

CLIENT HANDBOOK

Table of Contents

Client Handbook	1
Intake Packet Checklist	7
Welcome Page	9
Financial Responsibility Agreement	12
Safety-Care™ Intervention	24
Permission for Assessment	27
Mandated Reporter Disclosure Form.....	29
Notice of Privacy Practices	29
Parent/Guardian Questionnaire.....	33
Client Information.....	33
Risk Assessment.....	39
Client Home Safety Checklist	450
Non-Cohabiting Guardians Policy.....	48
Client Handbook	53
Welcome	53
What is Applied Behavior Analysis (ABA)?	54
Services in Applied Behavioral Analysis.....	55
Transitioning and Fading	58
Behavior Analyst Certification Board (BACB) Guidelines	59
Guideline for Informed Consent.....	60
Personal Health Information (PHI) storage	65
Evidence-Based ABA Practices	65

Employee Descriptions	66
Agreement to Videotape - Audiotape - Photograph	63
Parent/Guardian Participation	65
Parent/Guardian' Interaction with Employees & Dual Relationships .	67
Wellness Policy Statement of Understanding	68
Aggressive Behavior	69
Smoking.....	69
Abuse and Molestation Prevention	730
Protection and Prevention	71
Volunteer and Employee Screening Procedures	71
Confidentiality.....	73
Supervision Procedures.....	73
Behavioral Guidelines for Paid Employees	74
Disqualification.....	75
Response to Sexual Abuse.....	76
Cultural Competence Policy	77
Gifts	80
Excessive Lateness and Tardiness Policy	81
Cancellations and Missed Appointments	81
Communication.....	83
Cancellation and Missed Appointment Policy Acknowledgement	84
Running Late	89
Schedule Change Requests.....	89

Inclement Weather Policies and Procedures.....	89
Service Agreement and Consent Form.....	88
Authorization to Release Professional Information	90
Client Satisfaction Survey.....	92
Client Complaint Form	95
Facility Health Policy	97
Accidents.....	97
Allergies.....	97
Wellness Policy.....	97
Infectious Diseases	98
Injurious Behavior	98
Medical Emergencies	98
Medications	99
Pandemic	102
Supplemental Information	103
Parent/Guardian Participation Verbal Warning	102
Parent/Guardian Participation Written Warning	104
Clinic Supplemental Information	106
Drop off and Pick up Policy for Clinics	107
Parent/Guardian Notification Policy	107
Privacy Waiver	109
Client Satisfaction Survey for Clinics	113

Milestones Behavioral Pediatrics, Inc
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Intake Packet Checklist

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Intake Packet Checklist

Client Initials: _____ **Date:** _____

Items	Initials	Date Complete
<input type="checkbox"/> Welcome Page***		
<input type="checkbox"/> Financial Responsibility Agreement***		
<input type="checkbox"/> Safety-Care™ Crisis Intervention***		
<input type="checkbox"/> Permission for Assessment***		
<input type="checkbox"/> Mandated Reporter***		
<input type="checkbox"/> Notice of Privacy Practices***		
<input type="checkbox"/> Medical Questionnaire		
<input type="checkbox"/> Client Information		
<input type="checkbox"/> Risk Assessment		
<input type="checkbox"/> Client Home Safety Checklist		
<input type="checkbox"/> Client Handbook		
<input type="checkbox"/> Professional Release of Information**		
<input type="checkbox"/> Diagnostic Assessment(s)**		
<input type="checkbox"/> Current IEP		
<input type="checkbox"/> Copy of Insurance Cards		
<input type="checkbox"/> Facility Health Policy		

*****Must be discussed and signed at the beginning of the intake**

****Must be discussed at the beginning of the intake**

**ALL DOCUMENTS MUST BE SIGNED AND REVIEWED BY THE END
OF THE ASSESSMENT**

Welcome Page and What to Expect During Treatment

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Welcome to the Milestones Behavioral Pediatrics, Inc Family!

Milestones Behavioral Pediatrics, Inc is pleased to have you join us. We ensure that we are a highly inclusive, culturally sensitive, culturally respectful, and culturally competent organization. We will make every effort to ensure you are treated with respect and dignity at all times, in consideration of the following (but not limited to): racial, ethnic or cultural customs, practices, and beliefs; sexual orientation; gender, gender identity, and gender expression; disability, and community differences.

Further, Milestones Behavioral Pediatrics, Inc will take reasonable steps to ensure that those with Limited English Proficiency (LEP) have meaningful access and equal opportunity to participate in our services, activities, and programs.

WHAT TO EXPECT DURING TREATMENT?

Parent Copy – parents, keep this copy for your records.

Many parents wonder how they will be involved as part of their child's treatment. During the initial wait period to get the Prior Authorization approval from insurance companies, Milestones Behavioral Pediatrics, INC will be contact you before the expected start month. Milestones Behavioral Pediatrics, INC schedules treatment by the week, and we will ask you for your preferred schedule the week before we expect to begin services with your family. As soon as the approval comes through, and we have available staff to cover your child's treatment hours, we will contact you to let you know your child can begin!

Below is an outline of your responsibilities as a parent during treatment:

First Month

Your child will be developing a relationship with their team of staff, learning the routine of the center and also the center's expectations.

Parents will be meeting with their Treatment Team to discuss the Treatment Plan, make any suggested revisions and have parents sign the plan. Parents will also

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discuss developing an individualized parent-training series that addresses the individual difficulties the parent faces at home and will encourage generalization between home and center environments.

Daily Expectations

At pick-ups, you will receive communication from Technicians via an oral summary and written summary of your child's day. It is important to ask any questions or voice concerns that you may have, but please keep in mind the Technician you are speaking with may have no control over modifications to your child's case or the center's protocol. Please feel free to ask to speak with your BCaBA or BCBA if you have concerns about your child's programming, schedule, communication issues etc.

If you have any questions or concerns regarding your child's ability to generalize skills from the center or their problem behavior at home, please consult with your BCaBA or BCBA.

Monthly

Each month you are encouraged to set up at least one in-home visit with your Behavior Analyst to work on generalization of skills and implementing the Behavior Reduction Plans indicated in your child's treatment plan.

Each month you will have a meeting with your Behavior Analyst to discuss updates, changes, progress during treatment and be able to observe your child during treatment. During these meetings, the personalized parent training will also be conducted.

Quarterly Reports

Each quarter you will be given a Quarterly Summary of Services Report, summarizing your child's progress on current treatment goals over the past 3 months as well as graphs of any problem behavior that your child's team may be working on reducing. This report will be fully reviewed with you during your regular monthly meeting the month it comes out.

Yearly Expectations

Each year, any expiring paperwork or documentation needs to be updated for our records. If necessary, Milestones Behavioral Pediatrics, INC will reach out to you when documents have expired or contact physicians directly. Many insurance companies also have 6-month or 1-year re-authorization requirements. Parents may or may not be aware when these occur, as Milestones Behavioral Pediatrics, INC takes care of this for you. You will be notified if additional paperwork is needed to complete this process. It is **very important** that you communicate any changes in insurance companies or policies to Milestones Behavioral Pediatrics, INC ASAP, as additional prior authorizations may be needed.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Financial Responsibility Agreement

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Financial Responsibility Agreement

Milestones Behavioral Pediatrics, Inc aims to help as many families as possible, and we seek out various funding opportunities, including insurance, state, county, and self-funding.

Insurance: Milestones Behavioral Pediatrics, Inc will ensure that all pre-authorization, assessment and progress reports are completed and submitted before the due dates to continue ongoing therapy. **However, if any claim comes back as uninsurable, you will be billed for the full amount of services after 60 days.** As such, it will be your responsibility to contact your insurance company for reimbursement. You are responsible for any charges, or portions of charges that your insurance company does not cover. Milestones Behavioral Pediatrics, Inc will release all necessary paperwork to the client, legal guardian, Parent/Guardian as requested.

Milestones Behavioral Pediatrics, Inc is in a network with the following insurance companies:

- Anthem Blue Cross Blue Shield
- Humana
- Humana Tricare
- United Health Care/Optum Behavioral Health
- UMR
- Forward Health

Milestones Behavioral Pediatrics, Inc also works out of network with:

- WPS
- Aetna

County Funded: If your insurance is funded through Brown County Children's Long Term Support Waiver (CLTS), Milestones Behavioral Pediatrics, Inc will ensure all assessment and progress reports are completed and submitted before the due date, to continue ongoing therapy. Milestones Behavioral Pediatrics, Inc promises to not exceed the total funded amount without the expressed consent of the client, Parent/Guardian. However, if you request additional sessions above and beyond

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the funded amount, you will be responsible for payment of these additional services. Before beginning any additional sessions, the Clinical Director will be notified, and a client contract will be signed with the total amount of sessions above the funded amount.

Self-Funded: Milestones Behavioral Pediatrics, Inc and the Parent/Guardian will determine the number of ABA therapy hours per week and supervision per month (one hour of supervision for every 10 hours of ABA therapy provided).

The Parent/Guardian will receive a monthly bill, with payment due within 30 days of the invoice date. If payment is not received within 30 days of the invoice date, then Milestones Behavioral Pediatrics, Inc has the right to place the account on hold and stop services until payment has been received in full.

The two options for Self-Funded clients are:

Pre-Pay:

If you pre-pay for monthly ABA services, you will receive a timely payment rate, which is based on the agreed amount. The following criteria must be met to qualify for the pre-pay plan:

1. A Behavior Technician (trained and supervised closely by the Supervisor must conduct at least 50% of all therapy sessions.
2. Payment must be received on or before the due date as written on the invoice (within 30 days from the date of the invoice).
3. All documents must be signed and returned within 72 hours of receipt. If additional time is required, please discuss this with your Milestones Behavioral Pediatrics, Inc's Supervisor.

The pre-paid rate will increase to the standard hourly rate if you are unable to meet the above terms. In the case of non-compliance, you will receive an email within 48 hours and be notified of the rate increase. After one incident of non-compliance,

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the you can return to pre-pay rates following successful payment of the three terms of standard rates. However, if payment is not received within 30 days of the due date printed on the invoice, Milestones Behavioral Pediatrics, Inc reserves the right to place services on hold until payment is received in full.

Standard Rate:

Services will be billed at the standard hourly rate. Payment must be received no later than 30 days of the invoice date (due date will be posted on the invoice). If payment is not received by the due date as stated on invoice, there will be a late charge of \$60.00 applied to your account, and Milestones Behavioral Pediatrics, Inc reserves the right to place services on hold until payment is received in full.

Pre-pay Rates	Standard Rates
Behavior Technician \$100/hr	Behavior Technician \$140/hr
Supervisor \$200/hr	Supervisor \$250/hr

Time is billed in 15-minute increments.

The terms of this agreement will continue until either party provides written notice of termination request. Termination will take place 30 days from the date of the request, and termination reports (a minimum of 4 hours billed at the Supervisor rate) will be provided at the time of termination. If a notice of termination is not provided in writing, one week of service will be billed to you

Invoices:

Milestones Behavioral Pediatrics, Inc will invoice families monthly. You will receive an itemized invoice, with a breakdown of the date of service, time of service, and service type. You will receive an electronic invoice on the last day of each months. Paper copies are available upon request; to receive a paper copy, please send an email to kmasrelian@milestoneswi.com.

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The Parent/Guardian of the child receiving services remain completely responsible for the full payment of all services, including late payment fees. We accept payment via online banking, check, money order, debit, or credit cards (Visa, MasterCard, Discover, or American Express). It is recommended that clients use online banking where possible.

Fees:

- There is a \$40.00 Returned Check Fee for all checks returned by the bank.
- Appointments must be canceled at least 24 hours in advance. If they are not canceled with 24 hours' notice, you will be charged a \$60.00 missed appointment fee. (excluding Medicaid or Medicare)
- There is a late Payment charge of \$60.00 as described above.

Payment Agreement:

Please initial which type of payment terms you are requesting.

- I have insurance coverage and authorize direct payment from my insurance carrier to Milestones Behavioral Pediatrics, Inc.
_____ (Please initial)
- I do not have insurance coverage and understand that I am responsible for payment of all charges. I have elected to self-fund the pre-payment rate; Supervisor rates are \$200 dollars an hour. ABA therapy rates are \$100 dollars an hour. I am requesting _____ hours of ABA therapy per week and understand that for every 10 hours of ABA Therapy, there will be a charge of 1 hour of supervision at the Supervisor rate.
_____ (Please initial)
- I do not have insurance coverage and understand that I am responsible for payment of all charges. I have elected to self-fund at the standard payment rate; Supervisor rates are \$250 dollars an hour. ABA therapy rates are \$140 dollars an hour. I am requesting _____ hours ABA therapy per week and understand that for every 10 hours of ABA Therapy, there will be a charge of 1 hour of supervision at the Supervisor rate.
_____ (Please initial)
- I have county/state funding; all claims will be paid by the government-funding source.
_____ (Please initial)

CLIENT INFORMATION			
		M	F
Client's Name	Date of Birth	Gender	Diagnosis
Address	City	State	Zip
PRIMARY INSURANCE			
Name of Primary Insurance Company			
Contract #	Group #	ID #	
Insurance Policy Holder	Relationship to Client		
Date of Birth	Employed by	Occupation	
Business Address	Business Phone		
SECONDARY INSURANCE			
Name of Secondary Insurance Company			
Contract #	Group #	ID #	
Insurance Policy Holder	Relationship to Client		
Date of Birth	Employed by	Occupation	
Business Address	Business Phone		
FORWARD HEALTH			
Your child's Forward Health ID number <i>(write "NA" if your child does not have Forward Health)</i>			

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ABA Therapy Service Agreement

During the term of this agreement, Milestones Behavioral Pediatrics, Inc will provide ABA Therapy services, and the Parent/Guardian will compensate Milestones Behavioral Pediatrics, Inc a payment for the services as described below in the terms and conditions specified. I understand all the fees and conditions as stated above.

IF IT BECOMES NECESSARY FOR THIRD PARTY COLLECTION, I AGREE TO PAY FOR ALL COSTS AND EXPENSES INCLUDING REASONABLE ATTORNEY FEES.

Services

During the terms of this agreement Milestones Behavioral Pediatrics, Inc shall provide the following services:

- Behavioral treatment services, which may include, but are not limited to: direct one-on-one instruction, a continuation of assessments, and modification of programs (data collection and review as required for evidence-based ABA practices), completion of Functional Behavior Analysis (FBA) or Functional Behavior Analysis for problem behaviors, an update of Behavior Intervention Plan (BIP), and Parent/Guardian training.
- Other professional services can be requested but are not included in this service agreement may include, but are not limited to:
 - Program development
 - Attendance to meetings or consultations with other professionals you have authorized
 - Preparation of records or treatment summaries
 - Time required to perform any other service which you may request.

I agree to the terms of the above agreement.

