Weekend Alternative Program

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Boiling Springs, PA 17007
Dear Parent/Guardian,

Welcome

The Weekend Alternative Program is a wilderness based program designed to teach accountability and assist youth in improving pro-social skills and self concept. The program was established in 1997 and is located in Boiling Springs, PA at the Diakon Wilderness Center. The program works with males and females between the ages of 12-18 and provides services to roughly 200 youth per year.

Overview

During a youth’s time in the program, he or she will receive individual and group support designed to improve his/her ability to become a positive and productive member in the home, school, and community. The primary tools used to assist youth in accomplishing these goals are staff mentoring, program competency modules, and adventure based activities. A brief description of the modules is listed below:

1. Competency Groups – During these weekends, the youth participate in classroom and experiential learning designed to develop competencies in a wide variety of behavioral areas. Primary topics covered are Decision-Making Skills, Victim Awareness, Emotional Management Skills, and Communication Skills.

2. Community Service – During these weekends, youth participate in one of many day-long community service projects. Youth are expected to complete at least twenty hours of community service during their participation in the program.

3. Wilderness Appreciation – During these weekends, youth will participate in a variety of wilderness adventure activities, including rock climbing, hiking and canoeing. These activities are designed to push students outside of their comfort zones, give them a chance to try activities they have never experienced, build self-awareness, and to give them the opportunity to address their interpersonal challenges.

Transportation: All youth are picked up/dropped off at pre-determined locations within their referring counties.

Cumberland County/Perry County

- Location: Cumberland Court House - 1 Courthouse Square Carlisle, PA (in the Alley)
  - Friday Pick-Up Time: 5:00 pm  Sunday Drop-Off Time: 12:30 pm

Franklin County

- Location: 425 Franklin Farm Lane – JPO Office
  - Friday Pick-Up Time: 3:15 pm  Sunday Drop-Off Time: 1:00 pm

Adams County

- Location: ADAMS JPO/CYS Office: 525 Boyd’s School Rd, Gettysburg, PA
  - Friday Pick-Up Time: 4:15 pm  Sunday Drop-Off Time: 1:45-2:00 pm

York County

- CYF: Friday Pick-Up Time: 3:45 pm: Location: 100 W. Market Street (CYF Entrance)
  - Sunday Drop-Off Time: 1:00 pm: Location: 45 N. George Street York PA (Courthouse)
- JPO: Location: 45 N. George Street: Friday Pick-Up Time: 4:00 pm  Sunday Drop-Off Time: 1:00 pm

Dauphin County

- Location: Dauphin Co. JPO Office -100 Chestnut St, Harrisburg, PA/ North Dauphin: 295 State Drive, Elizabethville, PA
  - Friday Pick-Up Time: 4:00 pm, Sun. Drop-Off Time: 12:45/ North Dauphin: Friday Pick-Up Time: 3:00 pm, Sun. Drop-Off: 1:30 pm

Delaware County

- Location: Friday: Lima Detention Center, Sunday: The McDonald’s at the Granite Run Mall Plaza
  - Friday Pick-Up Time: 4:00 p.m.  **SUMMER TIME: 3:00 pm**  Sun. Drop-Off Time: 2:00 pm (at the mall)

Chester County

- Location: 277 Uwchlan Ave., Downingtown, PA -Office Building Complex –Uwchlan Commons Parking lot
  - Friday Pick-Up 4:15 p.m.  **SUMMER TIME: 3:15 pm**  Sunday Drop-Off Time: 1:45 pm
FAQ

Below you will find frequently asked questions parents/guardians inquire about before their child participates in Diakon Youth Services.

Q. What is the drop-off/pick-up locations and times?
A. Pick-up/Drop-off times vary from county to county, please refer to the welcome page for details.

Q. Where do the children sleep?
A. During the spring, summer and fall months all youth sleep in an assigned outdoor shelter. All shelters are raised 3-5 ft off the ground, have a roof and four half walls (see website for pictures). All participants sleep indoors during the winter months, or when the temperature consistently drops below 30 degrees.

Q. What are the children given to sleep in?
A. All youth are given a 3-part military grade sleeping bag to utilize during their participation in WAP.

Q. Can I come and see the campus before my child begins the program?
A. Yes, all parents and guardians are welcome to visit the program prior to their child starting. Arrangements can be made by contacting the executive director.

Q. How long is the program?
A. It is recommended that all youth participate in the Weekend Alternative Program for a minimum of 8-10 weekends. Historically, children who participate for less than 8-10 weekends have little investment in the program. Please contact the referring agency to discover the specific number of weekends your child needs to complete.

