responsibility of notification and communication with Individuals, families, state agencies, and stakeholders. Such persons include the Program Coordinators and Program Nurse. The following is a guideline for delegation of collaboration and communication:

**Program Nurse:** Distribution of reports; scheduling meetings; distribution of attendance records; and medical emergency, injury or hospitalization; Today & Tomorrow Program related issues; medical emergency, injury or hospitalization; and behavior implementation plans/functional behavioral assessments; filing of an incident or DPPC report.

**Program Coordinator:** Distribution of reports; scheduling meetings; distribution of attendance records; ISP implementation, development, updates; and progress reports; behavior implementation plans/functional behavioral assessments; filing of an incident or DPPC report.

**Case Manager:** Distribution of reports; scheduling meetings; distribution of attendance records; ISP implementation, development, updates; and progress reports; behavior implementation plans/functional behavioral assessments; filing of an incident or DPPC report.

**Director of DDS Services:** Today & Tomorrow Program related updates; behavior implementation plans/functional and safety assessments; filing of an incident or DPPC report.

**Director of DDS Services/Executive Director:** Medical Emergency, injury or hospitalization and death of an Individual.

## **Individual Records**

115 CMR 4.00 governs the creation, maintenance and destruction of, and access to, records relating to services and supports provided, purchased, or arranged for the Individuals by the Department of Developmental Disabilities and shall apply to all programs and services or supports which are operated, licensed, certified, or contracted by the Department.

Valley Collaborative maintains legal and Program Services binders for all Individuals in the Today & Tomorrow Program. Please see Appendices A and B.

Per 115 CMR 4.03 and 4.04 Individual records will consist of the following:

- Identifying Information including but not limited to Individual's full name, Social Security number, religious preference (if disclosed voluntarily), language, health and insurance information, identification of family and/or guardians including addresses and phone number(s), legal competency status including guardianship documents, a list of providers current and from previous 2 years, and employment history.
- Emergency Information including but not limited to a photograph taken within 5 years after age 18 and/or marked change in Individual's appearance, name (including nicknames), age, general physical characteristics, contact information of legal guardian, emergency contact information, health insurance information, relevant abilities and behavior characteristics, list of allergies and medications, pattern of movement (if lost previously), likely response to search efforts, places frequented, physician(s) information, contact information for service coordinator and other providers if applicable.
- Current assessment reports
- ISP
- Medical Information including recent physical and dental exams, special diet, record of medical protocols

- including occurrence log, and list of health conditions requiring ongoing management
- Incident Reports
- Behavior Modification Plans
- Referral/Transfer Information
- Record Access Log
- Progress Notes
- Medication Information
- Human Rights Trainings

### **Access to Individual Records**

The following Program personnel are authorized to access Individual records:

- Program administrators
- Direct service personnel
- Administrative office staff
- Clerical personnel
- Evaluation team which evaluates an Individual

Authorized Program personnel are permitted access to the records of the Individuals to whom they are providing services in order to perform their official duties. The consent of the eligible Individual or the guardian is not necessary.

A log of access is to be kept as part of each Individual's record. If parts of the Individual's record are separately located, a separate log will be kept with each part. The log is to indicate all persons who have obtained access to the Individual record stating:

- The name, position and signature of the person releasing the information
- The name, position and, if a third party, the affiliation if any, of the person who is to receive the information
- The date of access
- The parts of the record to which the access was obtained
- Purpose of access

### **4.06: Access to Records and Record Privacy**

#### **(1) Access or Inspection by the Individual, Guardian, or Representative.**

(a) The Individual, guardian, designated representative, or other legally authorized representative shall be permitted to inspect and copy the Individual's records upon request. Legally authorized representatives shall be permitted to inspect and copy on request only those records relevant to those matters within their authority.

(b) When necessary for the understanding of the Individual, guardian, or representative, the staff shall read or interpret the record.

(2) Inspection by Other Persons. Records of an Individual shall be private and not open to inspection by third parties, other than those in 115 CMR 4.06(1)), except as provided in 115 CMR 4.06(2).

(a) Records shall be open to inspection by a third party upon informed consent by the Individual or guardian:

-Before consent is obtained, the Individual or guardian shall be afforded an opportunity to examine the records to be released, and shall be provided with the name of the recipient, possible uses of the information, and possible risks and benefits of, and alternatives to disclosure.

-A record of such authorization shall be included in the Individual's record.

(b) Records of an Individual shall be open to inspection upon proper judicial order. For the purpose of 115 CMR 4.06(2)(b), the term "proper judicial order" shall mean an order signed by a justice or special justice of a court of competent jurisdiction.

(c) The head of the provider or a designee shall provide access to an Individual's record by:

-Provider staff, as necessary and appropriate, including the human rights officer and associated professional consultants providing habilitation services and supports to the Individual;

-Persons authorized by the Department to monitor the quality of services and supports offered to the Individual, including the human rights committee;

-Persons approved by the Department and authorized under Department regulations to engage in research;

-Agencies which require specified information as a prerequisite for third party reimbursement of essential service;

-Department investigators appointed to conduct an investigation pursuant to 115 CMR 9.00 or M.G.L. c. 19C;

-Agencies or attorneys who are authorized by statute, by court decision, or by the Department to represent, advocate for, or protect the legal rights of the Individual.

(d) Where the Individual is legally competent, but not capable in fact of making a knowing decision concerning the release of records, the head of the provider or a designee may authorize, where necessary and appropriate, inspection of records by persons likely to further the habilitation of the Individual, including:

-Staff of providers proposed to provide habilitation services to the Individual in the near future;

-Insurers, trustees, and other persons through whom financial or legal assistance is or may be available.

(e) The head of the provider or a designee may make records available, as necessary and appropriate, to a physician who requests such records in the treatment of a medical emergency; provided, however, that the Individual and any guardian are given notice of the access as soon as possible.

(f) The provisions of 115 CMR 4.06(2)(a) through (e) notwithstanding, the Commissioner or the Commissioner's written designee may authorize access to Individual records when deemed in the best interest of an Individual or Individuals served by the Department.

(g) The Commissioner may authorize access to Individual records by attorneys representing the Department when necessary to the defense of specific legal claims brought by, concerning, or on behalf of the Individual against the Commonwealth, the Department, or its agents or employees.

(3) Restrictions on Scope of Access. Where the head of the provider or a designee authorizes release of the records, every precaution shall be taken to protect the confidentiality of the Individual.

(a) The head of the provider or a designee shall, wherever possible, set reasonable restrictions on access to a person's records by ascertaining from the area office director the persons who may inspect the record and the permitted uses to be made of the record, specifying the duration of time that the record may be held, and setting any other restrictions that will serve to protect the confidentiality of the record.

(b) Only those records which are necessary to meet the legitimate purposes of the requesting person(s) shall be released, and, whenever possible, the name or personal identifying information of the Individual shall be withheld.

(c) A listing shall be kept of every person or organization, other than those identified in 115 CMR 4.06(1) and 4.06(2)(c)1., given access to the Individual's records, the uses to be made of that information, a brief description of the information which has been released, and the person authorizing access. A list of such accesses shall be made available to the Individual, guardian, designated representative, legally authorized representative, and the human rights committee, upon request.

(d) The Individual, guardian, designated representative, or legally authorized representative of the Individual may challenge a decision to permit access to a record by filing a complaint with the head of the provider in accordance with the Department's regulations on investigations, 115 CMR 9.00. The provider shall promptly send a copy of this complaint to the human rights committee. Once a complaint is filed to challenge access to a record, no records which are the subject of the complaint shall be further disclosed to the person(s) or organization(s) involved until the complaint is resolved.

(e) An Individual or guardian shall be informed of a subpoena or court order commanding production of an Individual's records in a court or agency proceeding, and of the Individual's right to request the court to quash or modify the subpoena or order on the grounds that it is unreasonable or oppressive, or on any other grounds permitted by law.

(4) Accuracy of Information. The record maintained by the provider and area office shall contain accurate, complete, timely, and relevant information, consistent with the requirements of 115 CMR.

(a) If an Individual or guardian believes that the record contains inaccurate or misleading information, or objects to the collection of information or its use, he or she may file a complaint with the head of the provider. If the Individual or guardian seeks to challenge the decision made at this level, or if the complaint concerns information contained in the records at the office of the case management team, a complaint may be filed with the Department. A copy of this complaint shall be sent promptly to the human rights committee.

(b) If an Individual or guardian believes that the record contains inaccurate or misleading information, he or she may prepare a statement of disagreement, with assistance if requested, which shall be entered into the record.

(5) Disclosure of Existence of Record. The provider shall inform an Individual, guardian, or designated or legal representative, upon request, whether the Individual is the subject of a record system maintained by the provider.

### **Privacy and Security of Individual Records**

In accordance with federal and state requirements, the Collaborative protects the confidentiality of any personally identifiable information that it collects, uses or maintains. The Collaborative maintains and provides access to Individual records in accordance with federal and state requirements.

### **Records for Individuals No Longer Enrolled**

The Program Coordinators will keep the Individual records for a minimum of three years from the Individual's exit date from the Program.

The Director of DDS Services is responsible for the ongoing process of identifying documents that have met the required retention period and overseeing their destruction.

Per 115 CMR 4.07 (b) and (c) the last three years of the Individual's record will be made available to the Department of Developmental Services.

\*For full and complete regulations please see 115 CMR 4.00: RECORDS Section

### **Reporting Abuse and Neglect – Disabled Persons Protection Commission**

As mandated reporters, Collaborative employees are required to file a complaint per 115 CMR 9.00 guidelines when there is believed to be a non-frivolous allegation of mistreatment, an illegal, dangerous, or inhumane condition or incident, or a

medicolegal death of an Individual. It is also mandated to file a report with DPPC under M.G.L 19C if there is reason to believe serious harm either physical or emotional has been inflicted to an Individual.

