

# **Custer City Private School**

945 South Avenue  
Custer City, PA 16725  
814-817-1372



## **2012-2013 Student and Parent Handbook**

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## Daily Schedule

7:45a.m.-8:00a.m.	Students arrive
7:45a.m.-2:25 p.m.	School in session

## Early Dismissal Schedule

12:30 p.m.	Community & Surrounding Districts
1:00 p.m.	RTF Students Dismissed

## Home and School Communication

Open communication between parents, students, staff and school faculty is essential for the success of our students. Parents and residential group home staffs are encouraged to call the school with any questions or concerns that might arise. The following procedures are utilized to communicate necessary information:

### **Communication Sheets**

All Foster Care, Shelter and Community students have communication sheets. Each day the classroom staff will provide a daily program score and a brief summary of the student's day. The student delivers his/her sheet to his/her guardian for review. Guardians are asked to review the information and sign the sheet to verify the review. Guardians are also encouraged to communicate necessary information to the school staff via the communication sheet.

### **Phone Contact from Parents and Guardians**

- Parents and guardians are encouraged to communicate necessary information
- Phone calls to classroom staff need to be made before 7:45 a.m. or after 2:30 p.m.
- Critical information can be communicated by phone to the school's main office anytime

## Visitors

Parents/Guardians are encouraged to visit their child's classroom and his/her teacher. Due to confidentiality, non scheduled visits are appreciated from 7:30 -7:45 a.m. and 2:30 to 3:30 p.m.

Upon arrival for a visit, parents/guardians need to sign in with the receptionist, where they will be issued a visitors badge, and then escorted to the child's classroom. Visitors must be accompanied by a Custer City staff at all times during their visit.

## Communication with Area School Districts

Weekly reports are sent to each community student's home school district. Quarterly meetings are also scheduled with individual students from Bradford School District regarding the student's progress and the potential for him/her to return to the middle school or high school.

## Attendance

Student attendance is monitored on a daily basis. Legal absences are assigned to a student who provides a written excuse from his/her parent within 3 days. If a student doesn't have a written excuse within 3 days from his or her parent it will be considered an unexcused illegal absence. Residential students will be given a legal excuse if a legitimate illness is determined. Illegal absences will be assigned to students who skip school or run away. Students will be deemed tardy for any amount of time they are late to school. Students who are illegally absent 10 consecutive days will be subject to dismissal from the program.

## Dismissal Procedure

Students will be called to line up according to bus number and group home in a designated area of the gym. Students will then be escorted to their bus by group home staff. The supervising staff will make seating arrangements. All students will follow the expectations listed below:

1. Listen to the Bus Driver
2. Remain Seated in Your Own Seat
3. Keep your Hands to Yourself, and Inside Bus
4. Talk Quietly
5. No Spitting
6. No Tobacco
7. No Eating or Drinking on Bus
8. No Foul Language
9. No Throwing Objects

Failure to follow the rules will result in disciplinary action as per Bradford Area School District transportation guidelines.

## Dismissal to TSS, Therapist or Other Service Provider

Written or verbal notice from the student's parent, foster parent, guardian, or service provider is required for students to be dismissed to the care of TSS, Therapist, or other service providers. Notice must be received prior to 1:30 p.m.

## **Verbal Notice from Students Will Not be Accepted**

Students will utilize their regularly scheduled afternoon transportation unless the staff has received proper notice.

Students are not permitted to remain at school following the end of the scheduled day to meet TSS, Therapist, or other service providers at a time later than 2:30 p.m.

## **Dismissal for Medical or Other Appointments**

A student must present a written note from his/her parent or guardian the day of or prior to the appointment date. The note must include the following information:

- Time and date of the appointment
- Pick up time at school
- Person picking up student if other than parent or guardian

Notes for dismissal can be written in the students' communication book (if applicable) or on a separate piece of paper.

## **Behavioral Level System**

Levels are assigned based on weekly scores, which are an average of daily scores. Weekly scores for RTF students are a combination of group home and school scores. Foster Care, Community, and Shelter students' levels are based only on weekly school scores.

Daily scores are based on five rules/categories:

- Follow Staff Directives
- Remain alert in Seat
- Engages in Class/Attitude
- Raise Hand and Wait for Permission to Speak
- Respect of Others

Each category is assigned a score by staff of a 3, 2, 1, or 0 with 3 being the most points to earn and 0 being the least in each category.

Levels can be earned every three weeks. Students must be present at least 3 of the 5 school days to earn weeks towards a level.

Students on runaway watch, suicide watch, or shadowing must be within an arm's length of staff at all times.

\*\*\*\*Probation- Students earning a weekly score below their current level will be placed on probation for one week. While on probation a student must earn a weekly score that corresponds with his/her current level. If this score is not achieved, the student's level will drop one level.

\*\*\*\*Hold-Privileges are level 1 until student gets off hold.

## Level Privileges

### **Level 1 (0-60 average)\***

- Staff supervision at all times
- Eligible for field trips
- Eligible to buy extra lunches

### **Level 2 (61-70 average)\***

- Eligible for all level one privileges
- Eligible for unsupervised bathroom and water breaks
- Eat lunch with guest staff

### **Level 3 (71-80 average)\***

- Eligible for all level one and two privileges
- Eligible to earn chocolate milk during lunch
- Eligible to run errands on same floor

### **Level 4 (81-90 average) \***

- Eligible for all level one, two, and three privileges
- Eligible to eat lunch at unsupervised table with same gender peers
- Eligible to eat lunch with other classes during same lunch

### **Level 5 (91-100 average)\***

- Eligible for all level one, two, three, and four privileges
- Eligible to earn off floor privileges

\*All privileges require approval from staff.

## School Procedures and Expectations

- Drugs, alcohol, or tobacco are prohibited on agency grounds
- Tobacco products that are confiscated will be destroyed.
- Weapons of any type are prohibited on agency grounds
- Coats are not to be worn during school hours
- Physical altercations between students are prohibited
- Approval required to carry book bags, backpacks, or purses (backpacks and book bags need to be placed in the back of the room; purses need to be checked in with staff).
- One student in restroom at a time unless supervised
- Displays of affection between students are prohibited
- Respect peers and staff
- Students are not permitted to bring in any beverages.
- Note passing between students is prohibited
- Sneakers are necessary to participate in gym
- Students must remain in the classroom from 8:00-8:10 a.m. and 2:21 -2:25 p.m..
- Students are not permitted in the classroom without staff
- Students need permission to leave school grounds.
- Upon arriving to school, students must immediately enter the building.
- Students who drive to school must turn in vehicle keys to office staff until dismissal.