Parent/Guardian Name: _____

Parent/Guardian Signature:

Date:

Photo and Video Release

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PICTURE RELEASE

Client Name: _____ Date of Birth: _____

Milestones Behavioral Pediatrics, INC uses photographs of children receiving services in our center-based program for the purpose of staff feedback of performance, training, data collection, and selected marketing pieces for program awareness.

I have indicated below that photographs/digital images and/or quoted remarks may be used as follows: (circle all that you authorize)

Yes	No	Pictures used internally for individual programming (such as picture icons for communication, Visual Schedules, Social Stories etc.)
Yes	No	Pictures used to document programming, skill acquisition or for data collection purposes reviewed by team members or other professionals related to treatment
Yes	No	Pictures used to train staff or provide feedback to staff on correct treatment implementation
Yes	No	Printed publication or materials (such as magazines, newspapers, brochures and flyers)
Yes	No	Electronic publications or presentations (TV or another broadcast media)
Yes	No	Website and social media (Milestones Behavioral Pediatrics, INC website, Facebook, Instagram, etc)

I authorize the use of these materials (as indicated above) indefinitely without compensation to me. All prints, digital reproductions and video or audio recordings shall be the property of Milestones Behavioral Pediatrics, INC.

Parent/Legal Guardian Signature

Date

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VIDEO RELEASE

Client Name: _____ Date of Birth: _____

For the safety of your child and our staff, Milestones Behavioral Pediatrics, INC uses a CCTV video monitoring system. The video monitoring system includes 16 cameras that record **only picture, no sound**. The cameras run on a continuous loop, storing two weeks of previous footage before being recorded over. These cameras are found in **public spaces only**. **Cameras are not authorized in private spaces such as restrooms**. The cameras and storage of footage follows all HIPAA compliance measures, including physical and technical safeguards, as well as technical policies and network security. Due to the continuous recording, it is **not** possible to opt out of this safeguard while receiving services.

I have indicated below that video footage may be used as follows: (circle all that you authorize)

Yes	No	Video used to document programming, skill acquisition or for data collection purposes reviewed by team members or other professionals related to treatment
Yes	No	Video used to train staff or provide feedback to staff on correct treatment implementation

I authorize the use of these materials (as indicated above) indefinitely without compensation to me. All prints, digital reproductions and video or audio recordings shall be the property of Milestones Behavioral Pediatrics, INC.

Parent/Legal Guardian Signature

Date

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Safety-Care™ Intervention

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Safety-Care™ Release

Milestones Behavioral Pediatrics, Inc utilizes Safety-Care™ provided by QBS as a crisis management system. All employees that may be involved in physical intervention are trained and certified in Safety-Care™. Please be aware Parent/Guardian cannot be trained by our employees in personal safety techniques and physical interventions (i.e., restraints).

Safety-Care's™ philosophy is Respect (showing compassion and empathy); Humane (supporting emotional and physical well-being); and Non-Coercive Interventions (preventing danger, risk, and injury). The focus of Safety-Care™ is on the client and emphasizes the importance of being supportive and maintaining therapeutic rapport, and prevention of crises over management of them. All employees have been trained to understand the levels of crisis development, how each level of crisis should be approached, and how to proactively prevent any need to use physical intervention by teaching replacement behaviors.

Safety-Care™ is the safe, non-harmful control and restraint positions to safely assist an individual until he/she can regain control of their behavior. Physical management will only be utilized as a last resort when all other less restrictive strategies have been exhausted, or when a person is considered a danger to self or others, according to the procedures provided by QBS Safety-Care per policies established by Milestones Behavioral Pediatrics, Inc. A serious incident will be documented in a written report and reviewed with the you the Parent/Guardian and any witnesses. The report will be submitted to the Director of Operations and placed in the client's file.

When addressing problem behaviors, client's care, welfare, safety, and security will be our primary focus. Safety-Care™ intervention will always be a measure only used to ensure the safety of clients and others. If you have any questions or concerns regarding this policy, please contact Milestones Behavioral Pediatrics, Inc at any time.

If you choose to decline the use of physical intervention, Milestones Behavioral Pediatrics, Inc employees including, at minimum, the Clinical Director, and

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Supervisor, will assess the level of risk in the home and if services can continue to be provided safely without the use of physical intervention.

Please initial below:

- I prefer my child's Behavior Technician/Supervisor help assist my child when physical redirection is needed
_____ (Please initial)
- I prefer I only help assist my child when physical redirection is needed
_____ (Please initial)
- I prefer we both together assist my child physical when redirection is needed
_____ (Please initial)

I have fully read, understand, and have inserted my initial next to my preference to the above in this Safety-Care™ Release.

Client or Child’s Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Supervisor Name: _____

Supervisor Signature: _____

Date: _____

Permission for Assessment

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Permission for Assessment

I give my permission for my child, _____,
to be evaluated and assessed by Milestones Behavioral Pediatrics, Inc to determine
initial and continuing eligibility for services. I understand that this information will
also be used to identify my child's strengths and needs to provide appropriate
intervention services and programming.

Print Child's Full Name:	Child's D.O.B.
Parent/Guardian Signature:	Date:
Milestones Behavioral Pediatrics, Inc Employee Signature:	Date:

Mandated Reporter Disclosure Form

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Mandated Reporter Disclosure Form

All behavioral employees for the in-home program operated by Milestones Behavioral Pediatrics, Inc are mandated reporters as deemed so by Wisconsin state rules, regulations, and laws. This is true of all social workers, teachers, etc., and should not restrict the work to be completed. This is a state law designed to protect children from injury and should not be viewed as means to harm Parent/Guardian and caretakers.

This form shall serve as a reminder to the family of this fact and shall also provide insight into what this disclosure means. This disclosure shall serve as part of the client education regarding the program, and the client information packet.

Being deemed a mandated reporter, all employees for the Milestones Behavioral Pediatrics, Inc program are required by law to report any and all allegations, reports, and suspicions of child abuse, neglect, and maltreatment to the appropriate identified governing body.

Child Protective Services is the governing body identified in the state of Wisconsin regarding cases of child abuse, neglect, and maltreatment, and all employees are required and shall, therefore, report the incidents mentioned above to the National Hotline for Child Protective Services.

Any report to Child Protective Services, where deemed necessary by them, shall constitute a separate case from the one managed by Milestones Behavioral Pediatrics, Inc intensive in-home program. For this reason, it should be noted that the Behavior employees shall only participate in CPS cases as required and requested by Child Protective Services. The intensive in-home program operated by Milestones Behavioral Pediatrics, Inc shall play no part in decisions made by Child Protective Services and should be viewed as a separate organization from Child Protective Services.

The client shall sign a Mandated Reporter Disclosure Receipt Form that shall be kept in the client's file as evidence that the information mentioned above has been provided to the client and family.

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Mandated Reporter Disclosure Receipt Form

I, _____, have read and received a copy of the Mandated Reporter Disclosure Form policy from the Behavioral employees of the intensive center based services operated by Milestones Behavioral Pediatrics, Inc.

Client or Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Employee Name: _____

Employee Signature: _____

Date: _____

Notice of Privacy Practices

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Notice of Privacy Practices

This notice describes how medical/mental health information about you may be used or disclosed and how you can get access to this information. Please review it carefully.

Milestones Behavioral Pediatrics, Inc must maintain the privacy of your health information and to provide you with this notice. You will be asked to sign a Release of Information Form. Once you have signed the Release of Information Form, Milestones Behavioral Pediatrics, Inc employees may use or disclose your Protected Health Information (PHI) for purposes of diagnosis, treatment, obtaining payment, or to conduct healthcare operations. For example, to receive payment for our services, Milestones Behavioral Pediatrics, Inc must provide information to the funding source being used.

Other permitted and required uses and disclosures that may be made without your consent, authorization, or opportunity to object:

Abuse or Neglect: If any Milestones Behavioral Pediatrics, Inc member suspects abuse or neglect of a child or elder, he/she is mandated to make a report to the appropriate public authorities.

Danger: If a Milestones Behavioral Pediatrics, Inc employee suspects that you are in imminent danger of harming yourself or someone else, he/she is mandated to make a report to the person at risk to the public authorities.

Legal Proceedings: Milestones Behavioral Pediatrics, Inc employees may disclose Personal Health Information (PHI) in response to a court order or subpoena or certain other legal proceeding.

You have the following rights regarding PHI Milestones Behavioral Pediatrics, Inc maintains about you.

Right to Inspect and Copy: You have the right to inspect and request copies of information that may be used to make decisions about your care. Usually, this includes demographic and billing records but does not include case notes. To

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inspect and receive copies of information, you must submit a request in writing. If you request a copy of the information, Milestones Behavioral Pediatrics, Inc may charge a fee for the cost of copying, mailing, or other supplies associated with your request. Milestones Behavioral Pediatrics, Inc must respond to your request within fifteen (15) days of receipt.

Right to Amend: If you feel that the PHI about you is incorrect or incomplete, you may ask Milestones Behavioral Pediatrics, Inc to amend the information. You have a right to request an amendment for as long as Milestones Behavioral Pediatrics, Inc keeps the information. Your request for amendment must be in writing and must provide a reason supporting your request.

Right to an Accounting of Disclosures: You have the right to request an Accounting of Disclosures regarding information that Milestones Behavioral Pediatrics, Inc employees have made about you. You must submit your request in writing to the above address. Your request must state a period for the disclosures, which may not be longer than six (6) years and may not include dates before 8/18/2018.

Right to Request Restrictions on Uses and Disclosures: You may request that disclosure of confidential information be limited. If Milestones Behavioral Pediatrics, Inc is unable to agree to that restriction, we can discuss other options, such as referral to another counselor.

Right to Limit Reception of Confidential Information: For example, you may request that Milestones Behavioral Pediatrics, Inc employees only contact you at a certain telephone number or address. You do not have to give a reason for your request.

Right to a Paper Copy of this Notice of Privacy Practices: You have a right to a paper copy of this signed notice.

Other uses and disclosure of PHI and any disclosure of Case Notes will be made only with your written authorization. After such authorization is given, you may revoke that authorization at any time from future use. This notice may be amended as needed to comply with federal, state, and professional requirements.

Notice of Privacy Practices Receipt Form

I, _____, have read and received a copy of the Notice of Privacy Practices from the employees of Milestones Behavioral Pediatrics, Inc.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Employee Name: _____

Employee Signature: _____

Date: _____

MILESTONES BEHAVIORAL PEDIATRICS, INC CENTER PRIVACY RELEASE

Milestones Behavioral Pediatrics, Inc. will occasionally host tours from outside providers, potential client families, members of the community and/or professional contacts. In addition, observations and meetings are conducted through the conference room window that connects to the treatment area.

Milestones Behavioral Pediatrics, Inc. takes precautions to protect the identify of your child by using partitioning dividers, initials of clients and keeping materials put away when not in use. By initialing and signing below, I understand that my son or daughter may be briefly viewed or seen by outside individuals during treatment hours at Milestones Behavioral Pediatrics, INC Inc.

Milestones Behavioral Pediatrics, INC does keep a record of visitors who enter the treatment area in the front waiting room for reference at any time.

By initialing, I give my permission for my child to be viewed:

_____ by tours from outside providers, potential client families, members of the community, potential employees and or/ professional contacts that are interested in viewing the center.

_____ by individuals or families using the conference room for meetings and/or observations of their child or for observations for coordinating service providers that take place in the conference room.

If the parent/guardian chooses not to initial above, this will be indicated in your child's learning materials and every effort will be made to keep your child from being observed by outside visitors and observations unless express consent is given for the visit.

Parent/guardian signature

Date

Child Name

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www.milestoneswi.com

Medical Questionnaire

See enclosed questionnaire

Milestones Behavioral Pediatrics, Inc
2073 Lawrence Drive, De Pere WI 54115

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www.milestoneswi.com

Parent/Guardian Questionnaire

Child's Name: _____

Parent/Guardian's Name: _____

Please answer each question below before the scheduled team meeting, ___/___/____. Feel free to email the responses to me before the meeting. If you choose to write your responses below, please bring this form with you to the meeting. You may use the space provided (or write on the back of sheets if you need more room). There are no right or wrong answers.

My Child's Strengths:
1)
2)
3)
4)
My Child's Areas of Need:
1)
2)
3)
4)

Top 3 favorite activities I like do with my child are:
“Activities” can include any time spent with your child - not just formal/structured time.

1)

2)

3)

I wish I could enjoy these activities with my child but at this time, it does not seem possible:

1)

2)

3)

ABA Services

Is there anything else that you would like to discuss? Please write any questions or concerns that you have regarding your child and ABA services.

Is there anything that you need from ABA Services that you feel are not being met?

In what areas/skills would you like more Parent/Guardian training and support?

Client Information

Parent/Guardian:	
Home Phone:	
Cell Phone:	
Work Phone:	
Email:	
Address:	
Parent/Guardian:	
Home Phone:	
Cell Phone:	
Work Phone:	
Email:	
Address (If different than above)	

Emergency Contact Information	
Name:	
Relationship:	
Home Phone:	
Cell Phone:	
Work Phone:	
Email:	
Client or Child's Name:	
Date of Birth:	
Address:	
Primary Care Physician:	
Office Phone:	
Office Address:	

Authorized Pickup (other than parents/guardians listed above)	
Name:	
Relationship:	
Home Phone:	
Cell Phone:	
Name:	
Relationship:	
Home Phone:	
Cell Phone:	
Name:	
Relationship:	
Home Phone:	
Cell Phone:	

Restricted Pickup	
Name:	
Relationship:	
Home Phone:	
Cell Phone:	

Does your child have any allergies? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If answered YES...	
Please list allergies:	Please List Staff Action:

Are the allergies life threatening? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES, please describe:	

Does your child have any seizures? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If answered YES...	
Please list types of seizures:	

Seizure Protocol:	
Please write in protocol for handling seizures: (any medicine administration, call parents, call 911, monitor, etc)	<p>Please list step-by-step instructions for Milestones Behavioral Pediatrics, INC staff to follow if you child has a seizure while at the center:</p> <ol style="list-style-type: none"> 1. 2. 3. 4. 5. <p>Call parent when:</p> <p>Call physician when:</p> <p>Emergency Plan for Seizures: 911 should be called if:</p> <ul style="list-style-type: none"> • Seizure lasts longer than _____minutes • Your child is having difficulty breathing • Is aspirating vomit • A significant injury occurs during the seizure • Status epilepticus occurs (continuous seizure)

Risk Assessment

Client Name: _____ DOB: _____

Employee Name: _____ Date Completed: _____

QUESTION * <i>Provide details at the end of the analysis.</i>	Yes	No
Is the client a victim of physical abuse?		
Is the client a victim of sexual abuse?		
Is the client a victim of neglect or significant maltreatment?		
Has the client been exposed to domestic violence?		
Has the client been exposed to excessive violence in the community?		
Has the client had more than two different primary Parent/Guardian in his/her lifetime?		
Does the client have a history of being oppositional and defiant at home (a history of not following rules set by Parent/Guardian)?		
Is there any pattern of physical or verbal aggression by the client at home?		
Is there any family history of criminal behavior?		

