

Heightened Scrutiny

SETTING INFORMATION

Setting Name: The Hope Institute DDD

Address: [REDACTED] and [REDACTED]
Springfield, IL 62712

HEIGHTENED SCRUTINY INFORMATION

The Hope Institute is a Child Group Home. There are two group homes that were visited during the On-Site Validation process. It is a campus and two sites are being submitted for Heightened Scrutiny.

Maximum Capacity of the Facility: 12 (5+7)

Current Occupancy (10/14/16): 12

Proof of licensure by state agency

On Site Validation Tool

Description of the proximity to community settings used by individuals that do not receive Medicaid funded home and community-based services

Provider qualifications for staff

Definitions and documentation of employment supports that facilitate community-based integrated employment

Documentation of modifications made to meet requirements for provider-owned or controlled settings

Documentation of procedures in place by the setting that support individuals access to activities in the greater community

Staff training materials that document procedures for staff to deal with changing local community activities schedules

Documentation that the individuals selected the setting from among setting options, including non-disability-specific settings

Description of the proximity to avenues of available public transportation or an explanation of how transportation is provided

Other relevant information

-Letter from Clint W. Paul, President and CEO responding to HS questions.

On-Site Assessment – Residential and Non-Residential HCBS Settings Validation Checklist

Provider Name:	The Hope Institute		
Name/Address of setting:	[REDACTED], Springfield, IL 62712		
Contact at the setting:	Lula Robinson		
Visited With:	(I) [REDACTED]	(G) [REDACTED]	(S) [REDACTED]
Surveyor Name:	Patti Lanane		
Date Completed:	7/6/16		

What type of facility license, certification/registration, etc. does the setting possess? (Mark the appropriate box) (for HS- A copy is needed)

<input type="checkbox"/>	Community Integrated Living Arrangement - License	Long Term Care Facility
<input type="checkbox"/>	Developmental Training - Certificate	Illinois Department of Public Health Certificate/License
<input checked="" type="checkbox"/>	Department of Children and Family Services - License	Adult Day Services – Certification by DOA

Which of the following best describes the setting: (Mark the appropriate box)

<input checked="" type="checkbox"/>	Child Group Home	Site-Based Permanent Supported/Supportive Housing
<input type="checkbox"/>	Day Habilitation-Facility Based:	Supportive Living Facility (SLF)
<input type="checkbox"/>	Residential Habilitation	Supported Residential
<input type="checkbox"/>	Comprehensive Care in Res. Setting	Community Living Facility
<input type="checkbox"/>	Community Integrated Living Arrangement (CILA)	Other (please specify):
<input type="checkbox"/>	Adult Day Services	

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)		Yes	No	Comment
Public Comment Received?				
Does the setting provide both on-site and off-site services?				
Is the setting located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building located on the grounds of, or immediately adjacent to a public institution?				
Is the setting a farmstead, a gated community, or part of a multi-setting campus? Admin, 1 child care institution wing w/ 8 remaining children of attached school				
1 group home on Campus				
See comment to left.				

(For Heightened Scrutiny (HS) – request a copy of documentation of certifications or training completed specifically for Home and Community-based Support Staff)

Category 1

The setting/home is integrated in and supports full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCB services. (guidance – record review; interviews)

(for HS - Request a copy of the documents, inclusive of definitions of employment supports that facilitate Community integration)

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)		Yes	No	Plan	NA	Additional Comments
1.	Do individuals/family members receive information, which approximates their level of understanding, regarding services in the broader community and access options, such as public bus/taxi/van services and special transportation providers?		<input checked="" type="checkbox"/>			Not discussed in general + your ladies at this site have significant supervision needs.
2.	Does the setting utilize access to the community as part of its plan for services?	<input checked="" type="checkbox"/>				Children's settings. Currently all in school + requires DT level services once graduated
3.	Do individuals have an opportunity to seek employment in competitive integrated settings?	<input checked="" type="checkbox"/>				Restrictions not within home.
4.	RESIDENTIAL ONLY: Does the setting encourage visitors or other people from the community to visit?	<input checked="" type="checkbox"/>				Background gate changed, blocked to prevent placement of a particular young lady. PAR + guardian(s) approved.
5.	RESIDENTIAL ONLY: Do the residents have the freedom to move about inside and outside the home or are they primarily restricted to one room or area? If restrictions are placed on movement inside and outside the residence, have the restrictions been approved by the individual (or the legal authority acting on the individual's behalf) and the setting's care team and is it documented in the Individual Service Plan?	<input checked="" type="checkbox"/>				

Category 2

The setting gives individuals the right to select from among various setting options, including non-disability specific settings. (guidance – record review; interviews) (for HS – Request a copy of the document(s) used by agency)

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
6. Are individuals and their families encouraged to participate in the care planning process?	✓				
7. Does the person centered plan identify various setting options provided to the participant?	✓	✓			Only the options available through Hope + general comment about future care level of need.
8. Does the person centered plan identify the individuals' choice to receive services at this setting?	✓				
9. Does the person centered plan identify non-disability setting options?	✓	✓			no mention of any other than back to family home.
10. Does the person centered plan identify safety concerns that impact options or choice?	✓				
11. NON-RESIDENTIAL ONLY: Does the individual have a choice regarding Day Setting options?				✓	
12. RESIDENTIAL ONLY: Does the individual have a choice/option for a private unit?	✓				Currently (due to cover census) private option available + they are in own rooms. But guardians indicated not given choice, just what's available.

Category 3

The setting ensures individuals' rights of privacy, dignity, respect, and freedom from coercion and restraint.
(guidance – policy; documented in record; interviews; program observations)

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
13. Does the setting have policies and procedures that address the individuals' rights of privacy, dignity, respect, and freedom from coercion and restraint? <i>through interviews indicate they've been given rights they're not in the</i>	✓	✓			Does not address freedom from coercion
14. Does the setting inform individuals of their rights to privacy, dignity, respect, and freedom from coercion and restraint? <i>of coercion</i>	✓	✓			same ↑
15. Does the setting post individuals' rights in a visible location?	✓				
16. Have the individuals been informed of their rights and have they received a written copy of their rights?	✓				Guardians are given copies
17. Does the setting conduct communications about individuals' medical conditions, financial situations, and other personal information in a place where privacy/confidentiality is assured?	✓				
18. Does the setting ensure that individuals have privacy while using the bathroom unless the individual has a documented need for assistance?	✓				
19. If an individual needs assistance with personal care needs, are arrangements made for this to be done in private?	✓				
20. Does the setting offer a secure place to store individuals' personal belongings?	✓				lock boxes/foot lockers if requested.
21. Does the setting staff communicate with individuals based on needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, and residents' language)?	✓				simple sign + PICS
22. Are individuals allowed to dress or groom in a manner that is appropriate to the setting while honoring individual choice and lifestyle preferences?	✓				
23. Does the setting impose restrictions regarding access to the community in accordance to the individuals' assessed needs and level of supervision required while maintaining the highest level of independence?	✓				
24. Does the setting utilize restraints only in accordance with the Mental Health Code?	✓				
25. Does the setting use delayed egress devices or have secured perimeters only in accordance with individually approved plans of care?	✓				locked yard gate is approved by HRC + guardians. Same to elopement issues of 1 girl.