### **SMOKING REGULATIONS (EOC Manual – Policy #2310890)**

It is the policy of the agency that all agency properties (including vehicles) are considered tobacco free areas. Clients and staff are not permitted to possess or use tobacco products on all agency grounds, during transportation provided in the course of work responsibilities or during off grounds activities with clients. The use of tobacco products by persons visiting the agency is prohibited.

As stated in Pennsylvania Crimes Code Handbook:

#### **§ 6306.1. Use of tobacco in schools prohibited.**

**(a) Offense defined.**--A pupil who possesses or uses tobacco in a school building, a school bus or on school property owned by, leased by or under the control of a school district commits a summary offense.

### **ELECTRONIC DEVICES \*\*\*\* Revised policy**

Students are not permitted to have cell phones or ANY electronic devices between 7:45 a.m.-2:25 p.m. The phone/electronic device(s) must be put away and turned off. Electronic devices may include, but not limited to: cell phones, ipods, head sets etc. If the phone/electronic device is

seen, or heard or the student is playing with it whether visually or concealed, the following may be applied:

**Consequences for Offense:**

**First Time:** the device is confiscated and a parent/guardian must pick up the device at the office.

**Second Time:** the device is confiscated and a parent/guardian must pick up the device at the office. The student receives after school detention until 3:30 p.m.

**Third Time:** the device is confiscated and a parent/guardian must pick up the device at the office. The student receives in school suspension until 3:30 pm.

**Leaving school without permission:**

Each time a student 17 years of age or younger leaves the school without permission, the student's parents as well as the Bradford Township Police will be notified. The police will then attempt to locate the student and return them home. If a parent or guardian is not present at the home, the student will be searched and then returned to the school to serve ISS (in school suspension) the remainder of the day. Time that the student is out of school without permission, will be counted as illegal. Truancy charges will be filed on students that accumulate three days of illegal absences.

## Bullying Policy

The Bradford Area School District and Custer City Private School is committed to providing safe and productive learning environment within its schools. Bullying of a student by another student is strictly prohibited on school property, in school buildings, and on school buses. Bullying is also prohibited at sponsored events and/or activities whether occurring on or off school grounds.

Bullying behavior is a single or repeated negative act (passive or aggressive) that is intentional and involves a real or perceived imbalance of power or strength. Bullying can take many forms; all of which are unwanted and have harmful effects. Bullying behaviors (direct or indirect) include three forms: physical, verbal/written, and emotional. Some examples of bullying are as follows, but are not limited to:

1. Physical – hitting, kicking, spitting, pushing, stealing and/or damaging personal belongings, sexual acts, and invasion of ones personal space in an aggressive manner.
2. Verbal/Written – taunting, malicious teasing, name-calling, threats, phone and internet bullying, and sexual remarks.
3. Emotional – spreading rumors, manipulating social relationships or environment, engaging in social exclusion, extortion, ridiculing and intimidating.

Any student who believes that he/she is being subjected to bullying behavior, as well as any other person who has knowledge of or witnesses any possible occurrence of bullying, shall report the bullying to any staff member or building administrators. The administration shall investigate the complaint and take appropriate action that may include consequences for the student (s) who bully and/or appropriate forms of assistance (counseling) for students who have been bullied.



Consequences for students who bully others will be subject to disciplinary/intervention options that may include, but are not limited to: counseling, a parent conference, detention, suspension, or referral to law enforcement.

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Custer City Private School honors the Bradford School District Bullying Policy. I have read and understand the above stated policy and will comply with its expectations and procedures on Bullying.

Student Name \_\_\_\_\_ Date \_\_\_\_\_

## Dress Code

All students are expected to display appropriate dress.

- Shirts that advertise/support any form of alcohol, tobacco, drug, sexual, or negative behavior are prohibited.
- Clothes that have holes in revealing areas such as groin, buttocks or chest area are prohibited.
- Clothing that allows undergarments to be exposed is prohibited.
- Half shirts, muscle shirts, sleeveless shirts, and low-cut-revealing shirts are prohibited.
- Ball caps, knit caps, and bandanas are prohibited.
- Shorts from October 15- April 30 are prohibited.
- Shorts and skirts above length of fingertips when held at sides are prohibited.

Students who choose not to follow the dress code will be asked to change their attire to properly honor the dress code by either calling home for more clothes, turning shirts inside out, and/or covering exposed areas with further clothing,

Due to the unpredictable nature of the heating and cooling systems at Custer City, students are encouraged to dress in layers.

## Classroom Sign Out Procedure

Any student leaving the classroom must fill out the sign out sheet, including destination and time.

Only one student on level 2, 3, 4 or 5 is permitted to sign out from the classroom with the hall pass.

Students signing out to run errands off floor need to have approval from office staff. Students then need to fill out the sign out sheet in the office including destination and time.

# Behavioral and Disciplinary Interventions

**Time Out** - The purpose of “time out” is for the student to remove himself/herself for a short period of time from the situation that is causing stress or behavioral difficulty. Custer City utilizes three levels of time out.

**Self Directed Time Out** - Students are encouraged to utilize self directed time outs in the classroom or any environment where they may be experiencing stress or difficulty.

**Staff Imposed Time Out (in class)**- A student who does not recognize the need for a time out may be directed by school staff to take a time out in the classroom.

**Staff Imposed Time Out (out of class)** A student who is unable to properly utilize self directed time outs or a staff imposed time out in the classroom may be directed to serve a time out in the school office or other location. The student will have 10 minute time limit for this type of time out.

**Shadowing** – Shadowing is a safety intervention in which students are directed to be within an arm’s length of staff at all times. Shadowing is implemented when it is believed that the student may be a danger to himself/herself or others. Newly admitted students are also placed on shadowing.

**Loss of Privileges** - Based on the daily point system students are assigned privileges, which can be used during school hours. Privileges can also be taken away as consequence for poor behavior at the discretion of any school staff.