Q. Will my child be safe while at the Diakon Wilderness Center? Are the other kids “bad”?
A. The culture of safety is vehemently expressed on a consistent basis at the Weekend Alternative Program. All program staff encourage participants to express their emotions assertively to ensure that a therapeutic environment is maintained. Youth are unsuccessfully discharged if they fail to meet the safe environment policy.

Q. Does the program have off on Holidays?
A. WAP operates every holiday weekend, with the exception of the Christmas and Easter weekends.

Q. How do I discover if my child is doing well in the program?
A. As the parent/guardian you have the ability to talk to your child’s counselor every week or request a copy of their progress report. Your child should request feedback from you on a weekly basis for their WAP student workbook. Program counselors will contact you at least twice during your child’s participation to confirm your feedback.

Q. What do the children eat?
A. Diakon currently employs a full time chef that meets the culinary needs of all clients. Youth are exposed to a wide variety of home-cooked meals made fresh daily. During wilderness weekend, youth cook dinner over a campfire.

Q. Does your facility have a “hands off” policy?
A. Yes, with the exception of immediate imminent danger, staff consistently adhere to the facility's hands off policy.

Q. Are there dangerous animals at your location?
A. Yes! Diakon’s 150+ acre property is filled with wildlife; however, due to adolescents’ tendency to be excessively loud, “dangerous” animals steer clear of the areas we utilize on the campus.

If you have a question that is not listed below please contact the administrative coordinator. Thank you!
Parental/Guardian Paperwork Required

The following documents should be completed and submitted to the referring agency or sent directly to WAP prior to your child’s start date.

_____ Family Insights/Reflection Form

_____ Parental Consent to Diakon Policies/ Youth Information

_____ Insurance Information/ Copy of Insurance Card

_____ Medical History

_____ Physical form completed by licensed medical personnel or scheduled to be completed within 30 days of start date (physicals completed within 8 months will be accepted)

_____ Sickle Cell Test Results/ Agreement, Release, & Waiver of Liability Form

_____ Child Rights Acknowledgment Form

_____ Acknowledgment of Diakon Policies

_____ Clothing/Contraband List Received

Please contact the administrative coordinator at 717-960-6747 if you have any questions. We greatly appreciate your support in keeping our files up to date.
Family Insights/Reflection Areas

Dear Parent/Guardian,

Your child’s PO/Caseworker is responsible for submitting your child’s treatment goals. If you have not previously discussed the purpose of your child’s referral to WAP, please contact the referring agency and offer your recommendations to the case plan goal sheet. Please take the time needed to answer the questions below. Having your insights as parents supports our efforts in assisting your child with understanding different perspectives. Thank you in advance for your consideration.

Youth’s name: ________________________________________

What do you hope for your child to accomplish while participating in WAP?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

What family situations, if any, have been challenging in the last year? Any specific areas you would like your child to reflect about?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Is there any additional information you would like us to know in working with your son/daughter:

____________________________________________________________________________________

____________________________________________________________________________________

Parent /Guardian Signature: ___________________________ Date: __________

Email Address: _______________________________ Mobile phone number: ___________________________

Would you like to receive your child’s weekly report and be contacted by his/her counselor via the above email address? Yes No If no, indicate best day and time to contact you: ____________________________
Diakon Youth Services Information and Policies

Authorization:

I, ______________________________________________________________________________
Parent/Guardian give my consent for __________________________________________________________________________

Youth To participate in Diakon’s Youth Services Programs.

I give permission for the following:

A. Release of School, Dental and Health records to Diakon’s Youth Services programs regarding said child.
B. I understand that my child may be photographed, video or audiotaped while participating in Diakon programs, activities or events. I understand the use of these materials may be used for internal and external communication or publicity/marketing purposes.
C. Transporting my child to and from programming sites and activities. As well as on trips in and out of the state relating to Diakon Youth Service’s Programs.
D. Assessing any medical needs and giving appropriate care and/or getting the child any emergency medical attention he/she needs.
E. Diakon Youth Services may take my child for a required physical examination to participate in their programs. I understand that if my child requires emergency treatment, Diakon Wilderness Center and whomever they designate will immediately take him to a physician for treatment. It is not necessary to obtain my consent when, in the physician’s judgment, an attempt to secure my consent would result in the delay of treatment, increasing the risk to my child’s health or life.

***Please initial if you give Diakon permission for the above: _____________

Information:

Child:
Date of birth ______________ Present age ____________ Male _____ or Female _____
Social Security Number __________________________
Primary spoken language ______________ (Does youth speak/understand English? - Yes / No)
Youth’s Primary Care Physician (Name, Address, & Contact Information) ________________________________
Person to be notified in case of illness or injury __________________________________________________________

Insurance Information (Type/ID #) ________________________________________________________________

Parent’s information:
Primary spoken language of parent/guardian ________________ (Does parent speak/ understands English? - Yes / No)
Religious preference/affiliation: ________________________________________________________________

Personal Belongings/Clothing Policy:
I thoroughly understand that Diakon is not liable for any lost, stolen, or damaged personal belongings/clothing brought to their programs/sites by my child.