### **Immediate Notification**

In the event of a serious or unusual incident occurring, the Collaborative's Executive Director is notified immediately. Upon notification, the Executive Director directs the gathering of all available pertinent information from involved parties. The Executive Director meets with involved parties as necessary. The Collaborative Incident Report Form is to be completed by staff and included in the Individual's record. The incident report form documents the incident, precipitating events prior to the incident, and follow up needed. The report form also documents notification to all parties of the incident. Serious incidents are those that result in injury, safety concerns, substantial discipline code violations, or emergency personnel responses. In addition to the Executive Director, the Director of DDS Services will notify the appropriate state agencies.

- Death of an Individual
- Filing of a DPPC report or a complaint to the Disabled Persons Protection Commission against the Program or a Program staff member for abuse or neglect of an Individual
- Any action taken by a federal, state or local agency that might jeopardize the Program's approval with the Department
- Any legal proceeding brought against the Program or its employee(s) arising out of circumstances related to the care or education of any of its Individuals regardless of state of residency
- Unexpected hospital visit
- Motor vehicle accident during transport by Program staff
- Individual runaway/leaving Program property without notification/permission
- Significant behavioral incident
- Fire
- Theft
- Criminal activity
- Victim of physical altercation
- Property damage
- Suicide attempt
- Emergency termination of an Individual under circumstances in which the Individual presents a clear and present threat to the health and safety of him/herself or others
- Medical/psychiatric intervention not requiring a hospital visit

### **Guardian Consent and Notification**

The Program collects consents for a variety of activities and protocols, including emergency medical treatment, medication administration, community outings, Program events, photographs and publicity.

Once a newly referred Individual is accepted for participation in the Program, the start date is not finalized until all consents and medical forms are returned by the Individuals/guardians.

Per fiscal year, a packet of consent forms which are included in the Appendix will need to be returned to the Program Nurse. If the consents have not been received within 30 days, the Program Nurse will notify the Individual/guardian and participation may be interrupted until completed consent forms are returned.

### **Change of Legal Status**

If staff is notified of a change of legal status, the Director of DDS Services will:

- Request a copy of official court documents.
- Enter official court documents into the Individual's Record, including restraining orders or other legal judgments.
- Notify the appropriate staff involved in the care and education of the Individual.
- In the event that a non-custodial Individual attempts to violate a court order and attempts access to an Individual, the Director of DDS Services is to be notified immediately.

## **Complaints and Grievances**

In the event differences of opinion or conflicts arise between Valley Collaborative and the Individuals and families we support a formal conflict resolution model specific to Individuals being served will be established:

### Step 1

- Attempted resolution through communication between the Individual/guardian with the Program Coordinator of Adult Services. Area Office Staff will be notified and included if they so choose.
- A summary of meeting and outcome will be made available to all participants. If resolution is agreed upon, it will be included in said summary.

### Step 2

- If conflict is not resolved at Step 1 the Individual/guardian can escalate the issue to the Director of DDS Services. Area Office Staff will be notified and included if they so choose.
- The Director of DDS Services can enter into mediation with the Individual/guardian.
- A summary of meeting and outcome will be made available to all participants. If resolution is agreed upon, it will be included in said summary.

### Step 3

- If conflict is not resolved at Step 2 either the Individual/guardian and/or the Director of DDS Services can escalate the matter to the Valley Collaborative Executive Director and Senior Level Area Office Staff would be notified and included in the attempt at resolution.
- A summary of meeting and outcome will be made available to all participants. If resolution is agreed upon, it will be included in said summary.

Valley Collaborative recognizes that from time to time an Individual/guardian may choose to work with another provider and supports their choice to do so. If at any time an Individual seeks to leave the Collaborative family, Valley is committed to a smooth transition and uninterrupted services for that individual. Valley will work closely with the Individual and the local area office to make the changes as stress free and seamless as possible for all those involved.

## **Program Oversight-DDS**

The Collaborative is responsible to ensure that the Individual's ISP is being appropriately implemented and that the service delivery is aimed at assisting the Individual to meet the goals identified within the Individual's ISP, and welcomes site visits for Program monitoring. Program visits by external support staff are documented in each Individuals' access log. Any person either internal or external requesting access to an Individual's binder must provide the proper documentation prior to access. The Collaborative ensures that instructional groupings do not exceed the applicable guidelines per 115 CMR of Individual to staff ratio and intensity level.

## **Individual Referral and Admissions**

Prior to Individual placement in a Collaborative Program, DDS will forward a comprehensive referral packet to the Program in which the Individual's enrollment is to be considered. Upon receipt, the Director of DDS Services or his/her designee will work with the Service Coordinator to schedule a site visit and intake meeting with the guardians at which time detailed information about the Program will be discussed. Such information will include the Collaborative's services and policies.

The Director of DDS Services or his/her designee will also conduct a tour of the Program in which the Individual would be placed. Prior to enrollment, an Admissions Packet will need to be filled out by the Individual/guardian. Please see Appendix B.

### **Placement Meeting**

Upon acceptance to a Collaborative Program, the Service Coordinator may schedule a Team Meeting. Team participants will include: the Individual, guardian(s), Service Coordinator, Director of DDS Services or his/her designee, external support staff working with the Individual, designee of any district/agency cost sharing the placement (if applicable), and any other persons determined appropriate by members of the team.

### **Service Agreements**

It is the responsibility of the state agency to enter into service agreements with the Collaborative Program in which an Individual is being placed. In each service agreement, the Collaborative will provide the following assurances:

Assurances on the part of the Collaborative that the Program will comply with all elements of the ISP (Individual Service Plan) for the Individual and shall provide, in writing, to state agency detailed documentation of such compliance through completion of required Individual Progress Reports.

1. The Today & Tomorrow Program shall allow state agency to conduct announced and unannounced site visits and to review all documents and Program.
2. The Today & Tomorrow Program shall afford all applicable legal requirements of the regulations and applicable policy statements and directives issued by both federal and state health and human service agencies.

The Today & Tomorrow Program assures the state agencies that it does not deny an Individual access to its programs or services on the grounds of race, color, age, disability, gender, gender identity, religion, national origin, or sexual orientation.

## **INDIVIDUAL POLICIES: RIGHTS AND RESPONSIBILITIES OF INDIVIDUALS AND GUARDIANS 115 CMR 5.03 and 5.04**

### **Rights of Individuals**

It is impossible to list all Individuals' rights. The following is a non-exhaustive list of individual rights which shall not be construed to deny or limit other rights retained by Individuals, in their capacity as members of a Program, or as citizens.

Individuals have the right to:

Receive services and supports provided in a manner that promotes:

- Human Dignity
- Humane and adequate care and treatment
- Self-determination and freedom of choice to the Individual's fullest capability



- The opportunity to live and receive services or supports in the least restrictive and most typical setting possible
- The opportunity to undergo typical developmental experiences, even though such experiences may entail an element of risk; provided however, that the Individual's safety and well-being shall not be unreasonably jeopardized
- The opportunity to engage in activities and styles of living which encourage and maintain the integration of the Individual in the community
- The right to communicate
- The right to be protected from private and commercial exploitation
- The right to be visited and to visit others under circumstances that are conducive to friendships
- The right to enjoy basic goods and services without threat of denial or delay for any purpose by providers
- The right to reasonable expectation of privacy
- The right to decline any service or support
- Physical safety and protection of personal property
- Safe buildings, sanitary facilities, and available drinkable water. Individuals have the right to use Program supplies and facilities and work in a clean, organized environment
- Respect from staff and administrators, which would exclude their being subjected to cruel and unusual punishments, especially those which are demeaning or derogatory, or which diminish their self-esteem
- Consulting with staff and anyone else connected with their Program if they so desire at appropriate times
- Expressing their opinions and feelings

### **Responsibilities of Individuals**

While it is not possible to list all Individual responsibilities, Individuals who consistently behave in accordance with the following list of broad responsibilities will be in compliance with the rules of the Program.

Individuals have the responsibility to:

- Respect the rights of all persons.
- Respect the diversity of staff and Individuals in the Collaborative with regard to race, color, ethnicity, national origin, religion, sex, marriage, pregnancy, guardianship, sexual orientation, gender identity, primary language, handicap, special needs, age, and economic class.
- Contribute to the maintenance of a safe and positive environment.
- Exercise the highest degree of professionalism in observing and adhering to rules and regulations.
- Recognize that responsibility is inherent in the exercise of every right.
- Comply with Program service definitions as set forth by DDS.

### **Individual Code of Conduct**

#### **Nondiscrimination, Civil Rights, and Due Process**

The Collaborative is committed to maintaining an environment where bigotry and intolerance, including discrimination on the basis of race, color, national origin, sex, sexual orientation, gender, gender identity, religious beliefs, disability, or age have no place; and where any form of coercion or harassment that insults the dignity of others and creates an intimidating, threatening, or abusive environment is unacceptable. The Collaborative will not tolerate discrimination or the infringement of another's civil rights. This policy shall apply to conduct that occurs on Collaborative or Program grounds, at Program or Collaborative related activities, or traveling to or from Collaborative Program related activities.

## **Prohibited Conduct**

Conduct prohibited under this policy includes, but is not limited to:

**Bias Motivated Conduct:** Any act, including conduct or speech, directed at or which occurs to a person or property because of actual or perceived race, color, national origin, ethnicity, religion, sex, gender identify, sexual orientation, disability, or age.

**Discrimination:** The unequal treatment of others based on race, color, national origin, ethnicity, religion, sex, sexual orientation, disability, or age.