**Lunch Detention**—Lunch detention provides a direct consequence for students who have not followed school rules during the morning. Lunch detentions will begin at the start of the student’s lunch period and conclude at the end of the lunch period. The School Behavior Manager assigns lunch detention.

**After School Detention**—After school detention provides a direct consequence for students who have not followed school rules during the afternoon. After school detention begins immediately following the school day for a duration of sixty minutes. The School Behavior Manager assigns after school detention.

**In School/Out of School Suspension** – In school suspension or out of school suspension may be assigned to students for serious behavioral issues such as: fighting, insubordination, inappropriate sexual activity, weapons possession, possession of drugs, alcohol or tobacco, or persistent disregard for school rules and policy.

**Safe Crisis Management** - Safe Crisis Management (SCM) is a nationally recognized program for crisis intervention for students who become aggressive. All Custer City staff are trained and tested two times yearly on the proper implementation of SCM techniques. The use of SCM is strictly limited to being implemented only when the student presents an immediate risk of physical harm to himself/herself or others. Parents will be notified and briefed on every incident in which SCM techniques were implemented with their child.

## Student Searches

Custer City Private School strives to provide a safe learning environment for all students. Without a prevailing sense of safety, students cannot effectively learn and teachers cannot effectively teach. The environment of safety is breached when students bring items to school which break school rules and/or cause harm or disruption.

Because students are not always forthcoming and truthful about the possession of harmful or illegal items, the agency has occasionally found it necessary to search students in order to preserve the safe learning environment. In carrying out these searches the agency recognizes that students enjoy individual rights and should not be subject to arbitrary searches without reasonable cause.

Searches of students and their belongings may occur when there exist facts, allegations, or circumstances that create a reasonable suspicion of:

1. A violation of school laws, rules, regulations, or policy
2. Harm to a student's self or others
3. Harm to or theft of property
4. Possession of instruments or materials used or potentially used in the behavior described in the preceding statements.

Custer City Private School also honors Bradford Area School District search policy as stated below:

### **Title 22. Sec. 12.14**

**Illegal and prohibited materials seized during a student search may be used as evidence against the student in school disciplinary and/or legal proceedings. Searches conducted by the administration may include but not be limited to utilization of certified drug dogs, metal detection units, or any device used to protect the health, safety and welfare of the school population.**

## Medications

Nurses or a trained designee will administer medications to students at their prescribed times. Residential students will have their medications supplied at school. Community and Foster Care student's medications need to be transported by their guardians and given to school staff. All medications taken at school must be in the original container with the following information: student name, medication name, dosage, and administration time.

Students will be dismissed from class to take any medications. Students need to be quiet and in line to eliminate any confusion. After the student has taken his/her medication he/she will be asked to open his/her mouth and lift his/her tongue to prove the medication has been taken successfully. Tylenol, Ibuprofen, Mylanta, Anti-diarrheal, Benedryl, Guaiacuss Syrup (cough), Cepacol cough drops and prescribed inhalers will be provided to RTF/Foster Care students on an as needed basis. **For community students, at the end of the handbook is an order sheet that for approval of over the counter medications to be administered during school hours. This needs signed and returned for the students record.**

# Cafeteria Procedures and Expectations

Breakfast and lunch times are staggered. Community students eat breakfast upon arrival to school and all students eat lunch with their homeroom teacher and class.

- Students are required to dispose of any chewing gum in the proper receptacle prior to entering the cafeteria.
- Students are expected to be quiet and orderly when entering and exiting the cafeteria
- All students must obtain a tray
- Students have the option of choosing the main entrée or the substitute. Sandwiches can be made for special situations, but one days notice is appreciated.
- Students may purchase an extra main entrée for \$.50 or whole extra lunch for \$1.00. Correct change must be used to purchase extra lunch.
- Students need 3 items to be counted as a meal. Salad, fruit, and milk counts as a lunch.
- When fresh fruit and canned fruit are offered- students are to take one or the other- unless they have paid a dollar for an extra lunch.
- Students may only take one level scoop of each item from the salad bar and make one trip to the salad bar
- Students may take one packet of dressing- unless they paid a dollar for a whole extra lunch.
- Students can have 2 milks; one white and one chocolate- unless paying for a whole extra lunch.
- Students may not have Orange Juice unless student is on a special diet.
- Students are seated according to classroom and required level of supervision
- Students must be on level 3 to have chocolate milk
- Male and Female students are to be separated by tables or staff at lunch time.
- Conversations are not permitted between tables
- Students are expected to display proper etiquette and manners
- No students are permitted in the kitchen or storage area of the cafeteria (except cafeteria workers), the boiler room, or the stair-well from the outside leading down to the cafeteria without supervision.

## **Free and Reduced Lunches**

The receipt of food stamps or temporary Assistance to Needy Families automatically qualifies children for free school lunches and breakfast. Families who do not receive food stamps or TANF may qualify due to their income. Please find a application at the end of the handbook.

## Computer Usage Policy

Students have access to computers and the Internet during scheduled computer lab sessions. Classroom staff supervises all computer usage. The following rules apply to student usage of school computers.

- Computers are to be used for educational purposes only.
- Sharing passwords is prohibited.
- Students are to ask before printing.
- Staff is to make adjustments to machines such as rebooting machines, adjusting equipment, etc.
- Pop-ups, or other flashy ads, are to be ignored.
- Accessing anything like email accounts, chat rooms, blogs, etc. is not permissible from any Compass machine.
- Attempts to bypass the filtering system will result in loss of Internet privileges.

## Library Procedures

Students can borrow books Monday through Friday from 7:45-8:10 a.m. Students will be accompanied by the librarian when visiting the library.

Each student is permitted to borrow only 2 (two) books unless given permission by the librarian. Books must stay in school.

Students are responsible for any lost or damaged materials borrowed from the library. The librarian will determine if any materials need to be replaced due to damage or loss.

## Field Trips

All students are eligible for school field trips with approval from school administration. Students may be excluded from field trips due to poor academic standing/performance, poor school or bus behavior, runaway risk, or behavioral risk. All community and foster care students must have a signed permission slip from a parent or guardian. Students are expected to show good behavior while representing our school on field trips.

## Fire Drills

Fire drills are run once a month. Designated building evacuation routes are posted in each classroom. Students are expected to exit the building in a quiet and orderly manner with staff. While outside the build students are to remain with their class until further instructions are given.