Parent/Guardian Signature ___________________________ Date ___________________________
**MEDICAL HISTORY:**

*To be completed by youth and parent/guardian. Fill in every blank completely.*

Many youths over the years who have had a variety of medical/psychological difficulties have attended and successfully completed programs, but we must be aware of these conditions for the youth's benefit. Failure to disclose such information could result in harm to the youth.

If you answer yes to any of the following, please circle the applicable condition.

<table>
<thead>
<tr>
<th>Check if</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

### 1. Allergies: List what allergic to and any reactions in section to the right

- Medications (e.g. penicillin, aspirin, sulf, etc.)
- Foods (e.g. shellfish, nuts, etc.)
- Insect bites (e.g. bee stings, mosquitoes, etc.)
- Environmental (e.g. hay, grass., etc.)
- Other (e.g. wool, acrylic, etc.)

### 2. Head/Neurological Problems: please list date of last incident

- Frequent and/or severe headaches
- Dizziness
- Fainting
- Seizure/convulsions
- Head Injury/Loss of consciousness
- Numbness/tingling in arms or legs

### 3. Cardiovascular: please list specific disorder/condition

- High or Low blood pressure
- Heart Disease, Heart Murmur, Irregular Heart Beat, Chest Pains
- Bleeding Disorder, Anemia, Sickle Cell
- Circulatory Problems, Frostbite, Heat Stroke or Exhaustion

### 4. Eyes, Ears, Nose, Throat and Teeth:

- Vision Impairment: (e.g. Blurred vision, Double vision, Drainage etc.)
- Glasses or Contacts
- Hearing Impairment
- Frequent Ear Infections or Difficulty with balance
- Frequent Nosebleeds or Frequent Sinus Infection
- Frequent Sore Throats or Frequent Tonsil Infections
- Braces
- Bleeding Gums
- Missing or Chipped Teeth

### 5. Respiratory: please list date of last test or incident

- Chronic cough, Frequent Bronchitis or Pneumonia
- Bloody Sputum
- History of Asthma (list any inhalers or meds to the right)
- Positive TB or INH Therapy (Dates to the right)

### 6. Gastrointestinal: please list date of last incident

- Frequent Nausea or Vomiting
- Frequent Heartburn or Stomach Ulcer
- Frequent Consipation or Diarrhea, Hemorrhoids
- Hernias
- Appendectomy (Date)
- Hepatitis or Jaundice
- Special Diet, Eating Disorders (e.g. Bulimia, anorexia etc)

### 7. Urinary: list date of last incident

- Difficulty or Frequent Urinating, Burning or pain
- Kidney Problems
- Bed Wetting

### 8. Reproductive: list date of last known exam/test

- Sexually Active
- Any past or present STD (e.g. syphilis, gonorrhea, etc.)
- Pain or swelling in Testes
- Currently Pregnant
- Menstrual Pains
- Lumps in Breasts

### 9. Orthopedic: please list date of last incident

- Broken Bones or dislocations
- Back pain, Scoliosis or Neck problems
- Joint Pain (e.g. shoulder, arm, knee, hip)
- Sprians
- Osgood Schlatters disease
If you answer yes to any of the following, please circle the appropriate condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td>yes</td>
</tr>
<tr>
<td>Thyroid or Endocrine Problems</td>
<td></td>
</tr>
<tr>
<td>Motion Sickness</td>
<td></td>
</tr>
<tr>
<td>Fear of Confined Spaces or Fear of Height</td>
<td></td>
</tr>
<tr>
<td>Surgery or severe Illness Requiring Hospitalization</td>
<td></td>
</tr>
</tbody>
</table>

11. Emotional:

<table>
<thead>
<tr>
<th>Condition</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>yes</td>
</tr>
<tr>
<td>Hysteria</td>
<td>yes</td>
</tr>
<tr>
<td>Anxiety or Nervousness</td>
<td>yes</td>
</tr>
<tr>
<td>History of Suicide Ideation or Gesture</td>
<td>yes</td>
</tr>
<tr>
<td>Hyperactivity</td>
<td></td>
</tr>
</tbody>
</table>

12. Skin:

<table>
<thead>
<tr>
<th>Condition</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sun Poisoning</td>
<td>yes</td>
</tr>
<tr>
<td>Eczema or Psoriasis</td>
<td>yes</td>
</tr>
<tr>
<td>Sores or Infections</td>
<td>yes</td>
</tr>
<tr>
<td>Rash</td>
<td>yes</td>
</tr>
</tbody>
</table>