Category 4

The setting optimizes individual initiative, autonomy, and independence in making life choices, including daily activities, physical environment, and with whom to socially interact (guidance – interviews)

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
26. Does the setting offer daily activities that are based on individuals' needs and preferences?	✓				
27. Can individuals choose with whom to interact?	✓				
28. Can individuals choose which activities to participate in?	✓				
29. RESIDENTIAL ONLY: Can individuals choose to dine alone or in a private area?	✓				needing table, etc
30. RESIDENTIAL ONLY: Can individuals participate in activities in the community alone?	✓				one require supervision 24/7
31. NON-RESIDENTIAL ONLY: Does the setting allow individuals to have a meal/snack to meet their needs and preferences?				✓	
32. NON-RESIDENTIAL ONLY: Does the setting provide individuals the option to choose both individual and group activities?				✓	

Category 5

The setting facilitates individual choice regarding services and supports, and who provides them. (guidance – policy; interviews)

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
33. Does the setting inform individuals/family members that they have a choice to modify their services?	✓				
34. Does the setting have policies that support individuals' choice of services that meet their needs and preferences?	✓				
35. Does the setting have a complaint/grievance policy?	✓				
36. Does the setting inform individuals how to file a complaint/grievance?	✓				
37. Does the setting allow individuals to voice concerns or ask questions regarding the services received?	✓				
38. RESIDENTIAL ONLY: Can residents seek services from a service provider other than the one assigned to their particular case; such as a different therapist or social worker, to the extent that alternative staff are available?	✓				
39. NON-RESIDENTIAL ONLY: Does the setting have policies that support individuals' choice of services that meet their needs and preferences?				✓	

Category 6

The setting is a physically accessible setting.

(guidance – site inspection; program observation) (for HS- request the documentation of modifications made to meet requirements)

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
40. Is there any public area within the setting that is not physically accessible to all individuals? If so, is there programming or staff available to provide necessary accommodations?		Not <input checked="" type="checkbox"/>			
41. Can individuals access the settings amenities such as bathrooms and equipment as needed? If not, is there programming or staff available to provide necessary accommodations?	<input checked="" type="checkbox"/>				
42. Does the setting ensure physical accessibility based on individual needs (e.g. grab bars, seats in the bathroom, ramps for wheelchairs and table/counter heights appropriate to the individual)?	<input checked="" type="checkbox"/>				

Category 7 (RESIDENTIAL ONLY)

This setting provides for a legally enforceable agreement between the provider and the consumer that allows the consumer to own, rent, or occupy, the residence and provides protection against eviction.

(guidance – policy; record review; interviews) (for HS- request the documentation of modifications made to meet requirements)

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
43. As applicable, do individuals have a lease, or for settings in which landlord-tenant laws do not apply, a written residency agreement?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			There is a Services Agreement but does not address these things specifically for at all residents.
44. Are individuals informed of their rights regarding housing and when they could be required to relocate?		<input checked="" type="checkbox"/>			

Category 8 (RESIDENTIAL ONLY)

The setting provides for privacy in units including lockable doors, choice of roommates and freedom to furnish and decorate the sleeping or living unit within the lease or other agreement.

(guidance – policy/procedures; interviews) (for HS- request the documentation of modifications made to meet requirements)

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
45. Do individuals have a choice regarding roommates or private accommodations?	<input checked="" type="checkbox"/>				Currently as census is down.
46. Is there a process for changing roommates or acquiring other accommodations if desired by the individual?	<input checked="" type="checkbox"/>				via interview/practice
47. Can individuals choose their own bedroom furniture and accessories?	<input checked="" type="checkbox"/>				as funds allow

Category 9 (RESIDENTIAL ONLY)

The setting provides for options for individuals to control their own schedules including access to food at any time.
(guidance – policy/procedures; interviews) (for HS- request the documentation of modifications made to meet requirements)

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
48. Do individuals have access to food as desired?	✓				usually mostly fruit between meals + planned snacks.
49. Do meal schedules allow for some flexibility in eating times?	✓				
50. Do individuals have the option of eating alone?	✓				at another table within sight of staff

Category 10 (RESIDENTIAL ONLY)

The setting provides individuals the freedom to have visitors at any time.
(guidance – policy/procedures; interviews) (for HS- request the documentation of modifications made to meet requirements)

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
51. Are the times of visits restricted in any way?		not ✓			common courtesy
52. Can visitors see individuals in the individuals' rooms or in common areas of the home?	✓				
53. Can visitors take the individuals outside the setting for activities, such as for a meal or shopping?	✓				approved by guardian visitors
54. Can visitors take the individuals for a longer visit outside the home, such as for holidays or a weekend?	✓				same

Follow Up/Next Steps:

"The results of the on-site validation assessments will be shared with the DDD and HFS. The provider should use the results to ensure its compliance with the federal HCBS rule. The DDD will incorporate the results in planning activities for future quality assurance visits. The DDD will contact the provider should additional actions be necessary."

Notes

Assessment Completed By

Faye Danane

Date

7/6/14

Facility/Site

Hope Institute for Children and Families

Reviewed By

Signature

Date

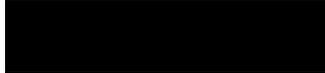
State of Illinois
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Type of Facility
GROUP HOME

PRINT DATE: 05-05-2016

NO.
514269-03

LICENSE ISSUED TO



SPRINGFIELD IL 62712

Effective Dates
05-01-2016 - 05-01-2020

Capacity
000
010
000

Supervising Child Welfare Agency

Area Used for Children
ENTIRE HOUSE

Ages of Children Served
DAY: 05Y TO 21Y

Mailing Address for this facility is:



SPRINGFIELD IL 62712-4210

Acting Director

3A- -30



October 5, 2016

Jim Eddings
Division of Developmental Disabilities
600 E Ash Street, Bldg 400
Springfield, IL 62703

Mr. Eddings,

Please find attached responses to items identified in the recent audit of our Nyre Child Group Home. In addition, a response to the Heightened Scrutiny Document Checklist is also attached. We look forward to working with you as we endeavor into an even more person-centered approach at The Hope Institute. We hope you find all relevant information attached helpful in demonstrating that [REDACTED] would be in compliance with the new federal Home and Community Based Services Setting Rule.

