The ABA Services process has begun!

Hello!

ABA Connection has submitted the request for an initial assessment. While we prepare for scheduling initial assessments for your child(ren), we need intake forms completed. We typically send these forms through DocHub, but it may be easier for your family to complete by printing the documents out for completion. They can then be sent via email to referrals@abaconnection.com or you can call the office to arrange a drop off time. These documents are required prior to the initial assessment. For best results, please submit these documents least 2 business days prior to your scheduled assessment date.

We look forward to working with you soon. Please don't hesitate to contact us if you have any questions.

With Appreciation,

Andrea T. Stayton, MS, BCBA
Board Certified Behavior Analyst
Founding Partner, Clinical Director
ABA Connection, LLC.

Phone: 904-201-9129
Fax: 615-694-3915
Web: www.abaconnection.com

Location: 175 Cumberland Park Dr, Suite 100, St. Augustine, FL 32095
Click Here To See Our Virtual Tour: https://goo.gl/maps/7PhuZ2SGHxp1N15VA

Office: (904) 201-9129
Fax: (615) 694-3915
www.abaconnection.com

Intake Date:_____

New Client Registration

Client Legal Name: _____
Last Name First Name Middle Initial

Name Client goes by: _____ Date of Birth: _____ Gender: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Family Information

Client currently lives with: _____

O Biological Parent(s) O Adoptive Parent(s) O Foster Parent(s) seeking Adoption O Foster Parent(s) sheltering

Client has previously lived with: _____

O Biological Parent(s) O Adoptive Parent(s) O Foster Parent(s) seeking Adoption O Foster Parent(s) sheltering

Cultural/Religious Considerations: _____

Legal Guardian (First Contact)

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Home Parent/Guardian 1

Name (if different): _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Parent/Guardian 2 O Full Contact/No limitations O Unsupervised Contact O Supervised Contact O No Contact

Name: _____ Relationship: _____

Address: (if different) _____ City: _____ State: _____ Zip: _____

Home Phone: (if different) _____ Cell Phone: _____

E-mail Address: _____

Emergency Contact Information

I give permission to ABA Connection, LLC to take whatever emergency decisions are judged necessary for the care and protection of my child while in the care of their employees. Please provide the name and phone number of individuals who can be called in case of an emergency when parents/guardians are not available.

Emergency Contact: _____ Relationship: _____

Home Phone Number: _____ Cell Phone Number: _____

Insurance Information

I understand that in some medical situations, the staff will need to contact local emergency resources before the parent/guardian, child's physician and or other adult acting on the parent/guardian's behalf.

Name of Primary Insurance: (Private or MA) _____

Member Number/MA number: _____ Group Number: _____

Subscriber Name: _____

Name of Secondary Insurance: (If Primary insurance is private) _____

Member Number/MA number: _____ Group Number: _____

Subscriber Name: _____

I prefer:
___ Pay my balance in full at time of service
___ Pay my balance in full upon receipt of first statement
___ Make payment arrangements prior to services being rendered
___ Another party is determining payment

Assignment of Insurance Benefits

I understand the confidentiality of my records as protected by law. Information about me/my child cannot be released without my consent. I understand I may revoke this consent at any time, and it will automatically expire without my revocation after one (1) year from the date of signature.

I hereby give authorization for ABA Connection, LLC to contact and inform my primary and secondary (if applicable) insurance companies of all medical information included in treatment plans relating to all claims for benefits submitted on behalf of myself and/or dependents. I further expressly agree and acknowledge that my signature on this documents authorizes my physician to submit claims for benefits, for services rendered or for services to be rendered, without obtaining my signature on each and every claim to be submitted for myself and/or dependents, and that I will be bound by this signature as though the undersigned had personally signed the particular claim. I authorize the Insurance Companies named above to pay and hereby assign directly to RCC/RCA all benefits, if any, otherwise payable to me for his/her services. I understand I am financially responsible for all charges incurred. I further acknowledge that any insurance benefits, when received and paid to RCC/RCA will be credited to my account, in accordance with the above assignment.

_____ _____

(Authorized signature of Subscriber) (Date)

Medical Information

Hospital/Clinic Preference: _____

Client's Primary Doctor: _____ Doctor Phone Number: _____

Current Diagnoses: _____

Allergies: _____

Current Medications			
Name	Dosage	Frequency	Rationale

List any medical restrictions to client's activities: _____

_____

List any special dietary needs: _____

_____

Previous Diagnoses & Medications: _____

Additional Service Providers

Social Worker: _____ Phone Number: _____

Interpreter: _____ Phone Number: _____

School: _____ Grade: _____

Teacher's Name: _____ Phone Number: _____

If in school, what is the education status (specialized classroom, aide required, treatments received in school, etc.)?

(Need copy of IEP) _____

Developmental and Behavioral Information

Family history that may have contributed to current problem behavior? _____

_____

Meaningful day activity? O School O Day Program/ADT O None O Other: _____
Any problem behaviors demonstrated there? O Yes O No O Not Applicable
Therapy History: Complete this table for PAST therapies/services utilized to help individual with problem behavior(s).

Service	Location	Last Seen (approximate)	Effective?
Mental Health Counselor			

Substance Abuse			
Outpatient Behavior Therapy			
Baker Act/Short-Term Inpatient			
Inpatient Treatment (7+ days)			
Residential Facility, short-term (90 days or less)			
Residential Facility, long-term (90+ days)			
Other (explain)			
Other (explain)			
Other (explain)			

What did you like about previous treatments? _____
What did you not like about previous treatments? _____
Prenatal Substance Use: O None reported/known O Smoking O Drugs O Alcohol O Other O Unknown
Pregnancy Complications: O None reported/known O Yes, Explain: _____
Developmental Milestones: O No Known Delays O Notable Delays: _____
Trauma History: O None reported/known O Physical O Emotional O Sexual O Witness to Abuse
O Other (Explain): _____

Activities of Daily Living: Complete this table for CURRENT abilities

Toilet/Commode		Uses toilet appropriately when required
		Needs to be taken to the toilet and given assistance
		Incontinent of urine OR feces: Circle ONE
		Incontinent of urine AND feces
		Not applicable
Mobility		Walks independently
		Walks with assistance (i.e. furniture, arm for support)
		Uses aids to mobilize (i.e. frame, sticks)
		Unable to walk
		Not applicable
Communication		Able to hold appropriate conversation
		Shows understanding and attempts to response verbally with gestures
		Can make self understood but difficulty understanding others
		Does not respond to, or communicate with others
	Prior Communication Treatments (if applicable):	

What historical records are available for review? (diagnostic report, IEP/IFSP, reports from other service providers, psychiatric assessment). _____

Strengths

Please list all of your child strengths such as drawing, writing, computer, etc.

Strengths Continued

Weaknesses

Please list all of your weaknesses such as impatience, demanding, poor relationships, etc.

Main Concerns

Please list any concerns the child may have at home or in the community. This may include, but not limited to, sensitivity (i.e. oversensitive to noises, oversensitive to certain material or texture of food), behaviors, communication, social skills and play skills.

Problem Behavior	**Topography** What does the behavior look like?	**How many times a day?**	**How many times a week?**	**Function?** Why does he do it?
				O Attention O Avoid O Sensory O Unknown O Wants Item/Activity
				O Attention O Avoid O Sensory O Unknown O Wants Item/Activity
				O Attention O Avoid O Sensory O Unknown O Wants Item/Activity
				O Attention O Avoid O Sensory O Unknown O Wants Item/Activity

Additionally, provide any special accommodations that would help staff to better support the child's progress. (e.g. sensory toys, iPad, etc.

What do you do to stop the problem behaviors?

Possible Reinforcers

Please list all or any preferences that your child has shown and put * next to the ones that are highly preferred in each category. Be as SPECIFIC as possible!!

FOODS: (snacks, candies, chocolate – please be specific; kind or brand names)

-
-
-
-
-

TOYS: (games, stuff animals, etc.)

-
-
-
-
-

PHYSICAL CONTACT: (tickles, hugs, kisses, clapping, back rubs, etc.)

-
-
-
-

ACTIVITIES: (reading books, swimming, basketball, listen to music, etc.)

-
-
-
-

OTHER: (any special preferences not mentioned)

-
-
-
-

CURRENT ITEMS USED TO REWARD GOOD BEHAVIOR:

-
-
-

KNOWN TRIGGERS TO NEGATIVE BEHAVIOR (what client does NOT like):

-
-

Service Coordination: Complete this table for CURRENT therapies/services utilized.
Florida Statutes governing Therapeutic Services and Supports require providers to coordinate services. If your child is receiving any of the following, indicate the number of hours of service per day and the frequency of the service.

Service	**Number of Hours**	**Frequency** Circle selection
Special Education Services		Per Day Per Week Per Month Per Quarter Per Year
Child Welfare- Targeted Case Management (CW-TCM)		Per Day Per Week Per Month Per Quarter Per Year
Community Alternatives for Disabled Individuals (CADI) Waiver		Per Day Per Week Per Month Per Quarter Per Year
Personal Care Assistant (PCA)		Per Day Per Week Per Month Per Quarter Per Year
Mental Health- Targeted Case Management (MH-TCM)		Per Day Per Week Per Month Per Quarter Per Year
Recreational Therapy		Per Day Per Week Per Month Per Quarter Per Year
Psychiatrist		Per Day Per Week Per Month Per Quarter Per Year
Physical Therapy		Per Day Per Week Per Month Per Quarter Per Year
Speech Therapy		Per Day Per Week Per Month Per Quarter Per Year
Occupational Therapy		Per Day Per Week Per Month Per Quarter Per Year
Collaborative/Wraparound Services		Per Day Per Week Per Month Per Quarter Per Year
Family Psychotherapy Services		Per Day Per Week Per Month Per Quarter Per Year
Other (explain)		Per Day Per Week Per Month Per Quarter Per Year
Other (explain)		Per Day Per Week Per Month Per Quarter Per Year

Other Providers (if applicable)

Name: _____ Type of service: _____ Phone number: _____

Name: _____ Type of service: _____ Phone number: _____

Name: _____ Type of service: _____ Phone number: _____

Caregiver Involvement

According to the Behavior Analyst Certification Board's Ethical Guideline 4.07(b), "If environmental conditions hinder implementation of the behavior-change program, behavior analysts seek to eliminate the environmental constraints, or identify in writing the obstacles to doing so." When all persons working with the individual are consistent with their interactions, client progress can be witnessed more quickly. Troubleshooting any environmental components may also be identified expediently which reduces the likelihood of client regression. Additionally, most insurers require Caregiver Training and Monitoring throughout the course of ABA Services.

Caregiver commitment, participation, and collaboration with ABA Services is integral to the overall progress of your child/ward. The ultimate goal of ABA Services is to provide enough support, training, and education for the individual and their supports to manage without the need for formal services. Please sign below to indicate that you understand that caregiver training will be conducted, and progress monitored over the course of treatment.

I understand that I will have the opportunity to review, revise, and approve of the Treatment Plan, which will include caregiver goals to be monitored. I understand that adherence to caregiver training goals are not mandatory but failure to comply with recommendations may negatively impact client progress.

O I agree to comply with Caregiver Training and understand that my goals will be monitored.

O I do not agree to comply with Caregiver Training but understand that my goals will be monitored.

_____ _____

Parent or Guardian (legally authorized representative) Date

_____ _____

Parent or Guardian (legally authorized representative) Date

Therapy Options

ABA Connection, LLC offers in-home and community-based therapy for clients enrolled in our program. Please complete the form below to indicate which therapy you prefer for your child. The information you provide will help us to determine the type of therapy you are seeking for your child. For more specific details regarding either program you may contact ABA Connection at 904-201-9129. **Day Program ONLY services is not an option. Visits and collaboration in the home environment is required.**

When are you available for caregiver training (select all that apply)? O Virtual O In-Person

	What hours are you available? (e.g. 9a-11a, 5p-6p)	Not Available
Mondays		
Tuesdays		
Wednesdays		
Thursdays		
Fridays		
Saturdays		
Sundays		

When is the client available for ABA services? O Virtual O In-Person

	What hours is the CLIENT available? (e.g. 9a-11a, 5p-6p)	Not Available
Mondays		
Tuesdays		
Wednesdays		
Thursdays		

Fridays		
Saturdays		
Sundays		

First Date Available for Services? _____

Additional Comments/Questions about service hours:

Additional Information

Thank you for completing the client registration packet. In addition to submitting the application packet, please include the following items when applying for enrollment if these documents have not already been provided:

- Copy of your child's insurance card(s)
- Medical documentation pertaining to the current behavioral diagnoses
- Reports from other service providers (if applicable)
    - Speech therapy, school services, occupational therapy, etc.

Please contact us if you have any questions when completing the application packet, or regarding the intake process.