QUESTION * <i>Provide details at the end of the analysis.</i>	Yes	No
Has the client ever failed a grade?		
Is the client LD or ED?		
Has the client ever been suspended from school more than twice?		

Has the client ever been expelled from school?		
Does the client refrain from involvement in school activities or clubs?		
Does the client have a history of behavior problems at school?		
Has the client ever held a job?		
If so, has he/she ever been fired from a job?		
Has the client ever been non-compliant with prescribed medications?	*	
Has the client ever been hospitalized for psychiatric reasons?		
Has the client ever attempted suicide?	*	
Does the client express any current suicidal or homicidal ideation?	*	

QUESTION * <i>Provide details at the end of the analysis.</i>	Yes	No
Are there any reports or does the client exhibit signs of paranoid thinking?		
Does the client have a history of violent/assaultive crimes?		
Has the client ever been charged with a sexual offense?		
Has the client ever failed on community supervision or been violated?		
Does the client have sexual identity issues?		
Does the client have a history of excessive use of pornography/erotica?		
Was the client exposed to erotica at an early age (before 10)?		

Is there any evidence of compulsive sexual behaviors by the client (i.e., excessive masturbation)?		
Have there been complaints of boundary violations and over-familiar touching by the client?		
Is the client currently sexually active?	*	
Is the client promiscuous in his/her sexual behavior?	*	
Does the client have any history of sexual-offending behavior(s)?	*	

QUESTION * <i>Provide details at the end of the analysis.</i>	Yes	No
Does the client have diagnosed mental health issues?		
Does the client have any signs of a thought disorder?		
Does the client take any medication?		
Does the client have a stable home environment in terms of placement?		
Are the Parent/Guardian supportive of intervention services?		
Are the Parent/Guardian capable and willing to hold the client accountable?		
Does the client have potential victims in the home?		
If the client has significant mental health issues, is he/she stable now?		
Is the client on probation?		
Does the client appear to be amenable to treatment?		
Is the client motivated to participate in treatment?		
Are there services available to address the client's issues?		
Does the client have access to a positive support system?		

QUESTION * <i>Provide details at the end of the analysis.</i>	Yes	No
Does the client do well in school or is he/she involved in school activities?		
Has the client benefited from mental health services in the past?		
Does the client have a history of compliance with authority?		
Does the client have a history of fighting (more than five fights)?		
Has the client ever caused someone to be seriously injured from a fight?		
Has the client ever carried a weapon?		
Has the client ever been involved with a gang?		
If the client is male, has he ever hit a female because she made him mad?		
Is there any information available that indicates that the client is a bully?		
Is the client manipulative?		
Is the client pathologically narcissistic?		
Does the client have a pattern or never taking responsibility for his/her misbehaviors?		

QUESTION * <i>Provide details at the end of the analysis.</i>	Yes	No
Does the client lie frequently?		

Is there any history of animal abuse or torture by the client?		
Is there any history of fire setting by the client?		
Is the peer group that the client spends the most time with criminal or considered a negative influence?		
Is the client a social misfit or under-socialized?		
Does the client have anger management problems?		
Is the client extremely impulsive?		
Has the client been diagnosed with ADHD?		
Does the client lack remorse?		
Does the client have a history of alcohol abuse?	*	
Does the client have a history of drug abuse?	*	
Has the client ever received substance abuse services?	*	
Is there a family history of substance abuse?	*	

QUESTION * <i>Provide details at the end of the analysis.</i>	Yes	No
Any suspected current substance abuse issues with the client?		
Any suspected current substance abuse issues with the family?		
Does the client have a history of criminal/court involvement?	*	
Does the client have a history of property crimes?		

*** Answer the following to provide details from prior questions.**

What were the suicidal or homicidal behaviors? Include dates, method, and lethality.

Provide sexual behavior history.

Substance Abuse. Provide documentation of past and present use of alcohol, nicotine, and illicit drugs, prescription drugs and over the counter drugs.

Substance Abuse. If the client has an active alcohol or substance abuse problem, has intervention occurred? If so, provide documentation.

Legal Issues. Are there any present relevant legal issues of the client and family? If yes, please provide a summary.

Client Home Safety Checklist

Yes	Question	Comments
<input type="checkbox"/>	Are there pets? If so, list the types; and do they have a history of jumping or biting?	
<input type="checkbox"/>	Is there a location for therapy? If so where?	
<input type="checkbox"/>	Are there any firearms in the home?	
<input type="checkbox"/>	If yes, are they in a gun safe or securely locked up?	
<input type="checkbox"/>	Is there a smoke alarm(s)? Location? Do they work?	
<input type="checkbox"/>	Is there a carbon monoxide detector(s)? Location? Do they work?	
<input type="checkbox"/>	Is there a fire extinguisher(s) and location?	
<input type="checkbox"/>	Is there a disaster location in the home?	
<input type="checkbox"/>	If there are stairs in the home, are they free of clutter?	
<input type="checkbox"/>	Handrail on stairs is secure?	
<input type="checkbox"/>	Is this a smoke-free home?	
<input type="checkbox"/>	Is the home well-kept and reasonable free of clutter?	
<input type="checkbox"/>	Bathrooms are reasonably clean?	
<input type="checkbox"/>	Location of Front exit(s)?	
<input type="checkbox"/>	Location of Rear exit(s)?	
<input type="checkbox"/>	Location of Basement exit(s)?	
<input type="checkbox"/>	Are the exits free and clear?	
<input type="checkbox"/>	Are doors easily opened and closed?	
<input type="checkbox"/>	What parking is available and where is it located?	
<input type="checkbox"/>	Should Behavior Technicians remove shoes when in the home?	

<input type="checkbox"/> Are there any peanut, or other allergies, in the household that we should be aware of?	
<input type="checkbox"/> Is there a specific food that should not be brought into the home?	

Non-Cohabiting Guardians Policy

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Non-Cohabiting Guardians Policy

In many situations a child’s legal guardian is their birth parents, mother and father. As a legal guardian, you have a duty to maintain and protect the child in your care. Along with those duties, legal guardians also have the right to make decisions about the child's health, welfare and general well-being.

Married, cohabiting, parents of a child are considered *joint guardians* and have equal rights in relation to the child. This arrangement allows ease in care and decision-making abilities by both guardian parents.

Likewise, non-cohabiting parents also have equal rights with regard to their child but their guardianship and its decisions are separate. In these cases, specific authorizations must be on file with Milestones Behavioral Pediatrics, Inc to ensure that the needs and requirements of both the child and the non-cohabiting guardians are met.

Milestones Behavioral Pediatrics, Inc requires written authorization for consent, treatment and the release of personal health information for both non-cohabiting parents / guardians of any minor child. All authorizations must be on file prior to the commencement of any treatment program.

NON-COHABITING GUARDIANS AUTHORIZATION

The undersigned enter into this NON-COHABITING GUARDIANS AUTHORIZATION (the “**Authorization**”), dated as of _____ (the “**Effective Date**”), between Milestones Behavioral Pediatrics, Inc (the “**Company**”) and _____ (collectively, the “**Guardians**”) (collectively, the “**Parties**”).

WHEREAS, the Guardians are the legal guardians of a child seeking treatment by the Company and are not cohabiting with each other; and

WHEREAS, the Guardians wish to provide consent to the Company for treatment of their child and the release of personal health information of the Child to both Guardians.

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NOW THEREFORE, in consideration of the mutual promises and covenants contained herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Guardians, intending legally to be bound, authorize the Company as follows:

- 1) Child. The child whose treatment is concerned by this Authorization is _____.
- 2) Treatment. The Guardians mutually authorize the Company to provide treatment to their minor child as described in advance by the Company. Notwithstanding any legal rights or protections over decision-making regarding the child's health and well-being with respect to legal custody, the Guardians mutually agree to authorize the Company to provide professional treatment as needed for the child.
- 3) Release of Personal Health Information. The Company is hereby authorized to release any and all personal health information of the child to either and both Guardians without any exceptions, restrictions or further consents required. The Guardians authorize all of the Company's HIPAA-defined covered entities to use, release, and disclose the child's individually identifiable health information to either Guardian under 45 CFR Sec(s). 164.502(a)(1)(i) and (iv), 164.502(a)(2)(i), 164.524 and 164.528, including medical reports and records concerning the child's medical history, condition, diagnosis, testing, prognosis, treatment, billing information, and identity of health care providers, whether past, present, or future, as well as any other information that is in any way related to the child's health care. This disclosure includes the authority to ask questions and discuss the child's individually identifiable health information with the person or entity that has possession of the child's individually identifiable health information.
- 4) Termination. This Authorization shall terminate upon express, written notification of either Guardian that they no longer wish for the Authorization to be effective.
- 5) Waiver and Release of Claims. With regard to information disclosed under this Authorization, the Guardians waive any right of privacy that the child

may have under the authority of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (HIPAA), any amendment or successor to that Act, or any similar state or federal act, rule, or regulation. In addition, the Guardians release the Company and any covered entity that acts in reliance on this Authorization from any liability that may accrue from the use or disclosure of my individually identifiable health information in reliance upon this authorization.

- 6) Severability. Any term or provision of this Authorization that is determined to be invalid or unenforceable by any court of competent jurisdiction in any jurisdiction shall, as to such jurisdiction, be ineffective to the extent of such invalidity or unenforceability without rendering invalid or unenforceable the remaining terms and provisions of this Authorization or affecting the validity or enforceability of any of the terms or provisions of this Authorization in any other jurisdiction and such invalid or unenforceable provision shall be modified by such court so that it is enforceable to the extent permitted by applicable law.
- 7) Survival. The covenants, agreements, representations and warranties contained in this Authorization shall survive the termination of the Business at any time and for any reason.
- 8) Governing Law; Jurisdiction. This Authorization will be governed by, and construed in accordance with, the substantive laws of the Wisconsin without reference or regard to the conflicts of law rules thereof. Any action stemming from this Authorization must be pursued in a court of competent jurisdiction within the Commonwealth of Virginia.
- 9) Binding upon Successors. This Authorization shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, designees, successors and assigns, except as provided herein.
- 10) Counterparts. This Authorization may be executed in multiple counterparts, each of which shall be considered an original.

IN WITNESS WHEREOF, the Guardians and Company have duly executed this Authorization as of the day and year first above written.

GUARDIANS

Name:

Title:

Name:

Title:

COMPANY

Name:

Title:

Client Handbook

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Welcome

Dear Parents,

Welcome! Thank you for your interest in Milestones Behavioral Pediatrics, INC center-based Applied Behavior Analysis Autism treatment program! We are delighted you have chosen us to work with your child and help them reach their highest potential. Our mission at Milestones Behavioral Pediatrics, Inc is to make a positive impact on families and the community through the practices and dissemination of Applied Behavior Analysis.

Treatment is aimed at improving your child's communication, social interactions, individual play/leisure skills, emotion expression and coping strategies. At Milestones Behavioral Pediatrics, Inc, we look at each individual child and aim to understand their individual skill sets to give us the best picture of your child's unique needs.

Your first meeting with the Milestones Behavioral Pediatrics, INC team will likely be at the Initial Intake Interview. This meeting will be led by your Board-Certified Behavior Analyst (BCBA) who is trained specifically in Applied Behavior Analytic principles and applications for children diagnosed with Autism. Parents are encouraged to bring any family members who provide a large amount of care for the child, as well as bringing your child to the first visit.

An additional staff member, likely a Board Certified Assistant Behavior Analyst (BCaBA) will interact with your child during this initial interview and begin initial assessments for him/her. Before you leave, your BCBA will schedule 1 to 2 back-to-back Follow-up Assessments that work for you during our normal operating hours where you will be able to drop your child off and return 2 hours later to pick him/her up. During the follow-ups, the BCBA or BCaBA will complete assessments and get to know your child. After the Follow-up Assessments and ONLY when all your paperwork has been submitted to Milestones Behavioral Pediatrics, INC will we be able to submit that paperwork along with your child's treatment plan for Prior Authorization. Prior Authorizations take on average 2-3 months but can take up to 4 months depending on the insurance company— the approval from your insurance company that indicates they will reimburse for the

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services Milestones Behavioral Pediatrics, INC will be performing.

What is Applied Behavior Analysis (ABA)?

Applied Behavior Analysis is a scientifically validated approach to understanding behavior and how it is affected by the environment. In this context, “behavior” refers to actions and skills, and “environment” includes any influence - physical or social - that might change or be changed by one’s behavior.

Since the 1960’s, therapists have been applying behavior analysis to help children with autism and related developmental disorders. Early techniques often involved adults directing most of the instruction; however, some allowed the child to take the lead. Through the decades of research, the field of behavior analysis has developed many techniques for increasing useful behaviors and reducing those that may cause harm or interfere with learning.

On a practical level, the principles (how learning takes place) and methods of behavior analysis have helped many kinds of learners acquire many different skills. One such principle is Positive Reinforcement. When the desired behavior is followed by a reward, the behavior is more likely to be repeated. Techniques used within ABA can be used in structured situations, such as a classroom lesson or “everyday” situations such as family dinnertime or the neighborhood playground. Therapy sessions can include one-on-one interaction or group instruction.

Applied Behavior Analysis strives to bring meaningful and positive changes in behavior- from healthier lifestyles to the mastery of a new language - from toddlers through adulthood.

www.autismspeaks.org

Links for more information on behavior, behavior analysis, and behavior therapy:

- <http://www.centerforautism.com/aba/whatisaba.asp>
- <http://www.abainterNational.org/ba.asp>

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- <http://www.behavior.org/behavior/>
- <http://www.behavior.org/behavior/\what is behavior analysis.cfm>
- <http://seab.envmed.rochester.edu/jaba/>
- <http://www.handsinautism.org/pdf/whatisABA.pdf>

Services in Applied Behavioral Analysis

Our team provides a range of services to help your child and your family. All programs are created from research-based strategies and developmentally appropriate curriculum. All services provided utilize the data collection and review procedures required for evidence-based ABA practices. The teaching of treatment goals is done in a one on one or group setting in a natural environment (NET) and Intensive Teaching (ITT) settings. There is an emphasis on Verbal Behavior. These services include:

Social Skills Training:

- One-On-One settings
- Play Dates - Facilitated Peer Play
- Social Groups - small groups customized for your child, his/her goals, with his/her peers, and in his/her community

Play Skills: Age appropriate skills are taught

- Toy Play
- Pretend/Imaginative Play
- Cooperative Play

Communication Training: Strategies are used to increase appropriate communication. Strategies include:

- Mand Training (Requesting) American Sign Language (ASL)
- Picture Exchange Communication System (PECS)
- Assistive Technology
- Vocal Speech
- Conversational Language
- Commenting

- Turn Taking
- Staying on Topic
- Decrease echolalia (repetitive speech) and increase functional language by teaching replacement language.
- Decrease problematic behavior by teaching increasing functional language skills and teaching replacement language.

