

# Reliance Center for Children

a children's hospital and setting for a *Little Fears* game

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I love Little Fears. Just before starting a game of Little Fears I asked my players if they would go for a game based in the past. They liked the idea but left me with a choice to make. *When* would I base the game? The first idea was the 70's and that gave rise to the setting Grace Home. The second idea was for Hope Farm in the 80's. What follows is the final idea of the trilogy, Reliance Center for Children, which is set in the 90's. I didn't expect it to take three years to get to this point, but it did. While I use HBLF I think this could be converted to LFNE without too much trouble.

Here are links to other settings I've released for public use:

Little Fears (Grace Home) <http://www.unicornbacon.com/Little-Fears-Grace-Home-Orphanage.pdf>  
Little Fears (Hope Farm) <http://www.unicornbacon.com/Little-Fears-Hope-Farm-Camp.pdf>  
Little Fears (Reliance Cntr) <http://www.unicornbacon.com/Little-Fears-Reliance-Childrens-Center.pdf>  
Gamma World, d20 <http://www.unicornbacon.com/Gamma-World-D20-Attwatta-Preziv.pdf>  
D&D 3.5 / Pathfinder <http://www.unicornbacon.com/The%20Middle%20Lands%20of%20Keltor.pdf>  
Vampire, Dark Ages <http://www.unicornbacon.com/Vampire - Dark Ages - Death to the Blind God.pdf>

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## **The Chained Children**

The adventure takes place during the 1990's, in a fictitious medical center run by a corporation. It is located in a suburb of a mid-sized city on the east coast of the United States, which city is up to you. As with all fiction, this work will depart from what the real world is like. I make no claim that any of this is representative of any person, group, facility, or location in the real world. It is a product of my own twisted little mind. That said, I hope you have as much fun playing as I had imagining this world of fantasy horror.

## **The 1990's**

For this story, the present is September 4th 1991. But what was it like then? What follows is based on my own experiences and perceptions of that time. While the 80's revolved around fear and materialist pursuits, the 90's added its own elements to that stew. It saw people trying to take control of whatever aspects of life they could in order to find solace in an increasing unforgiving, and seemingly dangerous world. Looking to give that comfort and stability to their children as well, they also sought greater control over those young lives too.

The 90's saw the rise of the “helicopter parent.” Before then, it was most uncommon to structure every waking moment of your child's life. While many would have activities, it was not to the extreme that became popular in the 90's. Some adults would argue against this new movement by saying the lack of “free play” and “time to explore” was detrimental to the children. Which, naturally, caused these parents to quickly schedule some of that “free time” so that the child they thought of as their little snowflake wasn't deprived of a growth experience. Oh the irony! This decade saw a dramatic decline in children being allowed to be children and to learn by failing on occasion. No doubt the parents of the 90's, most of which were children of the unsupervised and chaotic 70's, over compensated when it was their turn to be parents.

Subjected to this ever increasing system of control the children began to act out, as children will do, by being unruly at every opportunity. The little bundles of energy could not sit still through all these structured activities without any outlet of their own needs and desires. The response of controlling parents was swift, Ritalin, Prozac, and a flood of similar drugs, proscribed by an enabling medical industry all too eager to profit, soon had more children labeled ADHD then you could shake a stick at. Basically, any child that didn't comply right away was a candidate for an ADHD diagnosis and a prescription for a “magic pill” to make them a calm little zombie. To be sure, some children needed the pill but many more didn't. Regardless of need, all were damned to the chains those pills placed on them. Now, with the heavy shit out of the way, lets talk about another major difference between 1991 and 2014 – the technology.

The 90's saw the birth of the Information Age. The Internet was formed when a group of networks used by academia and various government agencies merged. However, it was not until the introduction of the World Wide Web protocol, HTTP, in 1991 that the usefulness of the Internet was assured to the less technical users. By the end of the 90's around 40 million Americans used the Internet, most of which was via the HTTP protocol. At the time of this story, virtually no one outside of a university setting had access to the Web and the few hundred websites that existed at the time.

Cell phones became popular in the 90's and the last half of that decade would see them spread through out the middle class as a badge of success, yet they were a far cry from the smart phones of today. One could make calls and send text messages but there were no touch screens, no apps, no email clients, no web-browsers, no cloud, and few had cameras. Digital photography would not gain popularity until the late 90's and the photos were low resolution at best. For those reasons film was still king in the early 90's but it would only be so for a short time longer. Music changed much more rapidly, with the CD existing side by side with the mp3 format by the mid 90's. VHS tapes would give way to the DVD disc around the same time. Almost everyone has cable or satellite TV service and the first 24 hour news channels are born in 1991. Specialized channels will come into vogue during the 90's. This brings about everything from children's programming channels to the fishing channel to a science fiction channel and beyond. TV was very much the dominate form of entertainment for this decade. Common TV's are based on cathode ray tube technology, plasma and LCD televisions will not be produced in any significant amounts for another 15 years.

The lives of children changed drastically with computer use becoming more common in the home. The video game truly began to usurp the playground, and fewer children would spend time on bicycles or running with friends in lands of imagination. Yet even in the midst of all this change, the night is still deep and long. So still, children will know the fear of the dark places and those things which go “bump” in the night. As always, there are the little fears.

## **The Medical Complex**

This medical complex, a set of dark glass and steel buildings, sits less than a mile from the housing development, Deerfield, and just outside of a mid sized city. The three main parts of the complex are Region Hospital (RH), Reliance Center for Children (RCC), and Dwight Research Foundation (DRF). While each is an independent entity, they are all tightly interlocked facilities sharing space, resources, and, to a limited extent, personnel. While focus will be on RCC, some details of each facility will be found herein.



## History

Construction began just over ten years ago however, the money dried up before it was completed. Then, the Corporation stepped in. This was just what they had been looking for. After making a few alterations and some minor additions to the plans, the complex was finished with the new benefactor's money. The local hospital opened eight years ago with the children's hospital following suit a year later. Finally, the new research annex opened six months after that. Local politicians touted the now completed center as a huge benefit to the area's economy. The tax incentives and subsidies given out were not publicized. They made the deal very lucrative for the Corporation.

## Now

In the present, September 4th 1991, this complex still has a bit of that “new car smell”. While there have been minor benefits to the local economy in the way of jobs, some of the effects of corporate subsidies are beginning to show. With government money going to the corporation, rather than being used for the betterment of the community over the past six years, the underfunded social structures are starting to show stress. As example, local schools aren't getting the funding they should. This is impacting students directly, cutting education opportunities and after school programs. The kids don't know why they aren't going on field trips anymore but the loss is felt. They don't know why the community center is closing but they don't like. Finally, the repair and refurbishing of the playground has been put on hold so the seesaws will remain busted and rusty swing chains won't be replaced. What's a child to do?

In so far as RCC goes, business is booming with more children coming in with playground injuries and the like. There is talk of expanding soon! The Corporation's board is overjoyed with the numbers. The future looks bright for RCC and its shareholders. Meanwhile, children in pain and fear will come and go from its dim, cold halls. There is so much here for the minions of Closetland.

## The Look and Feel

It's all glass and steel, cold and sterile. The air is heavy with “fresh pine scent” of industrial cleaner. The few brightly colored patches of decoration put in “for the children” serve only as a mockery of empathy. Adults just don't understand children. The grinning clown is unsettling, not soothing. The mass-produced plastic toys are no substitute for a hug. Having the TV foisted on a child doesn't remove the need for kind words. The gold star for nothing will not fill the void.

## The Staff

There are nearly two-hundred employees working in the medical complex as a whole. For the sake of brevity, this section will only detail a few RCC staff members.

Anna Mendez, M.D., Medical Examiner

Dr Mendez has been one of the RCC Medical Examiners for the past three years. She is in her late thirty's and tends to work evenings as she is not a morning person. As a young woman, it was her dream to be a doctor, but she found the idea of having people's lives depending on her every decision far too stressful. That led to a degree in pathology and joining the coroner's office. Her office is next to the morgue. She spends a significant portion of her time there. Over the past few months she has noted an increase in child deaths. While not sure of the cause or if it is anything other than a fluke, she is silently investigating.



Chester Mars, Security Guard

One of the security guards, Chester is in his early twenties. This is one of the many jobs he has held. Like all the others, he doesn't see it as something he will do for long. This place gives him the creeps. As he is new, he often finds himself scheduled for night shift duty with old man Pat.

Debra Dupont, Head Nurse

Head Nurse for the past six years, Debra has been an RN for over 15 years. Many of those spent as an ER nurse have given her nerves of steel and the ability to focus well in crisis. While no longer in the ER and mostly happy about that, she does find herself missing it from time to time.

Holly Drudale, Ph.D., Research Director

DRF's Research Director is more than a little introverted. There is a cold detachment about her that many people find unsettling. In her mid thirties, she is considered brilliant by her peers in the scientific community but her personality has prevented her from having a position at a more prestigious facility. Her office is in the Research Annex and she practically lives there. She devotes a great deal of time to research and finding new subjects among the children of Ward C.

Jeffrey Gibbs, Ward Nurse

One of several Ward Nurses, Jeff is in his forties and this is his second career. Life has been less than easy for him as he has had to hide his true self for many years. He is getting older and the loneliness is harder to take. For the time being he takes solace in caring for the sick.

Jennifer Dawson, Administrator

Administrator of RCC, Jennifer is pleasant, a "people person", and she runs the business side of things for the Center. She is both a master of bureaucracy and a foremost collector of fine porcelain figurines. Her office holds several dozen, however the best of her collection are at home. They are something she holds dear. So long as RCC runs in a smooth and orderly fashion, she is happy.

Kenneth Freeman, Facility Engineer

Facility Engineer Ken Freeman is one of the people that keeps things running and repaired. He and his ever-present toolbox spend more time fixing things than he would like. He is often seen walking briskly down one hall or another on the way to the next repair. At least that's what he will say. There are a multitude of seldom visited spots that he will duck into for a quiet break with a crossword puzzle or a book.

Kimberly Paulson, Ward Nurse

Ward Nurse on the fifth floor, Kim has been a RN for two years. She is young and her inexperience still shows from time to time. Having just been married, she can't stop talking about her new husband and how happy they are together.

Lucius Grinnel, Entertainer

Clown, magician, and puppeteer, Lucius has devoted much of his life to entertaining sick children. He spent a great deal of time in hospitals as a child. His need to comfort them is desperately strong. As his alternate persona, Dizzie Dan, he tries to make them laugh. The scarred little boy inside him is just as happy to see them cry. Closetland is in him.

Maxwell Syler, M.D., Medical Director

RCC's Medical Director is a man motivated by ambition and greed. Every action he takes is done to his advantage and also RCC's bottom line. Anything for enough money, that's his philosophy. Dr Syler is often hard to track down. He spends a great deal of time on the golf course and meeting with influential people. Most of the work he does is delegated, this gives him the ability to take credit for the good and avoid blame for the bad. Which is just the way he likes it.

Patricia Callahan, Ward Nurse

Pattie, a Ward Nurse, has been a nurse for 32 years and she knows how to do the job better than most. Her kind eyes, gentle voice, and a touch of gray hair combine to give her a matronly air that is often more than enough to get things done as she sees they should be done. People just do as she says.

Weiss St.John, Pharmacy Technician

Weiss works in the compounding room, making drugs for patients. He has been doing this for less than a year but has found he enjoys it. Last week he noticed a few small things that don't add up. It seems someone is working in the compounding room at night. As far as he knows, that shouldn't be the case. He has no real proof, just things not being where he left them.