13. Family History (parents, grandparents, siblings):

<table>
<thead>
<tr>
<th>Condition</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Attacks</td>
<td>yes</td>
</tr>
<tr>
<td>Diabetes</td>
<td>yes</td>
</tr>
<tr>
<td>Stroke</td>
<td>yes</td>
</tr>
<tr>
<td>Cancer</td>
<td>yes</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>yes</td>
</tr>
</tbody>
</table>

14. Youth’s Personal History:

<table>
<thead>
<tr>
<th>Date of Last Exam</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Last Dental Exam</td>
<td></td>
</tr>
<tr>
<td>Date of Last Monthly Period (females only)</td>
<td></td>
</tr>
<tr>
<td>Date of Last Pelvic Exam (females only)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Medication</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dosage</td>
<td></td>
</tr>
<tr>
<td>Reason for taking</td>
<td></td>
</tr>
<tr>
<td>Doctor Who Prescribed Med.</td>
<td></td>
</tr>
<tr>
<td>Side Effects</td>
<td></td>
</tr>
</tbody>
</table>

If you are receiving medications now, please bring enough for the time that you are in a program or up to at least 30 days. The medication must be in the original container with the Doctor’s instructions on it.

Have you been in counseling with a psychiatrist, psychologist or other counselor within the last two years? Yes ______ No ______

If yes, when was counseling terminated? (Date) ______

Reason for Counseling? (check appropriate responses.)

<table>
<thead>
<tr>
<th>Academic</th>
<th>Family Issues</th>
<th>Depression</th>
<th>Suicide</th>
<th>Substance Abuse</th>
<th>Other</th>
</tr>
</thead>
</table>

If you have not already done so, please arrange for a release of information so that we can contact him/her if needed.

Name of most recent Counselor ______

<table>
<thead>
<tr>
<th>Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Phone Number ( )</td>
<td></td>
</tr>
</tbody>
</table>

15. Youth’s Lifestyle:

<table>
<thead>
<tr>
<th>Does he/she use alcohol? yes ______ no ______</th>
<th>How much/How often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does he/she tobacco? yes ______ no ______</td>
<td>How much/How often</td>
</tr>
<tr>
<td>Does he/she currently have a substance abuse problem (e.g. drugs, alcohol)? yes ______ no ______</td>
<td>If yes, please describe</td>
</tr>
<tr>
<td>Does he/she currently have a chemical dependency? yes ______ no ______</td>
<td>If yes, please describe</td>
</tr>
</tbody>
</table>

16. Youth’s Current Exercise/Activity:

Please list current exercise activity. (Note: you do not have to be an athlete to attend one of our programs.) Please list the activity, frequency and approximate time/distance:

<table>
<thead>
<tr>
<th>Swimming Ability: non-swimmer</th>
<th>cannot swim over 100 yards</th>
</tr>
</thead>
<tbody>
<tr>
<td>strong swimmer</td>
<td>current lifesaving certificate</td>
</tr>
</tbody>
</table>

Additional Comments: ____________________________
Sickle Cell Test Agreement, Release and Waiver of Liability

DECLINE SICKLE CELL TEST:

I ________________, voluntarily decline to take a sickle cell test.

Decline: __________________________ Date: ____________
Student

__________________________ Date: ____________
Parent/Guardian

CONSENT FOR SICKLE CELL TEST:

I ________________, voluntarily consent to take a sickle cell test and I understand that if I choose to get the sickle cell test it is my financial responsibility. I also understand that it is my responsibility to take my child for the Sickle Cell Test. If the test is scheduled on a WAP weekend, your child will be excused.

Consent: __________________________ Date: ____________
Student

__________________________ Date: ____________
Parent/Guardian
PHYSICIAN’S MEDICAL EXAMINATION
To be completed by licensed medical personnel

Diakon Wilderness Center provides some physically challenging activities, which may include hiking/backpacking long distances, canoeing, climbing, and initiatives that include balancing, running, lifting and climbing. Diakon will provide sustainable equipment and ample meals throughout a youth’s stay in our programs. (Revised 04.20.15; 08.26.16-lmj)

NAME: ___________________________ DATE: ___________________ APPLICANT’S BIRTHDATE: ___________________

CURRENT MEDICAL PROBLEMS: ______________________________________________________________

TODAY’S EXAM: EPSDT: YES ____ NO ____ ROUTINE EXAM: YES ____ NO ____ Is Patient free of Communicable Diseases? YES ____ NO ____