## Severe Weather

In the event of a severe weather warning, students will be evacuated by classroom to designated areas. During the evacuation, students need to be quiet and orderly. Once at the designated location students are to be quiet and in their group until the warning lifts.

Early dismissals due to weather are determined by the Bradford Area School District. In the event of an early dismissal, residential students will be dismissed to the group home with either school or group home staff. Community and foster care students will follow the usual dismissal procedure.

## School Closings

Custer City Private School follows school closings and cancellations determined by the Bradford Area School District. Distribution dates are listed on the Bradford School District Calendar. In order to receive a text to inform you of closings and delays, please visit the following website [www.wivb.com](http://www.wivb.com)

## Report Cards

Copies of report cards are given to students and mailed to parents or guardians.

## Rights and Responsibilities

You can make a grievance if you feel this list of rights and responsibilities is being violated. You can also give the staff ideas on how you think this list should change. You can't be punished for doing these things.

1. Your treatment at Beacon Light Behavioral Health Systems will not be based on your: background, religion, age, whether you are male or female, who you are related to, or where you are from.
2. You and your family will be educated on your rights and responsibilities before and while you are at Beacon Light. You and your family will be asked to sign a form as proof of this.
3. You and your family will be told about Beacon Light's many services and their costs.
4. The doctor will talk with you and your family about any medical problems you have, unless there is some reason it wouldn't be good for you to know. You and your family have a right to be part of your medical treatment. We do not do any experimental research, and you have the right to say you don't want to be a part of any.

5. You and your family will be told in advance if you are to be discharged from Beacon Light. Discharge occurs for three reasons:
  - You successfully finish your treatment.
  - You have a problem and we aren't able to help you.
  - It would be better for your well-being, or the well-being of others.
  - Specifics on your discharge will be recorded in your treatment plan.
6. We want you to understand and feel comfortable using your rights while you are at Beacon Light Behavioral Health Systems. You can give ideas for changes to the staff as well as to your parents and therapists. You can also file a grievance, which is an official complaint, if you so desire. No one will punish you or hold it against you if you do this.
7. You have a right not to be hurt or mistreated in any way. If you become very angry to the point where you could hurt yourself or others, we can hold you in a safe way.
8. Any information we have about you or your family will only be given to staff and doctors that need it to follow your treatment plan. The only way others can have your information is if your parents (or you, if you are over 14 years old) give their permission.
9. You will only be required to do work that is part of your treatment (like your daily room care).
10. You have the right to be treated fairly and kindly. You have the right to privacy for your personal care.
11. You have the right to keep and use your personal clothing and belongings, as space allows. There are two exceptions to this:
  - your things violate other's rights or
  - your treatment plan says you can't have or use some of your things.
12. Your responsibilities include:
  - participate in your treatment plan
  - respect other's rights and privacy
  - follow program rules
  - keep yourself and your things neat and clean
13. Beacon Light can change this list of rights and responsibilities. We will give you and your family a copy of these changes and answer any questions you may have about them. We will also ask you and your family to sign a form as proof of this.
14. You have the right to be pain-free while attending Beacon Light.



# Grievance Procedures

How to file a grievance:

1. If you are a client at Beacon Light or their legal representative and you have a complaint regarding your treatment program, you will need to write down the issue you have and give it to the supervisor of the program you attend. If you have difficulty writing your issues a staff member will help you. If you do not know who to give your complaint to, you should ask a staff member for help. In programs where there are reception offices, the receptionist will be able to direct you to the appropriate person.
2. The supervisor will look into your complaint and make every effort to resolve the issue. They may require more information from you to complete their investigation. You may ask anyone of your choice to help answer questions that the supervisor may have of you.
3. The supervisor has five work days to respond to your issue in writing and will explain it to you. This will be a written response to your complaint that includes what they think is a good resolution to your issue.
4. If you are not satisfied with the response, you may take your written complaint to the program director. The program director will further investigate the complaint and attempt to bring resolution to the issues. The program director has five days to respond to the complaint.

If you are not happy with the response you have received you may appeal further.

First Level of Appeal – Senior Management Resolution of the Complaint

1. If you are not happy with the answer you get from the program director, you can send your written complaint to it to the Chief Operations Officer (COO) and Clients Rights Advocate. The COO will investigate and review the complaint with the agency's senior management team. You will receive a response with a proposed resolution in writing within 10 business days.

Second Level Appeal – External Resolution of the Complaint.

1. If you are further dissatisfied with the resolution of your complaint, you will be provided with information on how to contact the county MH/MR administrator. You will also be informed of the process for lodging a complaint with the managed care organization (MCO) or insurer who is responsible for paying for services and with the Department of Public Welfare.

A copy of each complaint or grievance will be forwarded to the chairperson of the Rights and Ethics Committee for recording in the committee documentation.

The grievance procedure will be reviewed during the admission process, when ever a treatment plan is reviewed, and as requested by the client. Clients, families and other parties involved with a client's care are asked to sign that the procedure has been reviewed with them.

IN THE EVENT OF A GRIEVANCE AGAINST THE TREATMENT PLANNING OF THE AGENCY, THE ORIGINAL TREATMENT PLAN WILL REMAIN IN EFFECT UNTIL THE DISPOSITION OF THE GRIEVANCE. IN ORDER TO PROTECT THE INTERESTS OF ALL THOSE INVOLVED IN THIS PROCESS, MINUTES OF EACH LEVEL OF ATTEMPTED CONFLICT RESOLUTION ARE TO BE KEPT

Clients and/or their families may, at their own expense, request the opinion of an independent consultant throughout the course of their treatment with the Agency.

The grievance procedure will be reviewed during the admission process, when ever a treatment plan is reviewed, and as requested by the client. Clients, families and other parties involved with a client's care are asked to sign that the procedure has been reviewed with them.

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Clients and/or their families may, at their own expense, request the opinion of an independent consultant throughout the course of their treatment with the Agency.

## Non-Discrimination Policy

Here at Beacon Light Behavioral Health Systems, we do not make decisions or provide services based on your color, race, religion, your age, whether you are male or female, on your parents and ancestors, if you have a disability, or on your national origin. That means that we treat everyone equally.

Our programs and services are accessible to eligible individuals with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to equipment redesign, the provision of aids, and the use of alternative service delivery locations. Structural modification shall be considered only as the last resort among available methods.