## The Children

As of the midnight census, forty-seven children, twenty-one boys and twenty-six girls, are currently housed in RCC. They are between the ages of four and fourteen. Nine children are in Ward C.

| Boys                 |                        | Girls               |                         |
|----------------------|------------------------|---------------------|-------------------------|
| Steven Goss, 4       | Richard Moser, 10 *    | Jessica Harden, 4   | Lauren Escobar, 9       |
| James Cowan, 5       | David Shirley, 10      | Melissa Magee, 4    | Kimberly Gore, 9 *      |
| Ryan Hutchins, 6     | Eric Lake, 10          | Sarah Wang, 6       | Elizabeth Hastings, 10  |
| Adam Mayfield, 6     | Robert Dodd Dailey, 11 | Rachel Godfrey, 7 * | Amber Connor, 10        |
| Michael Lutz, 6      | Nicholas Polk, 11      | Samantha Griggs, 7  | Jennifer Oconnell, 10 * |
| Robert Rutherford, 7 | Christopher Law, 12    | Nicole Covington, 8 | Amanda Galvan, 11       |
| Anthony Crowe, 7 *   | Jason Stinson, 14      | Heather Helms, 8    | Rebecca Madison, 11     |
| Kyle Mackey, 7       | Michael Bunch, 14 *    | Danielle Boggs, 8 * | Stephanie Simms, 11     |
| John Childs, 8       |                        | Megan Hatcher, 8    | Samantha Pryor, 11      |
| Kevin Walden, 8 *    |                        | Amanda Smart, 8     | Jessica Kendrick, 12    |
| Thomas Archer, 9     |                        | Laura Moser, 9      | Emily Chamberlain, 13   |
| Matthew Bacon, 9     |                        | Erica Shoemaker, 9  | Melissa Boyce, 13       |
| William Davies, 9 *  |                        | Amy Sinclair, 9     | Michelle Womack, 14     |

\* Ward C patient

These children are seriously ill or injured and often physically weakened. They are not free to roam as other children are. There is not much in the way of socialization or games for them. In the end, these children have to rely more on their imagination to have fun. The ones in Ward C are far worse off; many are drugged and/or in restraints. Closetland watches Ward C, it's the kind of place they love.



## **A Day in the Life**

A trip to the hospital is not a joyous occasion for most children. They are injured or sick and some have no hope of leaving. Still others are there due to extreme mental problems. Whatever the reason, these children spend the days locked in a cycle of pain and fear in an environment that is both unstimulating and isolating.

### **Activities**

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For a child, one of the most pressing issues of a hospital stay is, apart from terrible fear, the unending boredom! Every private and semiprivate room has a TV with basic cable channels. There are no video games, nor VCR/DVD players, nor premium movie channels so, the TV is of limited value. Magazines and books are confined to what visitors bring them, however the children's hospital does stock a limited supply of coloring books. On occasion, a clown makes rounds to spread cheer among the children.

### **Examinations**

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A fact of life, in the hospital, is near constant examinations. Poking and prodding and poking some more! Day and night, every few hours a nurse comes around to check on IV's and take the standard battery of vitals, including blood pressure, pulse rate and so on. There are also doctors making rounds several times a day, using stethoscopes to monitor hearts and lungs, shining pen lights in eyes, and asking questions. Then, there are the dreaded blood draws! Someone with a twisted sense of humor has attached a grinning purple puppet vampire count to each of the blood draw carts. No one likes to see the Vampire Cart wheeled in. Then there are the other tests, during which a child will be rolled out of their room to some distant and often dark part of the hospital. And, once there, fed into some sinister looking machine that makes disturbing noises while it probes and invades the body. Only the overpowering smell of disinfectant is more pervasive than the disdain held for these procedures.

### **Meals**

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Mealtimes are strict in RCC, distribution of breakfast begins at 7:30am. Lunch follows, at about 11:30am. Finally, dinner distribution commences at 4:30pm. Meals are engineered to meet the therapeutic requirements of the physician's order first and foremost. Outside food is not allowed. Meals are accompanied by medication. While this is often in pill form, some medicines must be administered by way of injection. When possible, IV's are utilized to spare the patient excessive jabs.

### **Visitation**

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Visitation is limited. Standard care wards allow 24/7 access to parents and guardians, other visitors are only allowed between 9am and 6pm. In the critical care ward non-family visitors are limited to 3pm till 7pm. Ward C has the most strict policy, with all visitation allowed only once a week, Saturday's between 1pm and 6pm. All visitation can be suspended should it be in the patient's "best interest" as with contagion isolation or some forms of psychological treatment.

## The Center

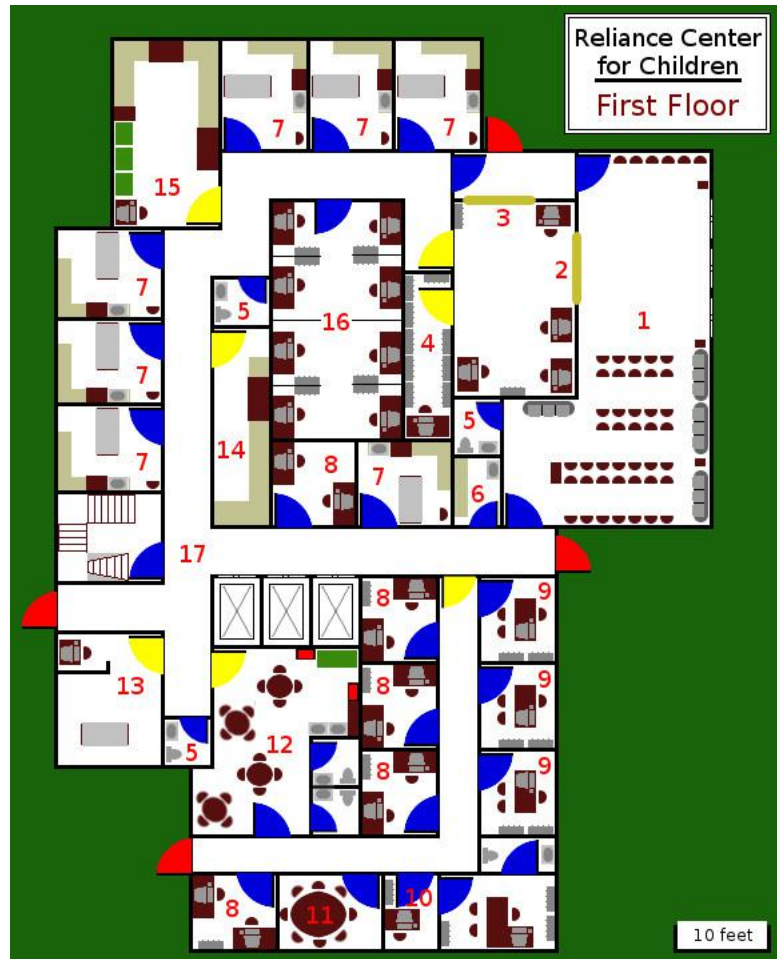
RCC is a 68 bed healthcare facility that specializes in pediatric medicine. Cold and sterile, the halls of this corporate center do not so much welcome a child as begrudgingly allow them to exist. Children come and children go. Some live, while others die, and a few, especially when it comes to the psych ward, will never leave. Shadow medical experimentation is ongoing, all for the corporate good and bulking the bottom line.

### First Floor

There is a walk-in pediatric clinic and the administration staff have offices on this floor. The clinic, in stark contrast to the rest of RCC, is painted and decorated to appeal to children. It is not an ER. That function is next door, at Region Hospital. While many injuries can be taken care of here, any real emergencies are routed to Region Hospital's ER. Because of this, the environment of the clinic is more serene and hence better for the children.

Most of the administration areas are behind doors accessible only to those that have an employee key card. While fire exits are not locked, anyone opening one will set off an alarm if it is done without first scanning an employee key card.

The floors of the medical areas are all tile, with tight weave carpet in the administrative areas. The ceilings are all drop ceiling tiles with recessed florescent lighting fixtures. Most of the walls are white or beige with the exception of some brightly painted areas in the clinic.



### 1 – Entrance/Waiting Area

This is the waiting area for the clinic. The floor is white tile near the doors, but gives way to a dark blue tight weave carpet once in the area of waiting room's chairs. These tan colored chairs are simple molded plastic of utilitarian design and, at best, minimal comfort. They are on a rigid metal frame that holds them, as a group, firmly in place. Along the walls are a few plain couches that, in color, match the carpet but are slick, cool vinyl. The walls are painted with cartoon characters that dance and frolic with animals and children. There are a few newspapers and old magazines scattered about for the adults. Some simple toy blocks and cars are in a box by one corner. There are two security cameras high on the walls. They give an excellent view of the room to security personnel on the sixth floor.

On any given day there will be at least a half dozen children waiting to see a doctor. Most are ill or have a, non-emergency, injury. None are happy to be here.

## **2 – Reception/Check-In**

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A half wall counter opens onto the receptionist's area. Behind this partition, there are a few desks where workers go about their daily activities. Only one of them is dealing with patient admission, the others have their own duties. Parents are expected to check-in here. There is a sign, visible to those coming in the Entrance, that requests all newcomers see the receptionist upon arriving. They will be given paperwork to fill out as soon as they check-in.

## **3 – Check-Out**

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On the way out, patients are expected to stop here and pickup required paperwork and/or schedule followup appointments. Again, a half wall counter provides a partition behind which the employee responsible for these activities can interact with the parent as necessary.

## **4 – Records**

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Each person entering the hospital is required to fill out paperwork. This is the beginning of the patient record. Medical information such as examinations and test results are added to this file. All these files for current patients and patients discharged within the past week are stored here. The rest are stored in the basement file room. Access to this area is controlled by an employee key card reader.

## **5 – Restroom**

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These are simple restrooms. They are painted with bright colors and clown or animal imagery.

## **6 – Custodial Closet**

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Cleaning supplies and simple maintenance items are stored here. A mop and bucket on wheels, brooms, a floor buffing machine, vacuum cleaner, replacement light bulbs, spare toilet supplies, cleaners, a ladder and the like can often be found here.

## **7 – Examination Room**

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Each of the examination rooms has a large padded examination table covered in plastic. The child will be instructed to sit on the table, which is always cold to the touch. The floors are tile covered and the odor of antiseptic hangs heavily in the air. Several cabinets holding medical supplies line the walls. A chair is provided for the parent accompanying the child. Again, the walls are painted with colorful and playful scenes. A small jar of candy sits on an upper shelf like a silent promise that draws the eye of every child entering the room.

## **8 – Office**

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These shared offices are where RCC administrative staff carry out their duties. Each office space is devoted to a department. Human resources, accounts payable, accounts receivable, and all the other typical office departments are represented.

## **9 – Management Office**

---

Managers have office space set aside for their work here. File cabinets hold empty forms and other

paperwork that is stock and trade for management. Often an individual's desk will have a family photo or some other personal item on it. On each manager's desk can be found a book about a mouse looking for some cheese.

## **10 – Executive Suite**

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The Director's office is a suite of rooms, an antechamber, the office proper, and a washroom. The receptionist in the antechamber insures that no one enters without an appointment. While there is a large and lavish personal office, the Director is not often here. Golf courses and fancy clubhouses are where he is most likely to be. The office is decorated by an expensive taste but one that lacks refinement. Additionally, many of the seemingly costly leather bound books are fakes, having blank pages or, in some cases, no pages at all. The family photos are carefully staged. Other photos of the Director with famous people are displayed most prominently. Only the golfing trophies are genuine.