**Harassment:** Unwelcome, verbal, written or physical conduct targeting specific person(s), which is sufficiently severe, persistent, or pervasive to create an intimidating, hostile, humiliating, or offensive program environment, or substantially interfere with the progress of an Individual's services.

**Sexual Harassment:** Physical or verbal conduct of a sexual nature, not limited to but including sexual advances, which foster a hostile environment for the victim, sexual assault, and rape.

**Hate Crimes:** Criminal acts to which recognized types of bias motives are an evident contributing factor. Criminal bias-motivated conduct entails, at a minimum, threats. Criminal conduct includes acts putting someone in fear of immediate physical harm (assaults), and actual physical violence (assault and battery), and grows most serious if a victim suffers any bodily injury. Repeated threatening or menacing actions like following someone can amount to the crime of stalking.

**Hostile Environment:** Subjecting another Individual to threats, intimidation, or coercion that is/are sufficiently severe, persistent, or pervasive so as to interfere with or limit an Individual's ability to participate in or benefit from the Collaborative's programs or activities or place the Individual in reasonable fear for his or her safety. Whether a Program environment has become hostile must be evaluated based on the totality of the circumstances. A hostile environment does not necessarily entail that an Individual exhibits quantifiable harm.

**Stalking:** Intentional conduct involving two or more acts directed at a specific person, which would cause an average person substantial distress, where the perpetrator has made threats causing the targeted person fear of death or injury.

**Retaliation:** Retaliating in any way against another Individual for complaining of conduct prohibited under this policy.

## **Commitment to Prevention and Investigation**

The Collaborative is committed to the prevention and accurate reporting of all incidents of civil rights violations such that all Individuals and staff can enjoy a safe, non-threatening educational and working environment. Program administrators will thoroughly investigate all instances of violation and take disciplinary action in accordance with this Handbook, as well as report such instances to law enforcement agencies where appropriate. Collaborative staff must intervene in all civil rights violations and instances of harassment whenever witnessed, reported or suspected. The Director of DDS Services and the applicable Program Coordinator will be notified immediately whenever civil rights violations are in question, and Collaborative staff will move quickly in preventing a recurrence of any civil rights violation or incident of harassment.

## **Procedures for Responding to and Investigating Incidents**

All instances of civil rights violations, witnessed or suspected, must be reported to the Program Coordinator or Director of DDS Services.

Any Individual coming forward to report a civil rights violation he or she has experienced will be directed to the Program Coordinator or Director of DDS Services, following any emergency needs being attended to. Consideration will be given to whether any immediate or interim steps are necessary to ensure the safety of and avert retaliation of the complainant.

- The investigation must determine whether a civil rights violation has in fact occurred.
- The investigation must include preservation and gathering of evidence from the scene of an incident. For example, bias-related notes will be copied.
- The investigation will include interviewing victims and witnesses as soon as possible, as well as others who may have relevant knowledge.
- The investigation may include other methods and documents deemed relevant and useful.
- All interviews and evidence should be carefully evaluated for the presence of bias indicators that would characterize the matter as a civil rights violation.
- The investigation will conclude with a finding as to whether a civil rights violation has or has not occurred.

### **Consequences for Civil Rights Violations**

Non-disciplinary corrective actions: Some violations can be addressed with steps that do not necessitate disciplinary action. These steps usually lay within the discretion of the Program Coordinator or his/her designee. Such instances may warrant counseling, diversity awareness training, separating offender and victim, guardian conferences, and/or special Program assignments.

Disciplinary Action: Disciplinary actions will be taken toward the goal of eliminating the offending conduct, preventing recurrence, and reestablishing a Program environment conducive for the violator to learn. Violations of civil rights of Individuals or staff may result in sanctions including suspension, emergency termination of enrollment, and expulsion for Individuals and suspension, depending on the severity of the infraction.

Failure to Act by Administrators or Staff: All staff have a duty to act to stop witnessed civil rights violations, as safely as can be done, and report such instances to Program administrators. Failure to do so may result in disciplinary action.

### **Commitment to Non-Retaliation**

The Collaborative will deal seriously with any and all threats or acts of retaliation for the good faith filing of a complaint. Such action will result in disciplinary proceedings. Staff will monitor situations to ensure that no threats or acts of reprisal are made. Program administrators may use non-disciplinary procedures to prevent retaliation from occurring

### **Referral to Law Enforcement Authorities**

The Executive Director or his/her designee has the responsibility of notifying the local police when they have reason to believe that a hate crime has been or is to be committed. This is mandatory for all hate crimes violations.

### **Documentation Requirements**

Record keeping— Records of all civil rights violations and hate crimes reported are maintained. Records will be compiled by Program year. Record keeping will include particulars of the incident, response actions taken, results of the investigation and intervention.

Monitoring and tracking to identify patterns— Records should be maintained and monitored to detect patterns in violations, repeat offenders, and locations for problems. Actions will be taken once patterns have been revealed.

## **Dissemination of Information and Training**

This policy will be available to staff, Individuals and guardians. Staff will receive training relevant to this policy annually during staff orientation. Individuals and guardians will receive this policy annually and at time of admission to a Collaborative Program. This policy will be reviewed annually for compliance with state and federal law.

## **Individual Guidelines**

Attendance and Tardiness: Individuals are encouraged to attend the Program on all days and on time. The Individual or caretaker are expected to let staff know prior to 6:00 AM if an Individual will not be attending the Program that day, or will be tardy/dismissed. Individuals/Guardians are to call the Program Dispatcher at 978-799-7358 for Individuals who will not be using Collaborative transportation for that day. If an individual is absent or tardy and no phone call is made, a call will be made to the individual's home. Individuals who are tardy will be allowed to join the Program day as long as they arrive before 11:00AM. Individuals leaving the Program early will be allowed to do so as long as it is after 11:00AM. This policy may be adjusted based on unforeseen medical needs. Excessive unscheduled absences, dismissals, and tardiness are unacceptable.

Appropriate Language: Collaborative Individuals are encouraged to behave in a professional manner which includes refraining from swearing, making rude comments or inappropriate noises, or using inappropriate voice levels.

Appropriate Dress: Individuals are expected to wear appropriate clothes for the Program or work. Individuals should adhere to the dress code of their work site(s). Please refer to Appendix C for specific work site dress code.

Transportation: The Collaborative provides transportation for many Individuals in the Today & Tomorrow Program. Service Coordinators are responsible to contract for the transportation of Individuals to/from the Program/home each day. Individuals cannot be driven to the Program or picked up from the Program without permission from an authorized representative. Individuals/Guardians are to call the Program Dispatcher at 978-799-7358 for Individuals who will not be using Collaborative transportation for that day. Individuals will only be permitted to be transported by those people the guardian has indicated are appropriate (See Release of Individuals to Adults Other than Guardians).

Appropriate Conduct: Individuals are expected to behave in an appropriate manner exhibiting respect for themselves and others at all times while in the Program or participating in Collaborative Programs or activities.

Personal Property: The Collaborative strongly encourages that Individuals do not bring valuable items to the Program. If the personal property of an Individual causes disruption while at the Program, the Collaborative may take the property away from the Individual. The Collaborative will make every effort to return all personal property to the Individual or guardian. However, the Collaborative is not responsible for lost or stolen property or compensating Individuals or guardians for value of such property.

Drugs or Alcohol: No drugs or alcohol are permitted in the Program or on the Program grounds, and Individuals are not permitted to come to the Program under the influence of substances. The possession, use, manufacture, distribution, sale, or possession with intent to sell, or dispensation of alcohol, marijuana, illegal drugs, or other illegal or controlled substances of any kind is strictly prohibited.

Smoking and Tobacco: The use of any tobacco products is prohibited within the Collaborative Program buildings, the Program facilities, on the Program grounds, or on Collaborative vehicles by any Individual, including Program personnel.

Theft and Vandalism: Individuals are prohibited from stealing, vandalizing, or destroying the property of others, including property belonging to the Collaborative or its staff, faculty, Individuals, guardians, volunteers, and visitors. Program pride is enhanced by a well maintained and clean building. The Collaborative hopes that all Individuals will share in this belief. Individuals involved in theft, vandalism, graffiti, destruction of property, or arson will be required to reimburse the Program for the materials and labor necessary to fix any damage they cause, and will be subject to appropriate disciplinary action, up to or including suspension, emergency termination, and legal action.

Weapons: The Collaborative strictly prohibits the possession of all weapons in the Program, on Program grounds, Program buses, or at any Program functions. All knives, handguns, rifles, shotguns, other fire arms, explosives, incendiary devices, and other weapons are forbidden. If an Individual is found to be in possession of such an object, the weapon will be confiscated and the police will also be contacted.

Violence and Threats of Violence: All violence and threats of violence (including physical fighting, assault, battery, kidnapping, threat of robbery, robbery using force, homicide, other drug-related or crime-related violence, and all acts that endanger or cause bodily harm to others) are strictly prohibited at the Program, the Collaborative, or Collaborative related activities. All threats of violence or physical attack will be taken seriously by the Collaborative.

Destruction of Property: Individuals are prohibited from the destruction of Collaborative property or the property of others.

Rules of Public Programs with Co-located Collaborative Programs: Individuals in Collaborative Programs co-located within public programs are also subject to the rules of those public programs.

## **Internet Use**

The Program provides Individuals with Internet access in most locations. All Individuals may have access to the Internet. Individuals using this access must read and adhere to the following use policies:

### **Authorized Use**

That means we expect Individuals to use Internet access primarily for Program-related purposes, i.e. to research relevant topics and to obtain useful information. The following are specific provisions regarding authorized use of the Collaborative's Internet connection:

- Users may use the Collaborative's Internet services for personal improvement provided that such use is consistent with staff and Program conduct.
- Internet use should be restricted to sites and materials such as news or information that might be considered reasonable if read as a text publication in a professional environment.