We look forward to hearing from you soon.

A handwritten signature in black ink, appearing to read "Clint W. Paul".

Clint W. Paul, President & CEO
The Hope Institute for Children and Families
217-585-5437
cpaul@thehopeinstitute.us

Response to On-Site Assessment

campus	1	7	9	13	14	30
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1. The children living in this home have significant supervision needs that would not allow them to access their community independently. It is true, however, that these children access the community often and appropriately based on ability and level of understanding. Additionally, our children access services in the broader community through the utilization of specialty medical appointments, recreational activities, parks, restaurants, etc. Each children's group home has its own assigned vehicle which allows children to access the community at their leisure. To correct this item, The Hope Institute will integrate a statement regarding community access into the Person Centered Plan.

7. The Hope Institute has many options for residential settings provided to our children. Most children served at Hope are not verbal. We understand that behavior is communication and use that to assist our children (along with input from families and invested parties) in choosing the best living option for them. We pride ourselves in identifying homes for our children that emphasize their independence, facilitates good peer interactions with similar children, and supports each child's activity level and interests. Additionally, when moving a child to a new home, our clinical staff will try different homes to gauge the child's happiness and ability to assimilate in that home. To correct this item, The Hope Institute will integrate these procedures into each child's Person Centered Plan.

9. The children living in this home have significant supervision issues, high frequency and intensity maladaptive behavior, and substantial intellectual disability. These children will require some level of supervision for the rest of their lives. The Hope Institute does, however, strive to increase independence at every opportunity through fading of intensive staff supervision, and identifying each child's level of independence outlined in their support plans. To correct this item, The Hope Institute will integrate these procedures into each child's Person Centered Plan.

13. The Hope Institute follows the Rights of Individuals under the Illinois Mental Health and Developmental Disabilities Code. Freedom from coercion will be added to that and adopted by Hope.

14. The Hope Institute follows the Rights of Individuals under the Illinois Mental Health and Developmental Disabilities Code. Freedom from coercion will be added to that and adopted by Hope.

30. Each child living at Hope and at the [REDACTED] require 24/7 supervision to ensure safety of the child due to high frequency and intensity maladaptive behavior and substantial intellectual disability.

Heightened Scrutiny Review Document Checklist

- **Proof of licensure by state agency**

See attached.

- **Description of Proximity to community settings used by individuals that do not receive Medicaid funded home and community-based services.**

The [REDACTED] This is a standalone home integrated and in close proximity to neighborhood homes situated around Lake Springfield. The closest home used by individuals that receive Medicaid funding is [REDACTED]
[REDACTED] This home will be closed within the calendar year.

- **Provider qualifications for staff.**

Nyre employees are given the same training classes as employees who work in community residential homes – specifically during a 3 week classroom training and a 2 week on-the-job training program, those trainings include Abuse and Neglect, Mandated Reporting, Human Rights, Youth Grievance Procedure, Greeting Visitors, Human Interactions, Trauma and Informed Service Training, Personal Hygiene, Creating a Positive Environment, Preventing the Spread of Infectious Diseases and Universal Precautions, Safety Care, CPR, First Aid, Evacuation Procedures, Missing Youth Procedures, Fire Drills, Safety Lifting, Behavior Interventions, Health Information, Basic Health and Wellness, Documentation, Introduction to Developmental Disabilities, Food Sanitation, Diets and Nutrition, Meal Preparation, Active Treatment, Transportation Training, Self-Medication Administration, and Service Plan Development.

- **Definitions and documentation of employment supports that facilitate community-based integrated employment.**

Noll Vocational Training Center

Hope's Community Employment/Job Training Program is housed at Hope's Noll Vocational Training Center, a private-public school partnership whose mission is to provide meaningful onsite classroom and vocational training, and community employment and vocational training for central Illinois students with disabilities. Hope offers individualized vocational training, education and supports through a variety of programs at the Training Center.

The Training Center, which opened August 2012, centralizes vocational training, vocational assessments, job development, community employment and job training placement, and all other supportive services such as job coaching. In the spirit of community service, Noll Vocational Training Center aims to build partnerships with central Illinois public school districts and private schools with the goal to share Hope's

vocational training expertise so that ALL students with disabilities have the opportunity to develop practical job skills and participate in quality job training and employment opportunities.

The mission of the Hope Vocational Program is to provide optimal experiences for the children we serve to give them vocational skills that will enhance their adult life journey. Currently the Vocational Department at The Hope Institute consists of full time Job Coaches, a Noll Café Manager, a certified teacher as a Vocational Manager, a Vocational Administrator, and the Director of Vocational Services. The Hope Institute has expanded efforts to provide meaningful classroom and community vocational experiences for central Illinois students with disabilities. We have developed a state-of-the-art vocational training program. The training center is located in the Noll Medical Pavilion located on 5220 S 6th Street Rd, Springfield, IL 62703. Vocational training, vocational assessments, job development and job coaching are provided through the services of the Noll Vocational Training Center morning and afternoon session. The Noll Vocational Training Center is a ½ day vocational program designed for students who will spend part of their day in the Noll Vocational Training Center. The other portion of the student’s day is in their home school environment completing required course work. The Noll Vocational Training Center provides the following training opportunities:

Computer Lab	Formica	Hope Soap	Copy Center
Janitorial Training	Shredding	Cooking	Stocking Shelves

Vocational Businesses

The Hope Institute recognizes the importance in teaching our students daily living and working skills through the vocational department. Hope also understands how difficult job development is for the population of students we serve. Part of our vision is to develop our own businesses for our students to manage and support. Three years ago The Hope Institute opened the Noll Café. The Noll Café is housed in the Noll Medical Pavilion and helps train our youth learn the skills needed to work in a food service. This spring we will start our fourth season at the Down Town Farmers Market in Springfield. This project helps our youth develop vocational tasks, money skills, and appropriate behaviors while in the community. Just this year the Vocational Department developed a copy center business operated by our vocational youth. This area helps train our lowest functioning students meaningful vocational skills needed to work in the community.