## **11 – Conference Room**

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This room is used for meetings among the staff or between staff and visiting business associates. The large table is almost too large for the room. A complex conference call phone is on the table. It is beyond the capabilities of most of the employees to use it effectively.

## **12 – Employee Break Room**

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This is the break room. It is both sterile and utilitarian. From the off white tile floor to the peach walls and molded plastic tables and chairs, it is a room of drab function. No one spends more time in it than they need to. While there are refrigerators and microwaves here for employee use, many still go to the cafeteria on the second floor regularly. Large employee meetings and addresses are often held here. There is a cork board on the wall with company notifications and corporate propaganda covering it. There are restrooms here for staff use.

## **13 – Imaging**

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This room is for the X-ray machine. It is not the newest or best model but it has taken pictures of more than its fair share of broken arms and legs. Other than the machine and a table for the patient to lay on, this room is rather bare and lifeless. Most of the time, the only light in the room comes from a fixture above the table. This causes the table to be a visual focal point and leaves the rest of the room in relative darkness. The effect is unsettling to a child's mind.

## **14 – Pharmacy**

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All the pharmaceuticals for the clinic (not all of RCC) are stored here. Access is strictly monitored, only the key cards of employees with special permission will open the door and even then the card only works if the employee is on shift at the time. The walls are lined with cabinets full of bottles and vials. While some of the cabinets are air conditioned, there are no actual refrigerators, like what would be found in a kitchen. Inventories are taken daily.

## **15 – Lab**

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While the more complex tests are done at an off site, fully equipped, laboratory, many of the simple daily tests are performed right here. There are a variety of specialized machines located here. They hum, beep and light up as they run testing sequences. Several cabinets hold testing supplies including blood draw tubes. Refrigerators contain samples in stasis for future testing or waiting to be shipped off

site. When not in use, the blood draw carts are stored here. Even during the day, it is often the case that the outer blinds are drawn and the lights are low. This gives the area a foreboding atmosphere.

## **16 – Common Office**

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Called “the Bull Pen”, this is a shared work space for doctors, nurses, and other healthcare workers in the clinic. Anyone of them needing space to fill out paperwork is often found here. This is not a space for personal effects as it is a shared space. No one has an assigned location here.

## **17 – Elevators**

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The elevators and stairwell are located here. The wall opposite the elevator bank has a large, glass enclosed cork board with a wide range of medical flyers meant to keep visitors apprised on the latest information. Each elevator has a locking system that is used when transporting special case patients or corpses. This allows a task to be completed without stopping at any floor but the destination.

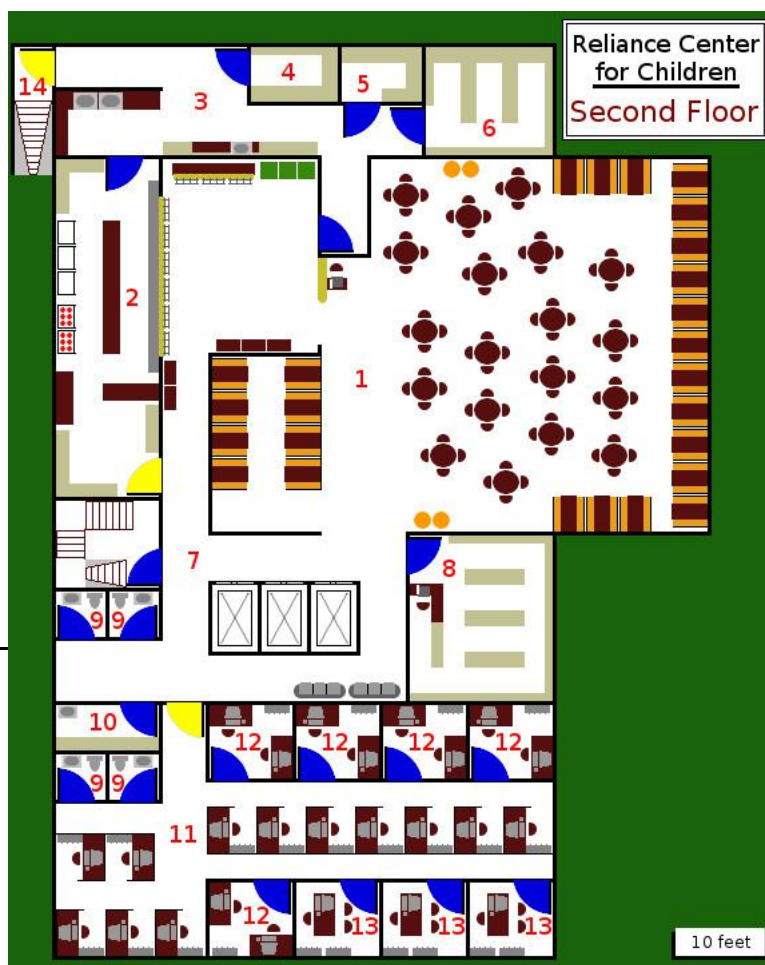
## Second Floor

The cafeteria and patient food service are on this floor. There is also a gift shop and administrative office space.

The floors of the food service areas are all black and white checkerboard tile, with tight weave carpet in the administrative areas. The ceilings are drop ceiling tiles with recessed florescent lighting fixtures everywhere except in half the dinning hall which is glass panels exposed to the sky. The walls are off white or light blue in color, depending on the area.

### 1 – Cafeteria

RCC has a full service cafeteria that will seat over a 160 people. Between visitors and employees, the cafeteria sees a near constant flow of customers during the day. Full service is 6am and 6pm. From then until midnight, only its coffee and snack tables are available and just a cashier is on duty. When closed, a mobile sign stand is placed in both the entrance and exit areas to state that fact.



The entrance hall leads in from the elevators to tables holding trays and flatware. A tray slide leads from there, down the food bar to a salad bar and drink dispenser and coolers until finally, one reaches the cashier. There is also a set of tables by the cashier with coffee and more snack like food, fruits, muffins, chips, and so on. The food bar is staffed with servers ready to dispense the hot food while in other areas they reload the single serving side-dishes and desserts as customers take them. The salad bar is self-service as is the beverage station.

On the whole, this area is clean and functional. The floors are black and white checkerboard tile. The walls are off white, leaning toward tan and decorated with mass produced corporate art in the form of framed prints. The main seating area's outer wall consists of floor to ceiling windows that open the room up and bring in much natural light while providing a view of the rest of the medical complex.

### 2 – Kitchen

This is a professional kitchen and is well suited to making hundreds of meals everyday. In addition to meals for walk-in customers, every patient's meal is made here as well. All such food is prepared to meet the therapeutic requirements of the physician's order. For public consumption, the meals are simpler. Often there are two choices of main dish and three of side-dishes. Desserts are varied and the salad bar is consistent. Breakfast, lunch, and dinner meals are prepared daily.

The kitchen is immaculately clean. The stainless steel surfaces shine under the florescent lights and the floors are spotless. Large scale burners, microwaves, and ovens line the back wall and are used to cook and bake the food served in RCC. Shelves and cabinets hold all manner of industrial scale cooking equipment and implements also used for the same purpose.

Half a dozen staff members work here daily.

### **3 – Prep/Wash**

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Sinks for cleaning and others for food prep are found in this space adjacent to the main kitchen . Most of what is on the salad bar starts here. There are many devices used for this purpose stored on the shelves and in cabinets of this area. The walk-in cooler, freezer, and dry goods rooms are accessible from here. Also accessible from here is the “loading dock”.

### **4 – Cooler**

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The walk-in cooler is a room sized refrigerator used to store food before it is used. Produce, juices, milk, butter and the like are only a few of the things stored here. As large as it is, the stock it holds will not last long. Food is delivered every couple of days.

### **5 – Freezer**

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This is a massive, industrial freezer room that holds items at sub-zero temperatures until they are needed. Crates of meat, stacks of cakes, and tubs of ice cream are among the items held here. The doorway, in addition to being covered by a large steel door, has heavy vinyl freezer curtains to help maintain the chilly climate. As much as there is here, it will only last a few days with the rate of consumption demanded by the cafeteria. A large ice maker is located here.

### **6 – Dry Goods**

---

Shelf after shelf holding every shelf stable food imaginable for the cafeteria can be found here. There are sacks, boxes, bags, and crates of food stuff. Flour, sugar, spices, unopened condiments, and similar items fill the space. Boxes of mixes, dried food, canned foods, soups, and sauces are also available in bulk sizes. Snack bags of chips, cookies, cans of frosting, and other treats have a shelf here.

### **7 – Elevator**

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The elevators and stairwell are located here. The wall opposite the elevator bank has a large, glass enclosed cork board with a wide range of medical flyers meant to keep visitors apprised on the latest information. Each elevator has a locking system that is used when transporting special case patients or corpses. This allows a task to be completed without stopping at any floor but the destination. A sign marks the entrance to the cafeteria and another for the gift shop.

### **8 – Gift Shop**

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The gift shop feels smaller than it is because it is crammed with shelves full of products stocked to soothe a sick child. Stuff animals, including Garrie Gorilla (the newest from the beanie beast line), card and board games, books, get well cards, flowers, and balloons. All these things and more can be found in the gift shop. To spite its contents, the room is dimly lit and has a creepy vibe to its cluttered appearance.



## **9 – Restroom**

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These are simple, functional, unadorned, restrooms.

## **10 – Custodial Closet**

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Cleaning supplies and simple maintenance items are stored here. A mop and bucket on wheels, brooms, a floor buffing machine, vacuum cleaner, replacement light bulbs, spare toilet supplies, cleaners, a ladder and the like can often be found here.

## **11 – Office Cubicles**

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Office workers occupy this area. They go about their jobs and duties having limited interaction with the rest of RCC. They use the break room and conference room on the first floor when necessary.

## **12 – Office**

---

These shared offices are where RCC administrative staff carry out their duties. Each office space is devoted to a department. Human resources, accounts payable, accounts receivable, and all the other typical office departments are represented.

## **13 – Management Office**

---

Managers have office space set aside for their work here. File cabinets hold empty forms and other paperwork that is stock and trade for management. Often an individual's desk will have a family photo or some other personal effect on it. On each manager's desk can be found a book about a mouse looking for some cheese.

## **14 – Stocking Entrance**

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Called the “loading dock” by the workers, this is where shipments of food and other supplies used in the kitchen and cafeteria come in. There are deliveries at least three times a week. A sturdy set of stairs leads down to ground level and the rear parking area.

## Third & Fourth Floor

The 3<sup>rd</sup> and 4<sup>th</sup> floors house standard care patients. None of these children are currently in critical condition. These floors are identical in layout and function.

### 1 – Nurse Station One

Most of the nurses for any given shift are stationed here. Doctors tend to roam, never staying in one place long enough to do more than they need to and also avoiding unwanted questions. They will, however, stop at the station during the course of their rounds. A “crash cart” sets here, ready for use at a moment's notice.

### 2 – Pharmacy

All the pharmaceuticals for this floor are stored here. Access is strictly monitored, only the key cards of employees with special permission will open the door and even then the card only works if the employee is on shift at the time. The walls are lined with cabinets full of bottles and vials. While some of the cabinets are air conditioned, there are no actual refrigerators, like what would be found in a kitchen. Inventories are taken daily. When not in use, the medication carts are stored here.