Any individual receiving services from the agency and/or their guardian who believes they have been discriminated against may file a complaint of discrimination with:

**Beacon Light Behavioral Health Systems**  
800 E. Main Street  
Bradford, PA 16701

**Bureau of Equal Opportunity**  
Department of Public Welfare  
Room 223 - Health and Welfare Building  
PO Box 2675  
Harrisburg, PA 17105

**Office of Civil Rights**  
Department of Health & Human Services  
Office for Civil Rights Region III  
Suite 372, Public Ledger Building  
150 South Independence Mall West  
Philadelphia, PA 19106-9111

**Pennsylvania Human Relations Commission**  
11th Floor Pittsburgh State Office Building  
300 Liberty Avenue  
Pittsburgh, PA 15222

**Bureau of Equal Opportunity**  
Department of Public Welfare  
Western Field Office  
Room 702  
Pittsburgh State Office Building  
300 Liberty Avenue  
Pittsburgh, PA 15222

If concerns about client care and safety cannot be resolved through the organization the individual is encouraged to contact the Joint Commission on Accreditation of Health Care Organizations' Office of Quality Monitoring by either calling 1-800-994-6610 or emailing [complaint@jointcommission.org](mailto:complaint@jointcommission.org).

## Mandated Reporting

It is the policy of the agency that all employees are responsible for providing appropriated care, protection, safety and a consistently wholesome mental and physical environment for children who receive services from Beacon Light Behavioral Health Systems. Employees of Beacon Light, including full time, part time, and contracted personnel are responsible to report any acts/incidents of alleged or observable abuse by following outlined agency procedures. Employees are not responsible for the determination of whether or not abuse occurred, only to document and report allegations that have been observed or presented to them.

### ***Child Abuse Reporting and Childline***

If there is a client aged **18 or over** living in the household where the alleged abuse occurred, the staff who witnessed/discovered the abuse must follow Part I of the following procedure.

If there is not a client aged 18 or over living in the household, begin the reporting procedure with Part II of the agency procedure below.

### **Part I**

If there is a client aged 18 or over living in the household where the alleged abuse occurred, you must follow Act 28 guidelines for reporting the abuse. **The person who witnessed or discovered the alleged abuse** must first call their local Department of Aging. Once that call is made, **the person who witnessed or discovered the alleged abuse** must contact local law enforcement, by calling the non-emergency 911 number their area. Please state that you are following the Act 28 guidelines to report an incident of alleged abuse.

**Both of these calls must be made before any investigation of the alleged abuse occurs.** Once both calls are completed, follow Part II of the agency abuse reporting procedure.

## **Part II**

The staff person who becomes aware of the alleged abuse should notify an on-call person. At that time, the on-call person should implement the agency procedure.

# Code of Ethics

It is the policy of the Beacon Light Behavioral Health Systems to keep the highest standards of professional and personal ethics in every part of the agency. This includes all treatment, business, public, and professional relationships. The following has been adopted as our code of ethics:

1. We will follow our agency's policies and procedures, doing the best work we can, as outlined by regulations and standards for mental health treatment.
2. We will offer our ideas and findings to others in the behavioral health field. We will offer these ideas and findings in professional ways.
3. We regularly evaluate our professional strengths, limitations, biases, and effectiveness. We always try to improve our abilities and to develop professionally, through education and training.
4. We respect the therapeutic relationship between our staff and clients. We demand healthy, non-exploitive relationships between the staff, the agency, and the individual, so that we may provide effective treatment. Although no code of ethical standards for the major mental health professions prohibit all dual relationships, each stresses the obligation of the ethical professional to be aware of the potential harm that could be caused by dual relationships. Therefore, we prohibit dual relationships that impair professional judgment or increase the risk of exploitation.
5. We will not allow a staff's personal conduct, including substance abuse, to result in inferior services, or to violate the law or discredit the agency.
6. We will be fair, honest and reasonable in our fiscal policies. Our accounting and billing methods include a way to solve conflicts with fiscal issues.
7. We promote the agency in ways that truthfully represent the costs, the services, and the outcomes. We respect the dignity and privacy of everyone served.
8. We admit persons for treatment based only on our ability to meet the individual's behavioral health needs as defined by written criteria. If external payment sources deny authorization of payment for services, we will treat the individual for up to 30 days while we arrange for appropriate treatment at an alternative setting, appeals processes are implemented, or alternative payment arrangements can be made.
9. We have professional relationships with other health care providers, institutions,

and payers.

10. We do not allow a conflict of interest in any contractual relationships.
11. We make clinical decisions based on each person's identified care needs.
12. We will market the agency and its services in a truthful manner, either verbally or through written materials.
13. All persons serving clinical internship hours at the Agency will be supervised by a master's level professional.
14. We will ensure that customers, including clients and families, will receive information about charges for which they will be responsible prior to services being delivered.

## Passive Physical Restraint

It is the policy of the Agency that only passive physical restraint is approved by this Agency.

Restraint as approved by this Agency shall be employed to gain control of a client whose acute or episodic aggressive behavior is such that they may inflict harm on themselves, other clients or staff. Passive physical restraint only may be used when less restrictive measures and techniques have proven to be or are less effective. When restraint is necessary, it is to be done in such a way so as not to inflict pain.

Staff have a responsibility to attempt to deal with all situations in such a way as to reduce the need for restraint of a client if possible. Efforts should be made to reduce and release the aggression the client feels through healthy channels, counseling or withdrawing them from the over-stimulating environment.

All staff will be certified in SCM (Safe Crisis Management) during their orientation period and annually thereafter. Competencies with regard to the physical techniques and verbal de-escalation skills will be assessed semi-annually.

All staff are certified in CPR annually.

Should there be a time when the agency cannot meet the aforementioned regulations, Center for Medicare and Medicaid Services as well as the Office of Medical Assistance Programs will be notified. If deemed appropriate a letter of exception will be forwarded to the Office of Medical Assistance Programs requesting an interim regulation.

Should you have concerns regarding the agency's use of restraint, you may contact the agencies listed on the following pages.