### **Unauthorized Use**

Users shall not use the Collaborative's Internet services to view, download, save, receive, or send material related to the following:

- Offensive content of any kind, including pornographic material.

- Propagating a virus, worm, Trojan horse, or trap-door Program code.
- Disabling or overloading any computer system or network.
- Circumventing any system intended to protect the privacy or security of another user.
- Promoting discrimination on the basis of race, religion, ethnicity, disability, gender, sexual orientation, race, age, or marital status.
- Visiting websites that promote threatening or violent behavior.
- Using the Internet for illegal activities including the illegal downloading of music, movies, or other copyrighted materials.
- Distributing commercial messages.
- Gambling websites.
- Hosting of 'game servers' for online or network gaming.

The above list is by way of an example only and is not intended to be exhaustive.

### **MEDICAL POLICIES**

The Program maintains a Program Nurse to promote the health and safety of its Individuals, intervene with actual and potential health and behavioral issues, manage complex medical issues, and provide case management services. The Program Nurse makes the decision if an Individual is to be sent home for medical reasons. All Individuals must provide the following documentation: physical (required yearly) and dental exam (or opt-out option), up-to-date immunization records, list of all medications taken by Individual, medical and guardian consents, and if applicable: verification to self-administer, any required action plans due to allergies, asthma, diabetes, seizures, and any diet or nutritional guidelines or restrictions. Every Program year, Individuals will be provided with a Valley Collaborative Health Packet containing relevant forms to be completed to ensure that the Collaborative has updated medical emergency contact information, medication information, and all other information relevant to the Individual's health including guardian authorizations for treatment and/or the administration of medication. The Collaborative maintains a separate Health Services Manual with more detailed medical policies. Copies of the Health Services Manual are kept in the Collaborative nurse's office and are available for Individuals upon request.

Please note no medication is to be brought to the Program without first consulting with the Program Nurse.

Please see Appendix E.

#### **Special Medical Conditions**

The Collaborative will maintain the Individual's safety at all times. Individuals with special medical conditions (ex. allergies, asthma, seizure disorders, and diabetes) will be required to have a doctor's order on file (yearly) explaining any protocols and procedures.

Seizures: Seizure Action Plan - For any Individuals whose seizure lasts more than 5 minutes an ambulance will be called. (An exception will be made if a physician specifies in a physician's order.) An ambulance will be called immediately for any Individual with no history of seizure activity. Parents/Guardians will be notified whenever any seizure activity has taken place.

**Asthma:** Asthma Action Plan – Individuals who have a diagnosis of asthma and require a rescue MDI (metered dose inhaler) or nebulizer treatment will have guidelines written by a physician; this includes any activity/ weather/ situation that exacerbates the asthma and if the Individual can self-administer the inhaler.

**Allergies:** Allergy Action Plan – For Individuals with life threatening allergies who require an Epi-Pen, an Allergy Action Plan will be written by the Program Nurse; this includes the Individual's name, DOB, allergies and reaction. The Program Nurse will ensure a valid physicians order for Epi-Pen is on file (required yearly). An ambulance will be called immediately if an Epi-Pen is used. Parents/ Guardians will be notified whenever an allergic reaction has taken place. The Program Nurse will educate staff on signs and symptoms of allergic reactions.

**Diabetes:** Diabetic Treatment Plan - Individuals who have a diagnosis of diabetes will be required to have a treatment plan signed by a physician; this includes any glucose monitoring, medication to be administered, emergency protocol, and if the Individual can self-administer/self-test blood glucose. The Program Nurse will educate staff about the signs and symptoms of hypo/hyperglycemia.

**Diet and Nutrition:** Any dietary guidelines or restrictions must be documented by a physician yearly. Staff will encourage healthy eating by following Executive Order of Health and Human Services 504.

### **Communicable Disease**

In order to prevent the spread of communicable disease, Individuals with a diagnosed communicable disease will be advised to stay home for the following period of time as listed in the table below.

<b>Communicable Disease</b>	<b>Requirements</b>
Bacterial Conjunctivitis	May return to the Program after medical treatment has been provided for 24 hours.
Chicken Pox	May return to the Program after all lesions have dried and crusted or one week from appearance of first eruption.
Coronavirus	May return to the Program 5 days after positive test assuming symptoms have subsided.
Measles	May return to the Program four days after first appearance of rash.
Impetigo	May return to the Program after all open sores have healed or is small enough that a Band-Aid will cover the entire area.
Strep Throat	May return to the Program after antibiotic treatment has been given for 24 hours.
Ringworm	May return to the Program after treatment with antifungal cream has begun; lesions should be covered.
Pediculosis /Scabies	May return to the Program when treated; scabies must be treated with anti-parasitic for 24 hours before Individual may return to work or after one treatment.

### **Dismissal from Program due to Illness**

The Program Nurse may exclude an Individual from the Program for health reasons if the Individual:

- Has returned from a hospital admission within the past 24 hours. This does not include routine tests or minor injuries. The Individual will remain at home for observation for the first 24 hours.
- Has a temperature of 100.5 degrees tympanic (by ear). Temperature must be 98.6 for a full 24 hours prior to returning to the Program. The exception is an Individual with a hypothalamic problem (temperature regulation

problem) and is symptom free. Each case will be discussed individually.

- Has an infectious disease (Strep Throat/Pneumonia, etc.) and has not been on antibiotic therapy for 24 hours or as designated by MD.
- Eye drainage yellow/green in color with pink or red eyes, eyelids, etc.
- Any undiagnosed rash.
- Has a culture(s) pending (exceptions can be made at the discretion of the nurse).
- Is on respiratory precautions, cough/cold or has a significant change in respiratory secretions (green/yellow nasal drainage).

## **Hospital Re-Entry**

To ensure the health and safety of every Individual re-entering the Program following a psychiatric or medical hospitalization, the Program has adopted the following policy:

1. Any Individual who has required a psychiatric evaluation, and emergency room visit or had been placed in inpatient hospitalization will be readmitted to their respective Program upon collaboration with their treatment planning team.
2. The Individual can return to the Program with the receipt of a signed discharge summary from the hospital/clinician providing treatment and medical clearance from his/her medical provider.
3. This summary will ensure that the most recent and credible information regarding treatments, goals and restrictions are relayed back to the Program and allow for a smooth transition.

The plan should include, in writing, any changes in medications, medical procedure, and any follow-up plans with clinicians, therapists, and any other treatment providers.

When this policy is followed the Program can also ensure that the Individual will be safe upon their return and provisions are in place should they decompensate once back in the setting.

## **INDIVIDUAL SERVICE PLAN (ISP) PROCESS**

### **ISP Development and Implementation**

The Director of DDS Services or his/her designee is responsible for overseeing the implementation of all components of the Individual's ISP.

- Where the ISP of the Individual has been accepted in whole or in part by that Individual's guardian, the Program provides the mutually agreed upon services without delay.
- There must be an ISP in effect for each enrolled Individual. Individuals just beginning services with DDS will have an ISP scheduled within 60 days.
- Each provider described in the ISP is informed of his or her specific responsibilities related to the implementation of the Individual's ISP and the specific accommodations, modifications, and supports that must be provided for the Individual under it.

In circumstances where services may no longer be beneficial or that an Individual's needs can no longer be met, the Collaborative will notify the ISP Team and set up a meeting. All appropriate parties will be notified at least ten (10) days in advance of the intended date of the meeting. At the meeting a plan will be developed so that the Individual can transition from the Collaborative Program in an organized manner.

### **Progress Reports**

All Collaborative Programs will complete Semi-Annual Progress Reports two times each year. In all cases the Semi-Annual Progress Reports will be submitted in HCSIS and sent to the Service Coordinator and will be kept on file at the Collaborative.



Annual Progress Reports will report to guardians the progress of each ISP goal individually. Service providers must comment on whether they anticipate the Individual being able to meet the goal by the end of the ISP period. If they believe that the Individual will be unable to meet the goal, that must be indicated on the Progress Report and a Team Meeting must be held to amend the ISP. Progress Reports must answer two questions for each goal:

- (1) What is the Individual's progress toward the annual goal and
- (2) Is the progress sufficient to enable the Individual to achieve the goal by the end of the ISP period?

Information included on the Annual/Semi-Annual Progress Reports will be derived from data collected throughout the reporting period. Copies of Progress Reports will be maintained in the Individuals' records.

Please see Appendix E for ISP Timeline

### **Assessments**

All Individuals in the Today & Tomorrow Program are given the Assessment of Functional Living Skills (AFLS) assessment upon starting the program and then annually. This assessment measures safety, adaptive living skills and work readiness. This helps to develop an Individual's Person Centered Plan which focuses on four domains. This includes Community Living, Employment, Adaptive Living Skills and Quality of Life. This is also reviewed annually with the Individual as part of the ISP process.

Please see Appendix F for AFLS and Appendix G for Person Center Plan.

### **STAFF EXPECTATIONS**

Valley Collaborative considers its employees to be one of its most valuable resources and is committed to providing the supports and structures necessary for them to be successful in their positions. Supervisory staff work closely with Valley Collaborative employees to ensure services are being provided in a safe, skillful, and respectful manner. Regular Team Meetings are held to facilitate the highest levels of communication and support.

Feedback is regularly solicited from Individuals, agency staff, parents/guardians, stakeholders and Valley Collaborative staff to continually measure the quality of staff providing services to Individuals at various locations in the community. Valley Collaborative uses this feedback to continually improve upon programming and staff development. Individuals receiving services from Valley have formal and informal opportunities to provide feedback at the time of hire and on an ongoing basis on the performance of staff that support them.