Functional Behavior Assessment: Functional Behavior Analysis (FBA) is an attempt to look beyond the obvious interpretation of behavior as "bad" and determine what function it may be serving for a child. Truly understanding why a child behaves the way he or she does is the first, best step to developing strategies to stop the behavior.

Behavior Intervention Plan: Behavior Intervention Plan (BIP) takes the observations made in an FBA and turns them into a concrete plan of action for managing a child's behavior. A BIP may include ways to change the environment to keep behavior from starting in the first place, provide positive reinforcement to promote good behavior, employ planned ignoring to avoid reinforcing bad behavior and provide supports needed.

Assessments: VB-MAPP, ABLLS-R, PEAK, AFLS, Essentials for Living, PEERS, informal Parent/Guardian / teacher interview & observation, social skills inventory, reinforcer inventory, sensory integration checklist and other developmental checklists. Assessments are used to guide program development. They are NOT used to diagnose.

"Potty Party": We train Parent/Guardian how to provide a child-specific plan for toilet training. Toilet training can be challenging; we are here to support and encourage this process. We offer several packages of various intensity levels. Prices may differ from regular sessions.

- Rapid Toilet Training (3-day approach based on methods of Azrin and Foxx)
- Schedule/Habit Training
- Parent/Guardian Training Model

Daily Living Skills: We assist in teaching your child day-to-day self-help skills; for example, dressing, eating, grooming, household chores, etc.

Other: We also can assist in community outings, family activities, doctor appointments, haircuts, developing schedules/routine, and improve sibling relations.

School Consultation:

- **Shadow Services:** one-on-one assistance in-group settings, such as private schools, daycares, camps and learning centers. Shadowing can assist with behavior, communication skills, social skills, etc. Shadow services are only optional per employee availability.
- **In School Facilitation:** help to collaborate with teachers and professionals to accomplish common goals.
- **Training Opportunities:** paraprofessional training, teacher workshops, etc.

Services in Applied Behavioral Analysis

IEP Review: Assist in creating IEP goals with the Parent/Guardian, teacher, and administrator. We can also attend IEP meetings to help advocate in the best interest of the child. Collaborate with Parent/Guardian to understand how to navigate the IEP process.

Academic Assistance: Assist Parent/Guardian and teachers in identifying strengths, weaknesses, and possible skill deficits with academics and help to provide strategies and break down skills for your child to have more success with schoolwork and homework. Academic services are typically not allowable by private insurance. To request these services please contact us so we can check your particular insurance provider.

Program Development: This includes ongoing assessments, data compilation, task analysis, program updates, reports, review any given documents, development of treatment plans, and sometimes direct instruction training program management. A description of the completed program development tasks, including time spent, during each month will be attached to the invoice each month. Time needed for

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program development is 4 hours each month. This time can be in addition to the weekly allotment of hours or can be done in place of a session. Please note that prices for program development are different from session prices. Program Development allows us to review your child's progress, research, and update any new plans your child may need. * This service is not optional. It is mandatory with any other service.

Transitioning and Fading

Transitioning occurs when a client transition from set of criteria goals to another. These transitions can be the result of either the client's mastery of the established goal criteria, resulting a transition to the next higher-level goal, or due to the client's deficiency or inability to reach current goal objectives, moving the client to a lower-level goal.

When situations occur where clients are moved to lower-level goals the prerequisite goals are re-evaluated and a new goal criteria set is established. Once the client is able to master the new goal criteria set, the original goals will be revisited and the client will be eligible to move to the next higher-level set of goal criteria.

Fading refers to decreasing the level of assistance needed to complete a task or activity. When teaching a skill, the overall goal is for the student to eventually engage in the skill independently. The process of fading incorporates the applied behavior analysis strategy (**ABA**) and is paired with various prompts.

Discharge and transition planning from one or all treatment programs will involve a gradual step down in services. Discharge from a comprehensive ABA treatment program occurs over several months. Treatment plans will be reviewed and evaluated, and discharge planning will begin when the child has achieved specific treatment goals, as measured by appropriate standardized protocols.

The process of fading will begin once the child's progress meets specific predetermined goals.

Parent/Guardian Training: We also offer intensive one-on-one Parent/Guardian training. This consists of basic principles and techniques of ABA specific to your child's current needs to increase your child's independence, daily living skills, and communication. We coach you through behavior problems, help you maintain consistency, help you learn strategies to improve compliance and following directions, deal with behavior, and help provide appropriate consequences. This service is an integral part of therapy and it is critical that you participate.

Behavior Analyst Certification Board (BACB) Guidelines

Milestones Behavioral Pediatrics, Inc follows the Behavior Analyst Certification Board (BACB) guidelines. Within these guidelines, clients have the right to effective behavior treatment, which includes individual's rights, professional relationship, and informed consent.

An individual has a right to....

- A therapeutic environment
- Services whose overriding goal is personal welfare
- Treatment by a competent behavior analyst
- Programs that teach functional skills
- A behavioral assessment and ongoing evaluation
- The most effective treatment procedures available

A professional relationship requires:

- Confidentiality
- Protecting the client's dignity, health, and safety
- Helping the client select outcomes and behavior change targets
- Maintaining records
- Advocating for the client
- Providing necessary and needed services

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- Evidence-based practice and least restrictive alternatives
- Not a conflict of Interest

Guideline for "Informed Consent"

Informed consent means that the potential recipient of services gives his/her (in our case the Parent/Guardian) explicit permission before any assessment or treatment is provided. Informed consent requires more than obtaining permission. Permission must come following full disclosure and information is provided to the participant. For consent to be valid:

- a. The person must demonstrate the capacity to decide
- b. The person's decision must be voluntary
- c. The person must have adequate knowledge of all salient aspects of the treatment.

More information can be found at www.BACB.com

Personal Health Information (PHI) storage

Milestones Behavioral Pediatrics, Inc understands that we deal in highly personal and sensitive information regarding both you and the child in your care. We want to reassure you that your information is securely held and only accessible and available to those employees dealing with the child in your care.

Evidence-Based ABA Practices

Milestones Behavioral Pediatrics, Inc utilizes Evidence-Based Practices (EBP) as means for decision-making in order to integrate the best available evidence with client needs and circumstances, and clinical expertise. This practice allows Milestones Behavioral Pediatrics, Inc to provide services uniquely matched to each

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client and its framework provides behavior analysts with a structure for pervasive use of the best available evidence in the complex settings in which they work.

Through the use of EBP Milestones Behavioral Pediatrics, Inc is able to clearly and explicitly recognize evidence supporting intervention options, understands the importance of contextual factors including client values that contribute to decision making, and the key role of clinical expertise in the conceptualization, intervention, and evaluation of cases.

Employee Descriptions

Clinical Director: The Clinical Director works with the Assistant Clinical Director for cases that have more complex challenges. The Clinical Director deals directly with funders, ensuring that services are authorized, the most up to date paperwork is available, and that all services are rendered and billed on time.

Assistant Clinical Director: The Assistant Clinical Director working with the Supervisor, designs and develops all the teaching programs and sets priorities for your child's intervention program based on the goals that have been set for your child and family. The Assistant Clinical Director can also coordinate services with other providers your child may see if you desire.

Supervisor: The Supervisor serves as the primary contact person for your family and the professionals working with your child. The Supervisor, who will either be a Behavioral Treatment Therapist or Licensed Supervisor will work with the Assistant Clinical Director ensure that the Behavior Technicians are well trained and that they implement your child's program as the Clinical Director prescribes. The Supervisor reviews charts/data showing your child's progress, and IEPs. In addition to attending monthly team meetings, the Supervisor always has up-to-date information concerning your child's progress. Additionally, because the Supervisor also implements your child's intervention program with your child at least once each month, they are also able to provide you with important and useful information that will inform treatment decisions concerning your child's progress. The treatment provided utilizes the data collection and review procedures required for evidence-based ABA practices. In the case that a

Supervisor is not available, the above roles and responsibilities may be split between the Clinical Director and the Behavior Technician.

Behavior Technicians: The Behavior Technician works with your child several times each week and is fully trained by Milestones Behavioral Pediatrics, Inc. The Behavior Technician ensures that the Clinical Director, Assistant Clinical Director and Supervisor have all the information they need to manage your child's program effectively.

Everyone works together to make sure that your child is receiving the best possible program based on individual goals. Duties and responsibilities of staff may vary and are not limited to the roles as stated above.

There is no guarantee that the same Behavior Technician/Supervisor will be assigned to your child's case for the entire time you receive services at Milestones Behavioral Pediatrics, Inc. Milestones Behavioral Pediatrics, Inc may change employees assigned your child's case at any time as needed.

I acknowledge that my child's therapy team may change at any time.

Parent/Guardian acknowledge that each client receiving services from Milestones Behavioral Pediatrics, Inc has an individualized treatment plan (ITP). Each program is developed after assessments are completed; both direct and indirect. Each program is continually evolving based on the child's progress. The Clinical Director is ultimately responsible for making programmatic decisions. Parent/Guardian will be notified of any changes and discussions that may take place. Behavior Technicians are not allowed to change the program without the Supervisor's, Assistant Clinical Director or Clinical Directors approval.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Information

Milestones Behavioral Pediatrics, Inc
2073 Lawrence Drive, De Pere WI 54115

920-351-3027
920-351-3043
info@milestoneswi.com
www.milestoneswi.com

Parent/Guardian Participation

Parent/Guardian are integral to the success of each child. Milestones Behavioral Pediatrics, Inc strives to include Parent/Guardian in all aspects of therapy from goal and objective development to treatment strategies and behavior management skills and all treatment plans provided utilize the data collection and review procedures required for evidence-based ABA practices. The consistency of programming across settings is our ultimate goal. The Milestones Behavioral Pediatrics, Inc staff are available to train Parent/Guardian in the areas of behavior management and the application of intensive teaching procedures to enable Parent/Guardian to become part of the child's therapy team.

The level, intensity, and frequency of Parent/Guardian training will be included in your child's Individualized Treatment Plan (ITP).

Parent/Guardian Commitment: To ensure effective implementation of the treatment plan/programming, Milestones Behavioral Pediatrics, Inc requests the following commitments listed below as they are critical to your child's successful therapy and will attempt to correct an issue, otherwise the service plan may be terminated.

- Active participation in training regarding the child's programming and behavior reduction protocols.
- Consistency with the child's treatment plan and behavior reduction protocols.
- Immediate communication via info@milestoneswi.com or 920-351-3027 (if necessary) with the Clinical Director, team, and Parent/Guardian if unsure about how to implement a program/protocols.
- Immediate communication via email (phone if necessary) with Clinical Director from the Parent/Guardian if there is a concern that a program/protocol is not being implemented correctly or working effectively.

Procedure for Lack of Participation: The following is an explanation of the steps that will be taken if a Parent/Guardian is not participating in their child's programming.

Milestones Behavioral Pediatrics, Inc
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1. The first time that a does not meet one of the participation requirements, the Supervisor will provide the Parent/Guardian with a verbal warning and follow up with an email reminding the Parent/Guardian of participation requirements. This is because your participation is vital to the success of therapy. The Supervisor will explain clearly to the Parent/Guardian where their participation is lacking. The Supervisor will offer more training if this is part of the issue.

2. The second time that a Parent/Guardian does not meet one of the participation requirements, the Supervisor will provide the Parent/Guardian with a written notice reminding the Parent/Guardian of the participation policy. The notice will clearly explain to the Parent/Guardian where their participation is lacking. The Supervisor will offer more training if this is part of the issue.

The third time that Parent/Guardian does not meet one of the participation requirements, the Supervisor will meet with the Parent/Guardian and provide them a final written notice reminding the Parent/Guardian of the participation policy. The notice will clearly explain to the Parent/Guardian where their participation is lacking. The Supervisor will work closely with the Parent/Guardian to provide the training necessary to correct the issue. Additionally, the notice will explain to the Parent/Guardian that if the Parent/Guardian does not meet the participation requirements again, the child's services will be discontinued.

4. The fourth time that a Parent/Guardian does not meet one of the participation requirements, the child's services will be discontinued on the grounds that Milestones Behavioral Pediatrics, Inc cannot provide effective treatment if the Parent/Guardian is not participating in the child's programming. The Supervisor will meet with the Parent/Guardian to explain to the Parent/Guardian where their participation is lacking. Services will be faded back according to a fade plan that will be individually determined for each child.

The Clinical Director and ABA therapy team will work closely with every Parent/Guardian to ensure that Parent/Guardian participation is as easy and enjoyable as possible for every Parent/Guardian. When issues do arise, the

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Supervisor will work closely with the Parent/Guardian to determine how to resolve the issue. When Parent/Guardian participate fully in their child's programming, they should see more progress from their child and have a better understanding of how to respond to various behaviors.

Participation Requirements: Please see your child's Individualized Treatment Plan.

Parent/Guardian' Interaction with Employees & Dual Relationships

The nature of our business can often be personal because we are all working so intensely with each other on a frequent basis. For this reason, we require that Parent/Guardian maintain a friendly relationship with employees, but not a personal relationship. Parent/Guardian acknowledge that any relationship outside the therapeutic one is completely inappropriate.

Dual relationships include, but are not limited to babysitting, acting as a nanny, bartering of services or goods, friendships, sexual relationships, etc. This pertains to past and present employees. Milestones Behavioral Pediatrics, Inc strives to hire the best employees; however, at times people may leave our company for various reasons. In this case, we do not encourage families to hire or have dual relationships with our past or present employees. Due to the confidentiality we hold with our employees and Parent/Guardian, we cannot go into detail about why an employee left the company. This is for the protection of Milestones Behavioral Pediatrics, Inc and for our clients.

Parent/Guardian acknowledge that Milestones Behavioral Pediatrics, Inc does not ever allow employees to transport clients or client family members.

Wellness Policy Statement of Understanding

To minimize the spread of illness, Milestones Behavioral Pediatrics, Inc's wellness policy requires that if a session is canceled, it should be rescheduled if the client or

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Milestones Behavioral Pediatrics, Inc employee displays one or more of the following symptoms and guidelines listed below. (24-hour cancellation fees do not apply.)

The client or employee must be free of infection and other symptoms, without the aid of medication, for 24 hours before resuming program sessions. Sessions may resume when the incubation and contagious period have passed, and the client or employee is well enough to resume normal activities. If the client or employee becomes ill during a session, the session will be immediately canceled.

- Vomiting/Diarrhea
- Temperature greater than 100 degrees
- Respiratory problems - severe coughing, rapid breathing, croup, or whooping sound after coughing
- Thick, discolored discharge from nose
- Rash or infection of the skin (e.g., ringworm, poison ivy)
- Evidence of lice, including nits
- Communicable diseases - conjunctivitis (pink eye), influenza, measles, chicken pox, strep throat, etc.