DATE OF LAST EPSDT: ______________________

PRESENT MEDICATIONS: ______________________________________________________________

CONTRAINDICATED MEDICATIONS: _______________________________________________________

ALLERGIES: __________________________________________________________

LMP: _______ (if applicable) PREGNANT: YES ______ NO _______

OB/GYN EXAM REQUIRED? YES ____ NO ____ NOT APPLICABLE _______

LABORATORY TESTS REQUIRED: _________________________________________________________

SICKLE CELL SCREENING: YES ____ DATE _____ NOT NEEDED _____ DATE OF LAST PPD & RESULTS: ______________________

IMMUNIZATIONS UP TO DATE: ____________________________ DATE OF LAST TETANUS: ____________

HEIGHT: _______ WEIGHT: _______ VISION: OS ______ OD _______


GENERAL APPEARANCE AND STATE OF NUTRITION: __________________________________________

HEENT: ________________________________________________________________

LUNGS: ______________________________________________________________

NECK: ___________________________________________________________________

EXTREMITIES: __________________________________________________________

HEART: ___________________________________________________________________

ABDOMEN: ___________________________________________________________________

DIAGNOSIS AND/OR EMERGENCY TREATMENT: ____________________________________________

SPECIAL DIETARY NEEDS: _____________________________________________________________

MENTAL OR PHYSICAL DISABILITIES: YES ____ NO ____ IF YES, PLEASE EXPLAIN: ______________________

PRESCRIPTION PROVIDED: YES ____ NO ____ SPECIALIST RECOMMENDED: YES ____ NO ____

FOLLOW-UP DATE: ________________ REFERRAL PROVIDED, IF NEEDED: YES ____ NO ____

Health Education Completed: YES: _______ NO: _______ (Diet/Nutrition ______ STD Education ______ Effects of Drugs/Alcohol ______)

Is this youth able to participate in a physically challenging program? YES: _______ NO: _______

PHYSICIAN SIGNATURE: ___________________________ DATE: ___________________

ADDRESS: __________________________________________ PHONE: ____________


**Child’s Rights**

1. A child may not be discriminated against because of race, color, religious creed, disability, handicap, ancestry, sexual orientation, national origin, age or sex. (32a)
2. A child may not be abused, mistreated, threatened, harassed or subject to corporal punishment. (32b)
3. A child has the right to be treated with fairness, dignity and respect. (32c)
4. A child has the right to be informed of the rules of the facility. (32d)
5. A child has the right to communicate with others by telephone subject to reasonable facility policy and written instructions from the contracting agency or court, if applicable regarding circumstances, frequency, time, payment and privacy. (32e)
6. A child has the right to visit with family at least once every 2 weeks, at a time and location convenient with the family, the child and the facility, unless visits are restricted by court order. The right does not restrict more frequent family visits. (32f)
   - For mobile programs, face to face visits are not required. However, mobile programs must provide at least telephone contact between family and children at the once every two weeks interval
7. A child has the right to receive and send mail. (32g)
8. Outgoing mail shall not be opened or read by staff persons. (32g1)
9. Incoming mail from federal, state, or county officials, or from the child’s attorney, shall not be opened or read by staff persons. (32g2)
10. Incoming mail from persons other than those specified in 32g2, shall not be opened or read by staff persons unless there is reasonable suspicion of contraband, or other information or material that may jeopardize the child’s health, safety or well being, may be enclosed. If there is reasonable suspicion that contraband, or other information that may jeopardize the child’s safety may be enclosed, mail may be opened by the child in the presence of a staff person. (32g3)
11. A child has the right to communicate and visit privately with his attorney and clergy. (32h)
12. A child has the right to be protected from unreasonable search and seizure. A facility may conduct search and seizure procedures, subject to reasonable facility policy. (32i)
13. A child has the right to practice the religion or faith of choice or not to practice any religion or faith. (32j)
14. A child has the right to appropriate medical, behavioral health and dental treatment. (32k)
15. A child has the right to rehabilitation and treatment. (32l)
16. A child has the right to be free from excessive medication. (32m)
17. A child may not be subjected to unusual or extreme methods of discipline which may cause psychological or physical harm to the child. (32n)
18. A child has the right to clean, seasonal clothing that is age and gender appropriate. (32o)
19. A child cannot be deprived of specific or civil rights. (33a)
20. A child’s rights may not be used as a reward or sanction. (33b)
21. A child’s visits with family my not be used as a reward or a sanction. (33c)
22. A child and the child’s family have the right to lodge a grievance with the facility for an alleged violation of specific or civil rights without fear of retaliation. (Refer to written grievance procedures). (31e)

*The following rights are not applicable to Center Point Day Treatment – 32f, 32g, 32g1, 32g2, 32g3, 32k*

This is a copy of the Diakon Youth Services’ Child’s Rights Document for parental records. These rights have been explained to your child during their orientation to the program. Should you have any questions or concerns regarding these rights please contact Jason Brode at brodej@diakon.org or 717-960-6724.