**Pennsylvania Protection & Advocacy, Inc.**

1414 N. Cameron Street

Harrisburg, PA 17103

Phone: 1-800-692-7443 or 1-717-236-0192

**The Special Kids Network**

1-800-692-7443

**Parent to Parent**

1-888-572-7368

**Disability Rights Network of PA**

1414 N. Cameron Street

Harrisburg, PA 17103

Phone: 1-800-692-7443 or 1-717-236-0192

**Any immediate questions can be directed to:**

Nate Gressell, MSW

Director of Residential Services

Beacon Light Behavioral Health Systems

945 South Avenue

Custer City, PA 16725

Phone: 814-817-1372 or 1-800-345-1780

E-mail: [ngressell@beacon-light.org](mailto:ngressell@beacon-light.org)

## Emergency Medical Plan

A medical emergency requiring acute medical treatment will include but is not limited to absence of breathing or heart beat, seizure activity in a client not know to have a history of seizures, loss of consciousness and if client demonstrates behaviors of being a threat to harming self or others.

In the event emergency care is needed the following hospitals/ medical centers have agreed to care for our clients.

**Medical Emergency:**

Bradford Regional Medical Center  
Interstate Parkway  
Bradford, PA 16701  
Phone: 814-368-4143

Charles Cole Memorial Hospital  
U.S. Route 6

Olean General Hospital  
515 Main Street  
Olean, NY 14760  
Phone: 716-373-2600

Kane Community Hospital  
4372 Route 6

Coudersport, PA 16915  
Phone: 814-274-9300

Kane, PA 16735  
Phone: 814-837-8585

Warren General Hospital  
2 Crescent Park West  
Warren, PA 16365  
Phone: 814-723-3300

**Behavioral Health Emergency:**

Bradford Recovery Systems  
Bradford Regional Medical Center  
Interstate Parkway  
Bradford, PA 16701  
Phone: 814-368-4143

DuBois Regional Medical Center  
Maple Avenue  
DuBois, PA 15801  
Phone: 814-375-6363  
Fax: 814-375-6359

Clarion Psychiatric Center  
2 Hospital Drive  
Clarion, PA 16214  
Phone: 814-226-9545  
Fax: 814-226-9622

Millcreek Community Hospital  
Behavioral Care Unit  
5515 Peach Street  
Erie, PA 16509

Warren General Hospital  
2 Crescent Park West  
Warren, PA 16365  
Phone: 814-723-3300

The client will be transported by car or van if client is alert and able to sit up. If unable to be transported by car the Emergency Medical System will be activated and client will be transported by ambulance.

In the event the client is out of the area and a medical emergency arises the client will be transported by motor vehicle to the nearest emergency room.

Staffing for a medical emergency involves the On-Call person being notified as soon as possible. The On-Call staff will take the lead from Medical Center personnel. Staff should stay with the client, if possible, to give information about client and explain events to aid medical center staff in carrying out medical treatment. If staff is requested to leave the Emergency Exam Room or Hospital Room by medical center staff, staff will do so and wait in the waiting area.

## Notice of Privacy Practice

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION.** We will protect the privacy of the health information that we maintain that identifies you, whether it deals with the provision of health care to you or the payment for health care. We must provide you with this Notice about our privacy

practices. It explains how, when and why we may use and disclose your health information. With some exceptions, we will avoid using or disclosing any more of your health information than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this Notice, which is currently in effect.

However, we reserve the right to change the terms of this Notice and our privacy practices at any time. Any changes will apply to any of your health information that we already have. Before we make an important change to our policies, we will promptly change this Notice and post a new Notice in our reception areas. You may also request, at any time, a copy of our Notice of Privacy Practices that is in effect at any given time from a receptionist, a treatment provider, a department secretary or through the office of the agency's Privacy Officer.

We would like to take this opportunity to answer some common questions concerning our privacy practices:

**QUESTION: HOW WILL THIS ORGANIZATION USE AND DISCLOSE MY PROTECTED HEALTH INFORMATION?**

**Answer:** We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your specific authorization. Below, we describe the different categories of our uses and disclosures and give you some examples of each.

**Uses and Disclosures Relating to Treatment, Payment or Healthcare Operations.** We may, by federal law, use and disclose your health information without your prior authorization for the following reasons:

1. **For Treatment:** With the exception of information concerning mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status (for which we may need your specific authorization), we may disclose your general health information to other health care providers who are involved in your care. For example, we may disclose your medical history to a hospital if you need medical attention while at our facility, or to another treatment program we are referring you to. Reasons for such a disclosure may be: to get them the medical history information they need to appropriately treat your condition, to coordinate your care or to schedule necessary testing.
2. **To Obtain Payment for Treatment:** With the exception of information concerning mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status (for which we may need your specific authorization), we may use and disclose necessary health information in order to bill and collect payment for the treatment that we have provided to you. For example, we may provide certain portions of your health information to your health insurance company, Medicare or Medicaid, in order to get paid for taking care of you.
3. **For Health Care Operations:** We may, at times, need to use and disclose your health information to run our organization. For example, we may use your health information to evaluate the quality of the treatment that our staff has provided to you. We may also need to provide some of your health information to our accountants, attorneys and consultants in order to make sure that we're complying with law; if this information concerns mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and/or HIV status, we may be further limited in what we provide and may be required to first obtain from you specific authorization.

**B. Certain Other Uses and Disclosures are Permitted by Federal Law.** We may use and disclose your



health information without your authorization for the following reasons:

1. **When a Disclosure is Required by Federal, State or Local Law, in Judicial or Administrative Proceedings or by Law Enforcement.** For example, we may disclose your protected health information if we are ordered by a court, or if a law requires that we report that sort of information to a government agency or law enforcement authorities. We will release protected health information in the case of reporting suspected child abuse.
2. **For Public Health Activities.** Under the law, we need to report information about certain diseases, and about any deaths, to government agencies that collect that information. With the possible exception of information concerning mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status (for which we may need your specific authorization).
3. **For Health Oversight Activities.** For example, we will need to provide your health information if requested to do so by the County and/or the State when they oversee the program in which you receive care. We will also need to provide information to government agencies that have the right to inspect our offices and/or investigate healthcare practices.
4. **For Research Purposes.** In certain limited circumstances (for example, where approved by an appropriate Privacy Board or Institutional Review Board under federal law), we may be permitted to use or provide protected health information for a research study.
5. **To Avoid Harm.** If one of our counselors, physicians or nurses believes that it is necessary to protect you, or to protect another person or the public as a whole, we may provide protected health information to the police or others who may be able to prevent or lessen the possible harm.
6. **For Specific Government Functions.** With the possible exception of information concerning mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status (for which we may need your specific authorization), we may disclose the health information of military personnel or veterans where required by U.S. military authorities. Similarly, we may also disclose a client's health information for national security purposes, such as assisting in the investigation of suspected terrorists who may be a threat to our nation.
7. **For Workers' Compensation.** We may provide your health information as described under the workers' compensation law, if your condition was the result of a workplace injury for which you are seeking workers' compensation.
8. **Appointment Reminders and Health-Related Benefits or Services.** Unless you tell us that you would prefer not to receive them, we may use or disclose your information to provide you with appointment reminders or to give you information about or to send to you newsletters about alternative programs and treatments that may help you.