Community Partners

Job development for young adults with disabilities can be challenging. However, central Illinois is sharing the same vision as The Hope Institute. Our current business partners are the following:

1. Ace Hardware

2. County Market Chatham, Sherman, Girard
3. Horace Mann
4. Horace Mann Supply Center
5. Illinois Education Credit Union East and West
6. Habitat for Humanities
7. Lucky Lady
8. First Church of Nazarene
9. Noll Café
10. YMCA
11. Walgreens-Sherman
12. Taco Bell
13. Staff Carpet
14. Signature Rental (5 Flavors)
15. Sangamo Club
16. Route 66
17. Redbrid Café
18. Pizza Ranch
19. Parkway Café

Hope drives over 1,200 miles weekly to transport youth with developmental disabilities to and from their paid employment and job training sites throughout the central Illinois community.

- **Documentation of modifications made to meet requirements for provider-owned or controlled settings.**

The [REDACTED] is completely accessible as required by the Americans with Disabilities Act (ADA). Additionally, the home was built to specific standards to be sensory friendly,

ensure more private bedrooms, facilitate communion in great rooms, and reinforced to endure significant behavioral challenges presented by the children living there.

- **Documentation of procedures in place by the setting that support individuals access to activities in the greater community.**

The Hope Institute facilitate youth meetings each month to go over current calendars, preferred activities, and upcoming events. We also discuss cultural opportunities and events in the community in bi-weekly youth council meetings. We administer a lifestyle survey at every ISP, and discuss activity calendars in the weekly plex leadership meetings. See attached.

- **Staff training materials that document procedures for staff to deal with changing local community activities and schedules.**

The Qualified Intellectual Disability Professionals (QIDP) are responsible for creating the monthly calendar, and they are sure to look at activity schedules in the local Illinois Times/SJ-R to find out what appropriate, fun, and seasonal activities are happening in the community. You will notice the attached October activity calendar for Cormorant. We have included Sunday football, youth group on Sunday mornings for those youth wanting to participate, Halloween costume shopping, trick-or-treating, and Bomke's pumpkin patch for pumpkin picking. We also have Sunday dinner each week, and have our youth shop for the supplies. We provide Mardi Gras parties, holiday celebrations, Thanksgiving meals, a birthday bash for our youth each month, just to name a few activities. Please see attached.



POLICY

ID: ROS-030000

TITLE: OFF-CAMPUS ACTIVITIES/SPONTANEOUS TRIPS

DATE OF LAST REVISION: 07/10/15

DATE OF IMPLEMENTATION: 09/21/00

RESPONSIBLE PERSON: Director of Residential Services

I. PURPOSE

To ensure the youth of The Hope Institute are offered community based educational, leisure and recreational activities.

II. SCOPE

All employees involved in the planning, approval, and execution of off-campus trips.

III. DEFINITIONS

- A. Off-Campus Activity (OCA) -An Activity occurring at an off-campus community site for the purpose of educational or recreational reasons. Trips involving youth who reside in a group home who come to campus to participate in a campus activity are exempt from completing the Community Assessment Form. All other requirements regarding driver qualifications, seating arrangements, etc. apply.
- B. Activity Sites –a location to be used for educational or recreational trips.
- C. Family/guardian and significant others, the classroom teacher, School Principal, Director of Nursing/Designee, Qualified Intellectual Disabilities Professional (QIDP), and Habilitation Specialist.
- D. Non-recreational Off Campus Trip – Any trip which is not recreational, educational, or urgent/emergency medical. Examples include:
 - 1. Medical Appointments
 - 2. Dental Appointments
 - 3. Home Visits
 - 4. Court Required Appointments
 - 5. Trips to or from school
- E. Off-Campus Activity Qualified employee (OCA Qualified) – An employee who has current certification in all of the following:
 - 1. CPR
 - 2. First Aid
 - 3. Approved Crisis Intervention Program



POLICY

ID: ROS-030000

4. Has completed training for OCA (Off-Campus Activities)
- F. Recreational Off-Campus Trips – Any youth trip which has the primary purpose of promoting educational, leisure or therapeutic recreational skills with an emphasis on youth’s preferred areas of interest.
- G. Trained Surveyor – A Trained Surveyor shall be defined as any staff that has been trained to be a site surveyor and approved to make site surveys.
- H. Urgent Medical Trip – An urgent medical trip shall be defined as any trip deemed necessary by the Physician/Designee to deal with the urgent/emergency medical needs of a youth.
- I. Emergency packet – A file folder kept in all homes that is taken in the van with the youth for all activities, whether recreational, non-recreational or medical. The packet contains basic information which includes a demographic sheet, consent for treatment, insurance information and a list of current medications.
- J. Medical (smoke) Packet – A packet of information that is sent with youth on medical appointments that contain a face sheet, diagnosis sheet, immunization record, current physical exam, current physician order sheet, power of attorney for healthcare (DHS/ISBE funded youth), consent for ordinary and routine medical and dental care (DCFS youth), adult guardianship papers for youth over 18 years of age, and any other information requested by the medical team such as, labs, diagnostic reports, etc.

IV. STATEMENT OF POLICY

It shall be the policy of The Hope Institute for Children and Families that youth are offered options from an array of leisure and recreational activities. The Hope Institute seeks to provide individuals with appropriate access to community services/resources. Physical presence in the community provides opportunities for youth from The Hope Institute to meet others and broaden their developmental experience. The youth’s preference and goals, behavioral and educational needs, the community’s resources and the safety of all those involved in the trip are considered when developing off-campus activities. Every effort shall be made to ensure that children have the opportunity to participate in community activities. This includes making alternate arrangements should a particular youth in the home or classroom not be able to attend the community activity due to illness, injury, or challenging behaviors so that the other youth may continue to participate in the activity.

V. PROCEDURE

A. Site Surveys

General Information



POLICY

ID: ROS-030000

1. The Recreation Specialist shall ensure that all activity sites for educational/residential trips are surveyed.
2. The site surveys shall be documented on a master list of activity sites by the Director of Safety and Security/Designee.
3. The director of Safety and Security/Designee shall ensure a new survey prior to organizing and utilizing a site.
4. An initial survey is completed and a re-survey is done every three years or more often as warranted. Site Surveys for special events shall be renewed as needed.
5. A copy of the master list of approved activities/spontaneous trip sites shall be maintained in a database on the THIFC network drive by the Safety and Security Department
6. The Director of Safety and Security /Designee shall ensure that the completed and approved Off-Campus Activity Site forms are put into the Approved Off-Campus Activity Site manual.