### 3 – Elevators

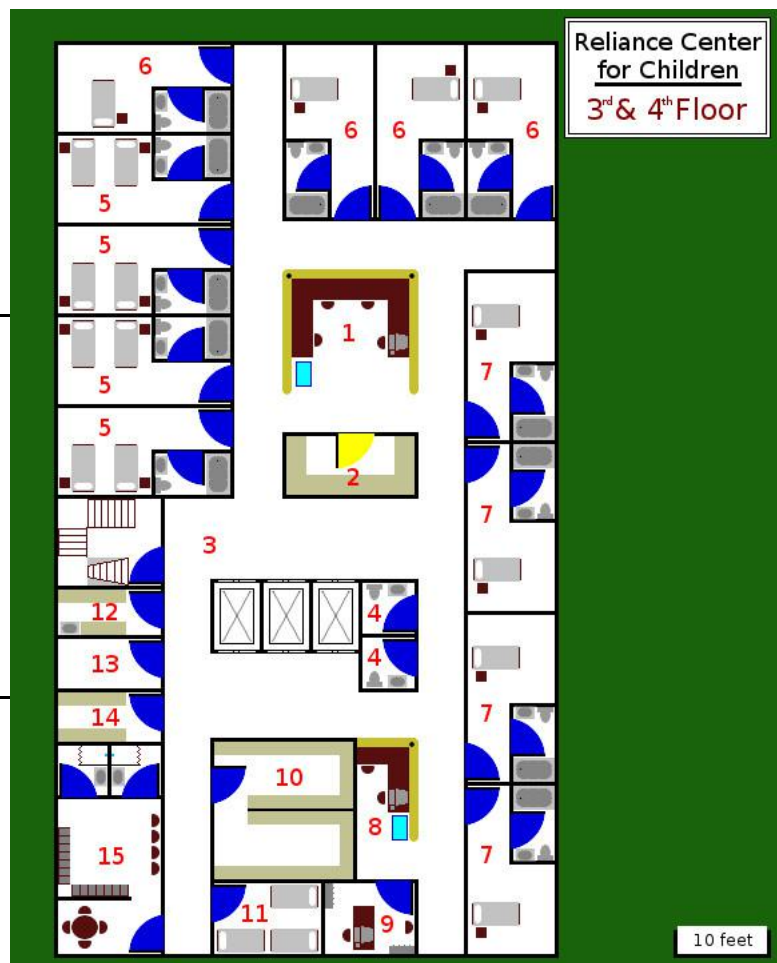
The elevators and stairwell are located here. The wall opposite the elevator bank has a large, glass enclosed cork board with a wide range of medical flyers meant to keep visitors apprised on the latest information. On these floors, the elevators can open from either end, or both ends if needed. Each elevator has a locking system that is used when transporting special case patients or corpses. This allows a task to be completed without stopping at any floor but the destination.

### 4 – Restrooms

These are simple, functional, unadorned, restrooms.

### 5 – Semiprivate Rooms

The semiprivate rooms are for two patients. They share the bathroom and a wall mounted TV. Of course, the TV, or rather what is on the TV, is the biggest source of conflict with the children. The rooms are drab in colored and decorated sparsely. These rooms are supervised by the staff at Nurse Station One.



## 6 – Private Rooms

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Just as with the other patient rooms, these are a sterile, joy-sucking atmosphere barely conducive to human occupation. The only consolation is that the patient in a private room doesn't have to share the TV. These rooms are supervised by the staff at Nurse Station One.

## 7 – Private Rooms

---

Just as with the other patient rooms, these are a sterile, joy-sucking atmosphere barely conducive to human occupation. The only consolation is that the patient in a private room doesn't have to share the TV. These rooms are supervised by the staff at Nurse Station Two.

## 8 – Nurse Station Two

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The nurses not at station one are assigned here, station two. Doctors will stop at the station during the course of their rounds. A “crash cart” sets here, ready for use at a moment's notice.

## 9 – Office

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This office is used by the shift head nurse for administrative duties. Most of that person's time is tied up with paperwork. Filling out forms, audit reports, incident reports, and other such activities require a dedicated space.

## 10 – Storage

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In addition to useful items needed by patients and/or staff members, this space also holds personal effects of patients that are not readily needed, like clothing, during their hospital stay. Each set of items is in its own box, labeled with room number and the patient's name.

## 11 – Cot Room

---

Officially, this room stores extra cots used when a parent wants to stay in their child's room for an extended time. Unofficially, there are times when employees have been here too long and need to nap or risk collapse. While six or more cots are stored here, at least two are setup and used by doctors or nurses that need a moment of sleep.

## 12 – Custodial Closet

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Cleaning supplies and simple maintenance items are stored here. A mop and bucket on wheels, brooms, a floor buffing machine, replacement light bulbs, spare toilet supplies, cleaners, a ladder and the like can often be found here.

## 13 – Soiled Laundry

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The bed linens and towels are changed daily. This room is where the dirty items sit in large rolling baskets until collected and taken down to the main cleaning facility in the basement. Strict health codes require that clean and dirty items be segregated.

## 14 – Clean Laundry

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Clean towels and other linens are stored here until needed. Strict health codes require that clean and dirty items be segregated.

## 15 – Employee Locker Room

This is a small break room and locker room used by the medical staff of this floor. There are lockers, showers, a table with chairs, and a wall mounted TV.

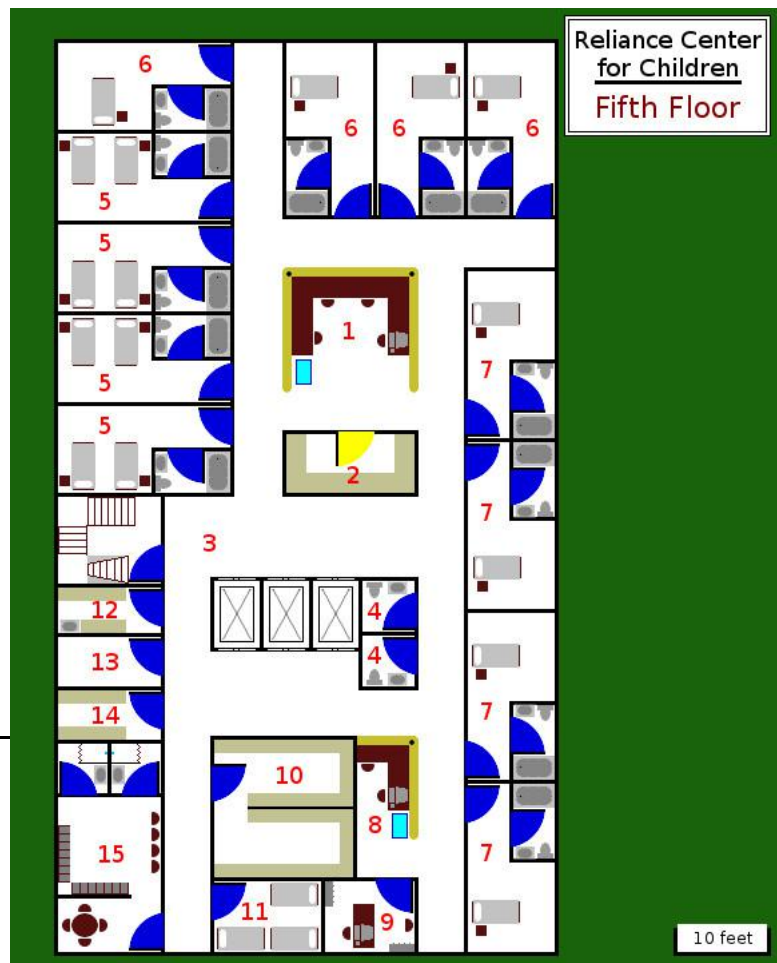
## Fifth Floor

While nearly identical in layout to the two floors below, this floor has a different purpose. Children with serious injuries and illnesses are housed in twelve of the beds. The other four are set up as isolation rooms and often used by immunity compromised patients, or burn victims, or patients that have a dangerous contagious condition requiring quarantine.

On this floor the normally strict rules of cleanliness are redoubled. No chances can be taken with these patients and infections. As a result, visitation is much more strictly monitored and limited.

### 1 – Nurse Station One

Most of the nurses for any given shift are stationed here. Doctors tend to roam, never staying in one place long enough to do more than they need to and also avoiding unwanted questions. They will, however, stop at the station during the course of their rounds. A “crash cart” sets here, ready for use at a moment's notice.



### 2 – Pharmacy

All the pharmaceuticals for this floor are stored here. Access is strictly monitored, only the key cards of employees with special permission will open the door and even then the card only works if the employee is on shift at the time. The walls are lined with cabinets full of bottles and vials. While some of the cabinets are air conditioned, there are no actual refrigerators, like what would be found in a kitchen. Inventories are taken daily. When not in use, the medication carts are stored here.

### 3 – Elevators

The elevators and stairwell are located here. The wall opposite the elevator bank has a large, glass enclosed cork board with a wide range of medical flyers meant to keep visitors apprised on the latest information. On this floor, the elevators can open from either end, or both ends if needed. Each elevator has a locking system that is used when transporting special case patients or corpses. This allows a task to be completed without stopping at any floor but the destination.

## 4 – Restrooms

---

These are simple, functional, unadorned, restrooms.

## 5 – PCU Rooms

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Progressive care unit rooms are for patients that are not critical but require more than the standard level of care. Monitoring devices are commonly used in these rooms. So, there is often the soft beeping of such machines here. While they have the standard compliment of amenities, the patients are sleeping more than usual and not using them. More than the normal amount of nursing attention is given to PCU patients with checkups at least once an hour.

## 6 – ICU Rooms

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Intensive care unit rooms are typically for the most acutely ill patients, those who are unstable, in critical condition and needing very intensive nursing care and surveillance. In addition to monitoring equipment, each room will often have a variety of life support equipment. Each patient will be checked on more than once an hour. Critical patients are rarely awake for any length of time. Some are even fully sedated for medical reasons. It is rare that the TV's in these rooms are on.

## 7 – Isolation Rooms

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These rooms are under more strict access control to limit the possibility of infections. Any patient with a weakened immune system can be assigned to a isolation room. Burn victims are more susceptible to infection and are the most common type of patient in these rooms. Also, patients with a highly infectious condition are held here to minimize the chance of it spreading. Isolation is not often needed, so these rooms also handle overflow from ICU. Even in such cases, the strict adherence to infectious protocol is not relaxed. This keeps the staff in the correct habits.

## 8 – Nurse Station Two

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The nurses not at station one are assigned here, station two. These nurses handle the isolation rooms as their primary concern. Doctors will stop at the station during the course of their rounds. A “crash cart” sets here, ready for use at a moment's notice.

## 9 – Office

---

This office is used by the shift head nurse for administrative duties. Most of that person's time is tied up with paperwork. Filling out forms, audit reports, incident reports, and other such activities require a dedicated space.

## 10 – Storage

---

In addition to useful items needed by patients and/or staff members, this space also holds personal effects of patients that are not readily needed, like clothing, during their hospital stay. Each set of items is in its own box, labeled with room number and the patient's name.

## 11 – Cot Room

---

Officially, this room stores extra cots used when a parent wants to stay in their child's room for an extended time, this is never done for patients in isolation rooms. Unofficially, there are times when

employees have been here too long and need to nap or risk collapse. While six or more cots are stored here, at least two are setup and used by doctors or nurses that need a moment of sleep.