Thanks again,

Andrea T. Stayton, MS, BCBA
ABA Connection Founding Partner
Board Certified Behavior Analyst
Approved Continuing Education Provider

Phone: 904-201-9129
Fax: 615-694-3915
Mobile: 904-307-3318
Web: www.abaconnection.com
Location: 175 Cumberland Park Dr, Suite 100, St. Augustine, FL 32095
Click Here To See Our Virtual Tour: https://goo.gl/maps/7PhuZ2SGHxp1N15VA

AUTHORIZATION TO RELEASE INFORMATION

Student/Consumer Name: _____ **DOB:** _____
Street Address: _____**City/State** _____ **ZIP:** _____

I understand this release is voluntary and applies to all programs and services operated under the auspices of ABA Connection, LLC. I understand that my *personally identifiable information* (PII) may be protected by the federal rules for privacy under the Family Educational Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act (HIPAA), and/or other applicable state or federal laws and regulations. I understand that my PII may be subject to re-disclosure by the recipient without specific written consent of the person to whom it pertains, or as otherwise permitted. I also understand that the recipient may not condition treatment, payment, enrollment or eligibility on whether I sign this form, except for certain eligibility or enrollment determinations. **I understand that I may revoke this authorization at any time by notifying ABA Connection, LLC in writing but if I do, it will not have any effect on any actions taken before receipt of the revocation.**

I hereby authorize ABA Connection, LLC to (check all that apply):
Exchange with Release to Obtain from **the parties I have indicated below**

I hereby authorize ABA Connection, LLC to exchange / release / obtain information:
Verbally only In written form only Both verbally and in writing

Organization or Individual receiving/communicating the information:

Name of Organization/Individual: _____

Street Address: _____**City/State** _____ **ZIP:** _____

Phone:_____

Description of information to be exchanged / released / obtained:

- ☐ ALL
- ☐ Education records
- ☐ Evaluation/assessment/eligibility records
- ☐ Medical records
- ☐ Clinical records (including behavior analytic, psychological, physical, occupational, and speech therapies)
- ☐ Other _____

Duration of release (check one):
This release will remain in effect for two (2) years, unless otherwise stipulated or revoked in writing.
From _____ (MM/DD/YYYY) To _____ (MM/DD/YYYY)

The purpose if this release is: _____

_____ _____
Signature of Client or Legally Authorized Representative **Date**

_____
PRINT NAME and Relationship of Legally Authorized Representative to Client

Federal Law: "This information has been disclosed to you from records whose confidentiality is protected by Federal Law prohibits disclosing this material. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose."

ABA Connection, LLC Consent Form for Applied Behavior Analysis Services

This document describes the nature of the agreement for professional services, the agreed upon limits of those services, and rights and protections afforded under the Behavior Analyst Certification Board's Guidelines for Responsible Conduct of Behavior Analysts. I will receive a copy of this document to retain for my records. All fees for services and payment arrangements will be reviewed separately.

I, _____ [MR./MS. NAME], agree to have my child/dependent, _____ [CHILD/DEPENDENT NAME], participate in applied behavior analysis (ABA) assessment and/or treatment services provided by ABA Connection, LLC. I understand that the specific activities, goals, and desired outcomes of these ABA services will be fully discussed with me in a separate document and that I will have the opportunity to ask for clarification prior to signing this document. I also understand that I have the right to ask follow-up questions throughout the course of service delivery to ensure my full participation in services. If these services have been arranged or will be paid for by a third party (e.g., school, insurance plan, state agency), I am aware that the third party has the following rights: determining covered services, determining paid dates of implementation, access to documentation of sessions for billing purposes, access to results of assessments and written reports, but the third party cannot consent to treatment and practices on my behalf. I also understand that my child/dependent is the primary client of the behavior analyst and that services will be designed primarily for _____ [CHILD/DEPENDENT NAME]'s benefit. Any other individuals or agencies (e.g., family, school professionals) who may be affected by the ABA services are considered secondary clients.

If the ABA services focus on increasing _____ [CHILD/DEPENDENT NAME]'s skills, I understand that the first several sessions will consist of assessment activities designed to (a) evaluate his/her current skills (e.g., curricular assessments) and (b) determine which instructional strategies and interventions are likely to prove most effective (e.g., preference assessments, assessment of prompting strategies). The time allocated to these assessments will result in improved intervention. If the services are designed to improve ongoing problem behaviors, I understand that the beginning of those services will include functional assessment and/or functional analysis activities (e.g., interviews, checklists, direct observations) that are designed to provide information critical to the development of effective treatment procedures. I may be asked to assist in gathering some of this information by recording problem behavior as it occurs or in other ways. This process may take 1-2 weeks prior to implementing intervention, but will increase the likelihood of effective intervention.

The subsequent services will be focused on development of and implementation of instructional procedures and/or a behavior intervention plan. Prior to implementation, I will receive a printed copy of the results of any assessment and of any proposed instructional procedures or behavior intervention plans for my approval. The contents of those documents will be explained to me fully and any questions I have will be answered to my satisfaction. Subsequent implementation will involve training in the basics of ABA that are important for the intervention, details about the specific components of the ABA intervention, and direct practice in the components for the family, educators, and/or other service providers. Full participation in these implementation and training activities is critical for a successful outcome. If there is evidence of repeated lack of involvement, ABA Connection, LLC reserves the right to revisit and reconsider the appropriateness of services. See our No Show/Cancellation Policy. Ongoing collection of data will allow evaluation of the effectiveness of the intervention and will assist in developing any revisions that need to be made to ensure a good outcome. When goals outlined in the behavior analysis service plan are achieved, we will discuss the discontinuation of services as we will have achieved our therapeutic objectives. In addition, at regular progress reviews we may also discuss whether continuation of services would be beneficial, and any barriers to continuation.

Behavior analysts are ethically obligated to provide treatments that have been scientifically supported as most effective for _____ [client diagnosis]. I am aware that other interventions that I am pursuing may affect my child's response to ABA treatment. Thus, it is important to make the behavior analyst aware of those

interventions and to partner with the behavior analyst to evaluate any associated therapeutic or detrimental effects of those interventions.

I understand that the procedures and outcomes of all assessment and treatment services are strictly confidential and will be released only to agencies or individuals specifically designated by me in writing. In addition, the fact that my child/dependent receives any services is protected and private information. I am aware that ABA Connection, LLC may release information without my prior consent if so ordered by a court of law. I am also aware that providers are legally required to report suspected occurrences of child abuse or neglect or if I or my child present clear and present danger to ourselves or to others.

I understand that the provider agency employs individuals at the RBT and/or BCaBA level who are supervised by a BCBA. I understand that _____ [CHILD/DEPENDENT NAME]'s assessment and treatment services may be observed by supervisors or other employees as part of ongoing training and quality assurance activities. Events occurring in those sessions may be discussed in closed supervision meetings of ABA Connection staff members. All individuals attending these staff meetings are bound by the same confidentiality guidelines as ABA Connection, LLC in order to protect my privacy and that of my child/dependent. I am aware that a record of the treatment will be maintained and this record is available to me in written form upon request.

I understand that it may be necessary to audio- or videotape assessment and/or treatment sessions for supervision purposes. In the event that audio- or videotaping is necessary, I will be informed and asked to give written consent prior to taping. I understand that the recorded material will be used only by ABA Connection staff and only for purposes of improved service delivery. If the assessment or treatment involves formal research that goes beyond normal evaluation or clinical procedures, I reserve the right to consent or refuse to participate.

I reserve the right to withdraw at any time from these services and I understand that such a withdrawal will not affect _____ [CHILD/DEPENDENT NAME]'s right to services. In the event of withdrawal, I may request a list of other credentialed providers in the region. In addition, I reserve the right to refuse, at any time, the treatment that is being offered. I also understand that ABA Connection, LLC reserves the right to terminate the enrollment of _____ [CHILD/DEPENDENT NAME] for failure to adhere to program standards.

I hereby agree to hold harmless and release from any and all liability, ABA Connection, LLC, its directors, officers, employees, agents, affiliates, sponsors, and promoters, as well as, their respective directors, officers, employees, and agents (hereinafter collectively known as "ABA Connection, LLC and its Sponsors"), for any indirect or incidental injury or illness to _____ [CHILD/DEPENDENT NAME], arising out of or in connection with his/her participation in ABA Connection, LLC program. Also, to the fullest extent allowed by law, I hereby waive and discharge my and the Participant's rights, including those of our heirs and assigns, to any and all claims of damages for indirect or incidental injury or illness to _____ [CHILD/DEPENDENT NAME], against ABA Connection, LLC program.

I am aware that the relationship between provider and client is a professional one that precludes ongoing social relationships, giving of gifts, or participation in personal events such as parties, graduations, etc. **In addition, I understand that parent/caregiver not affiliated with ABA Connection, LLC must be present throughout the entire session for home & community-based services.**

I may request a copy of ABA Connection, LLC's current professional credentials upon request. In addition, any concerns that I have about ABA Connection, LLC's performance can be directed to Joshua or Andrea Stayton, ABA Connection Founding Partners.

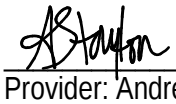
Parent/Guardian comments:

-
-
-
-
-

These policies have been fully explained to me, and I fully and freely give my consent and permission for my child/dependent to participate in ABA services.

_____ _____
Parent or Guardian (legally authorized representative) Date

_____ _____
Parent or Guardian (legally authorized representative) Date



_____ _____
Provider: Andrea T. Stayton, MS, BCBA Date
BCBA Certificate # 1-07-3966

Client Notification of Privacy Rights

Health Insurance Portability and Accountability Act (HIPAA)* See last 2 pages of this packet for Notice of Privacy Practices.

Recent federal law, the Health Insurance Portability and Accountability Act (HIPAA), has created new client protections surrounding the use of protected health information. Commonly referred to as the "medical records privacy law," HIPAA provides client protections related to electronic transmission of data, the keeping and use of client records, and the storage and access to health care records. HIPAA applies to all health care providers, including mental health care, and providers and health care agencies throughout the country are now required to provide clients a notification of their privacy rights as it relates to their health care records. You may have already received similar notices such as this one from your other health care providers.

As you might expect, the HIPAA law and regulations are extremely detailed and difficult to grasp if you don't have formal legal training. This Client Notification of Privacy Rights is designed to inform you of your rights in a simple yet comprehensive fashion. Please read this document, as it is important you know what client protections HIPAA affords all of us. In mental health care, confidentiality and privacy are central to the success of the therapeutic relationship and as such, you will find we will do all we can do to protect the privacy of your mental health records.

HIPAA requires that we secure your signature indicating you have received or been offered the Client Notification of Privacy Rights document.

I have accepted a copy of the Client Notification of Privacy Rights document. ☐

I have been offered a copy of the document and do not wish to have a copy at this time. ☐

(I understand I have the right to review the document before signing this acknowledgement form.)

_____	_____
Client's Name (print)	Client or Legal Guardian Signature
_____	_____
Client Date of Birth	Date Signed

Please sign and return this page to the office. You may retain the notification document for you records.

HIPAA Privacy Rights Notification 06-

Safety Risk Assessment

In order to provide services in a safe and therapeutic environment, it is important that certain safety standards are met in the home. Please take the time to fill out this form by checking the box under "yes," "no," "don't know," or "N/A" (not applicable) to identify safety risk factors that your child may encounter in the home.

My child…	YES	NO	DON'T KNOW	N/A
1. Places toys or inedible items in his/her mouth				
2. Consumes inedible items				
3. Walks/runs out of the front door without permission if left unlocked				
4. Is able to unlock doors that lead to unsafe areas in/outside of the home				
5. Is not a strong swimmer				
6. Has strong fears/phobias that lead to problem behaviors (runs away from dogs, loud noises, etc.) please list:				
7. Has allergic reactions that require medical attention				
8. Has any comorbid medical conditions (asthma, diabetes, seizures) please list:				
9. Takes medications that require administration from a trained professional				
My home…	**YES**	**NO**	**DON'T KNOW**	**N/A**
1. Is a two-story home or is above the ground floor				
2. Has stairs inside or outside the home				
3. Has a pool				
4. Has a pool with a gate that can be unlocked by my child				
5. Has locks on front doors that can be unlocked by my child				
6. Has screens on all windows				
7. Has beds next to windows that can be opened by my child				
8. Has child safety locks on all cabinets containing toxic substances (household cleaners, bleach, etc.)				
9. Has child safety locks on all weapons (knives, firearms, tools) and/or has weapons stored out of reach of children				
10. Has closed gate/fence surrounding front yard				
11. Has closed gate/fence surrounding back yard				
12. Has electrical sockets covered				
13. Has pets (please list breed/size):				
14. Has an area where pets can be contained if needed				
15. Currently or in the past has had pest infestation				
16. Has a clean area including a table and chairs designated for session instruction				
17. Has temperature controls (heat, AC, and/or fans)				

Other Safety Considerations

ABA Connection's Illness Policy

You must cancel your family member's session if s/he exhibits any of the following symptoms within 24-hours prior to session:

- A temperature of 100.6 degrees or higher
- Diarrhea (2 occurrences in a single day)
- Vomiting (1 occurrence)
- Any rash other than diaper rash
- Eye infection which may include the following symptoms; eye drainage other than clear, persistent redness on white part of the eye
- Bad cold with hacking or persistent cough, productive cough with green or yellow phlegm
- Atypical nasal discharge (i.e. green or yellow)
- Extreme irritability or exhaustion

Before returning to therapy, your family member must:

- Be fever free for 24 hours without the use of Tylenol or similar medication
- Follow antibiotic treatment for at least 24 hours

In case of highly contagious illness, a doctor's note may be required to resume therapy

If your family member is not well enough to attend school, s/he should not attend therapy

If you need to cancel therapy sessions, please use our scheduling alert at admin@abaconnection.com or call our main office number at (904) 201-9129.

COVID SCREENING

No Show/Cancellation Policy

Client: _____ Birthdate: _____

Regular attendance at scheduled appointments is very important. Our services will not be effective in helping you if you do not keep your appointments. Irregular attendance, especially a "no show," is also inconvenient and costly for the staff assigned to help you. It is therefore your responsibility to attend all scheduled appointments.

Whenever possible, please notify your assigned clinician at least 24 hours in advance if you will not be able to keep your scheduled appointment.

CANCELLATION POLICY: If you call your assigned clinician at least an hour before your scheduled appointment, it is considered a "Cancellation," although 24-hour notice is preferred.

