



Resident Visitation and Communication Policy

StreetlightUSA's visitation hours are: Monday- Sunday, 8:00am to 8:30pm

Visitors are required to schedule visits 48 hours in advance to ensure that the resident with whom they wish to visit will be on-site, unless it is an unplanned case related visit (e.g. emergency services meeting, CFT, PO visit, Victim Advocate visit). Unless the visit is required to be supervised by the placing agency or person, visitors and residents will be given reasonable privacy during their visits. Visits that require supervision will be subject at the discretion of the guardian and/or placement agency by a parent aid or case aid.

Our staff will make reasonable accommodations for privacy. Calls will not be supervised unless indicated by guardian or court order. Staff will monitor for any indications of misuse of phone time and/or emotionally distressing dynamics of phone calls with the resident's emotional well-being and safety in mind. Any concerns related to approved contact, conversation dynamics, and/or misuse of telephone time will be reported to the guardian immediately by StreetlightUSA clinical staff in order to make any necessary adjustments to contacts or monitoring level.

StreetlightUSA staff will be present at the time a resident opens any mail to inspect the mail for contraband, as appropriate.

Call times will be posted in the Cottage with the knowledge that if a child is in distress and/or needs to speak to an approved contact or CFT member about their case and/or to cope then this can happen at any time. Residents are to complete their chores and hygiene prior to non-emergency calls.

I, _____ have read the above Visitation and Communication Policy and have been given the opportunity to ask any questions that I have regarding this policy. By signing this form, I am stating that I understand and will abide by this policy.

Printed Name of Resident

Resident Signature

Date

Printed Name of Staff

Staff Signature

Date

Client Rights Policy

StreetLightUSA clients (residents) have the following rights:

1. The right to all available services without discrimination because of race, religion, creed, color, ethnicity, gender, gender identity, gender expression, age, disability, national origin, or sexual orientation.
2. To be free from abuse and exploitation and to be treated with dignity, courtesy, and respect in relationships with staff, residents, and other persons.
3. To be free from corporal punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threats, mental abuse, or other actions of a punitive nature.
4. The right to religious freedom and practice. Participation in religious services and other religious functions shall be on a completely voluntary basis.
5. To be afforded a safe and comfortable environment with reasonable accommodations.
6. To be afforded privacy
7. To have all records and details regarding your case kept confidential unless released by a signed consent or to have communication held in confidence to the extent required by Child Welfare Policy.
8. To be informed of the Grievance Procedure and to file a Grievance without fear of retaliation.
9. To be ensured that all services provided do not infringe upon daily activities, including, education, program activities, eating, sleeping, medications or any other daily living functions.
10. To be actively involved in and participate in developing and individual service plan.
11. To receive an explanation of services in accordance with the service plan.

 Printed Name of Client

 Client Signature

 Date

 Printed Name of Residential Case Manager

 Residential Case Manager Signature

 Date

Resident Grievance Policy (R6-5-7429)

Definition:

A grievance is a complaint or protest that one has been unfairly treated; that one has been subject to inappropriate use of StreetlightUSA policies, rules, or regulations or that one's rights have been violated.

Grievances Guidelines:

If a resident feels that their rights have been violated and that they have been treated unfairly, they should first address their concerns with the Lead Direct Care Provider (LDCP). The LDCP will then attempt to resolve the concern with the resident and document the date, time, and content of the meeting within 24 hours. The LDCP must provide the resident with a Grievance Form to be completed immediately upon hearing the resident's concern. Any incidents of alleged child maltreatment by a Direct Care Provider or fellow resident is to be submitted directly to the Director of Youth Ministry Operations immediately, to be resolved within 24 hours of their receipt. A copy of the completed grievance form will be provided for the resident and the original document must be kept in a Grievance Log maintained by the Direct Care Manager.

If the resident still feels that the issues have not been resolved, they should then submit their grievance to the Direct Care Manager. The Direct Care Manager will then meet with the staff and resident involved as appropriate and attempt to resolve the issue. The meeting will be documented with the day, time, content, and the names of those who participated in the meeting within two (2) business days of their receipt of the grievance and the results will be placed in the Grievance Log. The Direct Care Manger completes form with resolution and provides a copy to the resident for their records.

If the resident still feels that the issue has not been resolved, they may request a meeting with the Director of Youth Ministry Operations who will conduct an investigation and follow up with the involved parties. The Director of Youth Ministry Operations will meet with the Resident within three (3) business days of their receipt of the grievance. Following this meeting, a record of the meeting and the results will be documented. The Director of Youth Ministry Operations will inform the resident of the result and provides a copy to the resident for their records.

I, _____ have read the above Grievance Policy and have been given the opportunity to ask any questions that I have regarding this policy. By signing this form, I am stating that I understand and will abide by this policy.

Printed Name of Resident

Resident Signature

Date

Printed Name of Staff

Staff Signature

Date