___________________________  _______________  __________________________  _______________
Student Signature                Date                Parent/Guardian Signature             Date

Revised: ADS-12/15/17

*A copy of this document has been sent for your records.*
Nondiscrimination in Services

Admissions, the provision of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin, age or sex.

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

Any residential/client/patient/student (and/or their guardian) who believes they have been discriminated against may file a complaint of discrimination with:

Commonwealth of Pennsylvania Department of
Human Services
Bureau of Equal Opportunity
Room 225, Health & Welfare Building
PO box 2675
Harrisburg, PA 17110

U.S. Department of Health and Human Services
Office for Civil Rights
Suite 372, Public Ledger Building
150 South Independence Mall West
Philadelphia, PA 19106-9111

Pennsylvania Human Relations Commission
Harrisburg Regional Office
333 Market Street, 8th Floor
Harrisburg, PA 17101

_____________________________________________________________________________

Student Signature Date Parent/Guardian Signature Date

*A copy of this document has been sent for your records.
**Court-Mandated Reporter**

All Diakon Wilderness Center employees are Court-Mandated Reporters. Therefore, we are obligated to report any confidential issues you may disclose regarding unsafe or abusive home situations of either a physical or sexual nature to your caseworker or probation officer according to the State Childline policies. We will include you in this process as much as possible and work to help you gain control over your situation.

** Discipline Policy **

As a participant of the Diakon Wilderness Center Programs, you will be expected to abide by rules and to behave appropriately at all times. Inappropriate behavior will be treated with natural and logical consequences, none of which will be intentionally, physically or emotionally abusive.

** Search Policy **

To ensure a safe environment free of contraband that may put students, staff, volunteers and visitors at risk, you and your belongings will be searched upon arrival to the Diakon Wilderness Center Programs. When enrolled in the Weekend Alternative Program, you will be searched every Friday upon arrival on campus. If, after this initial search, there exists reasonable cause to believe you are in possession of contraband, an additional, more extensive search may be performed. Parent/Guardian and Placing County Agency will be informed prior to the performance of a more extensive search and all search guidelines to be followed will be explained at that time. An incident report will be completed and placed in your file. (*Search Policy Provided, signature below acknowledges receipt*)

** Emergency Medical Plan **

The Diakon Wilderness Center will coordinate transportation for medical services in case of an emergency, based on the necessity of the situation and condition of an injured client, staff member, visitor or volunteer. (*Emergency Transport Policy Provided, signature below acknowledges receipt*)

** Reporting of Sexual Abuse and Sexual Harassment **

Diakon Youth Services will make every effort to assist residents to be safe, to be free of sexual abuse, and to report victimization by other residents or staff. Diakon Youth Services staff shall respond appropriately and timely to allegations of sexual abuse and/or sexual harassment. (*Reporting of Sexual Abuse and Sexual Harassment Policy Provided, signature below acknowledges receipt*)

** Grievance Procedures **

If, as a participant of the Diakon Wilderness Center Programs, you have a complaint or concern regarding your personal safety and welfare, you have the following options, in this order:

1. Talk to one or all of your instructors/personal counselors.
2. Complete a grievance form to be reviewed by Program supervisor
3. Write a request to the Director of the Program requesting a meeting regarding grievance.

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*Student Signature* | *Date* | *Parent/Guardian Signature* | *Date*

Revised: ADS-12/15/17

*A copy of this document has been sent for your records.*
Overview:

At Diakon, we respect our clients and patients and understand that you are concerned about privacy, so we've instituted policies intended to ensure that your personal information is handled safely and responsibly. We are committed to protecting your privacy and the security of the information you entrust with us. While we are not a covered entity or a business associate under the Health Insurance Privacy and Portability Act of 1996 (HIPAA), we strive to provide you with security and privacy protection. This Privacy and Confidentiality Policy (“Policy”) discloses our information gathering and sharing practices.

It's Your Personal Information:

You have complete control over who can access the personally identifiable information (name, email, home address, etc.) contained in your record(s). You decide who may have access to your record(s).

How the Information in Your Record is obtained:

The only personally identifiable information that Diakon obtains is information which you voluntarily provide or authorize.

Other healthcare providers may access, contribute to and receive patient care information from records in your account if you grant them permission to do so.

Sharing Your Personal Information:

It's your choice to share the information in your record(s). You can share information with trusted family members and friends, healthcare providers, as required for services you are receiving, and with other individuals to whom you provide access.

You can grant, modify or cancel these privileges at any time.

How Information is used by Diakon:

Diakon will use your personally identifiable information:

- To provide services for you
- To obtain payment from you or your health plan or other third party payor or determine the medical necessity of your treatment;
  - OR
- In connection with our own internal operations in order for us to provide quality services.