1. After the first cancellation, the staff person will call you to reschedule.
2. After two cancellations in a row, ABA Connection will send you a letter explaining that you must call him/her if you desire to continue services.
3. After the third cancellation in a row, services will be terminated.
4. If you cancel three times, with some attendance in between each cancellation, your therapist will discuss with you some possible solutions to the problem of irregular attendance.

NO SHOW POLICY: If a client does not arrive at the clinic at his or her scheduled time, and a parent does not call or email to notify ABA Connection, that absence is considered a No Show No Call. A Session will be deemed a 'No Call, No Show' when no attempts to contact ABA Connection have been made and the client is not present 10 minutes after their scheduled time. ABA Connection will make an attempt to call and/or text the caregiver to determine whether the appointment will be kept. After 15-minutes without communication from the caregiver to ABA Connection (5 minutes after ABA Connection attempts to call/text), ABA Connection will begin attempts to reassign scheduled staff. A scheduled appointment time will not be guaranteed thereafter. Caregivers should call to determine availability of staffing prior to arrival. ABA Connection will only tolerate 3 No Show No Calls per year.

1. After the first "No Show," the staff person will call to reschedule the appointment.
    a. If you fail to notify your assigned clinician prior to a missed in-home session, you will be provided with a singular warning following the signed date of this agreement.
2. After the second "No Show," ABA Connection will send you a letter explaining that you will be required to renew your commitment to attend sessions or call the staff ahead of time if you need to reschedule.
    a. Financial Penalty: If you fail to notify your assigned clinician prior to a missed in-home, in-school, or community session, you will be charged a $25 travel fee to cover the staff cost of traveling to your home for the missed appointment and loss of work hours.
3. After the third "No Show," your case will be closed.
    a. Financial Penalty: If you fail to notify your assigned clinician prior to a missed in-home, in-school, or community session, you will be charged a $50 travel fee to cover the staff cost of traveling to your home for the missed appointment and loss of work hours.

I understand ABA Connection's No Show/Cancellation policy and understand that regular attendance is necessary for treatment to be effective. Therefore, I agree to attend all scheduled sessions. If I cannot keep an appointment, I will call the staff 24 hours in advance to reschedule. If I have an emergency that prevents me from attending, I will call the assigned clinician at least one hour before the appointment to cancel.

_____ _____
Client (if competent) Date

_____ _____
Parent/Caregiver Date

AUTHORIZATION TO PICK UP A CHILD FORM

Name of Minor(s) _____

I hereby inform ABA Connection that the people listed below are authorized to pick up the above named minor(s) at any time. Accordingly, ABA Connection is hereby instructed to release my minor(s) into the care of the following people whenever they come to the Clinic.

AUTHORIZED PICK-UP PERSON(S) - *must have legal, picture ID available upon request*

Approved Name	**Relationship to Minor(s)**	**Phone Number**

I understand that:

Parents/guardians must inform ABA Connection in writing when the name of the person listed above will pick up their minor(s). This applies when the minor(s) normal pickup routine varies.

Any person that picks up your minor(s) may be asked to provide a photo ID to the staff if they are not familiar with the person on the above list.

This document shall remain valid until edited or rescinded in writing by the parent/guardian.

Authorized by:

_____ _____

Parent/Guardian Print Date

_____

Parent/Guardian Signature

HealthIT.gov

YOUR HEALTH INFORMATION, YOUR RIGHTS

GET IT. CHECK IT. USE IT.

DID YOU KNOW?

8 in 10 individuals who have viewed their medical record online considered the information useful.[1]

27% of individuals were unaware or didn't believe they had a right to an electronic copy of their medical record.[1]

41% of Americans have never even seen their health information.[2]

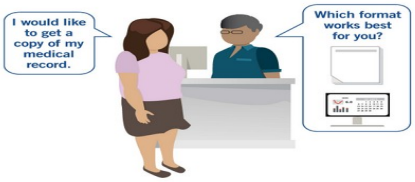
HIPAA (Health Insurance Portability and Accountability Act of 1996) gives us the right to access our health information.

KNOW YOUR RIGHTS

Hannah is a 50-year-old woman recently diagnosed with Type 2 Diabetes.

Like all individuals, Hannah has a right to see and get a copy of her health information.

With a copy of your medical record you can become more informed about your health.



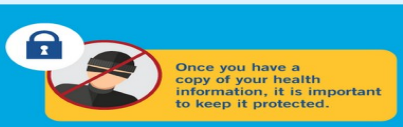
SEND YOUR HEALTH INFORMATION TO A THIRD PARTY

You hold the key to your health information and can send or have it sent to anyone you want. Only send your health information to someone you trust.

Your provider is no longer responsible for the security of your health information after it is sent to a third party.

Be careful when sending your health information to a mobile application or other third party.

PROTECT YOUR HEALTH INFORMATION



Sources: 1. https://www.healthit.gov/sites/default/files/briefs/oncdatabrief30_accesstrends_.pdf 2. https://www.healthit.gov/buzz-blog/consumer/making-patient-access-health-information-reality/

LEARN MORE ABOUT YOUR RIGHTS

WWW.HEALTHIT.GOV/ACCESS
www.hhs.gov/hipaa/for-professionals/privacy/guidance/access

The Office of the National Coordinator for Health Information Technology

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE FOR CIVIL RIGHTS

OFFICE FOR CIVIL RIGHTS

PRIVACY, SECURITY, AND ELECTRONIC HEALTH RECORDS

Your health care provider may be moving from paper records to electronic health records (EHRs) or may be using EHRs already. EHRs allow providers to use information more effectively to improve the quality and efficiency of your care, but EHRs will not change the privacy protections or security safeguards that apply to your health information.

EHRs and Your Health Information

EHRs are electronic versions of the paper charts in your doctor's or other health care provider's office. An EHR may include your medical history, notes, and other information about your health including your symptoms, diagnoses, medications, lab results, vital signs, immunizations, and reports from diagnostic tests such as x-rays.

Providers are working with other doctors, hospitals, and health plans to find ways to share that information. The information in EHRs can be shared with other organizations involved in your care if the computer systems are set up to talk to each other. Information in these records should only be shared for purposes authorized by law or by you.

You have privacy rights whether your information is stored as a paper record or stored in an electronic form. The same federal laws that already protect your health information also apply to information in EHRs.

Benefits of Having EHRs

Whether your health care provider is just beginning to switch from paper records to EHRs or is already using EHRs within the office, you will likely experience one or more of the following benefits:

- **Improved Quality of Care.** As your doctors begin to use EHRs and set up ways to securely share your health information with other providers, it will make it easier for everyone to work together to make sure you are getting the care you need. For example:
  - Information about your medications will be available in EHRs so that health care providers don't give you another medicine that might be harmful to you.
  - EHR systems are backed up like most computer systems, so if you are in an area affected by a disaster, like a hurricane, your health information can be retrieved.
  - EHRs can be available in an emergency. If you are in an accident and are unable to explain your health history, a hospital that has a system may be able to talk to your doctor's system. The hospital will get information about your medications, health issues, and tests, so decisions about your emergency care are faster and more informed.

- **Ask to be reached somewhere other than home.** You can make reasonable requests to be contacted at different places or in a different way. For example, you can ask to have a nurse call you at your office instead of your home or to send mail to you in an envelope instead of on a postcard.

If you think your rights are being denied or your health information is not being protected, you have the right to file a complaint with your provider, health insurer, or the U.S. Department of Health and Human Services.

To learn more, visit **www.hhs.gov/ocr/privacy/**.

For more information, visit **www.hhs.gov/ocr**.

U.S. Department of Health & Human Services
Office for Civil Rights

OFFICE FOR CIVIL RIGHTS

SHARING HEALTH INFORMATION WITH FAMILY MEMBERS AND FRIENDS

There is a federal law, called the Health Insurance Portability and Accountability Act of 1996 (HIPAA), that sets rules for health care providers and health plans about who can look at and receive your health information, including those closest to you – your family members and friends. The HIPAA Privacy Rule ensures that you have rights over your health information, including the right to get your information, make sure it's correct, and know who has seen it.

What Happens if You Want to Share Health Information with a Family Member or a Friend?

HIPAA requires most doctors, nurses, hospitals, nursing homes, and other health care providers to protect the privacy of your health information. However, if you don't object, a health care provider or health plan may share relevant information with family members or friends involved in your health care or payment for your health care in certain circumstances.

When Your Health Information Can be Shared

- Under HIPAA, your health care provider may share your information face-to-face, over the phone, or in writing. A health care provider or health plan may share relevant information if:
- You give your provider or plan permission to share the information.
- You are present and do not object to sharing the information.
- You are not present, and the provider determines based on professional judgment that it's in your best interest.

Examples:

- An emergency room doctor may discuss your treatment in front of your friend when you ask your friend to come into the treatment room.
- Your hospital may discuss your bill with your daughter who is with you and has a question about the charges, if you do not object.
- Your doctor may discuss the drugs you need to take with your health aide who has come with you to your appointment.
- Your nurse may **not** discuss your condition with your brother if you tell her not to.
- HIPAA also allows health care providers to give prescription drugs, medical supplies, x-rays, and other health care items to a family member, friend, or other person you send to pick them up.

A health care provider or health plan may also share relevant information if you are not around or cannot give permission when a health care provider or plan representative believes, based on professional judgment, that sharing the information is in your best interest.

Examples:

- You had emergency surgery and are still unconscious. Your surgeon may tell your spouse about your condition, either in person or by phone, while you are unconscious.
- Your doctor may discuss your drugs with your caregiver who calls your doctor with a question about the right dosage.
- A doctor may **not** tell your friend about a past medical problem that is unrelated to your current condition.

For more information about sharing your health information with family members and friends, or more information about HIPAA, visit **www.hhs.gov/ocr/privacy/hipaa/understanding/index.html**.

For more information, visit **www.hhs.gov/ocr**.

U.S. Department of Health & Human Services
Office for Civil Rights

Office: (904) 201-9129
Fax: (615) 694-3915
www.abaconnection.com

Policies and Procedures

Nov 5, 2025

Contact:

For questions or concerns relating to these policies, contact Andrea Stayton, Clinical Director, at astayton@abaconnection.com or call (904) 201-9129. Correspondence may also be sent to administration@abaconnection.com to reach additional ABA Connection administrators.

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Acknowledgement of Policies and Procedures

I, the undersigned, certify that I have received the policies and procedures handbook. I have read and I agree to abide by the policies set forth by ABA Connection in this handbook.

Specific policies that I have read, understand, and agree to include:

- *Attendance and Cancellation Policy*
- *Sickness and Health Policy*
- *Notice of Confidentiality*

_____
Client's Name

_____
Parent/Guardian's Name (Printed)

_____
Parent/Guardian's Signature

_____
Date

Note: Please remove this page from the handbook after signing. You may request a signed copy from ABA Connection.

Mission and Overview

Mission Statement and Philosophy

In response to the growing need for appropriate services for many in need, our office has developed an Applied Behavior Analysis (ABA) Home & Community-Based Program dedicated to providing evidence-based, analytic services to those who would benefit from these services. It is our belief that the needs of those we serve can be best met through a partnership with their caregivers and other professionals involved in their lives. Our goal is to help caregivers and professionals acquire the necessary analysis and teaching skills in order to facilitate effective intervention and generalization. Enhancing the quality of life of our learners and their supports is the ultimate goal of ABA Connection, LLC..

-- "Enhancing the Quality of Life through Applied Behavior Analysis" --

ABA Connection Model

At ABA Connection, we use the science of Applied Behavior Analysis to change behavior. We employ Board Certified Behavior Analysts (BCBAs), Board Certified Assistant Behavior Analysts (BCaBAs), and Registered Behavior Technicians (RBTs). Hence forward, CBA will refer to both BCBAs and BCaBAs. Following the results of an initial assessment, we create unique, individualized programs for each client. We focus on manipulating behavior by identifying functions of behavior and implementing researched strategies based on function. Our primary goal is to teach clients to communicate their wants and needs, while using verbal behavior to decrease problem behavior and increase socially appropriate behaviors.

Our BCBAs and BCaBAs train and supervise RBTs on the principles of ABA and how to apply them in various environments. ABA Connection typically features a 1:1 technician to client ratio. Scheduling depends on the individual, typically, clients receive services from 2 - 40 hours per week, while receiving intensive 1:1 care and therapy from highly trained individuals. Our CBAs maintain small caseloads to guarantee fidelity and quality care. The BACB recommends at least 2 hours of supervision for every 10 hours of direct treatment as the standard for care, with a minimum of 2 hours per week. However, “the proportion of supervision hours to direct treatment hours suggested in the Guidelines is a general parameter that should not be interpreted or applied rigidly to every case” *(Clarifications Regarding Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers (2nd ed.).* Additionally, service hours are grossly dependent on authorizations gained and terms of service arranged by guardians and/or third-party payors.

About ABA Connection

At ABA Connection. We provide Home & Community-Based ABA interventions, as the goal is to develop treatment/behavior plans with objective and measurable goals.

The founder of Abaconnection.com, Andrea Stayton, was born and raised in Jacksonville, Florida. She obtained a Bachelor of Arts degree from The Florida State University in Psychology with minors in both Information Studies and Applied Behavior Analysis. She then attended Florida Institute of Technology where she received her Master of Science degree in Applied Behavior Analysis with concentrations in Clinical Behavior Analysis and Organizational Behavior

Management. Andrea finished in the top of her educational class and was one of the first students to complete FIT's Dual Track Master's program. She became a Board Certified Behavior Analyst in 2007. Throughout her profession, Continuing Education Units were typically derived from attending various conferences both in Florida, throughout the United States, and abroad. However, constantly trying to work full-time and maintain continuous learning became difficult as work loads increased. Mrs. Stayton became an Approved Continuing Education provider in 2010.