## **12 – Custodial Closet**

---

Cleaning supplies and simple maintenance items are stored here. A mop and bucket on wheels, brooms, a floor buffing machine, replacement light bulbs, spare toilet supplies, cleaners, a ladder and the like can often be found here.

## **13 – Soiled Laundry**

---

The bed linens and towels are changed daily. This room is where the dirty items sit in large rolling baskets until collected and taken down to the main cleaning facility in the basement. Strict health codes require that clean and dirty items be segregated.

## **14 – Clean Laundry**

---

Clean towels and other linens are stored here until needed. Strict health codes require that clean and dirty items be segregated.

## **15 – Employee Locker Room**

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This is a small break room and locker room used by the medical staff of this floor. There are lockers, showers, a table with chairs, and a wall mounted TV.

## Sixth Floor, Ward C

This twenty bed ward is for psychological patients. It is divided into the normal and high security sections, where the more violent patients are housed. Patients of the two areas do not mix. Children are brought here for all manner of psychological issues, phobias, night terrors, delusions, social disorders, even cognitive disabilities, and so on. Security is a very high priority in this ward. No one can enter or leave without alerting a security officer.

Calling the decor plain would be an understatement. With its off white tile floors, blue walls, grey between glass blinds, and lack of any kind of wall adornment, depressing is the word that comes to mind. All the furnishings are smooth and functional, with no sharp edges.

### 1 – Nurse Station One

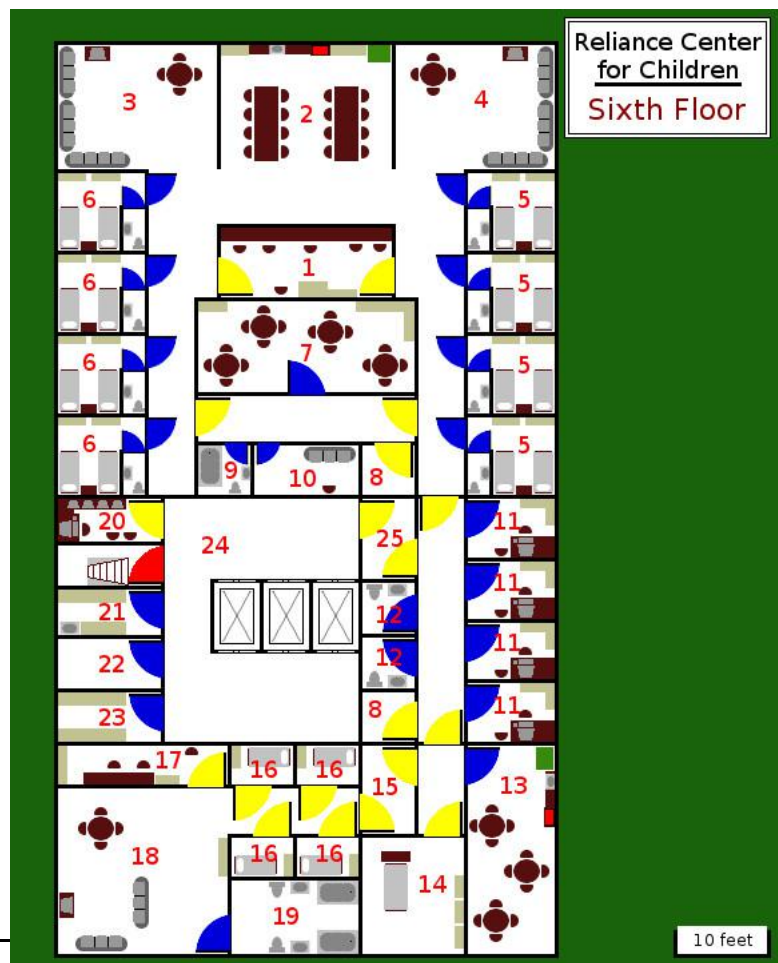
Station One, a.k.a. The Fishbowl, is where most staff members assigned to this area can be found when not directly interacting with the children. The walls are dominated by large windows fitted with shatter resistant, wire mesh reinforced glass. The dutch doors only unlock when an employee scans their key card. By strict rule, no child is allowed inside the room. All the card and board games are stored on a shelf here as are the TV remote controls. Files on each child can be found here.

### 2 – Meal Room

The dining area is where all meals are served to those Ward C children not in the high security area. While there is a microwave and refrigerator, all meals are prepared in the second floor kitchen and brought up by cart, just like any other patient's. Attending meals is mandatory.

### 3 – Rec Room, Boys

Only boys are allowed in this area. It is more a matter of safety than anything else. There are couches, a table and chairs, and a TV. The TV cannot be turned on without a remote and the staff control that along with what programs are shown. As a result, it is only on a few hours during the day and only approved shows are shown. These tend to be shows that don't over excite the children. The staff will quickly remove any girl that enters the area.





#### **4 – Rec Room, Girls**

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Only girls are allowed in this area. It is more a matter of safety than anything else. There are couches, a table and chairs, and a TV. The TV cannot be turned on without a remote and the staff control that along with what programs are shown. As a result, it is only on a few hours during the day and only approved shows are shown. These tend to be shows that don't over excite the children. The staff will quickly remove any boy that enters the area.

#### **5 – Dorm, Girls**

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Only girls are housed in these rooms. Two bed and cabinet sets are in each room, one for each occupant. There is also a private half-bath for each room. The doors open out into the hallway and can swing all the way out to the wall which gets it out of the way more completely then with a normal door. There is no way to lock the room's door from the inside and the windows are rigged to open only a few inches. Under normal conditions, these doors are never locked but they can be, from the outside, if the need arises. Finally, there are small viewing windows in each door that can be slid open from the outside.

#### **6 – Dorm, Boys**

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Only boys are housed in these rooms. Two bed and cabinet sets are in each room, one for each occupant. There is also a private half-bath for each room. The doors open out into the hallway and can swing all the way out to the wall which gets it out of the way more completely then with a normal door. There is no way to lock the room's door from the inside and the windows are rigged to open only a few inches. Under normal conditions, these doors are never locked but they can be, from the outside, if the need arises. Finally, there are small viewing windows in each door that can be slid open from the outside.

#### **7 – Craft Room**

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There are several tables with chairs here. The faux wood finish and molded plastic legs are scarred from years of use. The back wall has a window to the fishbowl so that staff can keep an eye on things. Shelves and locking cabinets hold pens, pencils, safety scissors, white glue, and other art supplies. Art and craft activities are carried out here on a daily basis. All are supervised. Everything made by the children is looked over by the therapists and carefully analyzed. Relevant expressions are added to the child's psychological case file.

#### **8 – Quiet Room**

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When a child acts out or becomes violent they will be locked in one of these small padded cells until they calm down. If it takes all day and all night, then that is how it will happen. There are regulations regarding how long a child can be held but, in the case of violence, some of the staff members will not care to follow them too closely. The children tell tales of “that one kid” that was locked in there a week and died from lack of air. It only takes one or two violent episodes to get a kid transferred to the high security area, a.k.a. “Max”.

#### **9 – Shower Room**

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The children are taken, one at a time, over the course of each day and allowed to bathe here. Each child gets 15 minutes unless special needs require more time and/or assistance.

## **10 – Therapy Area**

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This small room is used by the staff therapist for one-on-one sessions. Each child has at least two sessions a week. A few need more than that.

## **11 – Office**

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These offices are used by the staff. The two therapists each have an office. The other two are shared by the other staff members, none of which needs an office full-time.

## **12 – Staff Restroom**

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Normal restrooms for employee only use.

## **13 – Staff Break Room**

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Most of this floor's employees take their meals here. The microwave and refrigerator are for their exclusive use. They even have their own coffeemaker. Several tables with chairs are spaced about the room. A wall mounted TV provides some entertainment.

## **14 – Therapy Area II**

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A room has been set aside for behavioral modification therapy, a.k.a. electroshock therapy. The exam table here has a slight modification, restraining straps and cuffs for hands and feet. A table with scary looking machinery and wires sets at the head of the table. To be clear this is not the same as modern ECT, there is nothing humane about this old-school shock treatment. The patient is fully conscious and the pain is extreme. As access is restricted, most of the staff have no knowledge of what is in this room or its use. When it is used, it is done late at night, by shadowy individuals. That makes it a pay-per-view event in Closetland. Children taken here are warned not to talk about it or they'll get extra treatments. Those that cry are admonished and told this will make them “better”.

## **15 – Max Security Ward**

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This is the security checkpoint for the “Max” area. The outer most door will only open if a valid key card is used AND the security officer in the security room (area 20) buzzes the door. Before they do so, they check the CCTV feed from this room. The camera is high up in one corner of the room.

## **16 – Secure Dorm**

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These tiny rooms only house one patient each. When not in the common room, patients stay in their room. The door will only open if a staff member opens it with their key card. Just as with the other dorms, these doors open out into the hallway and can swing all the way out to the wall which gets it out of the way more completely then with a normal door. There is no way to lock the room's door from the inside and there are no windows. At night the doors remain locked with the patients inside. Finally, there are small viewing windows in each door that can be slid open from the outside.

## **17 – Nurse Station Two**

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These staff members deal exclusively with the “Max” area. The wall facing the common room has large windows fitted with shatter resistant, wire mesh reinforced glass. Just as with Station One, the dutch door only opens when a valid key card is used. Also, games and the TV remote are kept here.

## **18 – Secure Common Room**

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This area serves the same purpose as the other rec rooms but for the patients in “Max”. Apart from mealtimes and one hour of TV time a day, it is rare that all the patients are in the common room at once. They are segregated as necessary for safety.

## **19 – Bathroom**

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The children are taken, one at a time, over the course of each day and allowed to bathe here. Each child gets 15 minutes unless special needs require more time and/or assistance. Once this has been done the patients are free to use the facilities as needed. Staff watch the area closely as most incidents between patients occur in the bathroom.

## **20 – Security**

---

This room serves as the base of operations for the RCC security team. There is always at least one security guard in this room at all times and often two. Others patrol the various floors several times each day and each night. A bank of eight closed-circuit TV monitors covers the wall. The sixth floor's areas #15 and #25 are always in view and a buzzer sounds when someone needs to enter/leave one of these areas. Also, the first floor's lobby is always in view. Other monitors cycle vital areas in RCC.

## **21 – Custodial Closet**

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Cleaning supplies and simple maintenance items are stored here. A mop and bucket on wheels, brooms, a floor buffing machine, replacement light bulbs, spare toilet supplies, cleaners, a ladder and the like can often be found here.

## **22 – Soiled Laundry**

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The bed linens and towels are changed daily. This room is where the dirty items sit in large rolling baskets until collected and taken down to the main cleaning facility in the basement. Strict health codes require that clean and dirty items be segregated.

## **23 – Clean Laundry**

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Clean towels and other linens are stored here until needed. Strict health codes require that clean and dirty items be segregated.

## **24 – Elevators**

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The elevators and stairwell are located here. On this floor, the elevators can open from either end, or both ends if needed. Each elevator has a locking system that is used when transporting special case patients or corpses. This allows a task to be completed without stopping at any floor but the destination. Unlike the other floors, opening the door to the stairwell will sound an alarm if an employee key card is not scanned first.

## **25 – Ward C Entrance**

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This is the security checkpoint for Ward C. The outer most door will only open if a valid key card is used AND the security officer in the security room (area 20) buzzes the door. Before they do so, they check the CCTV feed from this room. The camera is high up in one corner of the room.