### **C. Certain Uses and Disclosures Require You to Have the Opportunity to Object.**

1. **Disclosures to Family, Friends or Others Involved in Your Care.** Disclosures of mental health treatment information, drug and alcohol treatment information, and HIV status, are not permitted without prior authorization from you. You have the right to allow family members or friends to be involved in your mental health treatment but we will disclose information to them only with prior authorization from you if you are over the age of 14 or from your legal guardian if you are under the age of 14.

2. **Disclosures to Notify a Family Member, Friend or Other Selected Person.** When you first started in our program, we asked that you provide us with an emergency contact person in case something should happen to you while you are at our facilities. Unless you tell us otherwise, we will disclose certain limited health information about you (your general condition, location, etc.) to your emergency contact or another available family member, should you need to be admitted to the hospital, for example. This information may not contain information about mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status, without your specific authorization.

**D. Other Uses and Disclosures Require Your Prior Written Authorization.** In situations other than those categories of uses and disclosures mentioned above, or those disclosures permitted under federal law, we will ask for your written authorization before using or disclosing any of your protected health information. In addition, we need to ask for your specific written authorization to disclose information concerning your mental health, drug and alcohol abuse and/or treatment, or to disclose your HIV status.

If you choose to sign an authorization to disclose any of your health information, you can later revoke it to stop further uses and disclosures to the extent that we haven't already taken action relying on the authorization, so long as it is revoked in writing.

**QUESTION: WHAT RIGHTS DO I HAVE CONCERNING MY PROTECTED HEALTH INFORMATION?**

**Answer:** You have the following rights with respect to your protected health information:

- A. The Right to Request Limits on Uses and Disclosures of Your Health Information.** You have the right to ask us to limit how we use and disclose your health information. We will certainly consider your request, but you should know that we are not required to agree to it. If we do agree to your request, we will put the limits in writing and will abide by them, except in the case of an emergency. Please note that you are not permitted to limit the uses and disclosures that we are required or allowed by law to make.
- B. The Right to Choose How We Send Health Information to You or How We Contact You.** You have the right to ask that we contact you at an alternate address or telephone number (for example, sending information to your work address instead of your home address). We must agree to your request so long as we can easily do so.
- C. The Right to See or to Get a Copy of Your Protected Health Information.** In most cases, you have the right to look at or get a copy of your health information that we have, but you must make the request in writing. A request form is available from a receptionist, a treatment provider, a department secretary or through the office of the agency's Privacy Officer. We will respond to you within 30 business days after receiving your written request. If we do not have the health information that you are requesting, but we know who does, we will tell you how to get it. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial. In certain circumstances, you may have a right to appeal the decision.
- D. The Right to Receive a List of Certain Disclosures of Your Health Information That We Have Made.** You have the right to get a list of certain types of disclosures that we have made of your health information. This list would not include uses or disclosures for treatment, payment or healthcare operations, disclosures to you or with your written authorization, or disclosures to your family for notification purposes or due to their involvement in your care. This list also would not include any disclosures made for national security purposes, disclosures to corrections or law enforcement authorities if you were in custody at the time, or disclosures made prior to April 14, 2003. You may not request an accounting for more than a six (6) year period.

To make such a request, we require that you do so in writing; a request form is available upon asking a receptionist, a treatment provider, a department secretary or through the office of the agency's Privacy Officer. We will respond to you within 60 business days after receiving your written request. The list that you may receive will include the date of the disclosure, the person or organization that received the information (with their address, if available), a brief description of the information disclosed, and a brief reason for the disclosure.

- E. The Right to Ask to Correct or Update Your Health Information.** If you believe that there is a mistake in your health information or that a piece of important information is missing, you have a right to ask that we make an appropriate change to your information. You must make the request in writing, with the reason for your request, on a request form that is available from a receptionist, a treatment provider, a department secretary or through the office of the agency's Privacy Officer. We will respond within 60 business days after receiving your written request. If we approve your request, we will make the change to your health information, tell you when we have done so, and will tell others that need to know about the change.

We may deny your request if the protected health information: (1) is correct and complete; (2) was not created by us; (3) is not allowed to be disclosed to you; or (4) is not part of our records. Our written denial will state the reasons that your request was denied and explain your right to file a written statement of disagreement with the denial. If you do not wish to do so, you may ask that we include a copy of your request form, and our denial form, with all future disclosures of that health information.

- F. The Right to Get A Paper Copy of This Notice.** You have the right to receive a paper copy of this Notice at any time. You may request it from a receptionist, a treatment provider, a department secretary or through the office of the agency's Privacy Officer.

**QUESTION: HOW DO I COMPLAIN OR ASK QUESTIONS ABOUT THIS ORGANIZATION'S PRIVACY PRACTICES?**

**Answer:** If you have any questions about anything discussed in this Notice or about any of our privacy practices, or if you have any concerns or complaints, please contact the Privacy Officer at 814-817-1372. You also have the right to file a written complaint with the Secretary of the U.S. Department of Health and Human Services. We may not take any retaliatory action against you if you lodge any type of complaint.

**QUESTION: WHEN DOES THIS NOTICE TAKE EFFECT? Answer:** This Notice takes effect on April 14, 2003.

**BEACON LIGHT BEHAVIORAL HEALTH SYSTEMS  
STANDARD ORDER SHEET FOR OTC MEDICATIONS**

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

DOB: \_\_\_\_\_

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

**Please check all that apply:**

Acetaminophen 325mg tablets (Tylenol)

Ages 6-12 years: 1 tab (325mg) by mouth every 4 hours as needed. 12 years and older: 2 tabs by mouth. (650mg) every 4 hours as needed for pain or fever above 100.0 F. Call MD if temp. persists longer than 48 hours.