The founder of ABA Connection, Joshua Stayton, was born in St. Augustine, Florida. He lived in various states throughout the country where he obtained an education and experience in Emergency Medicine. Joshua returned to St. Augustine in 2009 where he took an employment opportunity with a group home as a Residential Habilitation Coordinator. His tenure there provided him with the ability to serve adults with intellectual disabilities and behavioral challenges. He built on this experience in a variety of job roles including Assistant Director of a Community Outreach Program, Principal of a Charter School, and Crisis Coordinator for an Emergency Department.

Joshua and Andrea met while working with individuals in the St. Johns County, Florida area. Their mutual love for helping others led to a love for each other and they were married in September 2012. They both understood the importance of improving mental health. They established ABA Connection, LLC to provide behavior services to many underserved individuals and convenient, educational opportunities for those who serve those individuals – Behavior Analysts.

The ultimate goal of ABA Connection, LLC is to enhance the quality of life through Applied Behavior Analysis.

Office Based Therapy
As stated above, each client's program is individualized and based on his or her verbal behavior and behavior cusps, as well as learning style. Every client receives an assessment, and in cooperation with our parents, we derive goals and objectives for their individual needs. We currently serve clients with multiple disorders from 3-99 years of age.

Admission and Registration
Prior to starting at ABA Connection, all parents must complete the registration and intake forms located in the front office and electronically.

Non-Discriminatory Policy
ABA Connection does not discriminate therapy on the basis of race, color, sexual orientation, nationality, or ethnic origin during the admissions procedures, in the administration of its policies, in financial aid programs or in any other facet of the company.

Background Screenings

ABA Connection, LLC requires all employees to have a clear background screen as required by oversight agencies and maintain continuous screenings to ensure that the recipients of services are not placed in the care of dangerous persons.

Procedures
ABA Connection employs various tools, depending on requirements from various agencies, to determine employee capacity for work and background clearance. Upon hire, all employees who will have direct access to clients will require the completion of a federal background screen.

- St. Johns County Department of Education: St. Johns County requires the completion of a Level 2 background screening prior to vendor approval. Results will be retained by the district but a Vendor Badge issued upon clearance.
- Medicaid-Waiver: The AHCA Clearinghouse must be used to obtain the DCF-APD General clearance and a Level 2 Federal Background check. Background screening requirements also include: Local Law checks and a notarized Affidavit of Good Moral Character.
- Medicaid: The AHCA Clearinghouse must be used to obtain the Florida Medicaid General clearance and a Level 2 Federal Background check.
- Florida Blue: Florida Blue will perform their own background check for Certified Behavior Analysts upon credentialing.
- Tricare/Humana: A Level 2 Federal Background check, local law check, and a Sex Offender screening must be performed for all Certified Behavior Analysts prior to credentialing.

Results will be kept in the employee files. Employees will be notified 90 days prior to the expiration of their 5-year rescreening deadline in order to remain in compliance. If an employee fails to obtain an updated Background Screening by expiration, they will be placed on immediate suspension until they return with a clear Background Screen. If a background screen has not been obtained within 30 days of suspension, the employee will be eligible for termination.

Exemptions
Employees, Contractors, and/or Consultants who do not interact directly with clients are not applicable to this policy. For example, should ABA Connection hire maintenance staff for company grounds, they are not applicable to the conditions of this policy.

Effective Date:
This Policy was last updated on December 4, 2022.

Provider Self-Assessment
ABA Connection will conduct a Self Assessment annually. A Self-Assessment is an evaluation completed by the provider to review organizational capabilities for meeting a client's outcomes and the service requirements identified. This self-assessment might include review of the provider's internal policies and procedures by identifying the extent to which they are consistent with rule requirements. This self assessment is a way ABA Connection can ensure that we are providing quality services.

Operating Hours and Communication

ABA Connection currently operates from 9:00 am to 6:00 pm for Day Clinic. Hours are subject to change based on holidays, general emergencies, and planned in-service days for staff training. ABA Connection records all calls for monitoring and training purposes. If you would like your call to not be recorded, please let us know.

To meet the needs of our families, we may schedule therapists outside of regular business hours, including evenings and Saturdays. ABA Connection staff will be unavailable to answer calls after operating hours and will return your call at the earliest possible opportunity during operating hours. After regular business hours, please leave a voicemail, and your call will be returned within 1 business day.

Communication is a vital role for many different reasons. Our goal at ABA Connection is to respond to all emails, phone calls or texts within 24 hours during regular business hours. There may be times that we respond with a notification stating that we may need more time to respond.

Parents acknowledge to reply to phone calls, text messages, or emails from staff members within 24 hours. If you do not have time to respond to the communication from a staff member within 24 hours, you can email, call or text to indicate when you will be able to respond so that we are aware that you received the communication.

ABA CONNECTION CLINIC - CAREGIVER AUTHORIZATION AFFIDAVIT

1. AUTHORIZING PARTY

(Parent/Guardian) I, _____, residing at _____ am:

(circle one) the parent legal guardian
legal custodian

of the client listed below. I do hereby authorize **ABA Connection**, located at **175 Cumberland Park Dr., Ste 100, St. Augustine, FL 32095** to exercise concurrently the rights and responsibilities, except those prohibited below, that I possess relative to the education and health care of the client whose name and date of birth is:

_____ _____

name date of birth

This authority shall include, without limitation, the authority to assist with therapies as needed, direct any emergency care or treatment client may require during my absence and to sign any/all ABA Connection Clinic documentation in order to verify the presence of ABA Connection Clinic staff and the services performed by ABA Connection Clinic staff.The caregiver may NOT do the following: (If there are any specific acts you do not want the caregiver to perform, please state those acts here.)

_____

_____

_____

The following statements are true: (Please read)

- There are no court orders in effect that would prohibit me from exercising or conferring the rights and responsibilities that I wish to confer upon the caregiver. (If you are the legal guardian or custodian, attach the court order appointing you.)
- I am not using this affidavit to circumvent any state or federal law, for the purposes of attendance at a particular school, or to re-confer rights to a caregiver from whom those rights have been removed by a court of law.
- I confer these rights and responsibilities freely and knowingly in order to provide for the client and not as a result of pressure, threats or payments by any person or agency.
- I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit.
- I hereby release and indemnify ABA Connection Clinic, its officers, directors, employees, attorneys, assigns and any other person acting on its behalf from any and all responsibility and/or liability for any injuries or loss which client may sustain as a result of ABA Connection Clinic's good faith reliance on the involvement and direction of others in my absence. I further release, discharge and forever acquit ABA Connection Clinic, its officers, directors, employees, attorneys, assigns and all other persons acting on its behalf from all claims known or unknown, of any kind, nature or description arising out of or in any way related to its reliance on the service verifications provided by my authorized agents, except with respect to those verifications that are the responsibility of ABA Connection Clinic, whether or not such claim is in the present contemplation of the parties. I represent that I have read the above and voluntarily signed this instrument, with a full understanding of its terms.

This document shall remain in effect until _____(not more than two years from today) or until I notify the caregiver in writing that I have amended or revoked it. I hereby affirm that the above statements are true, under pains and penalties of perjury.

Signature:_____

Printed name: _____

Telephone number: _____

2. WITNESSES TO AUTHORIZING PARTY SIGNATURE (To be signed by persons over the age of 18 who are <u>not the designated caregiver</u>.)

_____	_____
Witness #1 Signature	Witness #2 Signature
_____	_____
Printed Name, Address and Telephone	Printed Name, Address and Telephone
_____	_____
_____	_____

_____ _____

3. NOTARIZATION OF AUTHORIZING PARTY'S SIGNATURE

_____, ss

On this date, _____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed on the preceding document, and swore under the pains and penalties of perjury that the foregoing statements are true.

Signature and seal of notary: _____

Printed name of notary: _____

My commission expires: _____

4. CAREGIVER ACKNOWLEDGMENT

The caregiver is at least 18 years of age and the above client currently resides with me at ABA Connection. The caregiver as the client's Behavior Provider. The caregiver understands that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the client, exercise concurrent rights and responsibilities relative to the education and health care of the client, except those rights and responsibilities prohibited above. However, the caregiver may not knowingly make a decision that conflicts with the decision of the client's parent, legal guardian or legal custodian. The caregiver understands that, if the affidavit is amended or revoked, the caregiver must provide the amended affidavit or revocation to all parties to whom the caregiver has provided this affidavit prior to further exercising any rights or responsibilities under the affidavit. The caregiver hereby affirms that the above statements are true, under pains and penalties of perjury.

Authorized Caregivers

Joshua Stayton	**Andrea Stayton**	**Lauren Tirado**	**Kelsey Pelletreau**
Founding Partner	Founding Partner	BCaBA	RBT
Financial Director	Clinical Director	Director of Operations	Clinic Manager

Client Attendance and Cancellation Policy

At ABA Connection, we aspire to provide the highest level of treatment to our clients, with consistency, transparency and efficiency serving as the cornerstones of our care model. In order for therapy to be efficient and for meaningful changes to occur, parents must ensure that their clients arrive to therapy consistently and on time, while staying for the duration of treatment. The treatment that your client is receiving is medically necessary. With the exception of the events listed below, your attendance is required.

Attendance

Full attendance at ABA Connection is expected and required of all clients and parents. It is required that clients attend a minimum of 90% of scheduled therapy hours per authorization period **and commit to being available for at least 50% of recommended service hours. Priority scheduling will be provided for those prioritizing ABA Services**. Changes to your availability after previously arranged commitments may negatively impact upcoming scheduling and staffing availability. Attendance is reviewed on a monthly basis. Clients must arrive and depart on time, as this ensures that appropriate services are delivered and the therapist's time is efficiently utilized. Therapists will be ready to meet clients at the designated drop off area as early as 5 minutes before the scheduled appointment. ABA Connection strives to keep services for clients consistent. As a result, staffing changes will be minimized, however, if a regularly assigned staff member is unavailable to implement client services, an attempt will be made to supply an alternate, credentialed and appropriate staff member. If an appropriate alternative cannot be located, service hours will be rescheduled as agreed upon by the client's guardian.

1. **Arrival** - Clients must arrive on time and as scheduled. There is a 10 minute window in which a client may arrive, beginning 5 minutes early and ending 5 minutes late. We will not receive a client earlier than 5 minutes early. After 5 minutes late, that client is considered tardy. After multiple tardies, a meeting will be scheduled to revisit the attendance policy, and the parent may be placed on probation.
2. **Departure** - Clients must depart on time and as scheduled. There is a 10 minute window in which a client may depart, beginning 5 minutes early and ending 5 minutes late. If parents pick up more than 5 minutes early, that is considered an **unscheduled early pickup**. If parents pick up more than 5 minutes late, that is considered an **unscheduled late pickup**. Unscheduled late pickups may be subject to after hours care charges as outlined below.
3. **Unscheduled** - In the event that a parent or guardian will be late to the clinic, he or she should call the office prior to arrival or departure. Although the parent will not be excused for the tardiness, this will ensure that staff are prepared to accommodate the unscheduled absence.
4. **Scheduled** - Parent/Guardians should strive to inform ABA Connection when clients will be dropped off or picked up late or when they will be absent. Although we appreciate prior notice, schedule absences are not necessarily excused. Please review which absences are considered excused below.

5. **No Show No Call** – If a client does not arrive at their scheduled appointment at his or her scheduled time, and a parent does not call or email to notify ABA Connection, that absence is considered a No Show No Call. A Session will be deemed a 'No Call, No Show' when no attempts to contact ABA Connection have been made and the client is not present 10 minutes after their scheduled time. ABA Connection will make an attempt to call and/or text the caregiver to determine whether the appointment will be kept. After 15-minutes without communication from the caregiver to ABA Connection (5 minutes after ABA Connection attempts to call/text), ABA Connection will begin attempts to reassign scheduled staff. A scheduled appointment time will not be guaranteed thereafter. Caregivers should call to determine availability of staffing prior to arrival. **ABA Connection will only tolerate 3 No Show No Calls per calendar year.**

Excused and Unexcused Absences
Below is a list of excused and unexcused absences. This list is not absolute and may be subject to change.

Excused
1. Sickness or health (only excused if accompanied with a signed doctor's note). If a client's health is consistently compromised, a change in care may be recommended, in which ABA Connection will switch from a comprehensive treatment model to a focused treatment model, as depicted by the Behavior Analyst Certification Board (BACB). For more information concerning our policy on sickness and health, please refer to the Sick Policy from your intake documents.
2. Required medical appointments (only excused if accompanied with a signed doctor's note)
3. Religious observance and holidays
4. Major life events (death in the family, marriage / divorce procedures, birth of a sibling, serious family emergency)
5. Family vacation (only 5 days per year – ABA Connection provides several weeks of scheduled vacation for parents to plan around).
6. Severe weather (flooding, tornados, hurricanes – if weather is severe enough to close roads, school or businesses, then severe weather will be considered an excusable absence)

Unexcused
1. Forgetfulness
2. Oversleeping, issues with alarm
3. Sick siblings or parents
4. Personal appointments (hair, nails, tanning, job interview, shopping, errands etc.)
5. Additional family vacation
6. Excessive car trouble (in the event that a parent has repeatedly cited car trouble as a reason for tardiness or absence, ABA Connection expects that guardian to find alternative and reliable transportation to ABA Connection, as reliable transportation is a requirement for registration and admittance.)
7. Tired, lack of sleep
8. Weather (rain and wind are not acceptable excuse for absences)
9. Home appliance issues (heating, cooling, plumbing, etc.)

Cancellation
If an appointment must be canceled, we kindly ask that you notify ABA Connection at least 24 hours in advance. Notifying will not excuse the client's absence in some cases. Any absences in which a parent or guardian does not call will be considered a No Show No Call.