All Valley Collaborative staff are expected to:

- Follow all policies and procedures, manuals, and handbooks as outlined.
- Behave in a professional manner at all times while on the Program premises or at a function at which the staff is a representative of the Collaborative.
- Conduct day-to-day activities in a safe, responsible manner, and avoid situations that may endanger the safety of others.
- Maintain the security of confidential information. Unauthorized disclosure of confidential information is forbidden.
- No smoking or other use of tobacco products and no illegal or unauthorized drugs or alcohol at any Collaborative Program, field trip or function.

- Provide accurate and non-judgmental information on all Program records and reports.
- Regularly report to work on time, and give notification of any absences in a prompt and responsible manner in accordance with Collaborative policies and procedures.
- Complete assignments accurately and in a timely manner.
- Utilize only Collaborative-sanctioned modes of communication with Individuals and follow all applicable laws, regulations, and Collaborative policies. This includes complying with the social media policy in the Valley Collaborative Employee Handbook.
- Support and advocate for the rights of all Individuals in the Program.

The above list is by way of an example only and is not intended to be exhaustive.

[End of Handbook]

Individual: \_\_\_\_\_

ISP/LP Month: \_\_\_\_\_

**Individual File- Today & Tomorrow Program, Valley Collaborative  
Table of Contents**

**Front Pocket**

- Emergency Fact Sheet
- Access Log

**I. Identifying Information**

1. Copies of identification Cards (ID, Health Insurance, Social Security, Passport, Birth Certificate, etc.) as applicable or available
2. Intake Info (Referral Packet, SRF, etc.)
3. Search Plan

**II. Service Planning**

4. Current ISP/ LP Packet
5. ISP Assessments (Annual Progress Summaries, Safety, Semi-Annual Progress Summaries)
6. Provider Support Agreement, Goal 1- "Work"
  - a. Monthly notes (if 3168 applicable)
7. Provider Support Agreement, Goal 2- "CBDS"
8. Assistive Technology Assessment

**III. Vocational Information**

9. Current T&T Schedule
10. Vocational Assessments (Person-Centered Plans, Worksite Surveys, AFLS, Resume)
11. Financial Information (Direct Deposit Info, I9, M4, W4, etc.)
12. Misc. Vocational Information/ Correspondence (Specific Employer Info, Trainings, etc.)

**IV. Health & Medical Information**

13. Health Packet
14. Annual Physical & Dental
15. Medication Sheet
16. Immunization Records
17. Specific Health Protocols (if applicable)
18. Misc. medical paperwork/ assessments (if applicable)

**V. Legal Information**

19. Current Consent Forms
  - b. Release of Information Form
  - c. Photo/ Media Releases
  - d. Transportation/ Home Alone Form
  - e. Worksite-Specific Consents (if applicable)
  - f. Other Misc. Consent Forms
20. Documentation of Annual Trainings (HR, Safety, etc.)
21. Guardianship & Roger's Monitor Info (if applicable or available)
22. Incident Reports (All)
23. Misc. Legal Information or Correspondence

**Inactive** (Previous year ISP/ Life Plan, Annual ISP Assessments, Semi-Annual Assessments)

## Admissions Checklist

### Legal Documents:

- Copy of Birth Certificate
- Copy of Social Security Card
- Court Mittimus (If Individual is in the custody of the State)
- Guardianship Decree
- Court Appointment Letter (for Individuals who have medical Guardian Ad Litem's')
- Conditions of Probation (if applicable)
- Signed Releases of Information completed by the Individual/Legal Guardian
- Signed Acknowledgement of the Human Rights Handbook
- Signed Releases for Transportation/Photographs and related Permission Slips
- Referral/Request Form
- Billing/Services Form/CDAT

### Medical/Health Documents:

- Physician's Orders for prescribed medications.
- Health and Immunization Record
- Standing Orders/Protocols from the physician with regard to medical issues (Epilepsy, Allergic Reactions, etc.)
- Copy of Roger's Orders (for Individual's in state custody receiving psychotropic medications)
- Emergency Medical Form
- Copy of Insurance Card
- Copy of most recent Psychiatric, Neuropsychiatric, or other related Evaluations and Assessments.

### Vocational Documents:

- I-9 Forms/Tax Forms/W-2
- Direct Deposit Form
- Copy of Social Security Card or Copy of Birth Certificate
- Copy of picture ID (if available)
- Vocational or Adaptive Assessments
- Copy of Social Security Benefit Statement (if applicable)
- Naturalization Card (if applicable)

## **Dress Code**

In order to continue to maintain our professional presentation in the community, it is important to follow the dress code for each work site. Please see below:

### **3M, MassPack, D'Youville**

- Closed toe shoes
- Long pants (no shorts)
- No tank tops

### **Billerica Town Hall**

- Closed toe shoes
- Long pants preferred
- No tank tops

### **Bristol Myers Squibb (BMS)**

- Closed toe shoes
- Long pants (no shorts)
- Clean and neat T-shirts without large graphics
- No tank tops

### **Cross Point**

- Closed toe shoes
- T-shirts without large graphics
- Khaki material shorts in the summer
- No tank tops or hats

### **Chelmsford High School (CHS), 25 Linnell Circle**

- Closed toe shoes
- Long pants preferred
- No tank tops

### **Chelmsford High Kitchen, Sodexo**

- \*Black closed two shoes\*
- \*Plain white t-shirt (no graphics)\*
- \*Black pants\*

### **Billerica Housing Authority (BHA)**

- Closed toe shoes
- Long pants preferred
- No tank tops

### **Community Catering**

- Closed toe shoes
- Plain white t-shirt (no graphics)
- Long pants (no shorts)

### **Camp Paul**

- Closed toe shoes
- Long pants (no shorts)

### **Meals on Wheels, Food Bank, Strongwater Farm**

- Closed toe shoes
- Long pants preferred

**Please note that schedules can occasionally fluctuate, so closed toe shoes and pants are suggested on a regular basis. Feel free to reach out with specific questions as seasons change. Thank you!**

# Health Packet



Dear Parent/Guardian/Caregiver,

The Valley Collaborative Today & Tomorrow Program, in accordance with DDS and DPH, requires the following documentation to be on file and updated yearly.

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- ☐ Copy of Annual Physical Exam, including list of current medications
- ☐ Documentation of a dental exam within past year/ or a signed refusal form
- ☐ Valley Collaborative Health Packet, attached
- ☐ Standing order permission form signed by physician and guardian
- ☐ If Individual has one of the following medical conditions, the following medical documentation is required (you may use doctor's own form or call Valley Program Nurse to receive a Valley Collaborative form):

\*Seizure Action Plan, signed by physician

\*Allergy Action Plan, signed by physician

\*Diabetes Action Plan, signed by physician

\*Diet Restrictions, signed by physician

If an Individual is prescribed medication to be taken during Program hours or is diagnosed with a medical condition, please contact the Program Nurse at 978-528-7889 or by email at [pvong@valleycollaborative.org](mailto:pvong@valleycollaborative.org).  
Fax: 978-663-0759

## EMERGENCY MEDICAL INFORMATION

Individual's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone#: \_\_\_\_\_

**Contact #1** -Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

(In boxes below please list preferred contact order 1- being first, 3- being last.)

☐ Home phone#: \_\_\_\_\_

☐ Work phone#: \_\_\_\_\_

☐ Cell phone#: \_\_\_\_\_

**Contact #2** -Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

(In boxes below please list preferred contact order 1- being first; 3- being last.)

☐ Home phone#: \_\_\_\_\_

☐ Work phone#: \_\_\_\_\_

☐ Cell phone#: \_\_\_\_\_

**Emergency Contact (if parents cannot be reached)** -Name: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Relation to Individual: \_\_\_\_\_

**Diabetic:** ☐ yes ☐ no (If yes, please see sheets attached)

**Allergies:** ☐ yes ☐ no (If yes, please see sheets attached)

Allergy	Describe Reaction	Treatment

(Please use back of form if more room is needed.)

**Asthma:** ☐ yes ☐ no (If yes, please list below)

Asthma	Describe Reaction	Treatment

(Please use back of form if more room is needed.)

**Seizure Activity:** ☐ yes ☐ no (If yes, see sheets attached):

Describe Seizure	Treatment



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**Medical/Social/Emotional/Mental Health Diagnoses:**

**Individual's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Insurance Information** (to be used in the event of emergency hospitalization):

Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

**Medical Specialists**

Primary Care Physician: \_\_\_\_\_ Telephone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Dentist: \_\_\_\_\_ Telephone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Other: \_\_\_\_\_ Telephone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT CONSENT**

I understand that in the case of a Medical Emergency, requiring treatment or hospitalization, Individual will be taken to the nearest treatment facility and given all lifesaving measures, unless otherwise indicated.

**RELEASE OF RECORDS**

I, **(circle one)** DO / DO NOT give the Valley Collaborative my permission to exchange medical information with the Individual's medical team for the purpose of sharing pertinent information necessary for proper treatment.