Parent/Guardian acknowledge that if their child exhibits any of these above symptoms, they should contact the employees at Milestones Behavioral Pediatrics, Inc to cancel their child's session. If for any reason your child did not attend school due to an illness or was sent home early due to an illness, there should be no therapy session that day. Parent/Guardian agree to notify the employees within 24 hours of the diagnosis of a serious contagious illness or parasitic infestation. Parent/Guardian acknowledge that in some instance's sessions will be canceled until we have written permission from a doctor saying their child is well enough to resume therapy sessions. This is for the child's well-being, along with the well-being of the employees.

Please notify the Scheduler or Director of Operations of any illness that your child, you, or other children in the home may have. We will also contact you if any Behavior Technician, Supervisor or other employee has any illnesses.

Aggressive Behavior

Milestones Behavioral Pediatrics, Inc employees have the right to work and provide services in a safe environment that supports personal worth and dignity through mutual respect, cooperation, and understanding. As such, Milestones Behavioral Pediatrics, Inc will not tolerate any violent or aggressive behavior, discrimination, or harassment towards any of our workforce members.

Any adults on site are expected to treat employees with dignity and respect and Milestones Behavioral Pediatrics, Inc will not tolerate behavior that would be considered offensive, intimidating, sexual, or unwelcome in any way.

Violence and aggression, such as physical force, threatening behavior, or verbal abuse are strictly prohibited toward the employee, Client, or other members on the premise. If the employee feels that they or anyone else is subjected to violence, harassment or discrimination in any way, they will immediately notify the Supervisor or Clinical Director who will then notify appropriate authorities if necessary. If an investigation confirms the employee's perceptions, Milestones Behavioral Pediatrics, Inc may have to discontinue service.

Smoking

Smoking in a place of work poses serious health risks and fire hazards to workforce members. It is the employer's duty to ensure a safe, smoke-free environment for all employees.

Due to this, Milestones Behavioral Pediatrics, Inc is a smoke-free site. The term smoking includes, but is not limited to: cigarettes, tobacco, marijuana, e-cigarettes, pipes, etc. Please refrain from smoking within 50 feet of all entrances to the building.

Abuse and Molestation Prevention

To help protect children, Milestones Behavioral Pediatrics, Inc has implemented the following Abuse and Molestation Prevention policy. It is important that all Milestones Behavioral Pediatrics, Inc paid employees understand and apply

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these guidelines in order prevent abuse against children and minors. The policies contained herein provide our employees and volunteers with the definitions, guidelines, protection and prevention rules, as well as the policy Acknowledgement, which is required to be signed by all individuals interacting with children.

Purpose

These procedures are designed to reduce the risk of child abuse in order to:

- Provide a safe and secure environment for children, youth, adults, visitors, volunteers, and paid employees.
- Assist Milestones Behavioral Pediatrics, Inc in evaluating a person's suitability to supervise, oversee, and/or exert control over the activities of children and youth.
- Satisfy the concerns of Parent/Guardian and employees with a screening process for paid employees and volunteers.
- Provide a system to respond to alleged victims of sexual abuse and their families, as well as the alleged perpetrator.
- Reduce the possibility of false accusations of sexual abuse made against paid employees and volunteers.

Definitions

The following terms used herein and are defined as follows:

1. *Paid Employee*: Any employee who is paid.
2. *Children/Youth/Minor*: Any person who has not reached his/her 18th birthday or the age of majority as defined by Wisconsin law.

3. *Adult*: Any person who has reached his/her 18th birthday or as defined by Wisconsin law.
4. *Volunteer*: Means any unpaid person engaged in or involved in activities and who is entrusted with the care and supervision of minors or a person who directly oversees and/or exerts control or oversight over minors or adults.
5. *Sexual Abuse*: is defined as the use, persuasion, inducement, enticement, or coercion of any individual to engage in, or assist any other individual to engage in, conduct deemed as sexually explicit conduct, the physical act of rape, and in cases of caretaker or family relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of an individual, or incest as defined by federal and Wisconsin law. This includes but is not limited to any unwelcomed sexual verbal comments, remarks, sexual gestures, jokes, advances, or leering; sexual touching, fondling, molestation, assault, or any other intimate physical contact; using threats, fear or undue influence to compelling another individual to engage in a sexual act; and displaying or distribution of pornographic materials to another individual.
6. *Child Emotional Abuse*: Verbal or nonverbal conduct including mental exploitation, degrading, humiliating, or threatening conduct or communications that may or may not include bullying as defined by Wisconsin law.

Protection and Prevention

Volunteer and Employee Screening Procedures

The following screening procedures are to be used with paid employees and volunteers who are entrusted with the care and supervision of minors or a person who directly oversees and/or exerts control or oversight over minors. All information collected should be maintained in confidence.

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1. *Employment Application and Volunteer Application*: Any paid employee or volunteer who will work with a minor must complete the Employment Application. The statement of release included with the Application must be signed by the employee or volunteer completing the Application in order to apply for and qualify for service.

Milestones Behavioral Pediatrics, Inc applications include questions regarding:

- Current and previous residence addresses.
- Current and previous employment, to include addresses, dates, duties, titles, and reasons for leaving.
- Names and addresses of schools attended, degree(s) earned.
- References from previous employers and organizations that work with children.
- Criminal history information, as well as pending criminal charges (where not prohibited by state law).

Applications include a statement, which the applicant should acknowledge in writing, certifying all statements provided in the application are true and complete, and any misrepresentation or omission may be grounds for rejection of the applicant or for dismissal if he or she is employed. This statement authorizes Milestones Behavioral Pediatrics, Inc to contact any individual or organization listed in the application.

2. Review all statements made in the application, paying specific attention to any gaps in time and irregular employment patterns or unexplained absence. Pursue these gaps with employers listed and in a subsequent interview.
3. Interviews will be conducted with all qualified applicants.

If detrimental information is uncovered but the applicant remains desirable, discuss this information with the applicant. In the event the applicant is ultimately hired or accepted as an employee or volunteer, document the reasons for overriding the prior information.

Milestones Behavioral Pediatrics, Inc
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Whenever possible, Milestones Behavioral Pediatrics, Inc will have an associate participate in the interview.

4. Contact all listed references and employers for paid employees. Inquire as to the reason the applicant left and ask for any information that might help determine the applicant's suitability for the position. If a response is not received within a reasonable period of time, follow up and keep notes if possible.
5. *Criminal Background Check*: Milestones Behavioral Pediatrics, Inc will conduct a criminal background check on all paid employees and volunteers who are entrusted with the care and supervision of minors or a person who directly oversees and/or exerts control or oversight over minors. All criminal background checks will be updated periodically.

Confidentiality

Information obtained through the screening, application, reference check, interview, and criminal background check will be kept in confidence, unless otherwise required by law. All information determined during the course of screenings above-referenced will remain in a secure location, with restricted access and said materials will be archived.

Supervision Procedures

Unless an extenuating situation exists, Milestones Behavioral Pediatrics, Inc:

1. Will have adequate number of screened and trained paid employees or volunteers present at events involving minors. Supervision will increase in proportion to the risk of the activity.
2. Will monitor facilities during activities involving children.

3. Will release minors only to a Parent/Guardian and utilize sign-in and sign-out sheets.
4. Will require young children be accompanied to the restroom and the paid employee or volunteer wait outside the facility to escort the child back to the activity. Whenever possible, the escort will be the same sex as the minor.

Behavioral Guidelines for Paid Employees

All paid employees will observe the following guidelines:

1. Do not provide alcoholic beverages, tobacco, drugs, contraband, or anything that is prohibited by law to minors.
2. To the extent possible, Milestones Behavioral Pediatrics, Inc will staff children with same-sex workers.
3. Whenever possible, at least two unrelated paid employees will be in the room when minors are present. Doors will be left fully open if one adult needs to leave the room temporarily and during arrival to the class or event before both adults are present. Speaking to a minor or minors one-on-one should be done in public settings where paid employees or volunteers are in sight of other people.
4. Avoid all inappropriate touching with minors. All touching shall be based on the needs of the individual being touched, not on the needs of the paid employee. In the event a minor initiates physical contact and/or inappropriate touching, it is appropriate to inform the minor that such touching is inappropriate.
5. Never engage in physical discipline of a minor. Paid employees shall not engage in activity which could be abusive to minors, including but not limited to physical, verbal, mental, emotional and sexual abuse.

6. It is imperative to maintain clear and professional boundaries at all times. If you recognize an inappropriate relationship developing between any minor and adult take action to refer the minor to another individual with supervisory authority.
7. Anyone who observes abuse of a minor will take appropriate steps to immediately intervene and provide assistance. Report any inappropriate conduct to the proper authorities and officials of Milestones Behavioral Pediatrics, Inc for handling.

Disqualification

No person may be entrusted with the care and supervision of minors or may directly oversee and/or exert control or oversight over minors who has been convicted of the offenses, have been on a probation or received deferred adjudication, outlined, or presently has pending criminal charges for any offense outlined below until a determination of guilt or innocence has been made, including any person who is presently on deferred adjudication. The following offenses disqualify a person from care, supervision, control, or oversight of minors:

1. Any offense against minors as defined by state law.
2. A misdemeanor or felony offense as defined by state law that is classified as sexual assault, indecency with a minor or adult, assault of a minor or adult, injury to a minor or adult, abandoning or endangering a minor, sexual performance with a minor or adult, possession or promoting child pornography, enticing a minor, bigamy, incest, drug-related offenses, or family violence.
3. A prior criminal history of an offense against minors.

Response to Sexual Abuse

Milestones Behavioral Pediatrics, Inc will respond promptly to investigate any accusation of sexual abuse. All accusations of sexual abuse will be taken seriously.

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It is important to be appropriately respectful to the needs and feelings of those who allege sexual abuse and those who have been accused of sexual abuse.

When an allegation is made involving sexual abuse, the person reporting the complaint is to be told about the guidelines and the procedures to be followed. A Milestones Behavioral Pediatrics, Inc appointed person will begin investigating the allegations and may use the assistance of legal counsel or other consultants. If the Milestones Behavioral Pediatrics, Inc appointed person is the individual accused of sexual abuse, then the next highest-ranking official of Milestones Behavioral Pediatrics, Inc will conduct the investigation. The investigation will be conducted as follows:

1. Report the incident to appropriate authorities in accordance with the state mandatory reporting laws.
2. Report the matter to Milestones Behavioral Pediatrics, Inc's insurance carrier.
3. Cooperate with authorities and the insurance carrier.
4. Milestones Behavioral Pediatrics, Inc may suspend (with pay for paid employees) the alleged offender while a confidential investigation is being conducted.
5. Milestones Behavioral Pediatrics, Inc (and legal counsel or other consultants) will meet with the management team of Milestones Behavioral Pediatrics, Inc and present a report on their investigation, which will include findings and recommendations of actions.
6. Milestones Behavioral Pediatrics, Inc will meet with the alleged perpetrator and notify him/her of the results of the investigation and recommendations for actions.

7. Milestones Behavioral Pediatrics, Inc will meet with the alleged victim and notify them of the results of the investigation and recommendations for actions.
8. During the investigation, Milestones Behavioral Pediatrics, Inc shall maintain contact with the alleged victim and inform them of the actions taken and assist them in their process of healing.
9. Milestones Behavioral Pediatrics, Inc (and legal counsel or other consultants) may meet with the alleged perpetrator, the alleged victim, and any others with knowledge of relevant facts.
10. Communicate with criminal and civil legal counsel of Milestones Behavioral Pediatrics, Inc
11. Communicate with those affected by the alleged perpetrator.
12. Hire a consultant or assign a spokesperson to respond to media or prepare a statement for the media if the need shall arise, client to the approval of Milestones Behavioral Pediatrics, Inc's attorney.

Cultural Competence Policy

It is the intent of Milestones Behavioral Pediatrics, Inc that its employees behave in a manner representative of its ethical and/or moral commitment to provide quality treatment services to its recipients.

It is the policy of Milestones Behavioral Pediatrics, Inc to maintain a written Cultural Competency and Diversity Plan that describe how the linguistic and cultural needs of our recipients are met. It is our policy to effectively provide services to recipients of all cultures, age, races, gender, sexual orientation, socio economic status, languages, ethnic backgrounds, spiritual and religious beliefs in such a way that recognizes, affirms, values, respects the worth of, and protects and preserves the

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dignity of every individual. Milestones Behavioral Pediatrics, Inc adheres to the equal employment opportunity policy and non-discrimination practices.

Milestones Behavioral Pediatrics, Inc policy is implemented by the following plan and practices.

I. Cultural Competency and Diversity Plan Introduction

Cultural competence is an integral part of Milestones Behavioral Pediatrics, Inc. Those employed by Milestones Behavioral Pediatrics, Inc who are in direct contact with recipients and families will demonstrate the following:

- Recognize, value, affirm and respect the worth of each individual recipient and family and protect and preserve the dignity of each;
- Utilize appropriate resources to ensure linguistic needs of the recipient and family are met;
- Assess recipient and family acculturation to aid in matching families with appropriate community-based resources and provide appropriate health and rehabilitation education;
- Utilize culture-specific information provided in training and/or employee orientation to assist in identifying and determining the cause of culture-based issues and miscommunication and to resolve them.

Milestones Behavioral Pediatrics, Inc ensures non-discriminatory and respectful services to recipients and families by employing both internal and external cultural competency practices. Ongoing improvement and widespread dissemination of these efforts evidences Milestones Behavioral Pediatrics, Inc's commitment to the provision of culturally appropriate services and care. Milestones Behavioral Pediatrics, Inc, accommodates, facilitates, treats, and assists recipients with a wide variety of disabilities from mental and physical disabilities to those recipients with medical diagnosis and disorders.

All employees, recipients, and families have access to the Milestones Behavioral Pediatrics, Inc Cultural Competency and Diversity Plan upon request.

II. Internal Cultural Competency and Diversity Practices

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Milestones Behavioral Pediatrics, Inc seeks employees that are committed to their community, represent a variety of cultural backgrounds, and are capable of interactions in cross-cultural situations. Discrimination is not tolerated and employees will conduct services in a manner that recognizes, affirms, values, respects the worth of, and protects and preserves the dignity of every individual.

Translation services will be provided to any recipient, when necessary and requested. The interpreter will assist with translating any intake, treatment plans, evaluation, or other documents shared with family. If a client is in need of interpretive services Milestones Behavioral Pediatrics, Inc calls Wisconsin Association for the Deaf and makes arrangements for these services.

Milestones Behavioral Pediatrics, Inc will provide interpreter services to recipients and families as necessary when requested to ensure availability of effective communication regarding medical treatment, health information, or health education. Interpreters are available when technical, medical, or treatment information is to be discussed or where use of a family member or friend, as interpreter is inappropriate. If a client is bilingual, Milestones Behavioral Pediatrics, Inc will invoke the assistance of a professional who will handle interpretations. Milestones Behavioral Pediatrics, Inc will also seek professional assistance to handle the needs of any individual with a speech and hearing impairment.