No Show No Call
As stated above, No Show No Calls are considered unacceptable and will not be tolerated at ABA Connection. In the event that a family reaches 3 days, we will then meet with the family to determine the best way for us to support you in continuing your ABA services. This could include:

- Changing services model from a comprehensive treatment model to a parent training model, where we decrease or discontinue 1:1 therapy and train you on implementing treatment programs instead.
- Refer you to another service provider so that he or she may accommodate your schedule and needs.

90% Attendance Rule
In the event that a family dips below the 90% attendance rule after monthly reviews, the following actions will be taken. (To review, it is required for a client to attend 90% of scheduled therapy sessions per authorization period (or 6 months). Excused absences are not counted against clients.)

1. During each unexcused absence, parents will be reminded of the attendance policy outlined in the Policies and Procedures handbook.
2. Once a client dips below the 90% mark, ABA Connection will begin to monitor attendance more closely for the next 30 days. If other unexcused absences occur, a meeting will be set up.
3. In the event that the parent or guardian misses the established meeting, that family will then be placed on **probation**. (For more information on probation, see below.)
4. At the scheduled meeting, ABA Connection will review each absence with the family, revisit the policies and procedures, and discuss possible alternatives. Alternatives include: parent training model, decreased services, switch to a focused treatment model, transitional plan to other provider or termination of services.
5. ABA Connection will then reset the attendance record of the client for the remainder of the authorization period, in which the parents must adhere to the 90% rule. If they fail to meet the 90% rule, then action will be taken based on the severity of the behavior. For repeat offenders or families who have consistently failed to meet the requirements of the attendance policy, transitional plans, parent training models or termination of services will be considered. Other families will be placed on **probation**.
6. Probation – When a family is placed on attendance probation, they will have 90 days to adhere to the 90% rule. In the event that they fail to reach 90% attendance during a 3 month period, transitional plans, parent training models or termination of services will be considered.

If No One Comes
If a parent has not called ahead, 5 minutes after scheduled departure, a guardian will be contacted by ABA Connection. At that point, the parent is considered tardy. If the parent is unreachable, an emergency contact will be called. In the event that the emergency contact is also unreachable, ABA Connection will continue to attempt to reach any number provided until closing hours for the applicable service (office hours stated above). At the designated end of day, ABA Connection will contact the police and / or Client Protective Services and will remain with the client until a solution is reached.

Billing and Other Requirements
ABA Connection cannot bill for services when clients are not in attendance unless noted in the description of the service. ABA Connection cannot bill for more than one service to the same client at the same time unless authorized by Agency for Persons with Disabilities (APD) or other third-party payor. ABA Connection must render service in accordance with their service authorizations by applicable payors. Service authorizations identify the provider, amount, duration, scope, frequency, and intensity of service. All payment arrangements will be determined prior to service start date and as required by applicable payors. See additional requirements within Florida Statutes, Chapter 393, which describes the system of care for individuals with developmental disabilities within the State of Florida. Florida Statutes are available to view online at http://www.leg.state.fl.us

Sickness and Health Policy

Although attendance is paramount at ABA Connection, the wellbeing and health of all of our clients comes first. In order to ensure the continued good health of not only our clients, but also our employees and families of clients, we reserve the right to temporarily deny services for reasons of obvious illness. In addition, we may request early pickup for clients displaying certain symptoms during the day. We understand that many of you are working parents, and that this policy may be terribly inconveniencing for you at times, however we ask that you adhere to this policy as we continue to try to accommodate you in any way possible. We ask that parents keep sick clients at home and to always take into consideration the physician's recommendations for when your child should return to therapy.

General Rules
In general, your client should not attend therapy when they have an illness that prevents he or she from participating comfortably in everyday therapy activities or when he or she has an illness that results in a greater need or care than can be provided at ABA Connection without compromising the health and safety of the other clients and staff present. ABA Connection requires sanitary and safe conditions, first aid treatment, emergency procedures, and pediatric cardiopulmonary resuscitation. At least one staff person trained in cardiopulmonary resuscitation, as evidenced by current documentation of course completion, must be present at all times that children are present.

Prohibited Symptoms
If your client displays any combination of the symptoms listed below, it is not appropriate for the client to attend therapy at ABA Connection. This list is not limited to other symptoms not displayed and may be subject to change. Any symptom listed below will result in a phone call and a request for a client to be picked up early from the office. These pickups are considered excused, however for continued absences, parents must receive doctors notes as described in our attendance policy.

- Fever – any temperature over 100.0
- Rash – any rash other than a diaper rash or pre-existing non-contagious condition (i.e. eczema)
- Conjunctivitis (pink eye)
- Strep throat
- Head lice, bed bugs, scabies (in the event that a client has any of these mites, that may not return until treatment is finished, and all nits and eggs are removed. ABA Connection will perform a head or body check upon the client's return to the clinic and if any rash, mite, or egg is found, the client will be asked to return home)
- Coughing – any severe, uncontrolled coughing or wheezing in which the client has difficulty
- breathing
- Diarrhea – 2 or more loose bowel movements 24 hours
- Vomiting – 2 or more times in 24 hours
- Contagious infections – any infection deemed contagious such as MRSA or Staph
- Physical pain – any physical pain caused by broken bones or trauma that requires medication or medical attention that ABA Connection cannot provide (decided upon a case by case basis)

Return to Therapy
In general, a client may return to therapy when he or she has been symptom free for at least 24 hours or if the doctor has indicated it is safe to return. In order for an absence to be considered excused, the family must provide a doctor's note or visit note. If the client is excluded from therapy because of a contagious disease or condition, ABA Connection may require a doctor's note reporting that he or she is no longer contagious.

Medication Administration

ABA Connection will not administer any medications. We urge parents to administer medication at home or outside of therapy whenever possible or secure independent staffing to administer medications.

If medication is needed, ABA Connection will contact appropriate emergency medical personnel or have the client self-administer.

Screening for Infectious Diseases
Upon arrival at ABA Connection, parents or guardians will have to sign their clients in. On the sign in sheet, there is a place for general "notes". Your client will quickly be screened by his or her therapist. If the therapist notices any of the prohibitive symptoms listed above, he or she will then notify their supervisor. The supervisor will also screen the client and if he or she is found to exhibit the symptoms of a known infectious disease, the client will be required to return home.

Therapy would not resume until he or she has been symptom free for at least 24 hours or if the doctor has indicated that it is safe to return by signing a release to return. If the client exhibits symptoms related to any of the Class A-D diseases listed below, ABA Connection will then follow the protocol described below.

Immediately Reportable Diseases and Conditions
All standards established under Rule 64D-3.029 Florida Administrative Codes, reporting of communicable diseases. There are three classes of diseases and conditions declared reportable. Suspect immediately diseases or conditions must be reported within 24 hours. Notification should be directly to the county health department. Notifications before or after regular business hours shall be made to the county health department after-hours duty official. Visit www.FloridaHealth.gov/CHDEpiContact to obtain local county health department after-hours duty contact information. If unable to reach the county health department after-hours official, contact the Department's Bureau of Epidemiology after hours duty official at (850) 245-4401.

Immediately diseases or conditions must be reported within 1 business day. Class C and D diseases or conditions must be reported within 5 business days. In the event that a client emits symptoms of the following diseases or conditions, or ABA Connection suspects a client has one of the reportable diseases or conditions, ABA Connection is legally obligated to report such cases. For a full list of reportable diseases, please visit https://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/_documents/practitioner-disease-report-form.pdf. Parent/Guardians will be notified of the condition and will be required to pick up their clients. Clients with these diseases or conditions may not return to ABA Connection until a doctor or physician provides a signed release to return. In addition, the client must be symptom free for at least 24 hours and deemed no longer contagious.

Client Services

ABA Connection Clinic: Visitor Policy

Principle and Introduction:
ABA Connection Clinic (ABACC) is a working treatment facility that comes in contacts with a variety of visitors. A visitor may be defined as a non-employee of ABACC such as speech therapists, occupational therapists, physical therapists, interns, contractors, job candidates, or potential families of applied behavior analysis (ABA) services. This policy is in place to protect the client's confidentiality and make parents/legal guardians aware of future visitors that may come in contact with their child. All visitors will be required to gain permission from a supervisor to observe any clients and to sign a confidentiality agreement that does not allow them to discuss any clients outside of ABACC.

Procedures:
Visitor Population
Visitors that may come into contact with clients that are receiving behavior therapy services at ABACC can include, but is not limited to:

- Service Coordinators
- Private occupational therapists for other clients
- Private speech therapists for other clients
- Private physical therapists for other clients
- Interviewees for a position at ABACC
- Interns
- Families interested in ABACC services

Nature of Visitation
Each visitor typically has a specific agenda, assigned by the supervisor during their visitation. Service coordinators are typically observing clients that are receiving their services to ensure they are being advocated for properly. Private speech, occupational, and physical therapists are typically hired by another client's family and may be coming in to provide a service to another client. Interviewees who may be a candidate for a position at ABACC may observe a session with another behavior technician implementing a child's specific intervention plan. Interviewees are never left alone with a client and may ask questions regarding the service we provide. Interns may come in for an extended period of time and are not always employed by the ABACC directly. Interns usually are observing to gain more experience and knowledge in the field of ABA to integrate into their field of study (ex: social work, speech therapy, occupational therapy etc.). Families who are interested in any of the services at ABACC are often encouraged to tour the facility so they can observe the style of behavior therapy we offer, especially if they are new to ABA. Family tours are always led by the intake coordinator or a member of management and are brief in duration.

Confidentiality Agreement
All individuals (including parents/guardians/caregivers of clients) that enter or exit the doors of ABACC MUST sign in the visitor logs. Those that may come in contact with clients or a session of an individual that they are not a legal guardian of must review the confidentiality agreement. This agreement states that the individual understands and agrees that I will not disclose such confidential information, except to employees of ABACC (that have a need-to-know) due to its sensitive nature.

Consent for Observation at ABACC
By signing this form I am agreeing that: ABACC has permission to allow visitors with specific purposes to observe my child's session while receiving behavior therapy based on ABA at ABACC while I am not present. I understand that during this observation period my child's name, goals of therapy, progress of therapy, behavior intervention plan, and other identifying and therapy information may be revealed. The following is information I wish to not be discussed with the person(s) observing my child:

_____
_____
_____

I understand I can revoke this consent for observation at any time.

Acknowledgement(s)
I acknowledge my receipt and understanding of ABACC's visitor policy.

Parent signature: _____

Date: _____

Person Centered Approach

Policy
ABA Connection, LLC employs a person-centered approach to identify individually determined goals and promote choice.

Procedures
All services begin with the use of an assessment. This assessment will be in line with Behavior Analysis principles which maintain individualization based on single-case research designs. In an effort to also maintain the social validity of programming, the recipient of services, including caregivers, will be involved in all aspects of service delivery.

Assessment procedures will include identifying recipient and caregiver (if applicable) personal preferences and goals. Goals of treatment will also be derived from additional persons involved in the recipient's life such as their waiver support coordinator, case manager, parole officer, etc. The assessment will then identify the behavioral function of problematic behaviors of interest targeted for reduction and potential replacement skills to train for acquisition/increase. The assessment is also used to identify whether or not the recipient is in need of Behavior Analysis Services.

Following the completion of an assessment, the Behavior Improvement Plan will be created which will specify the need for Behavior Services, provide a rationale, assessment results, communication with various active and historical treatment professionals, proactive supports, reinforcement procedures, recipient and caregiver involvement, reactive procedures for problematic behaviors, procedures to train acquisition or replacement skills, a crisis plan (if needed), and a recommendation for duration, length, and plan to fade services.

All persons working with the recipient, including caregivers and employees, will be trained by the lead analyst on proper implementation.

Assessment
ABA Connection will provide an initial assessment to prospective clients with Autism Spectrum Disorders. Depending on the verbal behavior, age, severity of diagnosis, level of autism, and other contributing factors, assessments take between 1-3 days of 1 hour sessions. Included in the assessment process are several questionnaires, interviews, and other indirect assessment tools. In addition, direct assessments are conducted using a variety of assessment tools

described below, in which both a Board Certified Behavior Analyst and a Registered Line Technician (RLT) assess the client across different communication and social domains.

ABA Connection utilizes a variety of different assessment tools which may include Sunberg's Verbal behavior Milestones Assessment and Placement Program (VB MAPP), Preschool Inventory of Repertoires for Kindergarteners (C-PIRK) assessment, the Verbal Behavior Developmental Assessment (VBDA) for clients transitioning to school, or Partington's Assessment of Basic Language and Learning Skills Revised (ABLLS-R). Any assessment tools used are educational tools to measure basic communication and functional skills of individuals.

Comprehensive Treatment Plan

In accordance with the BACB guidelines, ABA Connection performs a comprehensive assessment, as described above, in which specific levels of behavior and treatment goals are established. There is an understanding of current and future behaviors targeted for treatment, while establishing a practical focus on smaller units of behavior building toward larger more significant changes in health and independence. A method of data collection is utilized in which the collection, quantification and analysis of data are used to maximize and maintain progress toward treatment goals. Only scientifically proven treatment protocols are implemented, and they are done so repeatedly, frequently and consistently across environments until discharge criteria are met. In addition, there is a comprehensive infrastructure for supervision of all assessments and treatments by a BCBA.

ABA Connection treats multiple affected developmental domains, such as cognitive, social, communicative, emotional and adaptive functioning. This approach is known as a comprehensive ABA treatment model, as described by the BACB. Maladaptive behaviors become the primary focus of treatment, in terms of reduction and replacement. This early intensive behavioral intervention focuses on the overarching goal to close the gap between the clients' levels of functioning and that of typically developing peers. Treatment is provided in a highly structured therapy session but also integrated into the natural environment for generalization. At the core of the model is parent involvement, in which training family members to manage problem behavior is critical.