Request for Site Survey

1. All potential activity sites requested, the person requesting the survey shall fill out the *Off Campus Activity Site Evaluation Request* form.
2. All potential activity sites shall be evaluated by a trained surveyor. A trained surveyor shall survey the site and document the various accessibility issues or potential safety concerns on a *Safety and Accessibility Survey* form.
3. All potential activity sites requested, the person requesting the survey shall fill out the *Off Campus Activity Site Evaluation Request* form.
4. All potential activity sites shall be evaluated by a trained surveyor. A trained surveyor shall survey the site and document the various accessibility issues or potential safety concerns on a *Safety and Accessibility Survey* form.
5. The Director of Quality Assurance shall collect the request and assign the sites to Trained Surveyors.
6. All originals shall be maintained in the database by the Safety and Security Department.
7. The Director of Quality Assurance shall ensure that a site survey is completed and a decision made on its approval within two weeks.

Completion of Safety and Accessibility Survey

1. The Trained Surveyor shall obtain and document information about the following areas on the Safety Accessibility Survey:
 - a. Destination
 - b. Description of Site (Activities Offered)
 - c. Address
 - d. Telephone Number
 - e. Hours of Operation
 - f. Fees
 - g. Travel Time (from The Hope Institute)
 - h. Terrain



POLICY

ID: ROS-030000

- i. Accessibility Issues
 - j. Parking Conditions
 - k. Environmental Hazards
 - l. Restrooms
 - m. Drinking Fountains
 - n. Elevator/Escalators
 - o. Telephones
 - p. Designated Emergency Meeting Area
 - q. General Comments and Recommendations if a staff member notifies the Director of Quality Assurance of a change in the site not reflected in the Site Survey Form, a new site assessment will be completed immediately, prior to any further trips to the site.
2. The Trained Surveyor shall obtain the information by visiting the site, surveying the area, interviewing personnel, reviewing literature, and any other methods available. The surveyor shall document any accessibility issues or potential safety concerns.
 3. The Trained Surveyor shall submit the completed Safety and Accessibility Survey Form to the DOR for review and decision on approval. The DOR may require the trained surveyor to obtain additional information prior to making a decision.
 4. The Site Surveyor shall type the information from the handwritten form to the Off-Campus Activity Site Form.
 5. The Director of Safety and Security or the DOR shall review the Off-Campus Activity Site Form and approve or deny as appropriate.
 6. Any exceptions to these policies or procedures shall be documented and approved by the DOR prior to approval of the specific activity site.

B. Planning and Initiating Trip

1. Any youth or staff may request a trip.
2. The Home Administrator/QIDP /Designee, Health Services staff, Classroom teacher/designee shall initiate the form for the activity, the destination, and the youth and staff for the trip. The Home Administrators/QIDP, Health Services staff or Principal shall check for any special considerations or restrictions for the participating youth. If the trip is to a health care provider, the Health Services staff shall make any arrangements necessary with the health care provider and ensure any pre-trip procedures are carried out.
3. When possible the vehicle assigned to the Home/Department should be utilized to support the activity. The Safety and Security Department shall verify the availability of a van.
4. In order to guarantee a vehicle reservation the vehicle shall be approved at a minimum of 24 hours in advance. If a van is not available, staff shall contact Safety and Security at least 24 hours in advance to reserve a vehicle.
5. The QIDP/Designee or classroom teacher shall inform the Dietary Department when the approved trip duration covers any mealtimes or special meals. This notification and food request, if applicable, shall be completed no less than 48 hours prior to the time of departure, regardless of whether food is requested or not. Special food requests shall be



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- completed no less than two weeks in advance. The form to be used is the Food Request Form.
- a. Safety and Security staff shall maintain the money/credit cards in a safe location until the money/card is given to the designated driver prior to the trip. Both the Safety and Security staff and designated driver shall sign the necessary receipt indicating the amount of money and person responsible.
 - b. Following the trip, the designated driver shall return the receipt/change to Safety and Security. Again, the necessary receipt will be signed by both the designated driver and Safety and Security staff.
 - c. Safety and Security shall return the receipt/money/card to Finance Department on the next business day following the trip.
6. **NOTE:** Under NO circumstance shall the receipt or money be "left" anywhere. It MUST be given to the Safety and Security staff. Should a Safety and Security staff not be available to distribute or accept the receipt/money/card, the on-duty HA shall be responsible for distributing and collecting the needed receipt/money.
7. The Home Administrators/QIDP/Health Services staff/Classroom teacher shall ensure the following items have been completed:
- a. All youth participating on the trip have been listed by first and last names.
 - b. All staff participating on the trip, along with any backup staff have been listed by first and last names. The driver shall be named on the first line for staff names. The backup driver, if necessary, shall be named on the second line for staff names.
 - c. All necessary approvals have been obtained.
 - d. The emergency packets are available and in possession of the accompanying staff.

C. Youth Staff Ratios for all Off-Campus Activities

1. For Residential off-campus trips, unless for the purpose of a facility-wide activity, off campus trips are to include no more than ten (10) youth. Maintain a 3:1 ratio which does include the driver.
2. For Educational off-campus trips, unless for the purpose of a school-wide activity, off-campus trips are to include not more than ten (10) youth. Maintain a 3:1 ratio which does include the driver.
3. A minimum of 2:1 staff shall accompany all trips.
 - a. Staff combined or as an individual, shall be OCA Qualified.
 - b. The driver shall be DCFS driver certified.
 - c. If the trip is outside the Springfield city limits, then two staff must be DCFS driver qualified.
4. Additional staff shall accompany the trip as needed. The ratio of youth to staff shall not exceed the 3:1 guidelines. All youth who routinely have a 1:1 residential staff assignment shall maintain that assignment for all trips.
5. In order to be guaranteed a vehicle reservation, the vehicle should be approved at a minimum of 24 hours in advance.
6. Any exceptions to these policies or procedures shall be documented by the QIDP, Home Administrators, and reviewed by the Director of Residential



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Services/Designee or Principal and approved by the Director of Residential Services (DOR)/designee prior to the start of the trip.