Milestones Behavioral Pediatrics, Inc will provide a comprehensive, behaviorally and theoretically based cultural competency training and education periodically as well as on demand as needed.

Characteristics of the training include:

- Acceptance and respect for differences
- Careful attention to dynamics of difference
- Continuous expansion of cultural knowledge and resources

Training is based upon the following learning techniques:

- Assessment and awareness of personal biases, values and expectations

- Content on general culture-specific attributes (family structures, language use for various groups, and recipients with a wide variety of physical and linguistic disabilities).

III. External Cultural Competency Practices

Employees are notified of their responsibilities pertaining to delivering culturally competent care and may obtain a copy of the Cultural Competency and Diversity Plan by contacting their Human Resource department.

Gifts

Milestones Behavioral Pediatrics, Inc's employees may not accept any gifts of any kind in connection with their service to Milestones Behavioral Pediatrics, Inc.

A gift refers to the following:

- Money
- any item of value, service, loan, thing or promise
- discount or rebate for which something of equal or greater value is not exchanged.
- Payments for travel, entertainment and food

The term "gift" does not include:

- handmade items by and from children, such as a drawing or painting
- edible gifts of nominal value (less than \$10) that are shared with a wide range of colleagues at Milestones Behavioral Pediatrics, Inc
- any discount or rebate made in the regular course of business and offered to the general public without regard to the individual's connection with Milestones Behavioral Pediatrics, Inc
- plaques or trophies
- campaign contributions

If an employee receives a gift prohibited by this policy, the gift giver will be reminded of this policy and the employee will graciously decline or return the gift.

If the gift is anonymous, the recipient must deliver the gift to the Clinical Director, who will convey the gift to a charitable organization.

Pick-up and Drop-off Policy

Arrive at drop/off pick-up of your children no later than your child's scheduled start/end time.

If you will be more than 5 minutes late, please call the center to let your child's team know. If you are more than 15 minutes late without a phone call, the treatment team will be calling you.

Milestones Behavioral Pediatrics, Inc allows a 15-minute grace period. You are **required to call within the 15-minute grace period if there is an extenuating circumstance causing you to be late.** If you are later than 10 minutes to your child's session without calling, the late fee charges are as follows:

- 15-25 minutes late with not extenuating circumstance call within the first 15-minute grace period = \$10
- 26-35 minutes late with not extenuating circumstance call within the first 15-minute grace period = \$20
- 36-45 minutes late with not extenuating circumstance call within the first 15-minute grace period = \$30
- Etc.

Excessive Lateness and Tardiness Policy

To maintain a safe and productive work environment, Milestones Behavioral Pediatrics, Inc expects employees to be reliable and punctual in reporting for scheduled appointments. Dependability and diligent attendance are requirement of employment with Milestones Behavioral Pediatrics, Inc and all employees are expected to adhere to the company schedule by arriving on time for each scheduled appointment.

Milestones Behavioral Pediatrics, Inc understands circumstances arise when employees cannot avoid being late to work or are unable to work as scheduled. In these situations, Milestones Behavioral Pediatrics, Inc employees are instructed to notify both their Supervisor as well as the Client as soon as possible in advance of the anticipated tardiness or absence. Employees will also do their best to advise when they expect to arrive. Failure to communicate with employee's Supervisor and/or Milestones Behavioral Pediatrics, Inc Clients may result in disciplinary action.

Milestones Behavioral Pediatrics, Inc requests that Clients report any instances of excessive lateness and/or tardiness to Milestones Behavioral Pediatrics, Inc's Supervisor or Clinical Director.

Cancellations and Missed Appointments

Keeping your scheduled appointments with is a vital part of the treatment process. When you make an appointment at Milestones Behavioral Pediatrics, Inc, you are asking a professional to hold a specific block of time for you. To efficiently serve you and others, Milestones Behavioral Pediatrics, Inc has instituted a 24-hour notification policy for cancelling an appointment.

All families will be required to attend 85% of their schedule sessions per month. An "absence" will be considered any missed day of therapy without a two week or longer notice. If a child has failed to reach the attendance goal for a month, the family will be notified of this via a written letter. If there is not change during the next month of treatment, your child may be discharged due to lack of consistency.

In order to be respectful of the medical needs of our clients, Milestones Behavioral Pediatrics, Inc kindly requests that each client call our office promptly if you are unable to attend an appointment. If it is necessary to cancel your appointment, we ask that you call us at least 24 hours in advance. To cancel any appointment, please call our office at 920-351-3027.

Milestones Behavioral Pediatrics, Inc
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Emergency cancellations are assessed by the Milestones Behavioral Pediatrics, Inc employees, and fees may be waived when appropriate. If you must cancel a scheduled appointment, please do so at least 24 hours in advance.

If two (2) or more appointments are missed consecutively without notification prior to the appointments start time, Milestones Behavioral Pediatrics, Inc respectfully reserve the right to terminate our relationship, with the client. If the Parent/Guardian does not comply with this policy or refuses to pay a late cancellation/missed appointment fee, the Parent/Guardian hereby gives Milestones Behavioral Pediatrics, Inc, permission to seek payment for said fees. Failure to give the proper 24- hour notice will result in billing you directly for the missed appointment. Your insurance cannot be billed for services that are not rendered. You will be billed \$60.00 for the missed appointment with the credit card on file when an appointment is cancelled within 24 hours or you fail to attend a scheduled appointment without notification.

Communication

Communication is a vital role for many several reasons. Our goal at Milestones Behavioral Pediatrics, Inc 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.

Parent/Guardian acknowledge replying to phone calls or emails from employees within 24 hours. If you do not have time to respond to the communication from an employee within 24 hours, email, call or text to indicate when you will be able to respond so that we are aware that you received the communication.

Point of Contact	Reason
smihalic@milestoneswi.com	<ul style="list-style-type: none"> - Notify the team of an illness - Request schedule change - Ask questions about schedule - Notify team of dates/time your child is not available for reasons (i.e., dr. appt, vacation, etc.)

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kmasrelian@milestoneswi.com	<ul style="list-style-type: none"> - Ask questions or discuss concerns about your invoice, balance, etc. - Request tax documents invoices, statements, receipts - Discuss any issue regarding insurance, CPT codes, etc. - Invoices will be sent from this email.
kmasrelian@milestoneswi.com	<ul style="list-style-type: none"> - This email is only seen by the Directors - Voices concerns or discuss any matter in which you would like to keep confidential.
info@milestoneswi.com	A great email to use to share with others.

**Business hours are from 8:00 am to 6:00 pm Monday-Friday.*

Cancellation and Missed Appointment Policy Acknowledgement

I have read the late cancellation/missed appointment policy for Milestones Behavioral Pediatrics, Inc, and understand the above.

I agree to the terms of Milestones Behavioral Pediatrics, Inc's Cancellation and Missed Appointment Policy.

I understand that all my treatment at Milestones Behavioral Pediatrics, Inc is voluntary, and that I may cease treatment at any time by informing my Behavior Technician and/or the office employees.

I understand that my clinical records and any verbal or written communications between myself, my Parent/Guardian (if applicable), or any authorized representative are strictly confidential.

Further, no material or information will be disclosed to another party without my express written consent and/or that of a legally authorized representative. This excludes circumstances when there is a clear and imminent danger to myself or to others, or when disclosure is state-mandated (reported sexual abuse, physical abuse or neglect as a child or suspected current child abuse).

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Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Running Late

If for any reason you are running late for a session, please notify the Scheduler and send an email to smihalic@milestoneswi.com as soon as possible. The Behavior Technician will wait for up to 15 minutes. Please note your full session may not be met because other clients may be scheduled after your session. This would count as a 'less than 24-hour fee' and the full cost of the session may apply.

Schedule Change Requests

To request a general schedule change or to discuss any scheduling concerns, send an email to smihalic@milestoneswi.com. We request that families give us at least two weeks' notice on significant changes in their plans for ABA sessions scheduling, to facilitate consistency in service delivery.

Inclement Weather Policies and Procedures

Inclement weather is defined as weather that has the potential to cause injury or harm when traveled in. Examples of inclement weather can take many forms and can include, but should not be limited to the following:

- Unplowed snow-covered roads, roads inadequately plowed, or icy roads
- Flash flood warnings, or flooded areas
- A dangerously low chill factor
- Excessively high temperatures, or high heat index
- Poor air quality warnings
- Severe thunderstorm warnings, tornado warnings, or sightings for a related area.

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920-351-3043
info@milestoneswi.com
www.milestoneswi.com

The Milestones Behavioral Pediatrics, Inc employees will make any decisions regarding the weather and safety risks from the agency's standpoint. Generally, Milestones Behavioral Pediatrics follows the West De Pere School district regarding late starts, early releases, or closing for the day. If Milestones will open late, close early or for the day it will be publicly published on WBAY, as well as on our social media sites.

Additionally, the client has the right to cancel appointments if there is a reasonable risk to safety. In this event, the 24 hour cancelation fee would not apply.

Parent/Guardian acknowledge that it is their responsibility to provide viable contact information, which would include a method of contacting the client in the event of an emergency-type situation.

Authorization to Release Professional Information

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Authorization to Release Professional Information

Child/Client's name: _____ DOB: _____

I authorize: _____

(agency/service provider, caretaker, teacher, etc.)

To:

- Release the following information to Milestones Behavioral Pediatrics, Inc.
- The above agency and Milestones Behavioral Pediatrics, Inc to exchange information with each other on an ongoing basis for the duration of the terms of this release. This release needs to be renewed annually unless terminated at an earlier time by written notification.

Any information released or exchanged may not be disclosed to any other agency except those required by law. The following information is included in this release:

- Psychiatric Evaluation
- Social History
- Discharge Summary
- Individualized Education Plan
- Diagnostic Information
- Psychological Evaluation
- Treatment Plan & Reviews
- Test Results: Physical Exam/Audiology/Visual
- Other: _____

This information may be transmitted:

by mail by fax by phone by e-mail

This consent automatically expires 30 days after termination of services.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

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Client Satisfaction Survey

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Client Satisfaction Survey					
Over the past 6 months Parent/Guardian training has:	No training occurred	Disagree	Neutral	Agree	
Given me valuable information on how to have more successful interactions with my child					
Given me practice at using techniques to use with my child					
Has helped me with how to respond to problem behavior with my child					
Has helped me with how to increase communication and language use with my child					
Has helped me with how to increase independent and self-help skills with my child					
Given me a way to track changes in my Childs behavior					
Indicate how interested you are in the training areas below:	I have no interest	I might be interested	I would participate	I would attend a free training	I would pay to attend
How to handle Challenging Behavior					
Getting more communication from my child					
How to prevent problem behaviors					
Making certain times of day easier					
Increasing independence					
Increasing Age appropriate play skills					

Resources that are available in the area					
How to get the most out of your child's school experience					
Promoting teamwork between my Childs professionals					
Please rate the following over the past 6 months rate the following:	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Direct Therapy and individualized programming					
Parent/Guardian training and Communication					
Coordination with other service providers (School, speech, OT, PT, other) with consent					
Scheduling					
Range of services provided					
Billing and Insurance support					
Effectiveness of the services					
Cost of services					
My Behavior Technicians					
My Supervisor					

Client Complaint Form

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Client Complaint Form

*All fields marked with * are required*

We encourage the you to discuss any matter of concern regarding the services delivered by Milestones Behavioral Pediatrics, Inc employee with the Supervisor assigned to the case for the purpose of resolving a concern. Early and immediate resolution of concerns and conflicts is strongly encouraged, and a meeting may be scheduled with the client, employee, Supervisor, Director of Operations, Assistant Clinical Director and/or the Clinical Director to assist in reaching a satisfactory resolution.

*Your name:	
*Your email address:	
*Your Phone number:	

*Complaint type:

- Billing
- Direct Services
- Other _____

*Please tell us about your complaint or concern:

*Date completed: _____

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Facility Health Policy

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Accidents

In the case of minor accidents on site, there are a total of 2 First aid kits and all employees are required to have up to date CPR training. Any non-emergency accidents will be documented on an incident report, including the date, time, place, and cause of any injury (if known); any treatment provided; name(s) of employees providing treatment, and persons contacted. The child's Parent/Guardian will be contacted and presented with the incident report to review and sign. One copy will remain on site in the child's file, while the other will be given to the Parent/Guardian.

Allergies

If your child has allergies, please discuss them in detail with the Supervisor or Clinical Director during the intake process. All food allergies are to be documented, including effects and treatment and signed by both the Parent/Guardian and the child's doctor. This information must remain in the child's file, as well as in the food preparation area, and be updated annually. The employees of the clinic will take appropriate precautions based on information provided by the client. If at any time your child develops an allergy, please let us know immediately.

Wellness Policy

To minimize the spread of illness, if the child displays one or more of the following symptoms, they are required to inform the employees immediately to cancel their therapy session (24-hour cancellation fees do not apply.)

- Vomiting/Diarrhea
- Temperature greater than 100 degrees
- Respiratory problems - severe coughing, rapid breathing, croup, or whooping sound after coughing
- Thick, discolored discharge from nose
- Rash or infection of the skin (e.g., ringworm, poison ivy)
- Evidence of lice, including nits
- Communicable diseases - conjunctivitis (pink eye), influenza, measles, chicken pox, strep throat, etc.

The client must be free of infection and other symptoms, without the aid of medication, for 24 hours before resuming program sessions. Sessions may resume when the incubation and contagious period have passed, and the client is well enough to resume normal activities. If the client becomes ill during a session, the session will be immediately cancelled. Parent/Guardian agree to notify the employees within 24 hours of the diagnosis of a serious contagious illness or parasitic infestation.

We follow the guidelines developed by the *American Academy of Pediatrics* and the *American Public Health Association*. Parent/Guardian who repeatedly fail to follow policies related to keeping children at home when they are ill may lead to dismissal from the program.

Infectious Diseases

When a communicable disease has been introduced into the clinic, Parent/Guardian will be notified. The clinic also will report these occurrences to the state and local health departments when required. Parent/Guardian are urged to notify the clinic when their child is known to have been exposed to a communicable disease outside the clinic.

The Supervisor or Clinical Director may determine that a child who does not appear to be fully recovered from an illness cannot be readmitted to the clinic without a statement from a physician stating that the child can return and participate in the activities of the clinic or is no longer infectious.

We reserve the right to refuse care due to illness.

In the case of impetigo, lice, ringworm, pinworms, rashes, chicken pox, thrush, etc., your child must be NON-CONTAGIOUS before returning to the clinic.