Direct 1:1 Applied Behavior Analysis (ABA) Instruction

Our CBAs develop individualized programs for each client, reflecting deficits and focusing on promoting verbal behavior. Goals and objectives are derived from these programs, and Registered Behavior Technicians (RBTs) work directly with the clients 1:1 implementing these goals. General interventions include Discrete Trial Training (DTT), Intensive Teaching Trials (ITT), and Natural Environment Teaching (NET). Clients typically spend about 30% of their clinical hours working in controlled environments on specific skill domains, including: visual performance, receptive language, motor imitation, echoics, manding (requesting), and tacting (labeling). The other 70% of instruction is spent in natural environments, promoting generalization of DTT / ITT targets, peer manding, group skills, social skills, and adaptive behaviors.

A large percentage of therapy is conducted in a natural environment in order to generalize table targets. In addition, we are able to manipulate the motivations of the clients and use them for

teaching new skills in a way that feels natural and less contrived than at a controlled table. This is essential to skills generalizing at home and in other natural environments.

Group Instruction
Lead by a CBA or RBT, group instruction focuses on the essential skills needed for assimilation into a school classroom. Objectives are pulled from various domains, including: social, play, group, requesting, adaptive and daily living. Groups will be no larger than 9, and in addition to the CBA or RBT there will be a 3:1 ratio of clients to therapists.

Parent/Guardian Training
Parent/Guardian involvement is at the forefront of our model. Parents/Guardians will be prompted to receive weekly training from a Board Certified Behavior Analyst or Assistant Behavior Analyst for at least 1 hour, focusing on the individual needs of the client. Therapists will be present to model procedures or techniques used in the clinical setting. The CBA case manager will offer in-home solutions, and at the request of the parent, will offer in-home consultation. In addition, monthly group meetings will be offered for general discussion concerning behavior reduction, communication training, and social skills building. Parents/Guardians will also have access to daily session notes and progress reports.

Parent/Guardian Involvement

General Expectation
Parents/Guardians are expected not only to follow the policies and procedures outlined in this handbook, but also to participate and attend parent trainings as scheduled. At the office of the ABA Connection model is parent involvement. In accordance with the BACB, parent training is part of both the focused and comprehensive ABA treatment models. Training emphasizes skills development and support, so that caregivers can become competent in implementing treatment protocols across critical environments. Training will typically involve an individualized behavioral assessment, in which objectives or target behaviors are identified. Ongoing activities involve supervision, coaching, problem solving and support for implementation of strategies in natural environments to ensure optimal gains.

70% Attendance Rule
All meetings and trainings are mandatory, unless otherwise noted. Parents/Guardians are expected to attend at least 70% of scheduled parent meetings or trainings. Meetings or trainings are approximately 1 hour long.

Parent/Guardian Meetings
Once a week, parents will be invited to a meeting. Clients are encouraged to accompany parents to these meetings but arrangements can be made if not therapeutically recommended. The basic structure of the meeting is as follows:

- Review of client progress
- Observe client with line technician in various environments
- Hands on training on behaviors, techniques or strategies specific to the client
- Review and wrap up

Common areas for training or assistance include the following:

1. Generalization of skills acquired in treatment settings into the home
2. Behavior reduction
3. Adaptive skills training, such as functional communication, participation in routines which help maintain good health
4. Contingency management to reduce stereotypic, ritualistic, or perseverative behaviors
5. Relationships with peers

In addition to weekly parent meetings, monthly group meetings will be encouraged, in which clients will not be present. During these meetings, parents will have the opportunity to ask general or client specific questions. Following a brief Q & A, parents will be trained or lectured on a specific topic relevant to ABA or common client diagnoses. A formal parent training program may also be utilized.

Observation

Family members and outside professionals are welcome to observe our program. To minimize interruptions in the clinic, observations must be scheduled in advance. During these visits, siblings or other small clients are not allowed. Parents/Guardians or other professionals must sign a non-disclosure for HIPAA compliance. Videos and pictures are strictly prohibited. To schedule an observation, parents should meet with the front desk and make an appointment with their client's case manager.

Parent/Guardian Involvement

Parents/Guardians are integral in the development and success of our clients. Your client's self image, behavior, and motivation to succeed depend on everyone working together seamlessly. We encourage you to participate in all office activities, from communicating with the therapists, to attending parent conferences and support meetings, to volunteering at holiday parties.

General Policies

Safety Policy & Restraints

ABA Connection does not use any restraints on any clients, regardless of their behavior. Dangerous behaviors include continuous aggression, property destruction, and/or attempts to self-harm. In the event that a client becomes a danger to himself / herself or others and does not respond with verbal de-escalation techniques, the other clients will be removed from the area and staff will attempt to block or disarm the client without physically restraining him or her. If in an emergency, in which there is imminent and significant danger, extensive blocking may occur and /or emergency services will be contacted. During training, staff are shown videos and models of how to use non-violent crisis intervention techniques, however, they are not certified.

Progression of Safety Measures, if needed.

In the event that extensive blocking is required, the following actions will be taken.

1. After the first instance, parents will be reminded of the safety policy outlined in the Policies and Procedures handbook. A meeting will be made to discuss collaborative strategies with the guardian, Behavior Analyst, and/or the client to reduce further likelihood of extensive displays of dangerous behaviors. In the event that the parent or guardian refuses to participate in the established meeting, that family will then be placed on probation. (For more information on probation, see below.)
2. At the scheduled meeting, ABA Connection will review each instance of dangerous behaviors with the family, revisit the policies and procedures, and discuss possible

alternatives. Alternatives include: proactive strategies, decreased services, switch to a focused treatment model, transitional plan to other providers or termination of services.

3. ABA Connection will then monitor progress for 6 months to determine whether improvements are made. The aforementioned procedure will occur for a total of 3 instances within a 6-month period. Following the 3rd instance, ABA Connection will assist the family in finding alternative placement or scheduling for in-home and community-based service delivery.
4. The Crisis Incident Record will be reset after 6 consecutive months without incident.
5. Probation – When a family is placed on probation, they will have 30 days to adhere to a request for a meeting. If the meeting fails to occur, transitional plans, parent training models or termination of services will be considered.

Clothing

When considering a dress code for clients, comfort, safety, and practicality are the main priorities. Here's a general guide for our dress code:

*1. **Comfortable, Appropriate Clothing**:*

- Clothes should allow for freedom of movement, as the client will be playing, crawling, and engaging in activities.
- Soft fabrics like cotton or jersey are ideal for comfort.
- Clothing must cover chest, back, belly, and private areas
- Attire with graphic or text that can be construed as disruptive to good order is not permitted

*2. **Weather-Appropriate**:*

- **Warm weather days**: Lightweight, breathable clothing, such as t-shirts, shorts, or dresses, and sun hats for protection.
- **Cool weather days**: Warm layers like sweaters, jackets, hats, and mittens to stay cozy during colder months.
- **Rainy Days**: Waterproof jackets or ponchos, and rubber boots are great for outdoor play on wet days.

*3. **Footwear**:*

- Closed-toe shoes are recommended for safety, particularly those with a non-slip sole.
- Sneakers or sturdy shoes work best to support running and active play.
- Avoid sandals or flip-flops, as they can be unsafe in active settings.

*4. **Clothing That Can Get Dirty**:*

- Since clients often engage in messy activities, like arts and crafts, it's best to dress them in clothes that can get dirty without concern.
- Avoid expensive or delicate items, as daycare activities can lead to stains or wear.

*5. **Avoid Accessories**:*

- Minimize jewelry or any accessories that could be a choking hazard or cause discomfort during playtime.

*6. **Spare Clothes**:*

- It's always a good idea to send an extra set of clothes for your client in case of accidents or

spills.

*7. **Labeling**:*
- Labeling clothes with the client's name can prevent mix-ups and loss of items.

This approach ensures clients are dressed appropriately for all activities while keeping comfort and safety in mind!

Money
ABA Connection will not store or account for client funds. Any and all money brought in with clients will be their responsibility. ABA Connection discourages guardians from bringing money into the facility. If special arrangements are made for ABA Connection, consent forms will be required. Electronic delivery of money will be encouraged with receipts provided to payors. See ABA Connection policy for financial responsibilities for ABA Services.

Lunches
ABA Connection does not provide lunch to clients. Please send lunch and a drink with your client every day. Food should be prepared, mixed and ready to eat, except for heating in a microwave or toaster oven. In addition, please feel free to stock snacks, easy-meals, or drinks at the office other than access to running water. ABA Connection is not responsible for providing any food, snack, or beverage to clients, although therapists may take it upon themselves to buy preferred items, it is not required of them. Therapists have been instructed to request certain preferred food items from parents, but parents are not required to provide these items. If a therapist is requesting an item, it is possible that it is highly preferred and may serve as a reinforcer for the client. If your client is allergic to any particular food or is on a special diet, please notify ABA Connection and his or her therapists immediately.

Multiple Relationships
In order to protect the confidentiality of clients and their families as well as ABA Connection employees, we follow HIPAA guidelines and the ethical guidelines outlined by the BACB. As such, multiple relationships are forbidden. We highly discourage parents from adding or interacting with employees on any form of social media, giving personal gifts, and from inviting therapists to birthday parties or other personal events. If the therapist leaves the employment of ABA Connection, those relationships may exist. If a client no longer attends ABA Connection, that family may then choose to pursue a relationship with a staff member.

Toileting
ABA Connection strives to see our clients reach the highest level of independence possible. As such, we welcome work on skills such as toileting. Although we encourage parents to inquire about toileting, often we would like for certain prerequisite skills to be in place first, before attempting potty training. If your client wears diapers or pull ups, please supply enough clearly labeled diapers and wipes for at least 1 week at a time. When accidents occur, soiled or wet clothes will be sent home in a plastic bag, unless otherwise indicated by the family.

Transportation
ABA Connection does not provide transportation of clients. Available community transportation options will be provided and taught to individuals, as applicable.

Birthday Celebrations
ABA Connection would love to celebrate your client's birthday. If you would like to send a cake or birthday snack for the clinic or for your client's class, please check with his or her case manager to find out the number of other clients. Because some of the clients adhere to specific diets or may have food allergies, please check with the case manager before sending certain snacks (i.e. peanut butter, products containing peanut oil, products with gluten, dairy, etc.). In addition, parents may bring birthday invitations for outside parties for the other clients, and ABA Connection will happily add those invitations in their bags. Parents have the option to decline their child's participation in such events as well.

Field Trips
There will be no field trips at ABA Connection in our after-school program, for the safety of our clients. However, we may have events at the clinic, such as firefighters, policemen, petting zoos, water days, etc. Permission slips will be sent home for such events. Parents/Guardians will not be required to attend but will be invited to chaperone as volunteers. In the event that parents attend, we ask that you do not take pictures with other clients unless provided with permission directly from their parents or guardians.

Pets on Site
ABA Connection requests that pets not be brought to the clinic. If a client has a service dog, ABA Connection will review on a case by case basis, based on the manner, size and pedigree of the dog, as well as his or her paperwork concerning training.

Reporting Client Abuse
Any person who knows, or has reasonable cause to suspect, that a person with a developmental disability is being abused, neglected, or exploited by a relative, caregiver, or household member is required to report such knowledge or suspicion to the Florida Abuse Hotline by calling 1-800-96-ABUSE (1-800-962-2873), TDD access is gained by dialing 1-800-453-5145. Failure to report known or suspected cases of abuse, neglect, or exploitation is a criminal offense.

Coordination of Care
At ABA Connection, we encourage our clinicians and care providers to coordinate care with parents, physicians and other providers. In the application, parents have the opportunity to approve contact with other behavioral health providers or physicians. In the event that the family signs a release of information, ABA Connection will work with that physician or provider to provide the best quality of care for the client. We would communicate regularly regarding behavior, communication, health, and medication.

Notice of Confidentiality

ABA Connection follows HIPAA Guidelines to protect client privacy. All records are stored securely in electronic or paper format. Parents/Guardians may request to inspect the records of their client at any time. ABA Connection assumes either parent of the client has the right to inspect that client's records unless legal evidence to the contrary is supplied to the office.

A parent has the right to request an amendment of the client's record if the parent believes that the record is inaccurate, misleading or in violation of the client's rights. Such a request must be made in writing to the clinical director. If ABA Connection refuses to amend the record, we will inform the parent of the refusal in writing. In the case of a refusal, the parents have a right to request a meeting on the matter.

Generally speaking, ABA Connection will not disclose therapy or educational records to persons other than the parent, unless the parent directs ABA Connection to release those records to a third party. In such cases, ABA Connection must receive a written release form from the parents.

ABA Connection will disclose records when required to do so by a court order subpoena or in accordance with Federal or State law.

Notice of Privacy Practices for Protected Health Information

Note: *This notice describes how medical information about you may be used or disclosed and how you can get access to this information.*

ABA Connection is permitted by federal privacy law to make uses and disclosures of your health information for the purposes of treatment and payment of health care operations. Protected health information is the information that we create and obtain in providing our services to you and your family. Such information may include: documenting your child's symptoms and behaviors, assessment results, test results, diagnoses, treatment, and applying for future care or treatment. In addition, it includes billing documents for services rendered.

Examples of uses for **treatment purposes**:

- ABA Connection may use your health information to provide you with services.
- A Behavior Analyst may obtain treatment information about you and your child and record it in your client file.
- Over the course of your child's treatment, a Behavior Analyst may need to consult with other professionals or service providers involved in your child's medical care of treatment (i.e. physician, speech therapist, occupational therapist, teacher, etc.). He or she will obtain authorization to share your professional information with these individuals.
- Your child's health information may be shared with other clinical staff at ABA Connection for additional support in developing your child's treatment program.