Single Supervision for Off-Campus Activities

1. A minimum of (1) staff shall accompany all trips.
2. Staff shall be OCA trained to accompany youth on off-campus activities.
3. Any staff involved on the planning and implementation of Off-Campus trips, shall use the approved recommendations and/or restrictions for the youth(s) participating in the off-campus activity to assign staff for the activity.
4. Criteria used to determine a youth's eligibility to be accompanied by one staff on off-campus activities shall be noted below for Community-Based Educational and Residential activities.
5. Community-Based Educational Activities:
 - a. Before a youth is able to be transported to work with single supervision, the following things shall occur:
 1. The vocational student shall complete an orientation period. Although this time period is individualized for each student, the minimum time frame shall be 30 days.
 2. A member of the vocational department shall complete a Single Supervision Assessment Form.
 3. Upon completion of the orientation period and the Single Supervision Assessment form, the vocational team shall make recommendations to the Multidisciplinary Team (M.D.T.).
 4. If the M.D.T. does not recommend the single supervision status, the student shall continue to require the assistance of a minimum of two staff.
 5. If the M.D.T. recommends Single Supervision, the student is added to the Vocational Single Supervision List.
 6. The student shall be re-assessed, at a minimum, of once annually or whenever a student changes vocational sites.
 - b. A re-assessment does not require a 6 month orientation period.
6. Residential Off-Campus Trips
 - a. Before a youth can be transported to an in-town community setting with single supervision, the following things shall occur:
 1. The youth shall complete an orientation period. Although this time period is individualized for each youth, the minimum time frame shall be three months.
 2. The QIDP shall complete a Single Supervision Assessment Form.
 3. Upon completion of the orientation period and the Single Supervision Assessment form, the QIDP shall make recommendations to the Multidisciplinary Team (M.D.T.).



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4. If the M.D.T. does not recommend the single supervision status, the youth shall continue to require the assistance of a minimum of two staff.
 5. If the M.D.T. recommends Single Supervision, the youth is added to the Residential Single Supervision List.
 6. The youth shall be re-assessed, at a minimum, of once annually.
- b. No single supervision shall be allowed on any out-of-town trips.
7. The Director of Residential Services/Designee shall review and make final approval for all recommendations made to ensure that the youth is free from conditions or circumstances which indicate harm or substantial risk of harm to their health or welfare while off The Hope Institute property during activities.
 8. Upon approval of the Director of Residential Services, the QIDP and Principal shall add the youth to the appropriate (Vocational or Residential) Single Supervision List and forward copies of this list to the Safety and Security Office, Recreational Staff, Health Services and the department staff involved in planning and implementing off-campus activities in writing of the youth/staff ratio restrictions.

D. Signatures Approvals (Requirement and Purpose)

1. The following signatures/approvals shall be obtained on every off-campus trip form. These signatures shall have very specific meanings, and the staff signing shall verify that the prerequisites defined below have been met:
 - a. An RN Manager/LPN from Health Services shall:
 1. Verify that each youth can be transported.
 2. Document that each youth was reviewed and specify the purpose or goal of the trip for each youth.
 3. Verify that no medications will need to be given during the proposed trip and that any needed home medications are prepared.
 4. Shall ensure that any procedures needed before visit to doctor are carried out for each youth.
 - b. The Director of Residential Services, QIDP, Home Administrators, Principal or Director of Safety and Security shall:
 1. Based upon the purpose of the trip for each youth, verify that the trip is appropriate and meaningful.
 2. Arrange alternate activities should the trip be cancelled for the group or for an individual youth.
 3. Verify that staff for trip, combined or as a whole, are OCA qualified.
 4. Verify that staff ratios are appropriate.
 5. Verify that staff are appropriate for the youth on the trip.
 6. Verify that home visits for DCFS wards are approved.
 7. Verify that all special concerns and considerations, including but not limited to medical/health concerns, regarding each youth have been addressed.
 8. Verify all signatures are present.



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9. Verify that any exception to policy or procedure has been documented and that the rationale for the exception has been documented.
- c. Immediately prior to the trip, the HA shall verify that each youth is medically and behaviorally stable.

E. Prior to Trip Departure

1. The field trip form shall be completed by Home Administrators, QIDP, Health Services or Classroom teacher to ensure that the youth(s) are still appropriate to transport and that there are no other special considerations or restrictions which would keep any youth named from going on the trip.
2. If going on a medical trip, Nursing shall give the youth's medical transport packet and home medications (if youth going on a home visit) to the driver to transport.
3. The driver shall obtain the emergency packets from the homes for each named youth.
4. All vans assigned to homes are assigned a cellular phone. If the cellular phones are not available, Safety and Security shall be contacted for use of an emergency phone. If no phone is available an exception shall be granted or the trip shall be cancelled.
5. For all recreational trips the money for the trip shall be available for pickup from Safety and Security. The driver shall pick up and sign for any money necessary for the trip.
6. The driver shall ensure all receipts are kept during the trip.
7. The driver is in charge of the trip, money/receipt/card seating, seatbelts, van cleanliness, etc.
8. Van seating shall be as follows:
 - a. If sufficient space is available, staff may NOT sit in the passenger seat. If sufficient space is not available staff may sit in the passenger seat. Youth may sit in the front seat based upon their assessment.
 - b. The van shall never have two staff sitting in the front of the vehicle and youth sitting in the rear of the vehicle unsupervised.
 - c. Staff shall seat themselves throughout the vehicle to ensure safety of the youth.
 - d. No two staff shall be seated next to each other.
 - e. If driving a 15 passenger vehicle, staff should position themselves accordingly: one towards the front, one in the middle and another towards the rear of the vehicle.
 - f. In the minivan, one staff shall be driving while the other staff are in the rear seated between youth to ensure safety and redirect any possible behaviors.
9. The Safety and Security staff on duty shall obtain the emergency cellular phone number to be utilized and shall note the cellular phone number on the trip form.
10. The QIDP/Home Administrators shall check to ensure the driver has in their possession the following:
 - a. Valid Illinois Driver's License
 - b. First Aid Kit
 - c. Emergency Packets
 - d. Home visitation medications (if applicable)
 - e. Cellular Phone, as available
 - f. Handicapped permit, as needed



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- g. Gas Card, as needed
- h. Weather packet for trips outside the Springfield city limits
- i. Completed field trip form with Health Services initials
- j. NOTE: IF ANY OF THE ABOVE ITEMS ARE NOT IN THE DRIVER'S POSSESSION, THE SAFETY AND SECURITY OFFICER/DESIGNEE SHALL NOT ALLOW THE DRIVER TO CHECK OUT A VEHICLE.