How Information is Shared and Disclosed by Diakon:

We do not sell or share personal information about you with other people or nonaffiliated companies, except when we have your permission, or under the following circumstances:
Disclosures to Third Parties Assisting in Our Operations – We may provide your personal information to affiliates, subsidiaries and trusted partners who work on behalf of or with us under confidentiality agreements. These companies may use your personal information to assist us in our operations.

Disclosures Under Special Circumstances – We may provide information about you to respond to subpoenas, court orders or legal process, or to establish or exercise our legal rights or defend against legal claims. We may share information about you when we believe it is necessary to investigate, prevent or take legal action regarding illegal activities, suspected fraud, situations involving potential threats to the physical safety of any person, or as otherwise required by law.

Information Security:

Diakon data is stored in a secure data facility, designed to protect against unauthorized access, use, or disclosure of the information contained within it. Our stringent physical and electronic security measures are regularly reviewed to ensure compliance with our policies and to manage and enhance our capabilities.

We restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards to guard your nonpublic personal information.

Contact Us:

We regularly review our compliance with this Policy. If you have any concerns about how we treat personal information, please contact us at:

Shari VanderGast, JD, LCSW  
Senior Vice President/Chief Compliance Officer  
Diakon  
798 Hausman Road, Suite 300  
Allentown, PA 18104  
(610) 682-1441

Notification of Changes to this Privacy Policy:

This Policy may be revised from time to time as laws change, and as industry privacy and security practices evolve. We will take reasonable steps to notify you of material changes we make to this Policy. We display an effective date and a latest revision date on the Policy above so that it will be easier for you to know when there has been a change. You are responsible for regularly reviewing this Policy. Your continued use of Diakon constitutes your acceptance of the revised terms.

________________________________________  __________
Student Signature                      Date

________________________________________  __________
Parent/Guardian Signature             Date
Diakon Wilderness Center
Search and Seizure Policy and Procedure

3800.32i - A child has the right to be protected from unreasonable search and seizure. Any facility may conduct search and seizure procedures subject to reasonable facility policy.

Policy: The Diakon Wilderness Center will provide an environment that is safe and secure for youth and staff.

Purpose: Establish a criteria and procedure for reasonable search and seizure of youth coming to the Wilderness Center campus.

Criteria:
- Reasonable suspicion of contraband, defined as items contrary to the health, safety, or welfare of youth or staff, being brought onto the campus.
- Reasonable suspicion of theft from the facility, other youth, or stemming from community involvement.
- Youth routinely outside Diakon Wilderness Center staff care, custody and control.

A search will be conducted of the personal belongings of any youth arriving onto the campus entering into the Weekend Alternative Program, Center Point Day Program and/or the Wilderness Challenge program. These routine searches are conducted on Friday check in time in the Weekend Alternative Program and M-F check in times in the Center Point Day Treatment Program. Searches will be conducted of all items carried in, to include bags, outerwear, shoes, hats. Students will be scanned with metal wand scans to ensure they are not concealing weapons that may put other students at risk. Students are also required to turn out pockets and are visually scanned for contraband.

A search may be conducted of a youth or youths under reasonable suspicion of the above criteria while youth is engaged in programming in a Diakon Wilderness Center program. This search will follow the above guidelines. A search may be conducted of the sleeping area of youth under reasonable suspicion of the above criteria.

If more intrusive searches are warranted, these searches will be subjected to parental and county notification prior to the search. Approval must also be given by the Administrator of Diakon Youth Services prior to a more intrusive search being conducted. If reasonable suspicion exists that a student is in immediate possession of dangerous or illegal contraband, and this is creating a danger to the health, safety, or welfare of youth or staff, immediate contact will be made to outside authorities (State Police) prior to any search being conducted internally. A report will be made with the state police and all required documentation will be completed following the resolution of the incident.

Revised: ADS-12/15/17

*A copy of this document has been sent for your records.*
Subject: Emergency Transport
Effective Date: 11/11/2001
Revision Date: 2/6/13

I. Standard: The Diakon Wilderness Center will coordinate transportation for medical services in case of an emergency, based on the necessity of the situation and condition of an injured client, staff member, visitor or volunteer.

II. Operating Procedure: When facing a medical emergency requiring the transport of an injured individual, the following procedures will be followed. In the case of incidents in a wilderness environment, time may become a crucial factor in the response needed to treat an injured individual, therefore a direct care staff is required to use their “best judgment” in guaranteeing the well-being of all concerned and in critical situations should contact emergency support (911) directly prior to contacting supervisor.