Examples of uses for **payment purposes**:

- ABA Connection will submit requests for payment to your health insurance company. The health insurance company (or other agencies or businesses helping us obtain payment) will request information from ABA Connection regarding the medical care given. ABA Connection will then provide information to them about you, your child and the services provided.

Examples of uses for **health care operations**:

- ABA Connection obtains services from our insurers or other business associates such as: quality assessment, quality improvement, outcome evaluation, protocol and clinical guideline development, training programs, credentialing, medical review, legal services and insurance. In those cases, ABA Connection will share information about you or your child to obtain those services.

Your Health Information Rights

The health and billing records that we maintain are the physical property of ABA Connection. The information in it, however, belongs to you, and you have the right to:

- Request a restriction on certain uses and disclosures of you and your child's health information by contacting our office. Although we are not required to grant the request, we will comply with any reasonable request granted
- Request a restriction on disclosures of medical information to a health plan for purposes of carrying out payment or health care operation (and is not for purposes of carrying out treatment) and the protected health information pertains solely to a health care service for which the provider has been paid out of pocket in full, we must comply with this request.
- Obtain a paper copy of the current *Notice of Privacy Practices for Protected Health Information* by making a request at our office.
- Request that you be allowed to inspect and copy your health record and billing record
- Appeal a denial of access to your protected health information, except in certain circumstances
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a request to our office. Requests may be denied if the information requested for amending includes the following:
    - Was not created by ABA Connection
    - Is not part of the health information kept by the office
    - Is not part of the information that you would be permitted to inspect or copy
    - Is accurate and complete

If your request is denied, you will be informed of the reason for the denial, and you will have an opportunity to submit a statement of disagreement to be maintained with your records. Other rights include:

- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office.
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a request to our office. An accounting will not include uses and disclosure of information for treatment, payment, or operations; disclosures or uses made to you or made at your request; uses or disclosures made pursuant to an authorization signed by you; uses or disclosures made in a facility directory or to family members or friends relevant to that person's involvement in your child's care or in payment for such care; or uses or disclosures to notify family or others responsible for your care of your location, condition or your death.

- Revoke authorizations that you made previously to use or to disclose information by delivering a written revocation to our office, except to the extent information or action has already been taken.

If you want to exercise any of the above rights, please make an appointment with our office manager during business hours. She will inform you of the steps that need to be taken to exercise your rights.

Our Responsibilities

ABA Connection is required to:

- Maintain the privacy of your health information as required by law
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we cannot accommodate a requested restriction or request
- Accommodate your reasonable requests regarding methods to communicate health information with you.

ABA Connection reserves the right to amend, change or eliminate provisions in our privacy practices and to access practices or enact new provisions regarding the protected health information that we maintain. If our information practices change, we will amend our notice. You are entitled to receive a revised copy of the notice.

To Request Information or to File a Complaint

If you have any questions or would like to report a problem regarding the handling of your information, please initially contact our office manager. If you believe that your privacy rights have been violated, you may file a written complaint by mailing to our office or delivering the complaint in person.

Other Disclosures and Uses

- We may disclose health and other private information about you when we are required to do so by federal, state, or local law.
- We may disclose protected health and other private information about you in connection with certain public health reporting activities. For instance, we may disclose such information to a public health authority authorized to collect or receive PHI for the purpose of preventing or controlling disease, injury or disability, or at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority. Public health authorities include state health departments, the Center for Disease Control, the Food and Drug Administration, the Occupational Safety and Health Administration and the Environmental Protection Agency
- We are also permitted to disclose protected health and other private information to a public health authority or other government authority authorized by law to receive reports of child abuse or neglect.

- Additionally we may disclose protected health and other private information to a person subject to the Food and Drug Administration's power for the following activities: to report adverse events, product defects or problems, or biological product deviations; to track products; to enable product recalls, repairs or replacements; or to conduct post marketing surveillance.
- We may also disclose a Client's health and other private information to a person who may have been exposed to a communicable disease or to an employer to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether an individual has a work-related illness or injury.

- We may disclose a Client's health and other private information where we reasonably believe a Client is a victim of abuse, neglect or domestic violence and the Client authorizes the disclosure or it is required or authorized by law.
- We may disclose health and other private information about you in connection with certain health oversight activities of licensing and other health oversight agencies which are authorized by law. Health oversight activities include audit, investigation, inspection, licensure or disciplinary actions, and civil, criminal, or administrative proceedings or actions or any other activity necessary for the oversight of 1) the health care system, 2) governmental benefit programs for which health information is relevant to determining beneficiary eligibility, 3) entities subject to governmental regulatory programs for which health information is necessary for determining compliance with program standards, or 4) entities subject to civil rights laws for which health information is necessary for determining compliance.
- We may disclose your health and other private information as required by law, including in response to a warrant, subpoena, or other order of a court or administrative hearing body or to assist law enforcement identify or locate a suspect, fugitive, material witness or missing person. Disclosures for law enforcement purposes also permit use to make disclosures about victims of crimes and the death of an individual, among others.
- We may release a Client's health and other private information (1) to a coroner or medical examiner to identify a deceased person or determine the cause of death and (2) to funeral directors.
- We also may release your health and other private information to organ procurement organizations, transplant centers, and eye or tissue banks, if you are an organ donor.
- We may release your health and other private information to workers' compensation or similar programs, which provide benefits for work-related injuries or illnesses without regard to fault.
- Health and other private information about you also may be disclosed when necessary to prevent a serious threat to your health and safety or the health and safety of others.
- We may use or disclose certain health and other private information about your condition and treatment for research purposes where an Institutional Review Board or a similar body referred to as a Privacy Board determines that your privacy interests will be adequately protected in the study. We may also use and disclose your health and other private information to prepare or analyze a research protocol and for other research purposes.
- If you are a member of the Armed Forces, we may release health and other private information about you for activities deemed necessary by military command authorities. We also may release health and other private information about foreign military personnel to their appropriate foreign military authority.

- We may disclose your protected health and other private information for legal or administrative proceedings that involve you. We may release such information upon order of a court or administrative tribunal. We may also release protected health and other private information in the absence of such an order and in response to a discovery or other lawful request, if efforts have been made to notify you or secure a protective order.
- Finally, we may disclose protected health and other private information for national security and intelligence activities and for the provision of protective services to the President of the United States and other officials or foreign heads of state.

Notice of Privacy Practices Acknowledgement

Name of client:	
Client date of birth:	

My signature below acknowledges that I, _____, have received a copy of the *Notice of Privacy Practices for Protected Health Information*, with an effective date of _____. I also acknowledge that ABA Connection Clinic is a safe space for other families. Any information observed regarding other clients will be kept private and not disclosed to other parties.

_____ _____

Client Representative Signature Date

_____

Relationship to Client

Documentation of Good Faith Efforts

To obtain client's acknowledgment that they did receive the Notice of Privacy Practices

On _____ _____ _____, the client was provided with a copy of the Notice of Privacy Practices for Protected Health Information. A good faith effort was made to obtain from the client, a written acknowledgment of his or her receipt of the Notice. However, such an acknowledgment was not obtained because of one of the following reasons.

Note: Please indicate below why the acknowledgment was not obtained.

- o Client representative refused to sign
- o Client representative was unable to sign because: _____
- o The client representative had an medical emergency
- o Other reason: _____

Signature of Employee Completing Form: _____

Date of Signature: _____

Client Rights Agreement

Every client has the following rights:

1. To be treated fairly with dignity, respect and consideration and humane care.
2. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability or diagnosis
3. To receive treatment that: supports and respects the client's individuality, choices, strength and abilities; supports the clients personal liberties; provides the least restrictive environment that meets the client's needs
4. To social interaction and to participate in community activities
5. To physical exercise and recreational activities
6. Shall not be denied the right to vote in public elections, if applicable
7. To submit grievances to agency staff members and complaints to outside entities without constraint or retaliation
8. To have grievances considered by a licensee in a fair, timely and impartial manner
9. To have the clients information and records kept confidential and released only as permitted
10. To privacy in treatment, including the right not to be photographed or recorded without general consent from a guardian
11. To review, upon request, the clients own record during agency's operation or at a time agreed upon by the clinical director
12. To be informed of all fees that the client is required to pay and of the agency's policies and procedures before receiving a behavioral health service
13. To receive a verbal explanation of the client's condition and a proposed treatment, including the intended outcome, the nature of treatment, the procedures involved, the risks or side effects from the treatment and the alternative to the treatment
14. To be offered or referred for the treatment specified in the client's treatment plan
15. To receive referral to another agency if ABA Connection is unable to provide a behavioral health service that the client requests or that is indicated in the client's treatment plan.
16. To give general consent and if applicable, informed consent, to refuse treatment, and to withdraw general or informed consent at any time. See also preferred transition plan and grievance procedure.
17. To be free from the following: abuse, neglect, exploitation, coercion, manipulation, retaliation, discharge or transfer (for reason unrelated to the client's treatment needs, except as established in a fee agreement signed by the client or the client's guardian or agent)
18. To be free from treatment that involves the denial of: food (unless provided with general or explicit consent from a guardian), the opportunity to sleep, the opportunity to use the toilet, and restrain or seclusion of any form as a means of coercion, discipline, convenience, or retaliation (with the exception of for the client's own safety or the safety of other clients)
19. To participate and to have the client's legal guardian or agent participate in treatment decisions and in the development and periodic review and revision of the client's written treatment plan
20. To participate or to refuse to participate in religious activities
21. To refuse to perform labor
22. To receive behavioral services in a smoke-free facility

Complaints or Grievances

If you are unhappy with treatment or if you have a grievance related to ABA Connection, we encourage you to communicate those issues with us immediately so that they may be resolved. In the event that you have a grievance, please proceed with the following steps:

1. Privately contact our front desk manager and make it known that you have a grievance. This can be done via phone call, email, or in person.
    a. You may also request a complaint form to submit for documentation. You have the right to request a copy of this form as well.
2. The front desk manager will log the complaint and will notify the case manager involved (typically a BCBA).
3. Once the BCBA is notified, he or she will contact you via email or phone to schedule a meeting to discuss the grievance.
4. In the event that you have not heard from the BCBA in due time (more than 7 days), we encourage you to contact the owner via email: owners@abaconnection.com
5. We will then work to resolve any issues that are in power to amend.
    a. In the event that the issue is with a behavior technician, a meeting may be held with all parties involved for resolution.

Consumer Assistance

the Agency for Health Care Administration
2727 Mahan Drive
Tallahassee, FL 32308
1-888-419-3456

the Department of Financial Services
200 East Gaines Street
Tallahassee, FL 32399
1-877-693-5236.

The toll-free number and address for the applicable Payor's grievance department is available upon request.

Recipient Health, Safety, and Well-Being

Policy

ABA Connection, LLC employs a strict recipient safety policy to ensure all clients are protected and safe while in our care.

Procedures

All employees are required to complete or show proof of completion of Zero Tolerance training. Within this training, employees will learn about several forms of abuse. ABA Connection reserves the right to provide additional training as needed to any employee who exemplifies deficiencies in this area despite completion of Zero Tolerance.

ABA Connection will complete a Safety Checklist upon intake to determine potential safety hazards for the recipient of services in a client's home. All persons working with this recipient will review their case file and note potential hazards. See attached checklist. If there is noted abuse or suspected abuse in the home, all employees are mandated reporters. Ensure the safety of the recipient by contacting appropriate officials (law enforcement, the Department of Children and Families, or Adult Protective Services).

All active emergencies, such as fire or natural disasters, will result in immediate notification of applicable government agencies. The safety of the recipient should be confirmed prior to departing the residence, community, or office. Any potential hazards to safety such as items in need or repair or replacement will be removed or blocked off until repair or replacement can occur. Immediately upon discovery of needed repairs, a resolution will be devised with an applicable timeline.

All staff will be trained in this area and are required to report emergencies immediately to their direct supervisor for contribution to or completion of an incident report.

All incident reports will be maintained within the recipient's personal file and submitted to applicable agencies and retained in accordance with government regulation. A log will be maintained and reviewed quarterly (or more frequently if there are more than 3 incidents in a single month) to determine trends and make plans of corrective action as needed.

Disaster Plan and Life Threatening Emergencies

In the event of a natural disaster (i.e. hurricane, tropical storm, ice storm, etc.) the following general procedures are in place:

1. Parents/Guardians will be notified of possible closures via multiple medias: facebook, website, email, in person, and / or through the phone. Appropriate signage will also be placed on the front door to signify any closure.
2. Parents/Guardians should use the business email or phone to contact ABA Connection if a closure occurs.
3. ABA Connection will typically follow the St. Johns County School District School System for closures.
4. Missed sessions will not be made up on holidays or weekends, however exceptions may occur.
5. In the event that the office suffers damages during a disaster, ABA Connection will continue services in a limited capacity in the home, if applicable.
    a. Parents/Guardians always have the ability to opt out of such services if not feasible.
    b. Services may be limited in the following manner: different therapists, different hours, less hours, less supervision, etc.
6. Communication will be maintained between ABA Connection and guardians in the event of a disaster.
7. If ABA Connection is unable to reach guardians, look to the St. Johns County School District website for closure dates.

In the event of life threatening emergencies (i.e. severe bleeding, allergic reaction, mortal wounds, head trauma, etc.) the following general priorities are in place:

1st Priority: Call 9-1-1 if a severe illness or life threatening injury occurs. Immediately call 9-1-1 for emergency services.

2nd Priority: Alert first responders on site and refer to the client's file for medically relevant information (i.e. allergies, diagnoses, medication, etc.). The first responder should then apply basic first aid or CPR until EMS is able to take over.