**Any fever over 99.9°, the parent or guardian will be contacted to come and pick up the child. The child must be fever free for 24 hours before they are allowed to return to school.**

OTC cough drops

One by mouth every two hours as needed for cough.

Mylanta chewable

One tablet up to three times a day as needed for upset stomach.

Sunscreen

SPF 30 or above apply topically to skin exposed to sun as needed.

Benadryl

25 mg. for bee stings

Other: \_\_\_\_\_

**PARENT:** I give permission for my child to receive the above approved over-the-counter (OTC) medications during school hours. I understand that this is only valid for the 2012 – 2013 school year.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# BEACON LIGHT DIRECTORY

## **Alternative Education**

*Custer City Campus AEP*

P.O. Box A

945 South Avenue

Custer City, PA 16725

(814) 817-1372

FAX (814) 817-1373

*Towanda AEP*

R.R. #4

Towanda, PA 18848

(570) 265-2111

FAX (570) 265-1808

*Warren AEDY*

121 Central Avenue

Warren, PA 16365

(814) 584-1140

FAX (814) 584-1141

## **Outpatient Mental Health Services**

*Warren/Forest Counties*

27 Hospital Drive

Warren, PA 16365

(814) 723-1832

FAX (814) 723-1372

Med Line: (814) 726-8436

*McKean/Elk/Cameron/Potter Counties*

800 E. Main Street

Bradford, PA 16701

(814) 817-1400

FAX (814) 362-5263

## **Friendship House**

24 Hospital Drive

Warren, PA 16365

(814) 313-1661

FAX (814) 313-1662

## **School Based Behavioral Health**

Warren, PA 16365

(814) 313-1127—Beaty

(814) 313-1117—Warren Elementary

## **Multi-Systemic Therapy Offices**

*Bradford Office*

800 E. Main Street

Bradford, PA 16701

(814) 817-1400

FAX (814) 362-2185

*Warren Office*

121 Central Avenue

Warren, PA 16365

(814) 584-1140

FAX (814) 584-1141

## **Intensive Treatment Programs**

*Bridgeport Academy ITP*

717 East Mill Street

PO Box 366

Port Allegany, PA 16743

(814) 545-1921

FAX (814) 545-1930

*Bradford ITP*

P.O. Box A

945 South Avenue

Custer City, PA 16725

(814) 817-1372

FAX (814) 817-1373

*Warren/Forest ITP*

121 Central Avenue

Warren, PA 16365

(814) 584-1140

FAX (814) 584-1141

## **Community Based Mental Health Services**

*McKean County Office*

800 E. Main Street

Bradford, PA 16701

(814) 817-1400

FAX (814) 362-2185

*Elk/Cameron County Office*

94 Hospital Drive

Ridgway, PA 15853

(814) 389-1100

FAX (814) 389-1101

*Warren /Forest County Office*

121 Central Avenue

Warren, PA 16365

(814) 584-1140

FAX (814) 584-1141

## **Family Based Mental Health Offices**

*Bradford Office*

800 E. Main Street

Bradford, PA 16701

(814) 817-1400

FAX (814)-362-2185

*Warren Office*

121 Central Avenue

Warren, PA 16365

(814) 584-1140

FAX (814) 584-1141

## **Residential Treatment Offices**

### *Bradford Campus*

P.O. Box A  
945 South Avenue  
Custer City, PA 16725  
(814) 817-1372

FAX (814) 817-1373

*TOLL-FREE 1-800-345-1780*

### *Towanda Campus*

R.R. #1, Box 179B  
117 VanKuren Drive  
Towanda, PA 18848-9762  
(570) 265-9872

FAX (570) 265-9843

### *Youngsville Campus*

585 E. Main Street  
Youngsville, PA 16371  
(814) 584-1124

FAX (814) 584-1125

*TOLL FREE 1-800-345-1780*

### *SAY Residential Center*

800 E. Main Street  
Bradford, PA 16701  
(814) 817-1310

FAX (814) 362-5263

### *Emergency Shelter*

574 E. Main Street  
Bradford, PA 16701  
(814) 817-1327

FAX (814) 817-1325

### **STAR Program**

800 E. Main Street  
Bradford, PA 16701  
(814) 817-1310

FAX (814) 362-5263

### **STRIDE Program**

145 Lorana Avenue  
Bradford, PA 16701  
(814) 817-1316

FAX (814) 817-1308

### **Enhanced Foster Care**

800 E. Main Street  
Bradford, PA 16701  
(814) 817-1400

FAX (814) 362-2185

## **Residential Group Homes (Bradford Campus)**

### Potter St. Boys Group Home

11 Potter Street  
Bradford, PA 16701  
(814) 817-1320

### South Ave. Boys Group Home

940 South Avenue  
Custer City, PA 16725  
(814) 817-1322

### Walker Ave. Boys Group Home

60 Walker Avenue  
Bradford, PA 16701  
(814) 817-1315

### Jackson Ave. Boys Group Home

130 Jackson Avenue  
Bradford, PA 16701  
(814) 817-1328

### School St. Girls Group Home

8 School Street  
Bradford, PA 16701  
(814) 817-1309

### Williams St. Girls Group Home

23 Williams Street  
Bradford, PA 16701  
(814) 817-1318

## **Ramsbottom Center Offices**

### *MR/DD Services*

800 East Main Street  
Bradford, PA 16701  
(814) 817-1400  
FAX (814) 362-2185

### *Adult Day Services*

387 East Main Street  
Bradford, PA 16701  
(814) 817-1321

### *Waiver Programming*

102 Williams Street  
Bradford, PA 16701  
(814) 817-1319

### *ARS Program*

241 Congress Street  
Bradford, PA 16701  
(814) 817-1307

## **Peer Support Services Offices**

McKean County: 814-817-1400

Warren/Forest Counties: 814-723-1832

Elk/Cameron Counties: 814-772-2005 ext. 422

Potter County: 814-274-8651

## **Administrative Offices**

800 E. Main Street  
Bradford, PA 16701  
(814) 817-1400  
FAX (814) 362-2185