- Contact the program director or supervisory staff and explain the situation. The program director/supervisory staff will either determine an evacuation/emergency transport to be conducted by Diakon staff or coordinate professional assistance from outside agency.
- If professional emergency assistance is deemed necessary, the supervisory staff will coordinate with direct care staff and responding rescue personnel.
- Diakon staff are responsible for supervising all students in their care and must maintain relevant staff-to-student ratios.
- Supervisory staff will create a log of all events, contacts and responses concerning the injured individual and the care and response being provided. Field staff are responsible for maintaining and turning in all SOAP notes to their supervisor for incident reports.
- Medical Insurance, Medical History, and Consent forms will be accessed from the students file and arrangements will be made to have copies of this information available to outside professionals giving treatment.
- Insurance information, court orders, and consents to treat will be provided to care providers for payment reasons.
- All students in the care of the Diakon Wilderness Center will be accompanied by staff during treatment/assessments.
- All emergency contacts will be made by supervisory staff to include county emergency on call workers and youth’s listed emergency contact. Arrangements will be made to maintain open contact with family members and transition care, if necessary, to youth’s primary care giver.
- Documents/Items which must accompany student in the event of an emergency transport include the following:
  1. Student Emergency Packets
  2. All student specific (prescribed) medication/Medication log.
If patient receives medical care, return any doctor's orders, medication, instructions and paperwork to the Program Director / Supervisory staff. All medical paperwork must be copied for students records and originals transferred to patient's primary caregiver.

III. Medical Protocols

- Emergency treatment of medical conditions and injuries will follow protocols provided in Wilderness Medicine Training Center's First Responder Training, Wilderness First Aid Training (also covered through similar WFA/WFR certification trainings through WMA, SOLO, WMI & RMI) & Basic First Aid and CPR protocols provided by American Heart Association (also covered through similar trainings provided by Red Cross).
- The field staff/direct care staff possessing the highest medical certification will assess the situation and determine what response actions / steps will be taken.
- Situations that require immediate evacuation include (as outlined in Diakon’s Emergency Medical Plan policy number DCFM WC 113):
  - Critical Injuries affecting breathing
  - Cardiac arrest / distress
  - Excessive Bleeding (internal and external)
  - Shock (anaphylactic, volume, toxic, neurogenic)
  - Heat and Cold injuries (hypo / hyperthermia, heat stroke / heat exhaustion, frostbite)
  - Loss of consciousness for any period of time
  - Fall from more than 3 times body height
  - Whenever epinephrine is given
  - Fractures / dislocations
  - Serious burns (hands and face, around limbs, covering 10% of the body
  - Head injuries
  - Near drowning (water in the lungs)

IV. Documentation:

- A Diakon Wilderness Center Incident Report must be completed for all medical emergencies treated internal by Diakon staff or when utilizing outside professional assistance.
- A DPW Reportable Incident must be filed via the HCSIS reporting system in instances requiring police, fire, or emergency rescue involvement or when youth receives inpatient treatment at the hospital or outpatient treatment for serious injury or trauma not to include minor injuries such as sprains or cuts.

V. Phone Numbers

- Carlisle Hospital: 717-249-1212
- Holy Spirit Hospital: 717-763-2100
- State Police – Carlisle 717-249-2121
- Mount Holly Police 717-486-7615

VI. References:

- 3800.149(a)
Grievance Form

Complete all sections of this form. Sign it and return to Center for follow-up.

My grievance is:__________________________________________________________

Date issue occurred:____________ Location issue occurred:____________________

Steps that I have taken to resolve this matter (use other side of sheet if necessary):
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

Reasons why I feel the issue was not resolved:________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

Complainant’s Signature ___________________________ Date __________

Director’s Signature ___________________________ Date __________

Comments:

Program Director Signature/Date
*Signature indicates the matter has been reviewed and resolved.

*A copy of this document has been sent for your records.
Diakon Wilderness Center
Weekend Alternative Program Clothing List

What To Bring
2pr of Underwear
2pr of Socks
1pr of Work Clothes for Community Service Projects
1pr of Seasonal Outerwear (hat & gloves or swimsuit)
1pr of Clean Clothes for Saturday evening or Sunday elective
1ea Toothbrush, Toothpaste, Comb, Bar Soap
1ea Shower Towel & Wash Cloth

CONTRABAND LIST

What Not To Bring
Handheld Games
MP3 Players
I Pod’s
Cell Phones of any kind
Lotion
Colognes or Perfumes
Aerosol Cans
Blankets
Baby Powder
Pillows
Weapons
Tobacco Products of Any Kind
Matches/Lighter
Drugs/Look alike Drugs
Alcohol
Non-Prescription Drugs
Money
Candy/Food/Beverages
Cosmetics
No New Piercings
Jewelry (includes earrings, tongue bars, belly rings, etc.)

* If any of the above contraband (what not to bring) items are brought to the program they will be confiscated immediately and returned upon the student’s completion of the program.