3rd Priority: Contact the parents or guardians.
- Additional staff members will isolate the client from the other clients.
- A staff member will wait at the front door to direct emergency personnel.
- The safety of the other clients will be maintained.
- An incident report will be completed.

Fire Safety Plan

In the event of a fire on the premises the following general procedures are in place:

Upon discovery of the fire… (STAFF)
1. Leave the fire area immediately and close the doors.
2. Sound the fire alarm and alert the nearest supervisor.
3. Call/Alert the fire department
4. Assist your client and walk outside via the nearest exit. If the client is resistant, hold his or her hand and make for the nearest exit.
5. Walk away from the building and wait in the grassy area, east of the building, for the arrival of the fire department. If that distance is unsafe (can intake smoke or heat), walk to the parking lot for 135 Cumberland Park Dr (directly behind/north of the building).

Upon hearing the fire alarm… (STAFF)
1. Collect your client and walk outside via the nearest exit. If the client is too large to carry, hold his or her hand and make for the nearest exit.
2. Close the doors behind you as you exit.
3. Walk away from the building and wait in the grassy area, east of the building, for the arrival of the fire department.

Upon discovery of the fire… (SUPERVISOR)
1. Leave the fire area immediately, close the doors and alert all occupants.
2. Sound the fire alarm and follow the evacuation procedures.
3. Call 9-1-1 from a safe location
4. Exit the building via the nearest exit
5. Wait in the grassy area, east of the building, for the arrival of the fire department.
6. Begin a headcount of employees and clients

General Duties… (SUPERVISOR)
- Ensure that the other occupants have been notified of the emergency conditions.
- Notify the fire department.
- If safe to do so, supervise the evacuation of all occupants, including those requiring assistance.
- If safe to do so, attempt to extinguish the fire using one of the extinguishers mounted on site.

- Upon the arrival of the firefighters, attempt to inform them of the conditions in the building and coordinate efforts with the fire department.
- Provide access and any information that may be vital to the firefighters, such as locations of persons, master keys, location of fire, etc.

Precautionary Duties (SUPERVISOR)
- Keep the doors in fire separations closed at all times
- Keep access to exits clear of any obstruction at all times
- Do not permit combustible materials to accumulate in quantities or locations that would constitute a fire hazard
- Promptly remove all combustible waste from areas where waste is placed for disposal
- Keep access roadways, fire routes, and fire department connections clear and accessible for fire department use
- Maintain the fire protection equipment in good operating condition at all times
- Participate in fire drills
- Have a working knowledge of the building fire and life safety systems
- Comply with fire code

Caution…
- If you encounter smoke, use an alternate exit.
- Remain calm.
- Your safety and your client's safety are your first priorities.
- If you see a client without a staff member, take them with you and alert other adults that you have said client.

Safety Policy

The management of ABA Connection is committed to the safety and health of our employees, clients, outside providers, and client families. We are responsible for providing the resources necessary for employees to follow safety regulations related to our work. We will strive to set expectations for continual improvement as a safe business.

At ABA Connection, management will participate in establishing and maintaining an effective safety program in accordance with the requirements of the state of Florida. We will:
- Provide each new employee with a general safety orientation / training
- Provide job specific safety training when appropriate
- Provide regular refresher trainings
- Develop awareness and appreciation of safety through periodic meetings and incentives.

1 | Visible, active senior management

Visible senior management leadership within ABA Connection promotes safety management as an organizational value. Supervisors on site act as role models for how all employees should work to create a safe work environment. Supervisors will do the following:
- Authorize the necessary resources for accident prevention
- Discuss safety processes and improvements regularly during staff meetings
- Ensure management is held accountable
- Annually assess the success of the safety process
- Encourage employees to take an active part in maintaining a safe workplace.

2 | Worksite analysis
Continual worksite examinations to identify not only existing hazards but also conditions and operations in which changes may occur to create new hazards. ABA Connection actively analyzes the work and worksite to anticipate and prevent harmful occurrences.

3 | Hazard prevention
Controls are triggered by a determination that a hazard or a potential hazard exists. Where feasible, these hazards are prevented by effective design. Elimination or control is accomplished in a timely manner once a hazard or potential hazard is recognized.

4| Safety and health training
Safety and health responsibilities are incorporated into initial training for all employees. They receive proper job instruction on safe work procedures and how these procedures protect against exposure to hazards. Supervisors demonstrate their responsibility for safety and health by:

- Becoming familiar with the safety responsibilities and activities of all personnel
- Providing maximum support to all programs and employees whose function is to further the cause of safety and health at ABA Connection.
- Providing a system of recognition for successful safety performances.

A | Safety and Health Orientation
Workplace safety and health orientation begins on the first day of initial employment. Each new employee receives an employee handbook with general policies outlined. Policies include: accident and hazard reporting procedures, fire safety, first aid, and emergency procedures.

B | Job Training
Safety training for employees will be conducted before they begin to perform their job or task without direct supervision. All staff will receive CPR training in a timely manner. In addition, they will be trained to use non-violent crisis prevention techniques to avoid accidents that could occur during non-permitted restraints.

C | Regular Refresher Training
All therapists are supervised for a minimum of 5% of their monthly hours. During which time, they will receive regular refreshers on how to prevent crisis behaviors appropriately. In addition, monthly meetings will be held to discuss safety issues and prevent future hazards.

D | Documentation
Documentation will be provided for participants involved in specific training, or who hold specific certifications. Documentation will include: date, time, location, description, etc.

Environmental Precautions | Although the front door is to remain unlocked, a door separates the waiting room from the therapy area. This door is an additional feature to reduce the likelihood of clients accessing the front door or waiting area. All exits are clearly marked with a red “exit” sign. There are 3 fire extinguishers on the premises. All hazardous materials are

clearly labeled and stored securely in cabinets and out of reach of clients. All structures against walls (i.e. shelves) are secured to the wall. All furniture is client sized to prevent injury. Small toys or pieces of toys are stored in plastic containers and are only used with adult supervision with clients who are authorized to play with them. In the event that a client has a peanut allergy or related food allergy, that client will sit away from other clients who eat those substances.

Hazardous Materials Policy

Storing Hazardous Materials | All hazardous materials are safely stored upstairs in a cabinet out of reach of clients and clients. All bottles and items are clearly labeled for use.

Waste Management | All trash cans have lids to prevent clients from reaching inside or touching the trash stored. Trash cans are emptied regularly and transferred to cans outside at the back of the building. Dirty diapers or clothes containing bowel movements are not thrown away in garbage cans inside. They must first be placed into a separate plastic bag. Then they should be taken outside into the industrial trash-can.

Bathroom and Bowel Movements | Therapists handling clients in the bathroom are required to wear plastic, nitrile gloves. When the bathroom process is completed, both the client and the therapist will wash their hands with soap and/or hand sanitizer before returning to the natural environment. Dirty diapers are placed into plastic bags and taken outside into the trash. If a client has an accident and bodily fluids get on his or her clothing, the clothing will be placed into a ziplock or plastic bag and placed inside their backpack. They will then be required to change into a spare set of clothes.

Spills of Bodily Fluids | In the event that there is a spill of bodily fluids, the immediate area will be evacuated of any clients. A therapist wearing gloves will then use appropriate chemicals to clean and remove the fluids from the surface. He or she will then dispose of any temporary cleaning supplies in the outside garbage can.

Storage of Food and Drink | All perishable items will be stored in a refrigerator or mini-fridge. Canned or boxed goods will be stored in cabinets not accessible by clients. These cabinets will be labeled for each client using the client's non-identifier code. In the event that food spoils or goes bad, it will be removed from the fridge and thrown away. Parents/Guardians will also be notified that the food is no longer edible. Client's food will be separated to avoid sharing.

Cell Phone and Electronic Media Policy

ABA Connection recognizes that therapists and parents will form close relationships in their time together. Although therapy is an intimate and intricate process, therapists at ABA Connection must maintain a professional relationship with parents as described in the Multiple Relationships Policy. ***Please do not ask therapists for their phone numbers, personal emails, or social media****. Therapists are instructed to maintain a professional relationship at all times, in accordance with the BACB ethics laws.*

Cell Phones and Electronic Devices

- Employees may have their cell phones on them at any time in the office or other location.
- While at schools or community locations, employees may be required to keep cell phones in a concealed area such as a purse, wallet, backpack or pocket.
- Cell phones should remain on silent or vibrate at all times.
- Personal iPads, tablets and laptops are not to be used during therapy at any time.
- Employees may request to use a personal electronic device if they cannot use a company-issued device.
- Employees should not do the following during scheduled work hours:
    - Receive or make personal calls
    - Read or send personal text messages
    - Read or send personal emails
    - Take pictures of clients, therapists, parents or the office without express consent from guardian
    - Engage in personal social media
    - Search the internet for information irrelevant to the session
    - Play games not specifically utilized for client interaction
- Employees may use cell phones for the following purposes:
    - Reinforcement for a client
    - Setting timers or schedules
    - Appropriate videos for clients
    - Emergency phone calls or texts (must notify supervisor)
    - Read or send work related emails before and after scheduled therapy
    - Ordering food during scheduled periods
    - Phone calls or texts during scheduled breaks or after hours

Appropriate Contact Methods | Parents/Guardians may contact employees using work related email and work numbers. Parents/Guardians may also call the office at any time. Parents/Guardians are encouraged to like the Facebook page but not to use therapists names publically or to attempt to add therapists on social media. Parents/Guardians may approach and speak to therapists outside of the work environment, but should do so in a professional manner.

Sentinel Event Policy

A sentinel event is a Client safety event that reaches a Client and results in any of the following: death, permanent harm, severe temporary harm and intervention required to sustain quality of life. Such events are called sentinel because they signal the need for immediate investigation and response.

Reviewable sentinel events | The Joint Commission includes any occurrences that meet any of the following criteria: the event resulted in an unanticipated death or major permanent loss of function, suicide of any individual receiving care, abduction of any individual receiving care, rape, hemolytic transfusion, surgery on the wrong individual or body part, unintended retention of a foreign object in an individual after surgery, severe neonatal hyperbilirubinemia, or prolonged fluoroscopy.

Reporting | ABA Connection is encouraged, but not required, to report to The Joint Commission any sentinel event meeting these criteria. If any of the sentinel events above were to occur at our facility, ABA Connection would be required to conduct a root cause analysis to identify contributing factors. ABA Connection would have 45 days following the event. This analysis would then be submitted to the Commission. ABA Connection would attempt to identify any opportunities for improvement as well as ways to implement corrective actions if indicated. Not all sentinel events can be sustained, but ABA Connection intends to sustain a culture of safety.

Step Up For Students Scholarship Application Checklist

Required for **all renewals applications (FTC/FES-EO and FES-UA)**

- ☐ **Proof of Florida residency (and spouse/partner, if applicable)**
  - Valid Driver's License ***or***
  - Recent Utility Bill (within the last two months)
- ☐ **Social Security Number:** You will also be asked to enter a social security number for yourself and your student.
  Note: *FES applications require student social security numbers.*
- ☐ **Birth certificate for a student entering K and 1st grade:** To upload this document, please use the "Documentation Type" upload field within the "Additional Information" portion of the "Student Information" section of the application.

Required for **new FTC/FES-EO/Transportation applications**

- ☐ **Proof of Florida residency for primary (and spouse/partner, if applicable)**
  - Preferred proof of residency
    - Valid Driver's License ***or***
    - Recent Utility Bill (within the last two months)
  - Other proof of residency options
    - Health insurance, Medicaid, income documentation, court custody documents (with current Florida address listed), or residential lease listing household members
- ☐ **Social Security Number:** You will also be asked to enter a social security number for yourself and your student.
  Note: *FES applications require student social security numbers. If you or your student do not have a social security number, leave this question blank. You will only be considered for FTC.*
- ☐ **Birth certificate for a student entering K and 1st grade:** To upload this document, please use the "Documentation Type" upload field within the "Additional Information" portion of the "Student Information" section of the application.
- ☐ **Proof of income for all members of the household over the age of 18**
  - Pay stubs from the 30 consecutive days closest to when you submit your application
  - Any other sources of income such as unemployment benefits, social security benefits, or child support benefits
  - **Non-priority status (above 400% of federal poverty level by household size):** If you are above 400% income and do not want to include income documents, complete and upload the #1070NP - Non Income Priority form when asked to provide your income documents in EMA.
    Note: *You must enter your accurate household income but need not provide any income verification documents. If you chose to complete and upload the #1070NP - Non Income Priority form, you agree to be in the non-priority status. Step Up For Students is obligated to award scholarships to students from income-priority households first. Open the form to view the income chart.*

If you would like to ***apply as a Personalized Education Program (PEP) student . . .***
Please apply first as a private school student (FTC/FES-EO). After a student is awarded, you will receive further information to request a scholarship category change to PEP.

Required **for new FES-UA applications**

- ☐ **Proof of Florida residency**
  - Valid Driver's License ***or***
  - Recent Utility Bill (within the last two months)
- ☐ **Birth certificate for a student aged 3 to 6:** To upload this document, please use the "Documentation Type" upload field within the "Additional Information" portion of the "Student Information" section of the application.
- ☐ **Social Security Numbers:** You will also be asked to enter a social security number for yourself and your student.
- ☐ **Diagnosis documentation:** Click here to access a list of accepted Diagnosis Documentation in Appendix A and C of the FES-UA Parent Handbook.

Note: Please remove all password protection from all files. Document size is limited to 5 Mb (only 5 documents per upload field). If your diagnosis documentation is too large, upload the pages that include the student's name, diagnosis, physician, psychologist or an autonomous APRN's information.