10. Once the QIDP, Home Administrators, Health Services, Classroom teacher, Principal and/or Safety and Security is assured the above items are in the possession of the driver, then the driver shall be allowed to depart.

F. Alternate Arrangements for youth Unable to Participate in Off-Campus Activities

- 1. Every effort shall be made to ensure that children have the opportunity to participate in community activities. This includes making alternate arrangements should a particular child in the home or classroom not be able to attend the community activity due to illness, injury or challenging behaviors so that the other youth in the home or classroom may continue to participate in the activity. It is the responsibility of the Home Administrators to make alternate arrangements so that the community activity can take place. This includes, but not limited to:
 - a. arranging for the youth who is unable to participate to go to another home for the duration of the trip
 - b. assigning additional staff to the home to remain with the youth
 - c. bringing the youth to campus
 - d. delaying the trip for a short time until the situation can be resolved

G. Emergency Situations

- 1. If an emergency or behavioral incident occurs prior to arriving at the off-campus site, staff are to return to the facility as soon as safely possible.
- 2. If an emergency or behavior escalates to the point of interfering with safe transport, staff shall pull the vehicle into a safe place, turn off the engine, and remove the keys in order to assist until it is safe to resume driving.
- 3. Emergencies which occur at the community site should be handled as follows:
 - a. intervene and ensure that youth and public are safe.
 - b. gather all youth and staff and move to a quiet area
 - c. respond to injuries
 - d. apologize to non-Hope Institute person(s) involved in the incident
 - e. get the non-Hope Institute person(s) name, address and phone number.
 - f. return to the facility
- 4. In addition, staff shall contact both the HA/QIDP on duty and the Safety and Security office.
- 5. The Home Administrators or Safety and Security shall notify the Administrator- On-Call (AOC).

H. Upon Returning From the Trip



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1. The driver shall ensure each youth is returned to their appropriate home or classroom.
2. The driver of the trip shall return the van keys and packet, the cellular phone, the handicapped permit, the weather packet, and the gas card to Safety and Security.
3. The driver shall return, the youth's medical packet, the appropriate field trip form and, if a home visit, any unused medications to the Health Services office.
4. For all recreational trips the driver shall ensure that any leftover money, card and all receipts are returned to Safety and Security. This procedure applies for all locations, campus and community.
5. Upon completion of the trip, the Safety and Security office shall maintain field trip forms.

I. Modifications

1. The following changes may be made with the approval of the Director of Residential Services/Designee or Principal without completing a new trip form. The Director of Residential Services/Designee or Principal shall initial the changes on the trip form.
2. If a vehicle has been reserved and the departure time has been changed, the driver shall contact the Safety and Security office to inform them of the change in departure time. This change in time shall be documented on the original trip request form.
3. Removal or substitution of staff or youth :
Any staff used to replace another staff on a trip shall meet the group OCA requirements. When staff are replaced, the QIDP/Home Administrators, classroom teacher or Principal shall initial next to the staff removed and the replacement staff. When youth are replaced by another youth, the QIDP/Home Administrators, classroom teacher or Principal shall initial next to the youth removed and the replacement youth.
4. The following changes shall require authorization from the Home Administrators/Qualified Intellectual Disabilities Professional (on duty) or designee:
 - a. Replacement and/or addition of youth. (Form will need to be revised and date updated)
 - b. Change in trip time

J. Cancellations

If a trip needs to be cancelled, the person/staff with concerns about the trip shall notify the QIDP, Home Administrators, and/or Health Services staff for the home or, if these are unavailable, the Administrator on Call (AOC) to receive permission to cancel the trip. The person canceling the trip shall ensure that the information regarding the cancellation is documented on the trip form. The information to be documented includes the following:

1. Reason for cancellation.
2. Staff notifying Health Services of the cancellation.
3. Nursing staff that received notification.
4. The Dietary department shall also be notified, if necessary.

K. Urgent Medical Trips – Campus & Community Homes



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1. Emergency Medical Trips
 - a. A minimum of two staff shall accompany all trips.
 1. Each of these staff, combined or as an individual, shall be OCA qualified.
 2. The driver shall be DCFS driver qualified.
 - b. When necessary, the Director of Nursing Services (DON)/Designee may delay normal requirements associated with completion of paperwork.
2. Signatures (Requirements and Purpose)
 - a. The following signatures shall be obtained on every Urgent Medical Trip Form (ROS-OP-030002a). It shall have very specific meanings. The nurse who signs shall verify that the prerequisites, defined as follows, have been met:
 1. Registered Nurse (RN) or RN on-call (this approval may be obtained over the telephone) and shall verify that urgent medical trip is necessary.
3. Planning and Initiating
 - a. The Licensed Practical Nurse (LPN) on duty shall contact the RN/RN on-call to notify them of the youth's injury or medical concern. After discussion with the Primary Medical Team, receive instructions and have the youth transported for emergency medical treatment.
 - b. Upon identification of the need to send a child off campus to receive medical treatment or evaluation, the child should remain on the infirmary until arrangements are made to go directly to the medical facility. The child shall not travel to his/her home by any means prior to receiving treatment.
 - c. The LPN on duty shall contact the Home Administrators on duty for staff to accompany the youth.
 - d. The LPN on duty shall contact the parent/guardian regarding the transport of youth for emergency services.
 - e. The LPN on duty shall complete the Trip Form (ROS-OP-030002a), ensuring that the following items have been completed:
 1. The youth participating on the trip are listed by first and last name.
 2. All staff participating on the trip are listed by first and last name.
4. Prior to trip departure:
 - a. The driver of the trip shall pick up the form from Nursing.
 - b. The driver shall obtain medical packet from the nurse on duty for the youth.
 - c. The driver shall take the Trip Form (ROS-OP-030002a) and the medical packet to the Safety and Security staff. The Safety and Security staff on duty shall turn the power on for a cellular phone and give this cellular phone to the driver. The Safety and Security/Designee shall note the cellular phone number on the trip form. If no cellular phones are available from Safety and Security, a cellular phone shall be obtained from another home/van and Safety and Security shall be given the phone number.
 - d. The Safety and Security staff shall check to ensure the driver has in their possession the following:
 1. Valid Illinois Driver's License
 2. Medical Packet
 3. Cellular Phone
 4. Completed Trip/Vehicle Request Form (ROS-OP-030002a) with Health Services signature.