Injurious Behavior

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If at any time a child engages in injurious behavior to employees, his/herself, or other children, the Supervisor or Clinical Director is notified, and an incident report is created. The Supervisor or Clinical Director will decide how best to minimize the potential harm to the child, employees, and others. In some cases, the child can be removed from a group setting to a more traditional one-on-one therapy session. The Supervisor or Clinical Director may reintroduce the child into the group setting at the point in time it is determined that the child needs more direct assistance. The Parent/Guardian will be notified of the change in treatment and any appropriate options that can be offered to remain in the group. If the Supervisor or Clinical Director feels there is a possibility of serious harm to the child or others, the Parent/Guardian will be contacted to pick up the child as soon as possible.

Injurious behavior may lead to dismissal from the program for the safety of the client(s) and or employees.

Medical Emergencies

When a medical emergency arises, every effort will be made to contact Parent/Guardian or an emergency contact. If Parent/Guardian or emergency contacts cannot be reached, the Clinical Director and Supervisor will decide the next step, which may consist of calling 911. In an extreme emergency, the employee may, at their discretion, call 911 before contacting the Parent/Guardian of the child. An authorized representative from the clinic will accompany the child and remain with him/her until their Parent/Guardian arrives. Our emergency information form, filled out at the time of enrollment, serves as consent for your child to be transported by ambulance to a local medical facility to receive emergency care. Milestones Behavioral Pediatrics, Inc assumes no responsibility for the costs associated with emergency care. Milestones Behavioral Pediatrics, Inc employees do not transport children to medical facilities at any time.

All employees receive training in CPR, first aid, fire, flood, and tornado procedures.

Medications

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Milestones Behavioral Pediatrics, Inc will only administer prescription medications with the express consent of the prescriber and Parent/Guardian. In order to administer medications, they must arrive in their original container with explicit instructions on how to be given. Milestones Behavioral Pediatrics, Inc will only follow what is written on the prescription. In order for medications to be administered, the Med Administration form must be completed and signed by the pediatrician or prescribing doctor.

Pandemic

In the event of a pandemic within the area, Milestones Behavioral Pediatrics, Inc may close for an undetermined amount of time to ensure prevention of further spread of disease. We will follow any requirements issued by the Department of the Public Health.

I have reviewed and understand the Milestones Behavioral Pediatrics, Inc Clinic Health Policy.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Supplemental Information

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Parent Participation Verbal Warning

Verbal Warning Plan

Name of Parent/Guardian:

Name of Director:

Date:

Client: Verbal warning for lack of participation

1. State that the Parent/Guardian is being issued a verbal warning for lack of participation in their child's program:

- Reason (facts/dates/witnesses etc.)
- Impact on operations and therapy program
- Note any previous discussions regarding the same issue

2. State what is required of the Parent/Guardian for the child to succeed in the program:

- Offer specific actions they can undertake
- List the outcomes of these positive actions

3. State that failure to adhere to the conditions of this warning will lead to more serious corrective action, including a written warning and up to and including discharge.

Notes:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Supervisor Name: _____

Supervisor Signature: _____

Date: _____

Parent Participation Written Warning

Written Warning to Parent/Guardian

Name of Parent/Guardian:

Name of Director:

Date:

Client: Written warning for lack of participation

1. State that the Parent/Guardian is being issued a written warning for lack of participation in their child's program:

- Describe the reason (facts/dates/witnesses etc.)
- Impact on operations and therapy program.
- Note any previous discussions regarding the same issue, including all verbal warnings they received, including the dates, specifics, and outcome.

2. State what is required of the Parent/Guardian for the child to succeed in the program:

- Offer specific actions they can undertake
- List the outcomes of these positive actions

3. State that failure to adhere to the conditions of this warning will lead to more serious corrective action, including discharge from the program.

Notes:

Parent/Guardian Name: _____

Parent/Guardian Signature:

Date:

Supervisor Name: _____

Supervisor Signature:

Date:

Clinic Supplemental Information

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Drop off and Pick up Policy for Clinics

It is the policy and preferred practice of Milestones Behavioral Pediatrics, Inc for a Parent/Guardian, or authorized individual be identified as authorized when escorting a minor client entering or exiting the clinic or other medical treatment facility. Parent/Guardian, or authorized individuals may be required to use the appropriate sign-in/sign-out sheet while visiting the clinic or other medical treatment facility.

In the event that a minor client is allowed to be dropped-off or picked-up without the supervision of a Parent/Guardian, or authorized individual Milestones Behavioral Pediatrics, Inc requires proper written authorization from the Parent/Guardian of the minor client. If proper written authorization is not on file with the clinic or other medical treatment facility the minor client will not be permitted to access the facility. Likewise, if a Parent/Guardian, or other individual is not listed as authorized with the clinic or medical treatment facility, the minor child will not be released.

Parent/Guardian Notification Policy

Purpose:

To define the conditions under which Parent/Guardian will be notified of an incident involving other children that occurs during the clinic program. Due to the nature of services and the play-based format of the program, there may be contact between children that is within the normal range of play interaction. To establish what would be considered outside that normal range and would warrant Parent/Guardian notification, the following policy has been created.

Policy:

Parent/Guardian have a right to be informed about any issues involving the wellbeing of their child. We make every effort to have transparency with Parent/Guardian so that they can be comfortable and confident in their child's care

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while they are at Milestones Behavioral Pediatrics, Inc. Parent/Guardian will be notified by an employee within the same day of any contact occurring between their child and another if the contact meets any or all the following criterion:

You will be notified if your child experiences any of the following:

- Contact (bite, hit, kick, scratch, fall, etc.) that leaves a mark*
- Involvement in any incident that draws blood
- An incident resulting in any loss of consciousness*

**If a bite breaks skin or loss of consciousness the Parent/Guardian notification will occur immediately*

You will not be notified immediately if your child:

- Falls
- Gets touched, pushed, or hit by another child not resulting in any physical mark or one of the conditions listed above.
- Is touched or otherwise contacted but does not experience any of the other conditions listed above.

I understand the conditions under which I will be notified concerning the health and welfare of my child.

Parent/Guardian Name: _____

Parent/Guardian Signature:

Date:

Privacy Waiver

Purpose:

To enhance transparency with Parent/Guardian and increase the ability for Parent/Guardian to observe therapy and interactions during in-office sessions.

Policy:

To allow for indirect observation, secure, closed loop, recording video cameras have been placed throughout the Milestones Behavioral Pediatrics, Inc office, and the feed can be viewed upon request. Due to the nature of the services provided in-office and the nature of the group, it is likely that other clients may be viewed during the observations by Parent/Guardian and authorized parties while they are observing their child. Any request for viewing via the video cameras will be honored based on the availability of the technology and a Supervisor to facilitate the observation. A Supervisor will facilitate the observations to preserve the privacy of other clients and to be a resource for the observer regarding the procedures as they are being implemented. This allows for non-intrusive observation of therapy by Parent/Guardian or other authorized parties without disturbing the natural flow of the therapy or group. Observations may also be limited in length due to the availability of the Supervisor. It is recommended that observations be requested in advance to increase the likelihood that a Supervisor is available to support the observation. Advance observation requests can be coordinated through smihalic@milestoneswi.com.

There is no recording from the devices and no replication or use of images for any purpose. No additional client information regarding other clients will be directly shared during observations for any reason.

Parent/Guardian may observe upon request during services or give authorization for others to observe their children. Only Parent/Guardian or persons with authorizations on file will be permitted to view the live stream.

I am aware of and authorize for _____ to be in locations where video cameras are present. I understand that authorized observers may see _____ in observations of the group setting.

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I give consent for _____ to be an authorized viewer to observe my child during sessions.

Parent/Guardian Name: _____

Parent/Guardian Signature:

Date:

Client Satisfaction Survey for Clinics

As part of Milestones Behavioral Pediatrics, Inc's commitment to understanding client needs and improving overall experience we would like your feedback on the services provided. The purpose of this survey is to advise treatment providers about their level of service, and is intended to help inform their further development. Milestones Behavioral Pediatrics, Inc values our client's opinions and each response is directly responsible for improving the services we provide. Your responses will be kept confidential and anonymous. Thank you for your participation.

Client Age: _____

- Client Race/Ethnicity:
- American Indian/Alaska Native
 - Asian
 - Black/African American
 - Hispanic or Latino (All Races)
 - Pacific Islander
 - White (Not Hispanic/Latino)
 - Unknown

Client Gender: Male Female

Please share how we are doing in each of the following areas.

<u>Ease of getting care:</u>	Excellent	Good	Ok	Fair	Poor
Ability to get in to be seen	5	4	3	2	1
Hours the facility is open	5	4	3	2	1
Convenience of facilities location	5	4	3	2	1
Prompt return on calls	5	4	3	2	1
Overall experience					

<u>Waiting:</u>	Excellent	Good	Ok	Fair	Poor
Time spent in waiting room	5	4	3	2	1

<u>Providers:</u>	Excellent	Good	Ok	Fair	Poor
Listens	5	4	3	2	1
Answers your questions	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Advice and overall treatment	5	4	3	2	1

Administrative employees: **Excellent Good Ok Fair Poor**

Friendly	5	4	3	2	1
Helpful	5	4	3	2	1
Answers your questions	5	4	3	2	1
Knowledgeable	5	4	3	2	1

Facility: **Excellent Good Ok Fair Poor**

Neat and clean building	5	4	3	2	1
Ease of finding where to go	5	4	3	2	1
Safe environment	5	4	3	2	1
Privacy of rooms and exam areas	5	4	3	2	1

Confidentiality: **Excellent Good Ok Fair Poor**

Keeping personal information private	5	4	3	2	1
--------------------------------------	---	---	---	---	---

Referrals: **Excellent Good Ok Fair Poor**

Likelihood of referring your friends and relatives	5	4	3	2	1
--	---	---	---	---	---

How satisfied are you with the level of care you are receiving by our providers and employees?

How attentive, caring and understanding do you feel our employees are?

How satisfied are you with our level of client communication (i.e. timely returned calls, reminder messages, etc.)?

What do you like best about the facility?

Suggestions for improvement?

Thank you again for your participation!

CLIENT HANDBOOK SUPPLEMENT

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Guideline for “Informed Consent”

Governing state law states:

Alabama No state specific regulations beyond the conditions outlined on www.BACB.com.

Alaska No state specific regulations beyond the conditions outlined on www.BACB.com.

Arizona No state specific regulations beyond the conditions outlined on www.BACB.com.

Arkansas No state specific regulations beyond the conditions outlined on www.BACB.com.

California There are local ordinances no state specific regulations beyond the conditions outlined on www.BACB.com.

Colorado No state specific regulations beyond the conditions outlined on www.BACB.com.

Connecticut No state specific regulations beyond the conditions outlined on www.BACB.com.

Delaware No state specific regulations beyond the conditions outlined on www.BACB.com.

District of Columbia No state specific regulations beyond the conditions outlined on www.BACB.com.

Florida No state specific regulations beyond the conditions outlined on www.BACB.com.

Georgia No state specific regulations beyond the conditions outlined on www.BACB.com.

Hawaii No state specific regulations beyond the conditions outlined on www.BACB.com.

Idaho No state specific regulations beyond the conditions outlined on www.BACB.com.

Illinois No state specific regulations beyond the conditions outlined on www.BACB.com.

Indiana No state specific regulations beyond the conditions outlined on www.BACB.com.

Iowa No state specific regulations beyond the conditions outlined on www.BACB.com.

Kansas No state specific regulations beyond the conditions outlined on www.BACB.com.

Kentucky No state specific regulations beyond the conditions outlined on www.BACB.com.

Louisiana No state specific regulations beyond the conditions outlined on www.BACB.com.

Maine No state specific regulations beyond the conditions outlined on www.BACB.com.

Maryland No state specific regulations beyond the conditions outlined on www.BACB.com.

Massachusetts No state specific regulations beyond the conditions outlined on www.BACB.com.

Michigan No state specific regulations beyond the conditions outlined on www.BACB.com.

Minnesota No state specific regulations beyond the conditions outlined on www.BACB.com.

Mississippi No state specific regulations beyond the conditions outlined on www.BACB.com.

Missouri No state specific regulations beyond the conditions outlined on www.BACB.com.

Montana No state specific regulations beyond the conditions outlined on www.BACB.com.

Nebraska No state specific regulations beyond the conditions outlined on www.BACB.com.

Nevada No state specific regulations beyond the conditions outlined on www.BACB.com.

New Hampshire No state specific regulations beyond the conditions outlined on www.BACB.com.

New Jersey No state specific regulations beyond the conditions outlined on www.BACB.com.

New Mexico No state specific regulations beyond the conditions outlined on www.BACB.com.

New York No state specific regulations beyond the conditions outlined on www.BACB.com.

North Carolina No state specific regulations beyond the conditions outlined on www.BACB.com.

North Dakota No state specific regulations beyond the conditions outlined on www.BACB.com.

Ohio No state specific regulations beyond the conditions outlined on www.BACB.com.

Oklahoma No state specific regulations beyond the conditions outlined on www.BACB.com.

Oregon ORS § 441.098 “In obtaining informed consent for a diagnostic test or health care treatment or service that will take place at a facility, a health practitioner shall disclose the manner in which care

will be provided in the event that complications occur that require health services beyond what the facility has the capability to provide.”

Pennsylvania No state specific regulations beyond the conditions outlined on www.BACB.com.

Rhode Island No state specific regulations beyond the conditions outlined on www.BACB.com.

South Carolina No state specific regulations beyond the conditions outlined on www.BACB.com.

South Dakota No state specific regulations beyond the conditions outlined on www.BACB.com.

Tennessee No state specific regulations beyond the conditions outlined on www.BACB.com.

Texas No state specific regulations beyond the conditions outlined on www.BACB.com.

Utah No state specific regulations beyond the conditions outlined on www.BACB.com.

Vermont No state specific regulations beyond the conditions outlined on www.BACB.com.

Virginia No state specific regulations beyond the conditions outlined on www.BACB.com.

Washington No state specific regulations beyond the conditions outlined on www.BACB.com.

West Virginia No state specific regulations beyond the conditions outlined on www.BACB.com.

Wisconsin No state specific regulations beyond the conditions outlined on www.BACB.com.

Wyoming No state specific regulations beyond the conditions outlined on www.BACB.com.

Client Home Safety

Governing Employment law states:

Assume that OSHA standards apply even when no statewide regulations are noted:

Alabama No statewide workplace safety regulations.

Alaska No statewide workplace safety regulations.

Arizona No statewide workplace safety regulations.

Arkansas Under A.C.A. § 11-9-409 The Workers' Health and Safety Division shall maintain a database of all work-related injuries and incidents.

California AB 233410 "Workplace Safety" Allows Cal/OSHA to issue recordkeeping citations for errors to logs, for up to five years. Empowers Cal/OSHA to consider enforcing electronic recordkeeping requirements if the federal agency ceases doing so.

Colorado No statewide workplace safety regulations.

