She recreation staff met to discuss social dance programs that occur on Thursday evenings. Mrs. Myers, Unit Program Director of Skinner Unit had spoken to Mr. Roach about the number attending the social dance.

In the past, we have had two dance groups (one group brighter than the other) that alternated dancing every other week.

When planning for this year's winter program, the recreation staff felt that the difference in ability levels had narrowed considerably and that there was room for both groups at one dance. It was agreed to combine the two groups into one dance group on a trial basis.

Following our first inside dance, technicians of Skinner Unit who attend dances occasionally to observe reported to Mrs. Myers that the number attending the dance was too large to properly supervise and that the brighter girls resented having to attend dances with lower ability level patients.

After a thorough discussion, the majority of the recreation staff recommended that we continue having the combined dance on the following basis:

1. Increase the number of recreation staff assigned to supervise.
2. Rules governing social dances should be published.
3. Change the seating arrangement at dances and establish specific areas where mixed seating could occur.
4. Immediate action should occur when patients misbehave.
5. Patients of higher ability levels should learn to tolerate and have compassion for those with lesser abilities.

From these recommendations, the following course of action has occurred:

1. The number of recreation staff assigned to supervise the dances has been increased from three to four. (The night the technicians were alarmed, several recreation staff members were attending the Fall Rehabilitation Conference at Brainerd leaving two on duty at the dance.)

2. A seating chart has been prepared and recreation staff made aware of it. Seating plan includes specific areas, along front of stage and the two middle sections to rear of auditorium where mixed seating is permitted.
Rules governing social dances are attached to the minutes as annex I. The rules are being distributed to buildings. It is hoped they will be discussed at building council meetings. These rules may be altered as deemed necessary. A certain amount of staff discretion is necessary in enforcing the rules because of the varying degree of ability our patients possess in understanding them.

Action to be taken when misconduct occurs will vary according to the seriousness of the incident and the patients ability to understand the rule. However, the following general action was agreed upon.

A. Depending on seriousness of the misbehavior. The patient or patients will be spoken to and given a chance to correct themselves.

B. If misbehavior is felt serious, patient or patients will be sent or escorted back to their buildings.

C. When serious misbehavior occurs an incident report is to be made out by Recreation Leader in charge of the dance and forwarded to the offenders’ Unit Program Director for disciplinary action by Unit Team.

Patients of higher level ability should be helped to understand and adapt to those of lower ability as part of developing good citizenship.

Other business:

Tentative plans for Halloween were discussed.

The recreation staff was requested to submit a monthly report to Mr. Roach beginning with the month of September.