## Basement, Sub-level 1

This level of the basement houses patient records, the operating rooms, the compounding pharmacy, and office space devoted to RCC doctors.

The OR facilities of RCC can handle most standard procedures and any out-patient procedures. Regional Hospital handles the more advanced or complex procedures. Their operating rooms are more advanced.

The traditional role of compounding pharmacies is to make drugs prescribed by doctors for specific patients with needs that can't be met by commercially available drugs. The RCC-CP goes a step farther, it is capable of small scale medication manufacturing. This is rather rare. It should be noted that the compounding pharmacy here also services neighboring Region Hospital.

### 1 – Public Elevator

The public elevators and stairwell are located here. The wall opposite the elevator bank is a half wall counter where one can speak to a records clerk. On this floor, the elevators normally open on this side unless it is being used for OR purposes. Each elevator has a locking system that is used when transporting patients to the OR. This allows a task to be completed without stopping at any floor but the destination.

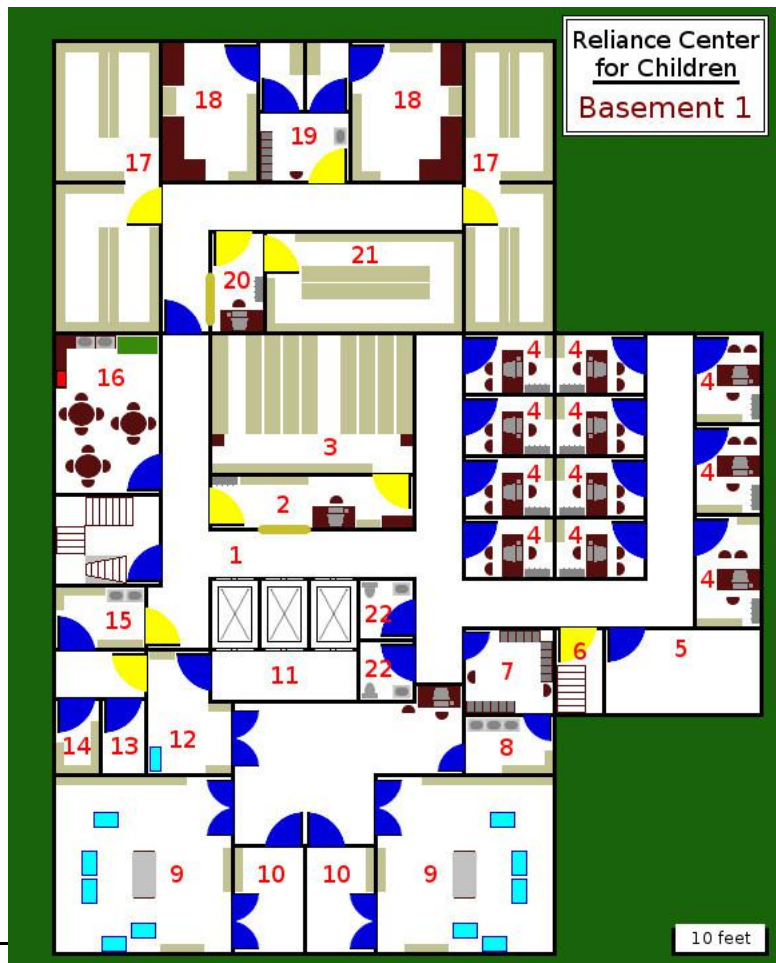
### 2 – Records

A half wall counter opens this area to the elevators. From here a member of the public can approach and request a copy of their medical records. Other hospital employees also come here regularly to both check-out and check-in patient records for official use. Logs are kept covering this activity. Both doors are controlled by key card readers and will not open for just anyone.

### 3 – Records Storage

There is no carpet in this room and several tracks have been set in the floor. A system of track guided, sliding, floor to ceiling shelves has been installed to increase the room's usable space. At the end of each shelf is a large wheel used to move it on its tracks. Moving the shelves allows a gap to be opened where needed, granting access to the contents of any shelf. Florescent lights illuminate the space.

This is the place where patient records are stored when not in use. Every patient that has ever been treated in RCC has a file. The records currently in use are in a separate area, the first floor records



room. Once discharged, the patients records are relocated to this room. Thousands of records are stored here. Records of deceased patients are only retained for a year, unless there is a special case.

#### **4 – Office**

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These offices are used by RCC's doctors. It is quiet and out of the way, which most of the doctors prefer. There is quick access to the employee parking area from here.

#### **5 – Office Storage**

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Extra office furnishings are stored here, a few tables, chairs, desks, and so on. Drop cloths cover stacks of wares. What can be broken down easily has been.

#### **6 – Parking Exit**

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A heavy steel door opens on a staircase leading directly outside, near the employee parking area. A key card reader requires a valid key card to enter this way.

#### **7 – OR Locker Room**

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Surgeons, nurses, and technicians use the room to dress for work in the OR. There are several lockers for employee use. Protocols for maintaining a sterile OR environment begin here. Free swinging doors lead to the scrub room.

#### **8 – OR Scrub Room**

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Large sinks for scrubbing up and cabinets for surgical gowns are located here. An assistant will help staff members don their surgical gown in order to minimize touching unnecessary surfaces. Again, sterile environment protocols are in place to protect OR integrity. A set of free swinging doors leads to the operating theater antechamber. A small nurse station is next to this door.

#### **9 – Operating Room**

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Each operating room, OR 1 and OR 2, has a central table surrounded by medical devices and other tools on carts. Oxygen tanks and anesthesia equipment are within easy reach as is a variety of other life saving/monitoring gear. Very bright lights shine on the table. The most sterile of conditions are maintained here and the room is cleaned after every use. Two sets of swinging doors lead out, one to the post op room and the other to the operating theater antechamber.

#### **10 – Post Op Care**

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Coming out of anesthesia is a critical time. All patients are brought to one of these rooms after surgery so they can be closely monitored. Nurses are often in here checking them over and soliciting responses to assess how the effects of anesthesia are diminishing and determine when the patient is ready to return to their room. It is a largely unremarkable room with tile floors, walls and florescent lighting overhead.

#### **11 – OR Elevator**

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The elevator doors in this plain room do not open without a key. Patients on their way to surgery come in here and are returned to there rooms from here. Sterile protocols begin in this room.

## 12 – Pre Op Care

In this area, patients are prepared for surgery. The opening course of anesthesia is administered at this time. Any other last minute steps needed before surgery are also taken.

## 13 – Soiled Laundry

Soiled items from the OR are kept here until they can be transported to the laundry facilities.

## 14 – Clean Laundry

Sheets and other linens needed for the operations are stored here until they are needed.

## 15 – Custodial Closet

Cleaning supplies and simple maintenance items are stored here. A mop and bucket on wheels, brooms, a floor buffing machine, replacement light bulbs, spare toilet supplies, cleaners, a ladder and the like can often be found here.

## 16 – Staff Break Room

Most of this floor's employees take their meals here. The microwave and refrigerator are for their exclusive use. They even have their own coffeemaker. Several tables with chairs are spaced about the room. A wall mounted TV provides some entertainment.

## 17 – Compound Storage

These rooms store ingredients used to make medications. The shelves are lined with jars, bottles, vials, and other vessels containing these items. Transfer cabinets allow items to be passed directly into the compounding rooms while maintaining clean conditions. Objects placed in the cabinet are decontaminated with a spray and UV lights. At which time they are clear to be retrieved from within the neighboring compounding room. Few employees are cleared to enter these rooms.

## 18 – Compounding Room

This room holds a wide range of equipment needed to measure and combine pharmaceutical compounds. The stainless steel counters and cabinets are clean and gleaming in the florescent lighting. Several of the counters have built-in retractable stools in the work area. Custom drugs and/or custom dosage of drugs are produced here. Skilled workers assemble these as needed. There are strict protocols in place for maintaining conditions that minimize contaminates. Air flow is constant, as is the noise of fans.

While not necessary for all compounding, these rooms are rated ISO 7 cleanrooms. Positive airflow replaces the room's air 60 times each hour and industrial filters keep that air free of dust and other such particulates as required by ISO 7 standards. Workers are required to wear gowns, hoods, and shoe coverings while within the room.

## 19 – Pharmacy Looker Room

Employees scrub up and change clothes here before entering the compounding rooms. An adjoining room has gowns, hoods, and shoe cover dispensers. These items must be replaced every time before one enters the compounding room.

## 20 – Pharmacy

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This small, carpeted office space is used by the pharmacy clerk. Requests for restocking come in to this office from the other pharmacies in RCC. Access is strictly controlled and very few personnel are allowed in this area. Even fewer are allowed in the adjoining storage room.

## 21 – Pharmacy Storage

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Finished pharmaceuticals are stored here. This includes purchased products as well as items made in the compounding rooms. There are shelves upon shelves full of these items. All the stock used to resupply each floor's pharmacy is stored here. There are restocking deliveries on a weekly basis.

## 22 – Restroom

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These are simple, functional, unadorned, restrooms.



## Basement, Sub-level 2

This, the lowest level of RCC, has the morgue, the laundry facility, and the maintenance areas. Lighting is dim here as it is rare that the public comes down this far.

### 1 – Public Elevator

The public elevators and stairwell are located here. On this floor, the elevators normally open on this side unless it is being used for morgue purposes. Each elevator has a locking system that is used when transporting corpses. This allows the transportation task to be completed without stopping at any floor but this one.

### 2 – Staff Break Room

Most of this floor's employees take their meals here. The microwave and refrigerator are for their exclusive use. They even have their own coffeemaker. Several tables with chairs are spaced about the room. A wall mounted TV provides some entertainment.

### 3 – Restroom

These are simple, functional, unadorned, restrooms.

### 4 – Morgue Elevator

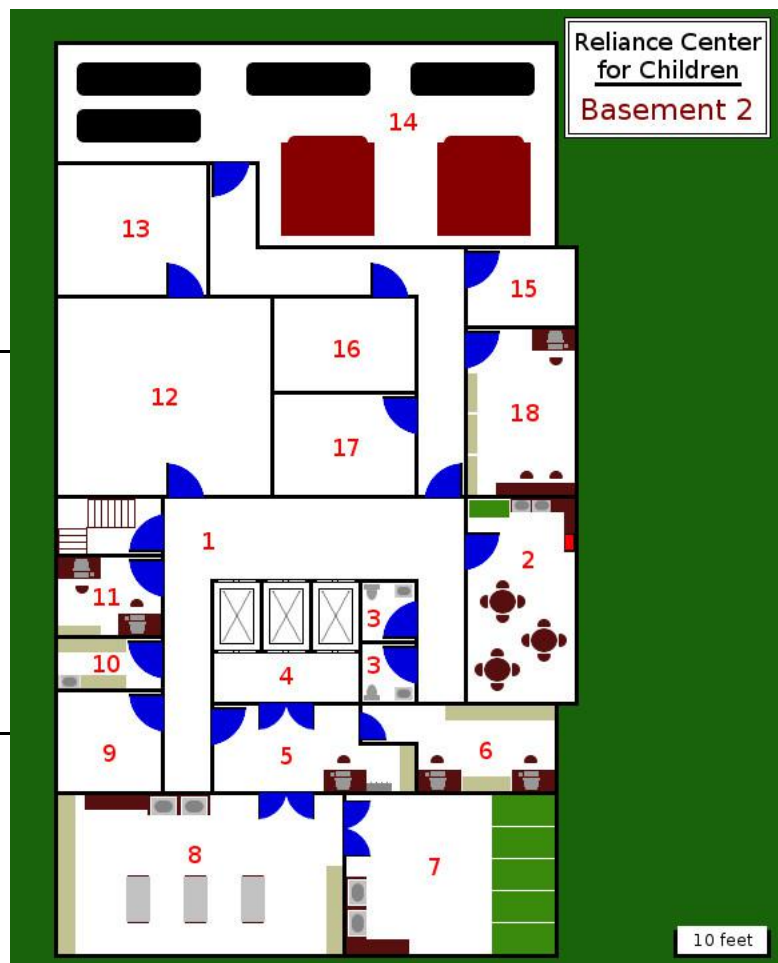
This room is cooler than the rest of the hospital. The walls and floor are bare of decoration and the dim florescent light contributes to a sense of unease. The elevator's doors do not open without a key. Opposite the elevators, a set of swing doors leads to the morgue. Corpses enter and exit the morgue from here.