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5. Handicapped permit, if needed.
 6. Weather packet.
 7. Once the Safety and Security staff have assured the above items are in the possession of the driver then the driver shall be allowed to sign out the appropriate vehicle.
 8. NOTE: THESE REQUIREMENTS MAY BE DELAYED IN AN EMERGENCY
5. Upon returning from the trip:
 - a. The driver shall ensure that the youth is returned to their home.
 - b. The driver shall return the van keys and packet, the cellular phone, the handicapped permit, and the weather packet to the Safety and Security staff or their respective supervisor.
 - c. The driver shall return the youth's medical record to the Nursing office.
 6. Emergency Contacts
 - a. If the medical staff at the facility express any concerns regarding the youth (i.e. inpatient admission, additional testing) to the staff accompanying the trip, that staff member shall call the Nurse on duty to get the required information.
 - b. If during the course of the trip staff encounter an unusual situation, the driver shall contact the on-duty Safety and Security staff/Designee.
 7. The RN/RN on-call shall contact the Home Administrators (HA) on duty to inform them of an emergency at the community home and the need for the youth's immediate transport to campus.
 8. The HA on duty shall ensure transportation of the youth in crisis to the infirmary. This shall be done as follows:
 - a. The HA shall designate a staff member from campus to assist with transportation.
 - b. The HA shall notify Safety and Security of the emergency and what staff member from campus will be assisting with transport.
 - c. The HA and designated staff member shall proceed to the community home.
 - d. The campus staff shall assist in home coverage while the /HA and community home staff transport the youth in crisis to the infirmary.
 9. If the RN/RN on-call determines that the emergency requires a call to 911, the nurse shall advise the HA. The HA shall do the following:
 - a. The HA shall assign a staff member from the community home to accompany the youth in the ambulance. The HA shall designate a staff member to assist with coverage of the community home.
 - b. The HA shall notify Safety and Security of the emergency and inform them of the need for the medical record.
 - c. The HA and the community home staff shall ensure that the Emergency packet that is kept at the home is taken with them in the ambulance. This shall ensure that the necessary information for treatment is available.
 - l. The HA or designee shall deliver the medical packet to the hospital
 10. Safety and Security shall provide an appropriate vehicle for emergency response without a completed Hope Institute "Trip/Vehicle Request" form.
 11. Safety and Security shall complete the trip form at the completion of the emergency once all necessary information has been received from the HA.



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L. Spontaneous Trips

For spontaneous, trips, all requirements shall be followed as outlined in in sections V., A-I, with the exception that the Home Administrators my initiate and approve such trips.

Reviewed By: _____ Date: _____

Approved By: Approval Signature on File _____ Date: _____

Date of Last Review: 05/22/09

Revised: 07/10/15

- 07/01/13
- 05/31/12
- 06/01/08
- 10/15/07
- 07/06/06
- 02/10/06
- 10/05/05

The Hope School • Springfield, Illinois
MONTHLY ACTIVITY CALENDAR

House: Cormorant

Month: Oct 2016

*In case a field trip gets cancelled, see Program Schedule for alternate activities

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1 10-2p - Bomke Pumpkin Patch - Activities & get Pumpkins Indoor/Outdoor games @ home Family Movie Night
2 9-11a - First Church of Nazarene for Sunday School. Indoor/Outdoor Games @ home Watch Football	3 6-8p - SO Volleyball Skills @ gym [REDACTED]	4 5:30-7:30p - Halloween Store - Buy Costumes	5 3-4p - T-Rec @ home 6-8p - Youth Group [REDACTED] 6:30-8:30p - Skateland South	6 6-7p - Dairy Queen for dessert Nail Care	7 6-8p - Salsa with Julio @ gym	8 8-9a - SO Med Fest @ AthletiCare 9a-11a - Strike N Spare West - SO Bowling (all) 1-2:30p - Walmart - Shopping for Sunday Meal & BBQ on Monday Family Movie Night
9 Indoor/Outdoor Games @ home Make Sunday Meal (1st Shift) Music Night @ home	10 NO SCHOOL 11-1:30p - BBQ with Claremont @ Cormorant 6:30 - Hair Cuts by Major League Barbers @ Cormorant	11 3-4p - T-Rec @ home 6-8p - Youth Council [REDACTED] @ Hope	12 5:30-8p - Blessed Sacramento PSR (DT) 6-8p - Youth Group (MW) 6:30-8:30p - Skateland South	13 5-7p - Top Cats for dinner Nail Care	14 5:30-Overnite - Pizza and Camping Lock in @ gym	15 9a-11a - Strike N Spare West - SO Bowling (all) 12-3p - Elks Lodge - Bowling Lunch Family Movie Night
16 9-11a - First Church of Nazarene for Sunday School. 1-3p - Coliseum - Dog Agility Trial Watch Football	17 6-8p - SO Volleyball Skills @ gym (MP, DT, KT)	18 5:30-7p - Washington Park for exercise and fun	19 5:30-8p - Blessed Sacramento PSR [REDACTED] 6-8p - Youth Group [REDACTED] 6:30-8:30p - Skateland South	20 9 - 11:30A - TRIPLEX MTG ON GRANT Music Night @ home Nail Care	21 6-8p - Birthday Bash @ gym	22 8a - SO Volleyball Skills - Rockford [REDACTED] 9a-11a - Strike N Spare West - SO Bowling (all) 1:30-2:30p - Walmart - Shopping for Sunday Meal Family Movie Night

23	10-11:30p -- Southernview Park for exercise and fun with Claremont Make Sunday Meal (2 nd Shift) Watch Football Nail Care	24 KYLE BIRTHDAY Birthday Party for [REDACTED] Watch Football	25 6-7p - White Oaks Mall for exercise	26 2:30p - Boy Scouts [REDACTED] @ Hope [REDACTED] 5:30-8p - Blessed Sacramento PSR [REDACTED] 6-8p - Youth Group [REDACTED]	27 Indoor/Outdoor Games Nail Care	28 6-8p - Halloween Movie Night @ gym	29 9a-11a - Strike N Spare West - SO Bowling (all) 11-12:30p - Wendy's for lunch Indoor/Outdoor Games 6-7:30p - White Oaks Mall for exercise Family Movie Night
30	9-11a - First Church of Nazarene for Sunday School. 1-3p - Coliseum - Quarter Midget Races Watch Football Nail Care	31 HALLOWEEN 10a - Trick or Treat @ school 11a - Hayrack Ride @ school 1p - Halloween Party @ school Trick or Treat in Neighborhood					