Any information obtained by Valley Collaborative will be held in the strictest confidence.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If you do not wish for your Individual to receive ANY medical treatment while attending Valley Collaborative Programs please sign the declination form below.**

**HEALTH CARE DECLINATION**

I, \_\_\_\_\_, prefer that, \_\_\_\_\_ not receive any health care during Program hours. In the event of an illness or injury while at the Program, please contact me at the following number(s): \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*Please note: This form will expire one year from date signed. Please inform the Director of DDS Services of any changes.*

## PHYSICIANS MEDICATION ORDER FORM

Name of Individual: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Physician/Clinic: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Allergies/Adverse medication reactions: \_\_\_\_\_

### MEDICATIONS TO BE GIVEN DURING DAY PROGRAM HOURS

Medication & Dose	Route & Frequency	Treatment Purpose	Special instructions (Including parameters for vital sign monitoring, if needed)	Duration/Stop Date

I give permission for the Program Nurse or MAP certified personnel to administer scheduled medications while Individual is at the Program: \_\_\_\_ YES or NO \_\_\_\_

The Program may only hold a thirty day supply of medication and that medication must be delivered to the Program Nurse by a parent/guardian/group home.

Parents/Guardians/Group home may retrieve the medication from the Program at any time; however, the medication will be destroyed if it is not picked up within one week following termination of the order.

**Does Individual have Physician permission to self-medicate? / Self-Carry \_\_\_\_ YES or NO \_\_\_\_**

*\*Unless indicated by Physician, above medications may be administered by trained staff.*

### MEDICATIONS BEING TAKEN BY INDIVIDUAL AT HOME

Medication & Dose	Route & Frequency	Treatment Purpose	Prescribed by

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

*Note: This form will expire one year from date signed. Please inform Nursing Department of any changes.*

Individual's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **PHYSICIAN PERMISSION FOR STANDING ORDERS**

**Nurse, MAP trained staff or Individual named above may administer/self-carry the following over the counter medication as needed with a physician's permission.**

*Please draw a line through any item you do not want given.*

1. Acetaminophen (Tylenol) every 4 hours for complaint of pain or fever over 100.5 degrees.  
**Dosage:** Over 60lbs give 325- 650mg by mouth. Not to exceed 4g/day
2. Ibuprofen (Motrin/Advil) every 6 hours for complaint of pain or fever over 100.5 degrees.  
**Dosage:** Adult 200-400mg by mouth. Not to exceed 3.2g/day
3. Oral pain reliever for tooth pain or mouth sores as needed.
4. Calcium Carbonate antacid (Tums) for indigestion up to 2 tabs for one dose only.
5. Diphenhydramine (Benadryl) every 4 hours as needed for *allergic reactions: itching, and/or hives*.  
**Dosage:** Weight over 50lbs. give 25mg by mouth
6. Hydrocortisone skin ointment 1% for itch.
7. Cough drops as needed for throat discomfort/cold symptoms.
8. Neosporin to affected areas as needed

#### **Prescription PRN Medications below must be provided by the family:**

1. Rescue Inhaler: Order to be written and signed by MD.

**Order:** \_\_\_\_\_

2. Diabetes testing supplies and Insulin: must be accompanied by the signed Diabetic Action Plan.
3. Epi-Pen: must be accompanied by an MD order and Allergy Action Plan

#### **Dosage and administration for anaphylactic reaction, laryngeal edema, or hives:**

Adult: 0.3cc IM or SC (weight greater than or equal to 50lbs.)

**\*\*Repeat injection in 5-15 minutes if the Individual's condition has not improved/deteriorated and EMS has not arrived yet.\*\***

**Does physician give permission for Individual to self-administer/self-carry above medications? ☐ YES or ☐ NO**

**Assessment form with MD signature must be completed and attached.**

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician Name/Clinic:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Please note: This form will expire one year from date signed. Please inform Program Supervisor/Nursing Department of any changes.**

## INDIVIDUALIZED SEIZURE PROTOCOL

NAME _____	DOB _____
------------	-----------

[illegible]

LAST SEIZURE \_\_\_\_\_

DESCRIPTION
<p>1. <b>Project Overview:</b> This project aims to develop a comprehensive system for managing and analyzing project data, including task tracking, resource allocation, and reporting.</p> <p>2. <b>Objectives:</b> The primary objectives of this project are to:</p> <ul style="list-style-type: none"> <li>Improve project transparency and communication.</li> <li>Optimize resource utilization and reduce costs.</li> <li>Enhance project delivery timelines and quality.</li> </ul> <p>3. <b>Scope:</b> The project scope includes the development of a web-based application that supports the following features:</p> <ul style="list-style-type: none"> <li>User authentication and role-based access control.</li> <li>Task creation, assignment, and tracking.</li> <li>Resource management and allocation.</li> <li>Reporting and analytics.</li> </ul> <p>4. <b>Timeline:</b> The project is scheduled to be completed within a 12-week period, starting from the date of project initiation.</p> <p>5. <b>Resources:</b> The project team consists of the following members:</p> <ul style="list-style-type: none"> <li>Project Manager: [Name]</li> <li>Business Analyst: [Name]</li> <li>Software Developer: [Name]</li> <li>QA Tester: [Name]</li> </ul> <p>6. <b>Risks:</b> The project team has identified the following risks:</p> <ul style="list-style-type: none"> <li>Scope creep: Changes to the project requirements may impact the timeline and budget.</li> <li>Resource availability: Limited availability of key team members may affect project progress.</li> <li>Technical challenges: Integration with existing systems may present challenges.</li> </ul> <p>7. <b>Conclusion:</b> This project is a critical initiative for the organization, and the team is committed to delivering a high-quality solution that meets the project objectives.</p>

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**CALL EMS (911)**

- If seizure last greater than \_\_\_\_\_minutes (VC policy 5 minutes)
- If the Individual has one seizure after another               **yes**      **no**
- If there is a CHANGE in a seizure pattern                     **yes**      **no**
- If the Individual has been injured                                  **yes**      **no**
- If Individual has a seizure who has an INACTIVE pattern (greater than 1 year) **yes**    **no**
- Other instructions or any changes to the above statement: \_\_\_\_\_

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CALL NEUROLOGIST- (*Program Nurse will call*)

- If the seizure last longer than \_\_\_\_\_minutes.
- If the Individual experiences \_\_\_\_\_seizures in 24 hour period.  
(Number)
- If the Individual experiences \_\_\_\_\_seizures in a week.  
(Number)
- If Individual has a seizure who has an INACTIVE pattern (greater than 1 year) **yes no**
- If post seizure behavior (confusion, agitation, decrease in activity etc.) continues longer than 30 minutes  
**yes no**

Additional Information: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

## Seizure Protocol

### PROTOCOL:

1. All Individuals' physical safety will be insured at all times.
2. **For seizure lasting more than 5 minutes 911 will be called & Individual will be transported to nearest hospital.** (An exception will be made if a physician specifies in a physician's order.)
3. For students who exhibit any seizure like activity and do not have a current seizure diagnosis **911 will be called immediately & Individual will be transported to nearest hospital.**
4. Guardian/parent will be notified whenever any seizure activity has taken place.
5. Individuals with a diagnosed seizure activity must have protocol signed by Physician.
6. When possible, two staff members should be present when an Individual is having a seizure, one staff to maintain safety, one staff to make phone calls if necessary.
7. If Individual has a witnessed, unwitnessed or suspected head or other bodily injury, **911 must be called.**

### PROCEDURE:

1. As soon as seizure activity is noted, a safe position will be established either in their chair or on the floor.
2. Remove any furniture or equipment that may pose as a safety issue.
3. Loosen clothing around neck and chest and release body jacket if wearing one.
4. Turn person onto side or if sitting tip head slightly forward.
5. Never place anything in the mouth (tongue depressor or airway).
6. Do not try to restrict the person's movements.
7. Stay with the person until motor segment of the seizure is over.
8. During the seizure observe the characteristics of the seizure including the following:
  - ☐ Precipitating factors (fever, menses, loud noise, bright lights etc.)
  - ☐ Time of onset
  - ☐ Aura
  - ☐ Clinical progression of the seizure activity (from arm twitching to generalized activity) skin pallor, cyanosis of tongue or around the mouth
  - ☐ Loss of consciousness
  - ☐ Duration of motor activities
  - ☐ Post-ictal state (sleepy, lethargic, confusion, crying, vocalizing, and headache).
9. Document the seizure on Seizure Activity Flow sheet.
10. As per protocol, inform parents/guardian that seizure activity has occurred.

Individuals name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

*Individual with a diagnosed seizure activity must have protocol signed by Physician. **Form valid for one year from date signed.***

#### Physician Use only

\_\_\_\_ Please use the above protocol for my patient.

\_\_\_\_ Please follow alternate protocol for my patient. Protocol is attached.