### 5 – Morgue Reception

Dim lighting, a cluttered desk, and a chilled air fill this floor. A radio on the desk plays soft classical music. Two sets of swinging doors lead out of here, one to the elevators and the other to the morgue proper. Corpses are checked in and logged here.

### 6 – Morgue Office

This is a rather typical office space, bare tile floors, tan walls, florescent lights, cabinets, desks and chairs. A fern hangs from a hook in the ceiling. Both desks have stacks of reports piled on them.



## 7 – Cold Room

With easy to wash tile walls and floor, a drain, and a hose mounted under the sink, this room is designed to be sprayed down often. The temperature is a chilly 37 degrees Fahrenheit. Large stainless steel body sized drawers are set on the far wall in two rows of five each. There is space in the room for several gurneys to handle overflow. The double doors leading into the room are not free swinging, instead, they open only when a button mounted on the wall is pushed. This helps maintain the climate.

## 8 – Morgue

Three autopsy tables dominate this room. Each has powerful lights mounted above it and a drain set in the tile floor below it. Medical instruments are stored in cabinets along the walls. They are a scary selection of curved blades and saws and clamps and far less identifiable items. A scale, used to weigh body parts is mounted from hooks in the ceiling. Beneath the sink is a hose used to clean the autopsy areas. The only place colder than this room is the refrigerated cold room next door.

## 9 – Server Room

Racks of computers fill this normally dark room. Bundles of wire, power cords, and network cables are strung about the room. To spite the heavy duty cooling system the heat generated by computers keep it from getting too cold. An IT only key card reader guards the door.

## 10 – Custodial Closet

Cleaning supplies and simple maintenance items are stored here. A mop and bucket on wheels, brooms, a floor buffing machine, replacement light bulbs, spare toilet supplies, cleaners, a ladder and the like can often be found here.

## 11 – IT Office

This office space is used by the IT department. It is the most untidy office space in the building. Parts and wires and tools are spread all over the room. Stacks of computer equipment fills the shelves. An IT only key card reader guards the door.

## 12 – Washer Room

The laundry wash room is filled with industrial strength washing machines and all the other items and supplies needed to do laundry. The air is heavy with the smell of bleach and detergent.

## 13 – Dryer Room

This room is used to dry laundry. Large gas powered industrial dryers line one wall. The rest of the space is devoted to folding stations. This room is too warm and the air is very moist.

## 14 – Generator Room

This sizable room has brick walls and a bare concrete floor. Two large generators installed here stand ready to supply power to RCC should the external power be disrupted. Four large fuel tanks, also in the room, will feed the generators. They are able to provide power for all needs for several days, or power only the emergency systems for two weeks. Normally quiet, when activated these generators are rather loud and without excellent active ventilation the room would be filled with dangerous levels of carbon monoxide gas.

### **15 – Electrical Closet**

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This brick and concrete room houses the external power feed connection. Electrical conduits and meters are mounted on the back wall. Other than these, the room is bare.

### **16 – Storage**

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This room is filled with boxes and crates and shelves. Useful parts and other maintenance related items are stored here. There are also spare tools, ladders, and the like.

### **17 – Water / Sewer Room**

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The hook-ups for municipal water and sewage are located in this brick and concrete room. There are also water heaters that supply all the buildings hot water. Other than these items, the room is bare.

### **18 – Workshop**

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This room contains the maintenance crew's work area. They carry out basic repair work here. There is a faint smell of oil in the air.

## **Research Annex**

No map of this area is needed. This small building is separate from RCC proper. It houses all the offices, facilities, and laboratories used by Dr. Drudale's researchers. This is not a publicly accessible building. Only the researching staff has access to the enter. All the external doors are fitted with key card readers to limit entrance.

## **The Neighborhood**

The local housing development, Deerfield, is the epitome of suburban life in the 90's. There are nearly three-hundred single family homes found here. The structures range in age from five to twenty-five years. While not as cookie cutter as some housing developments, there are still a number of similarities among the units. With few exceptions, each yard is well groomed. Several backyards have bbq grills. Some have gardens, a few have swing sets, or a swimming pool or a trampoline. Next year a planned expansion will break ground on another 86 units. There are already some surveying teams at work in the area.

While some of the people that live here work at the medical center, most do not. There are a variety of other careers represented among the adults, administrative, clerical, sales, education, and law enforcement to name just a few. Overall, it's a decidedly middle class environment.

In addition to all the homes, this area also includes an elementary school, a grocery store, and a gas station. The main road leaving Deerfield runs in front of the school and out to state highway 258 where the local grocery store and gas station are found. A short way down the road is the Reliance Center for Children. Continuing along the highway takes one to the nearby city within 20 minutes, more if traffic is heavy.

## Adventures

Reliance Center for Children and near by Deerfield could be a setting for multiple adventures. These being for the same children or different children, as you like. What follows is only the first such adventure, *Chains of Our Fathers*.

### Chains of Our Fathers

Pills, pills, pills... “Better living through chemistry” is the cry of the day. When a child finds the allure of playtime too great to overcome or the fear of the dark is too strong and they act out to get what they need, then there is a danger that parents will call the doctor for help. The doctor has his pills.

Closetland gets into the medication. The special pills suppress the outward signs of fear but does nothing to stifle the actual emotion. The end effect being a child that looks calm and relaxed but is screaming in abject terror on the inside.

*“Children waiting for the day they feel good. Happy birthday, happy birthday.”*

– “Mad World,” Tears For Fears, 1983 (covered by Gary Jules, 2001)

### The Bait

---

Children are changing after Dr Felix Ozwald treats them. They are calm and quiet now. Even the most unruly or neurotic child becomes a model of perfection. Parents love the results and they are beginning to seek out this miracle worker, Dr Ozwald. Any child that is too spirited is in danger of seeing the good doctor for “an adjustment” and a magic pill.

### The Hook

---

My little brother would wake up in the middle of the night screaming! We'd all wake up too. It was hard to sleep again, I couldn't get the sound out of my head. I'd sit with him and hold him. He's my little brother so, I'd hold him and protect him from the dark. At least once a week it would happen that way. Then Dr Ozwald came.

He said he wanted to help. I don't like him. His eyes are wrong. He took my brother, and mama and dad just let him! My brother was gone for days. For days and days and days! Finally, he's back but...he's not the same. He doesn't wake up screaming any more, I guess that part is good. But, he doesn't even cry or laugh or sing or run or play either. He just sits there with that blank look. I asked him what's wrong and he just stares at me and says, “Nothing.” But, when I look into his eyes, I can see the same thing I did on those nights he woke up screaming. I see terror.

### How it Happened

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For several years Felix Ozwald has been a child therapist and researcher. He believes in the idea of “Better living through chemistry.” Even as a child, himself, he found this sort of structured, adult frame of mind descended on him at an early age. His life has been spent in the pursuit of the rational. Always looking to improve something has lead to his most recent development, CT-771, which he calls *Abeyant*. This new drug is ready for trials. So, he is looking for volunteers.

Closetland has been touching Felix, without his knowledge, for much of his life. With a recent divorce weighing on him, this influence has intensified by an order of magnitude. So much so, that Felix's actions are directly influenced, if not controlled by dark forces. Due to that, Abeyant has some special ingredients found only in Closetland. These additions exaggerate the drug's effects, dramatically strengthening and even altering the results.

Children given the drug are unable to call for help, they become “flat” and seemingly unmoved by excitement or anxiety. The truth is counter to that outward appearance, the child's fear response is exaggerated to an extreme. They become hyper-aware of all the things that scared them before, yet at the same time they are unable to inform anyone of this. The child is locked in a hell of fear. The parents remain blissfully unaware, knowing only that their “problem child” is now, almost perfect!

Things are still such that Felix oversees, and even takes a hand in, the production of each Abeyant batch in the RCC compound pharmacy. Once made, the batch of new pills is spirited away to Closetland for the final touches. Before dawn, the pills are back where they belong and ready to be dispensed to the small group of test subjects for the trial.

At this point, the drug is still in the trial phase and will be there for at least another 12 to 18 months. Apart from a few minor problems with dosage, the trial looks very good. Felix plans to have the drug in full production well before the next millennium starts. If all goes well, it could happen in three years. Then, every child in the country could be given Abeyant.

Imagine, millions of children, locked in a constant state of overwhelming and intractable fear, with no way out and unable to call for help. The beasts of Closetland are overjoyed, yet even they are not able to truly grasp how much fear this will bring into the world. And still, they want it, all of it!

## The Resolution

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As I've said many times before, I subscribe to the philosophy that the last page is written by the players. So, if they come up with a good resolution, go with it! It will always be more satisfying for them if they feel like the end was something they came up with. Whenever possible, let them own it.

That said, in the short-term, getting their fellow children off Abeyant is of dire importance. Doing this for one or two victims is only a matter of interrupting the medication's supply. It could be stolen or replaced if necessary. Should there be more than a few children, it gets harder to disrupt the supply. At that point it may be better to attack the source and stall production.

The greater calling is stopping Abeyant altogether, or at least getting the Closetland toxins out of it. To stop it altogether, the trial must be halted and the drug abandoned. Alternately, the trial could be made to fail. Even if it succeeds, FDA approval is required so stopping it at that level is possible. Finally, if there was a way to keep Closetland from poisoning it, it wouldn't matter about the trials or FDA approval. All of these things seem like tall orders for a small group of children.

Still, whatever route the players take, so long as they end the plot or escape then the ending can be called “happy.” How well and how completely they end it is another matter.

## Other Adventure Ideas

First and foremost, while Reliance Center for Children is the focus of this setting it is not the only part of the setting. So, the elementary school or the Deerfield housing development could be the focus for your game. In this way the PC's can be children in a more common suburb or elementary school setting if that is what you wish. What follows is a collection of ideas that may spark an adventure idea for you.

### A Box of Keys

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On the walk home from school, a shortcut through the woods, a game of hide-n-seek, a hollow in a tree, a box of keys. When the children find an old wooden box, carved beautifully, made by the hand of a master woodworker, their lives will change forever. It's such an unusual object, they will be fascinated by it as it has the feel of something made, rather than manufactured. A grinning face adorns the top, both mystifying and horrifying at once. Inside is a collection of metal keys, not modern keys but old keys, very old keys. What do they open? Doors. Doors to Closetland.

### Hour of the Wolf

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In the dark of the night the TV's glow opens onto the realms of Closetland. Terrors from all those old shows come out to play. And that door swings both ways. Pulled into the TV, children face monsters of both the big and small screens. Getting in can be easy, getting out just doesn't happen. Beware the Static Men!