Connecticut Under Conn. Gen. Stat. § 19a-490q healthcare employers must establish a workplace safety committee to reduce the number of safety incidents in the facility.

Delaware Under 19 Del. C. § 2379 workers who pay more than \$3,161 in workers compensation insurance premiums are entitled to inspection of their working facilities by an inspector at the employer's request.

District of Columbia No statewide workplace safety regulations.

Florida Under Fla. Stat. § 440.1025 in order to save on workers compensation insurance premiums an employer must have a workplace safety plan. “At a minimum, the program must include a written safety policy and safety rules, and make provision for safety inspections, preventative maintenance, safety training, first-aid, accident investigation, and necessary recordkeeping. The department may adopt rules for insurers to utilize in determining employer compliance with the requirements of this section.”

Georgia No statewide workplace safety regulations.

Hawaii Under HRS § 431:14A-117 employers must develop a workplace safety plan which includes an accident and injury reduction plan which promotes a safe working environment.

Idaho No statewide workplace safety regulations.

Illinois Under 210 ILCS 160/15 a healthcare worker who calls the police on the client or other individual due to workplace violence must alert their supervisor within three days of calling the police and making a report.

Indiana Under Burns Ind. Code Ann. § 22-8-1.1-16.2 Indiana follows OSHA standards for workplace safety.

Iowa No statewide workplace safety regulations.

Kansas No statewide workplace safety regulations.

Kentucky No statewide workplace safety regulations.

Louisiana No statewide workplace safety regulations.

Maine No statewide workplace safety regulations.

Maryland Under Md. LABOR AND EMPLOYMENT Code Ann. § 5-1103 Healthcare facilities shall create a workplace safety committee which shall implement a workplace safety program which includes “(1) a written policy describing how the health care facility provides for the safety of health care workers; (2) an annual assessment to:

- (i) identify hazards, conditions, operations, and situations that could lead to workplace injuries; and
- (ii) be used to develop recommendations to reduce the risk of workplace injuries;

(3) a process for reporting, responding to, and tracking incidences of workplace injuries; and

(4) regular workplace safety training for health care workers.”

Massachusetts Under Mass. Ann. Laws ch. 149, § 18A employers must provide bathrooms with hot and cold water as well as shower facilities when the lack of such facilities would be harmful to employee health.

Michigan Michigan follows OSHA standards.

Minnesota No statewide workplace safety regulations.

Mississippi No statewide workplace safety regulations.

Missouri No statewide workplace safety regulations.

Montana No statewide workplace safety regulations.

Nebraska Under R.R.S. Neb. § 77-4911 a company workplace safety program is defined as any program that benefits the goal of a safe working environment for employees.

Nevada Under Nev. Rev. Stat. Ann. § 618.376 an employer is required to provide employees with the information on their rights and responsibilities in promoting workplace safety.

New Hampshire Under RSA Tit. XXIII, Ch. 277 Note New Hampshire has adopted federal OSHA regulations.

New Jersey No statewide workplace safety regulations.

New Mexico No statewide workplace safety regulations.

New York Under NY CLS Work Comp § 134 a workplace safety program is compulsory for any employer who does more than \$800,000 in revenue a year.

North Carolina No statewide workplace safety regulations.

North Dakota No statewide workplace safety regulations.

Ohio No statewide workplace safety regulations.

Oklahoma No statewide workplace safety regulations.

Oregon Under Or. Rev. Stat. Ann. § 654.414 “A health care employer shall:

- (a) Conduct periodic security and safety assessments to identify existing or potential hazards for assaults committed against employees;
- (b) Develop and implement an assault prevention and protection program for employees based on assessments conducted under paragraph (a) of this subsection; and
- (c) Provide assault prevention and protection training on a regular and ongoing basis for employees.”

Pennsylvania No statewide workplace safety regulations.

Rhode Island Under 23 R.I. Gen. Laws § 20.10-2 a healthcare facility is defined as “an office or institution providing care or treatment of diseases, whether physical, mental, emotional, or other medical, physiological, or psychological conditions, including, but not limited to, hospitals, rehabilitation hospitals or other clinics, including weight control clinics, nursing homes, homes for the aging or chronically ill, laboratories, and offices of surgeons, chiropractors, physical therapists, physicians, dentists, and all specialists within these professions. This definition shall include all waiting rooms, hallways, private rooms, semi-private rooms, and wards within health-care facilities.” This means that such facilities are required to comply with a no smoking policy as well as other public policy considerations.

South Carolina Under S.C. Code Ann. § 1-1-1410 employers must establish a policy which includes prohibition on domestic violence in the workplace.

South Dakota Under S.D. Codified Laws § 62-2-11 workplace safety information must be prominently displayed.

Tennessee No statewide workplace safety regulations.

Texas Under Tex. Health & Safety Code § 241.029 Employers of nurses shall create a program to reduce the risk of injury, illness, violence or ergonomic fatigue.

Utah Under Utah Code Ann. § 34A-6-301 when a workplace safety violation complaint is made both the representatives of the employee and the employer must keep records and investigate the situation.

Vermont Under 21 V.S.A. § 691a and the employer is required to post workplace safety information in a prominent location.

Virginia Under Va. Code Ann. § 40.1-49.4 Virginia adopts federal OSHA regulations.

Washington Under Rev. Code Wash. (ARCW) § 72.23.400 facilities that work with the mentally ill must have a safety plan in place.

West Virginia Under W. Va. Code § 23-2B-2 Workplaces are required to have a workplace safety plan in place.

Wisconsin Wisconsin has adopted OSHA regulations.

Wyoming Under Wyo. Stat. § 9-2-2608 The Department of Workplace Safety will contract with an employer at the employer's request to improve workplace safety in the facility.

Personal Health Information (PHI) storage

Governing state law states:

Federal HIPAA prohibits the disclosure of personal health information to anyone not authorized by the client or in this case the parent or legal guardian through a written consent form. Such information must be stored in a secure location and only accessible to medical or treatment staff on an as needed basis.

Alabama No state specific regulations beyond secure storage and limited access.

Alaska Under Alaska Admin Code tit. 3, § 26.680 it is illegal for a company to disclose personal healthcare information to a party is not authorized without first obtaining written consent from the person whose information will be disclosed.

Arizona No state specific regulations beyond secure storage and limited access.

Arkansas Under A.C.A. § 25-19-105 records that contain personal health information are exempted from being copied as public records.

California No state specific regulations beyond secure storage and limited access.

Colorado No state specific regulations beyond secure storage and limited access.

Connecticut No state specific regulations beyond secure storage and limited access.

Delaware Under Del. Code Ann. tit. 16, § 1212 a person's personal health information cannot be disclosed without their prior consent unless under subsection D is given to medical personnel in an emergency. Under subsection F a parent or legal guardian is allowed to give informed consent on behalf of the minor child.

District of Columbia No state specific regulations beyond secure storage and limited access.

Georgia Under O.C.G.A. § 31-33-8 a company is allowed to store client's healthcare records in electronic format so long as they protect the client's personal healthcare information by limiting access and securely storing the data.

Hawaii Under HRS § 323D-18.5 insurance companies are prohibited from sharing client's personal health information unless given written authorization by the client or their parent or legal guardian.

Idaho No state specific regulations beyond secure storage and limited access.

Illinois No state specific regulations beyond secure storage and limited access.

Indiana No state specific regulations beyond secure storage and limited access.

Iowa No state specific regulations beyond secure storage and limited access.

Kansas No state specific regulations beyond secure storage and limited access.

Kentucky No state specific regulations beyond secure storage and limited access.

Louisiana No state specific regulations beyond secure storage and limited access.

Maine No state specific regulations beyond secure storage and limited access.

Maryland No state specific regulations beyond secure storage and limited access.

Massachusetts No state specific regulations beyond secure storage and limited access.

Michigan No state specific regulations beyond secure storage and limited access.

Minnesota No state specific regulations beyond secure storage and limited access.

Mississippi No state specific regulations beyond secure storage and limited access.

Missouri No state specific regulations beyond secure storage and limited access.

Montana No state specific regulations beyond secure storage and limited access.

Nebraska Under R.R.S. Neb. § 44-916 insurance companies cannot disclose personal health information without prior written authorization.

Nevada No state specific regulations beyond secure storage and limited access.

New Hampshire No state specific regulations beyond secure storage and limited access.

New Jersey The New Jersey Health Information Act allows New Jersey to place personal health information in electronic format so long as that information is securely stored and access is limited.

New Mexico No state specific regulations beyond secure storage and limited access.

New York No state specific regulations beyond secure storage and limited access.

North Carolina No state specific regulations beyond secure storage and limited access.

North Dakota No state specific regulations beyond secure storage and limited access.

Ohio No state specific regulations beyond secure storage and limited access.

Oklahoma No state specific regulations beyond secure storage and limited access.

Oregon No state specific regulations beyond secure storage and limited access.

Pennsylvania No state specific regulations beyond secure storage and limited access.

Rhode Island No state specific regulations beyond secure storage and limited access.

South Carolina Under S.C. Code Ann. § 63-7-765 personal health information will be shared with a family member taking the child into their home on an emergency placement basis.

South Dakota No state specific regulations beyond secure storage and limited access.

Tennessee No state specific regulations beyond secure storage and limited access.

Texas No state specific regulations beyond secure storage and limited access.

Utah No state specific regulations beyond secure storage and limited access.

Vermont No state specific regulations beyond secure storage and limited access.

Virginia Under Va. Code Ann. § 54.1-3482 physical therapists must be given written consent to view personal health information.

Washington No state specific regulations beyond secure storage and limited access.

West Virginia No state specific regulations beyond secure storage and limited access.

Wisconsin Under Sec. §2-314 “Any records maintained by a department that contain personal health information (PHI) which are covered by HIPAA must be retained for the retention period listed in this article or for six years, whichever is longer. All records containing PHI must be shredded or otherwise properly destroyed at the end of the retention period.”

Wyoming No state specific regulations beyond secure storage and limited access.

Child Custody

Different states have different regulations regarding custody of children in a divorce particularly joint custody.

Governing law states:

Alabama Under § 30-3-150 joint custody does not necessarily mean equal physical custody.

Alaska Under Alaska Stat. § 25.24.150 custody is determined on the best interest of the child.

Arizona under Ariz. Rev. Stat. § 25-403.01 custody is determined on the best interest of the child.

Arkansas Under Ark. Code Ann. § 9-13-101 there is preference for joint custody.

California Under Cal Fam Code § 3080 there is a presumption of joint custody if both parents agree to it.

Colorado Under CRS §14-10-131 custody is determined on the best interest of the child.

Connecticut Under Conn. Gen. Stat. §46b-56a there is a presumption of joint custody.

Delaware Under 13 Del. C. § 722 child custody decisions will be made in the best interest of the child.

District of Columbia Under D.C. Code § 16-914 there is a presumption of joint custody.

Florida Under Fla. Stat. § 61.13 there is a presumption of joint custody.

Georgia Under O.C.G.A. § 19-9-3 child custody decisions will be made in the best interest of the child.

Hawaii Under HRS § 571-46.1 joint custody may be granted upon application of either parent at the court's discretion.

Idaho Under Idaho Code § 32-717B there is a presumption of joint custody.

Illinois Under 750 ILCS 5/602.1 child custody decisions will be made in the best interest of the child.

Indiana Under Burns Ind. Code Ann. § 31-17-2-13 child custody decisions will be made in the best interest of the child.

Iowa Under Iowa Code § 598.41 child custody decisions will be made in the best interest of the child.

Kansas No statewide presumptions on what custody model applies.

Kentucky Under KRS § 403.270 a presumption of joint custody exists.

Louisiana Under La. C.C. Art. 131 child custody decisions are made based on what the best interest of the child.

Maine No statewide presumptions on what custody model applies.

Maryland Under Md. FAMILY LAW Code Ann. § 5-203 child custody determinations are made based upon the best interest of the child.

Massachusetts Under ALM GL ch. 208, § 31 child custody determinations are made in the best interest of the child.

Michigan Under MCLS § 722.26a joint custody shall be awarded if both parties agree to it or if the court finds that it is in the child's best interest.

Minnesota Under Minn. Stat. § 518.17 there is a presumption of joint custody.

Mississippi Under Miss. Code Ann. § 93-5-24 there is a presumption that joint custody is in the best interest of the child if both parents agree to joint custody.

Missouri Under § 452.375 R.S.Mo. child custody decisions will be made in the best interest of the child.

Montana Under 40-4-212, MCA child custody decisions will be made in the best interests of the child.

Nebraska Under R.R.S. Neb. § 42-364 child custody decisions will be made in the best interests of the child.

Nevada Under Nev. Rev. Stat. Ann. § 125C.0015 there is a presumption of joint custody.

New Hampshire No statewide presumptions on which custody model applies.

New Jersey Under N.J. Stat. § 9:2-4 the court will approve a custody arrangement agreed upon by the parents. The parents cannot agree on a plan the court will devise one along with the reason for such a plan.

New Mexico Under N.M. Stat. Ann. § 40-4-9 for cases involving children under 14 the determination shall be made in the best interest of the child.

New York Under NY CLS Dom Rel § 240 child custody decision shall be made in the best interest of the child.

North Carolina Under N.C. Gen. Stat. § 50-13.2 custody of the child shall be given to the person or entity that will best promote the child's safety and welfare.

North Dakota Under N.D. Cent. Code, § 14-09-06.2 child custody decisions are made based upon best interest and welfare of the child.

Ohio Under ORC Ann. 3109.04 child custody decisions are made based upon the best interests of the child.

Oklahoma Under 43 Okl. St. § 109 child custody will be determined based on what is in the best interest of the child.

Oregon Under ORS §107.169 joint custody will be preferred if both parents agree.

Pennsylvania Under 23 Pa.C.S. § 5328 the child's safety and best interest are the biggest factors.

Rhode Island No statewide presumption on which custody model is best.

South Carolina Under S.C. Code Ann. § 63-15-230 child custody will be determined by the child's best interest.

South Dakota Under S.D. Codified Laws § 25-5-7.1 child custody will be determined by the best interest of the child's welfare.

Tennessee Under Tenn. Code Ann. § 36-6-106 child custody is determined by the best interest of the child.

Texas Under Tex. Fam. Code § 153.002 child custody is determined by the best interest of the child.

Utah Under Utah Code Ann. § 30-3-10.1 there is a presumption of joint custody.

Vermont Under 15 V.S.A. § 665 child custody is determined by the best interest of the child.

Virginia Under Va. Code Ann. § 20-124.2 child custody is determined by the best interest of the child.

Washington Under Rev. Code Wash. (ARCW) § 26.10.100 child custody is determined by the best interest of the child.

West Virginia No statewide presumption on which custody model is best.

Wisconsin Under Wis. Stat. § 767.41 child custody is determined by the best interest of the child.

Wyoming Under Wyo. Stat. § 14-2-1007 child custody is determined by the best interest of the child.