Physician's additional instructions: \_\_\_\_\_

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **ALLERGY ACTION PLAN**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**ALLERGY TO:** \_\_\_\_\_

Asthmatic: ☐ Yes\* ☐ No \*Yes= Severe risk for reaction

### **SIGNS OF AN ALLERGIC REACTION:**

#### **Systems:**

#### **Symptoms:**

**MOUTH**

Itching & swelling of the lips, tongue, or mouth

**THROAT**

Itching and/or a sense of tightness in the throat, hoarseness and hacking cough

**SKIN**

Hives, itchy rash, and/or swelling about the face or extremities

**GUT**

Nausea, abdominal cramps, vomiting and/or diarrhea

**LUNG**

Shortness of breath, repetitive coughing, and/or wheezing

**HEART**

“Thready” pulse, “passing-out”

**The severity of symptoms can quickly change.**

**\*All above symptoms can potentially progress to a life-threatening situation.**

1. If ingestion is suspected and/or symptoms are: \_\_\_\_\_ Give: \_\_\_\_\_ **IMMEDIATELY!**

2. **Call 911. DO NOT HESITATE TO CALL EMS/ 911 !!!**

3. Notify Parent/Guardian- Name: \_\_\_\_\_

(In boxes below please list preferred contact order 1- being first, 3- being last)

☐ Home phone#: \_\_\_\_\_

☐ Work phone#: \_\_\_\_\_

☐ Cell phone#: \_\_\_\_\_

**Emergency Contact (if parent/guardian cannot be reached)**

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

Telephone#: \_\_\_\_\_ Relation to student: \_\_\_\_\_

Parent/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*A medication order and Allergy plan must be on file for any individual with an allergy that requires an Epi-Pen. Physician may use this form or provide their own.*

Individual's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

*For physician use only:*

Physician Name \_\_\_\_\_ Phone#: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Does above Individual have permission to self- medicate? Please circle: yes or no

## Diabetic Action Plan

Mild to Moderate Hypoglycemia	Treatment
<ul style="list-style-type: none"> <li>• Behavior changes (may include): <ul style="list-style-type: none"> <li>• Acting quiet and withdrawn</li> <li>• Being stubborn or restless</li> <li>• Tantrums of sudden rage</li> <li>• Confusion</li> <li>• Inappropriate emotional responses (eg: laughter, crying)</li> <li>• Poor concentration or day dreaming</li> <li>• Shakiness</li> <li>• Sweatiness</li> <li>• Headache</li> <li>• Dizziness</li> <li>• Pallor</li> <li>• Increased Heart Rate</li> <li>• Staggering walk</li> <li>• Uncontrollable crying episode</li> <li>• Slurred speech</li> <li>• Blank stare</li> <li>• Refusal to take anything by mouth</li> </ul> </li> </ul>	<p><b>If blood sugar is below: _____</b></p> <ul style="list-style-type: none"> <li>• If you don't know what the blood sugar is, treat the symptoms.</li> <li>• Give the Individual some quick-acting sugar such as: <ul style="list-style-type: none"> <li>2 – 4 glucose tablets if ordered</li> <li>3 – 4 ounces of juice</li> <li>6 – 8 ounces of REGULAR soda</li> <li>6 – 8 ounces Milk</li> </ul> </li> <li>• Check the blood sugar 10 -20 minutes after treatment. If the blood sugar result is less than 80, or if the Individual still has symptoms, repeat the quick sugar treatment and blood sugar testing cycle until the Individual is symptom free and the blood sugar result is above 80.</li> <li>• When the Individual feels better and the blood sugar result is above 80, give additional snack if next meal is more than 30 minutes away and/or if the child will be participating in active play/ sports following this low blood sugar episode.</li> <li>• The Individual may resume Program activities after the blood sugar is above 80 and the Individual is symptom free.</li> <li>• Notify parent/ guardian as soon as possible</li> </ul>

Symptoms Individual *may* exhibit:

Mild to Moderate Hyperglycemia	Treatment
<ul style="list-style-type: none"> <li>• Frequent urination</li> <li>• Increased thirst</li> <li>• Blurred vision</li> <li>• Fatigue</li> <li>• Headache</li> <li>• Fruity-smelling breath</li> <li>• Nausea and vomiting</li> <li>• Shortness of breath</li> <li>• Dry mouth</li> <li>• Weakness</li> <li>• Confusion</li> <li>• Coma</li> <li>• Abdominal pain</li> </ul>	<p><b>If blood sugar is over: _____</b></p> <ul style="list-style-type: none"> <li>• If the Individual has warning signs of high blood sugar, check the blood sugar.</li> <li>• Encourage water</li> <li>• NEVER WITHHOLD FOOD FOR HIGH BLOOD SUGAR!</li> <li>• Notify parent/guardian</li> </ul>

Severe Hypoglycemia	Treatment
<ul style="list-style-type: none"> <li>• Unconscious</li> <li>• Unresponsive</li> <li>• Convulsion-like movement</li> <li>• Failure to respond to cake icing (gel type) or glucose gel</li> </ul>	<ul style="list-style-type: none"> <li>• Be sure the Individual is lying down in a safe area protected from head and bodily injury.</li> <li>• Position the Individual on his/her side</li> <li>• Call 911</li> <li>• Inject glucagon if ordered/available. (RN only, if a registered nurse is unavailable to administer, 911 should be called)</li> <li>• Please note that as the Individual regains consciousness, nausea and vomiting may occur</li> <li>• Notify parent/guardian as soon as possible</li> </ul>

Individual's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Daily Medications: \_\_\_\_\_  
\_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician signature: \_\_\_\_\_

Notify Parent/Guardian: Name: \_\_\_\_\_

(In boxes below please list preferred contact order 1- being first, 3- being last)

☐ Home phone#: \_\_\_\_\_

☐ Work phone#: \_\_\_\_\_

☐ Cell phone#: \_\_\_\_\_

**Emergency Contact (if parents cannot be reached)** -Name: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Relation to Individual: \_\_\_\_\_

Program Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Nurse Phone Number: 978-528-7889



## **Feeding & Diet Sheet**

*To be completed by Physician*

Individual's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Allergies: \_\_\_\_\_

Reason for Modified Diet: \_\_\_\_\_

History of Aspiration?

- ☐ Yes, when: \_\_\_\_\_
- ☐ No

Has this Individual undergone past feeding evaluation or Modified Barium Swallow Study?

*If yes, please attach copies of all reports to this form. Please see attached release of information form.*

- ☐ Yes
- ☐ No

### **Current Diet Recommendations:**

**Texture:**

- ☐ Regular/Solid
- ☐ Mechanical Soft
- ☐ Ground
- ☐ Pureed with some texture possible
- ☐ Pureed
- ☐ Non-oral-feeding tube

**Liquid Consistency:**

- ☐ Regular/Thin
- ☐ Nectar/Thick
- ☐ Honey Thick
- ☐ Pudding
- ☐ Non-oral-feeding tube

**Medications:**

- ☐ Whole with water
- ☐ Whole with puree
- ☐ Crush and mix with puree
- ☐ Use liquid form
- ☐ Non-oral feeding tube

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

## Dental Refusal Form

I, \_\_\_\_\_, am opting not to receive dental care at this time. This includes any preventative care such as cleanings and checkups.

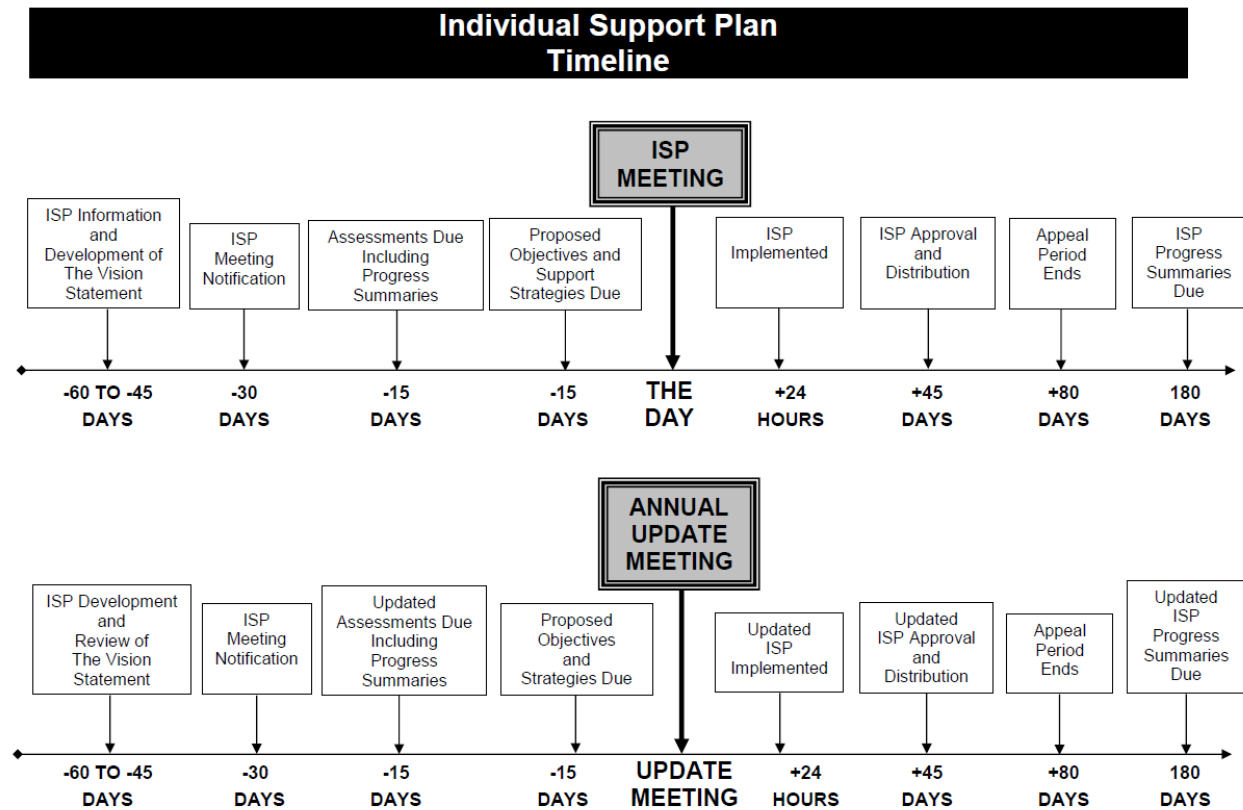
Individual Signature:\_\_\_\_\_

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

Guardian Signature:\_\_\_\_\_

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

## Individual Support Plan (ISP)



### Assessment of Functional Living Skills

<b>Assessment of Functional Living Skills</b> <b>BASIC VOCATIONAL SKILLS</b> <b>Employment Assessment: 3168, 3181, CBDS 3163</b> <b>SAFETY Assessment: 3168, 3181, CBDS 3163</b>		<b>Site:</b>  <b>Date:</b>
<b>Job Coach/Job Developer Name:</b>		
NAME:		
Current or New <b>WORK GOAL</b> (3181 & 3168):		
Current or New <b>CBDS GOAL</b> (3163):		
ISP Process Cycle: (Circle One) <b>Full</b> Semi Year 1     Annual     Semi Year 2		
<b>1a</b>	<b>Punctuality:</b>	
	Transitions to work on time consistently	
	Transitions to work on time inconsistently	
<b>1b</b>		
	Transitions from work on time consistently	
	Transitions from work on time inconsistently	
<b>2a</b>	<b>Attendance:</b>	
	Rarely or never misses work	
	Misses work less than twice per month	
	Misses work more than twice per month	
<b>2b</b>		
	Notifies employer when absent or tardy	
	Rarely/Never notifies employer when absent or tardy	
<b>3</b>	<b>Hygiene:</b>	
	Always maintains appropriate hygiene for work	
	Maintains appropriate hygiene at least half of work days	
	Rarely or never arrives to work with appropriate hygiene	
<b>4a</b>	<b>Grooming/Clothing</b>	
	Always dresses appropriately for work	
	Requires occasional reminders to dress appropriately for work	

	Rarely or never dresses appropriately for work	
<b>4b</b>		
	Always keeps self and clothing clean when performing tasks	
	Requires verbal reminders to keep self and clothing clean when performing tasks	
<b>4c</b>		
	Always adjusts clothing when needed	
	Requires verbal reminders to adjust clothing when needed	
<b>5</b>	<b>Accepting Criticism/Admitting Mistakes</b>	
	Recognizes and self corrects mistakes when possible and voluntarily notifies supervisor	
	Acknowledges their mistake when asked if they did something incorrect	
	Never accepts mistakes or criticism without negative behavior	
<b>6</b>	<b>Greets Others</b>	
	Initiates and returns greetings	
	Returns greetings	
	Never initiates or returns greetings	
<b>7</b>	<b>Demonstrates Eye Contact when Talking with Others</b>	
	Always maintains eye contact	
	Remains physically orientated to speaker but requires verbal cues to maintain eye contact	
	Never maintains eye contact	
<b>8a</b>	<b>Interacting with Others</b>	
	Always uses friendly and courteous interactions with everyone	
	Only uses friendly and courteous interaction style with people they know	
	Rarely or never uses courteous interaction style	
<b>8b</b>	<b>Respects Personal Space of Others</b>	
	Maintains acceptable space between others	
	Requires occasional reminders to respect others personal space	
	Always requires reminders to respect others personal space	
<b>9a</b>	<b>Remains Calm at Work</b>	
	Consistently reacts appropriately/calmly to given situations	
	Reacts inappropriately or in a disruptive manner once per week	

	Rarely to never reacts inappropriately or in a disruptive manner	
<b>9b</b>	<b>Demonstrates Non-Disruptive Behavior at Work</b>	
	Never disrupts work environment	
	Requires occasional reminders to correct disruptive behavior while working	
	Frequently requires reminders to correct disruptive behavior while working	
<b>9c</b>	<b>Displays Trustworthiness</b>	
	Is truthful with employers and employees and does not steal	
	Does not steal at work	
	Has not demonstrated trustworthiness	
<b>10a</b>	<b>Follows Simple Verbal Direction</b>	
	Consistently follows 4-step directions	
	Consistently follows 3-step directions	
	Consistently follows 2-step directions	
	Consistently follows 2-step directions with verbal prompts only	
<b>10b</b>	<b>Follows Written Direction</b>	
	Consistently follows 4-step written directions	
	Consistently follows 3-step written directions	
	Consistently follows 2-step written directions	
	Consistently follows 1-step written directions	
<b>11</b>	<b>Confirms Information</b>	
	Asks for clarification when needed	
	Tells instructor when confused	
	Does not confirm information when confused	
<b>12</b>	<b>Maintains Focus</b>	
	Remains focused and attentive to tasks up to 45 mins	
	Remains focused and attentive to tasks up to 30 mins	
	Remains focused and attentive to tasks up to 15 mins	
	Remains focused and attentive to tasks up to 5 mins	
<b>13a</b>	<b>Takes Breaks</b>	
	Takes scheduled breaks and returns on time independently	

	Sometimes requires prompts to take scheduled breaks and return on time	
	Always requires prompts to take scheduled breaks and return on time	
<b>13b</b>	<b>Lunch/Breakroom Etiquette</b>	
	Always appropriate, demonstrates behavior and follows norms and rules when in break room	
	Sometimes appropriate, demonstrates behavior and follows norms and rules when in break room	
<b>14</b>	<b>Learn New Skills</b>	
	Learns most skills after one demonstration	
	Learns skills after five or less demonstrations	
	Requires more than five demonstrations	
<b>15a</b>	<b>Task Performance</b>	
	Always agrees to completes non-preferred tasks	
	Sometimes agrees to completes non-preferred tasks	
	Requires prompts to complete non-preferred tasks	
	Refuses to complete non-preferred tasks	
<b>15b</b>	<b>Performing all Assigned Tasks During Shift</b>	
	Independently and consistently performs all job tasks and expectations throughout entire shift	
	Occasionally requires verbal prompts to ensure all job tasks are completed	
	Always requires prompting to ensure all job tasks are completed	
<b>16</b>	<b>Speed</b>	
	Maintains expected speed on job	
	Occasionally requires reminders to maintain expected pace	
	Always requires reminders to maintain expected pace	
<b>17</b>	<b>Prioritizing</b>	
	Always independently prioritizes tasks correctly	
	Occasionally requires verbal prompts to prioritizes tasks correctly	
	Requires job coach to prioritize tasks correctly	
<b>18</b>	<b>Seeking Additional Work</b>	
	When task is complete, finds additional work on his/her own	
	When task is complete, asks supervisor for additional work	
	When task is complete, will occasionally ask for additional work	

	Does not seek additional work, but will do it when given	
	Refuses to do additional work	
<b>19a</b>	<b>Use/Care of Equipment</b>	
	Uses and cares for equipment with respect	
	Uses equipment, and returns it the majority of the time	
	Uses equipment appropriately, but may not return it	
	Carelessly uses equipment, but returns it to original place	
	Carelessly uses equipment; does not put it away	
<b>19b</b>	<b>Keeps a Clean and Tidy Work Area</b>	
	Always keeps work area and personal belonging neat and tidy	
	Sometimes keeps work area and personal belongings neat and tidy	
	Rarely keeps work area and personal belonging neat and tidy	
<b>20</b>	<b>Overall Improvement (From day one until the end of the training)</b>	
	Outstanding	
	Very Good	
	Average	
	Minimal	
	None	
<b>21</b>	<b>Safety &amp; Evacuation</b>	Yes / No / NA
	Can Individual evacuate work site safely?	
	Can Individual state/show name, address, phone number?	
	Does Individual carry an ID card?	
	Does Individual carry/wear a medical ID?	
	Can Individual use a cell phone or telephone?	
	Can Individual call 911?	
	Can Individual call (yell to) supervisor for help?	
	Does the Individual stay with the group?	
	Can the Individual navigate crowds and curbs?	
	Can the Individual identify 5 basic community signs (exit, restroom, caution, etc.)?	
	Can the Individual cross the street safely?	



	<b>Can the Individual cross a parking lot safely?</b>	
	<b>Can the Individual fasten his/her seatbelt?</b>	
	<b>Can the Individual identify 2 sources of community help (police, fire, etc.)?</b>	
	<b>Does the Individual cooperate during evacuations?</b>	
	<b>Can the Individual identify alternative exits if main exit is blocked?</b>	
	<b>Does this Individual require assistance to exit in a timely manner? (describe below)</b>	
	<b>Assessor's Signature:</b>	
	<b>Individual's Signature:</b>	

**Person Centered Plan**

**Annual Review**

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

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

Next Review Date: \_\_\_\_\_

Case Manager: \_\_\_\_\_

**QUALITY OF LIFE: CBDS**

Any changes to Physical Needs:

Any changes to Mental Needs:

Any changes to Spiritual Needs:

Any changes to Social Needs:

**ADULT LIVING: CBDS**

Any changes in Adaptive Living Skills?

Any changes in Adaptive Living Strengths?

## COMMUNITY ENGAGEMENT: CBDS

What does your community mean to you?

What are your interests in the community?

What types of leisure activities do you want to pursue?

## EMPLOYMENT

What new Skills do you have?

What new Abilities do you have?

What are your career choices?

Additional Comments:

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Individual Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DDS Program Worker Trainee Disclosure Form**

Valley Collaborative's Today and Tomorrow Program provides individuals the opportunity to be "Worker Trainees" within the Group Supported Employment model.

By enrolling in Valley Collaborative's Today and Tomorrow Program, I understand I will have the opportunity to work in a group supported employment setting as a "Worker Trainee" supported by Valley Collaborative staff and to earn a stipend equivalent to the hourly minimum wage in Massachusetts. Also, and as defined by the Massachusetts Department of Unemployment Assistance, individuals may not be eligible for unemployment benefits if the only source of employment is from working as a worker trainee in a program run by a nonprofit or public institution (i.e. Valley Collaborative).

By signing this form, I understand that being enrolled in the Today and Tomorrow Program does not make me an employee of Valley Collaborative, or any other organization where I participate in Group Supported Employment. I have been made aware that I will not receive the employee benefit package offered by Valley Collaborative or the businesses where I participate in Group Supported Employment as my worker trainee program does not meet the eligibility requirements of employment. As such, "Worker Trainees" are not eligible for employee benefits such as paid leave, holiday pay, vacation time, workers compensation, unemployment insurance, state pension, etc.

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

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

Signature: \_\_\_\_\_

If applicable, Guardian Signature: \_\_\_\_\_