### Tears of a Clown

---

Dizzie Dan, the hospital's clown is not what he seems. Closetland has touched him and now he runs amok. The puppets speak to him and they speak for him too. He's a grinning avatar of fear.

Deep in the woods is an old hunting shack where he spends time working on his puppets, and building the stage for his next puppet show. But what's a show without an audience. He'll need an audience and he means to get them, as many as he can. He knows the children will love it! They must, the puppets tell him so!



### That Old House

---

Not all the houses in Deerfield are occupied. The old Cranston place, located at the edge of the neighborhood near the woods, is one such house. It's been empty as long as any child can recall. Rumor has it that bad things happened there, very very bad things, bloody things. These rumors have been the stuff of campfire stories for years. Billy saw a light there late the other night. Tina has to walk by it going to school, she feels like someone is watching her each and every time. The yard is an overgrown tangle of tall grass and vines and shrubbery, the windows are boarded up, the floors sag, the paint has long since worn away by wind and rain, and loose boards bang during windy storms. That decaying hulk of a house is hiding something evil. It's time to find out what!



## The Scarecrow

Old lady Lucas is a spiteful and mean spirited woman. Any balls that go over her fence are lost forever, any child that wonders too close is given the sharp side of her tongue, and her hillside garden has the feel of unholy ground. Her cookies are poison, they made Jessica sick. Her cat is mean too, it scratches any child that gets too close. None dare her house on Halloween. Local children think her a witch.

The house itself is right out of a nightmare, with its faded and peeling paint, eight foot high wrought iron fence, loose shutters that bang in the wind, and bizarre homemade lawn decorations. Watching it all is the ragged visage of that wind blown scarecrow hanging from a giant stake on the hill overlooking a garden full of strange plants and blood red roses. Miles swears it moved!

## The Sideshow of Woe

The carnival is in town! But this is no run of the mill traveling show, Closetland is their biggest sponsor! So, from the brightly, yet dementedly, painted carousel to the house of mirrors to the snake woman, a taint of evil surrounds this place. Some of it is sure to follow children home.

## Xandar's Menagerie

Xandar loves his collection. A nearly complete collection of beanie beasts to be precise. He has named them all! Recently, the collection has started to vanish and Xandar is beside himself with grief. One thing is for sure, this is not the work of a child. Twice now, Xandar has awoken in the night to strange sounds, fear kept him in bed but by morning another beanie beast was gone! What's going on? Where are they? Who took them? How can they be retrieved? Only seven remain, can the thief be stopped?



## Maps

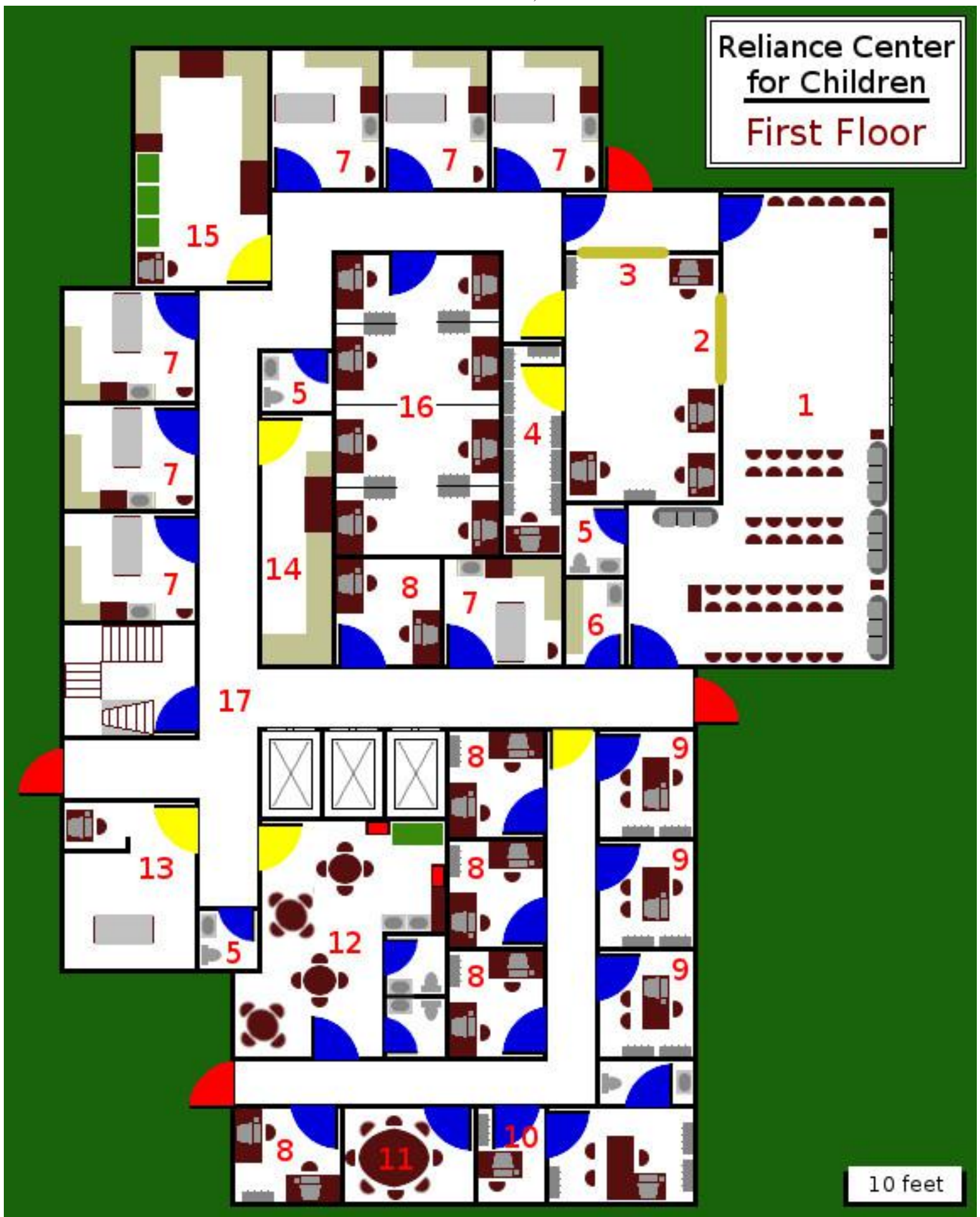
The maps provided are a representation of the physical areas as envisioned for the story. They are not exact and are meant to convey a general knowledge of an area's layout. Do not become a slave to the map. If you envision something different, embrace that and blaze your own trail!

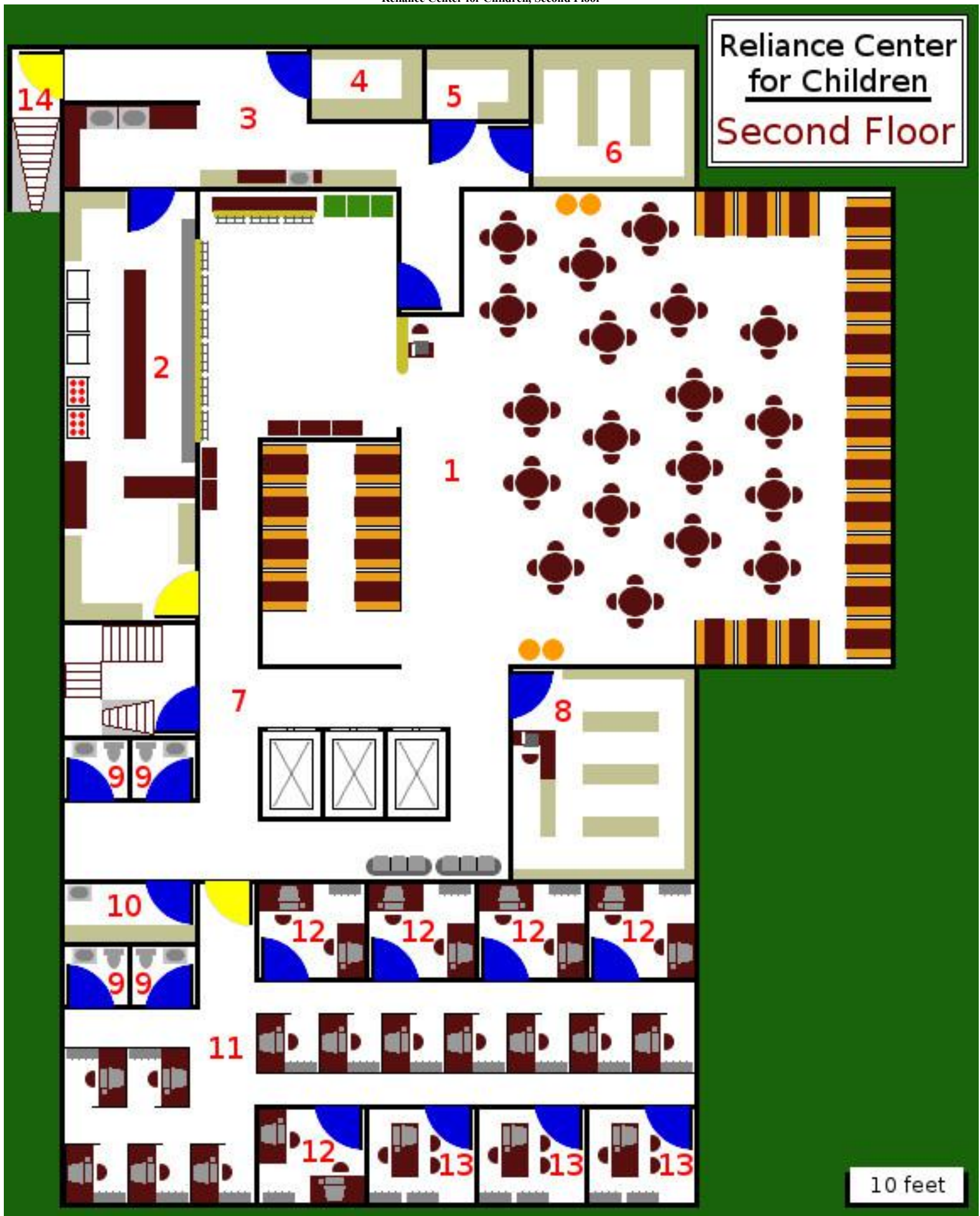
Shown below is a legend detailing the meaning of symbols used on the RCC floor maps.

- 1 – Stove top burners
- 2 – Stacked ovens
- 3 – Refrigerator / cooling case
- 4 – Microwave
- 5 – Sink
- 6 – Toilet
- 7 – Tub and shower
- 8 – Shower
- 9 – Table / desk / counter
- 10 – Shelf / cabinet / bookcase
- 11 – File cabinet
- 12 – Lockers
- 13 – Computer work station & desk
- 14 – Chair
- 15 – Couch
- 16 – Booth
- 17 – Medical equipment / cart
- 18 – Counter w/ tray slide
- 19 – Cash register
- 20 – Waste bin

- |   |   |  |    |   |    |   |    |
|---|---|--|----|---|----|---|----|
|  | 1 |  | 9  |  | 17 |  | 25 |
|  | 2 |   | 10 |  | 18 |  | 26 |
|  | 3 |   | 11 |  | 19 |  | 27 |
|  | 4 |   | 12 |  | 20 |  | 28 |
|  | 5 |   | 13 |  | 21 |  | 29 |
|  | 6 |   | 14 |  | 22 |  | 30 |
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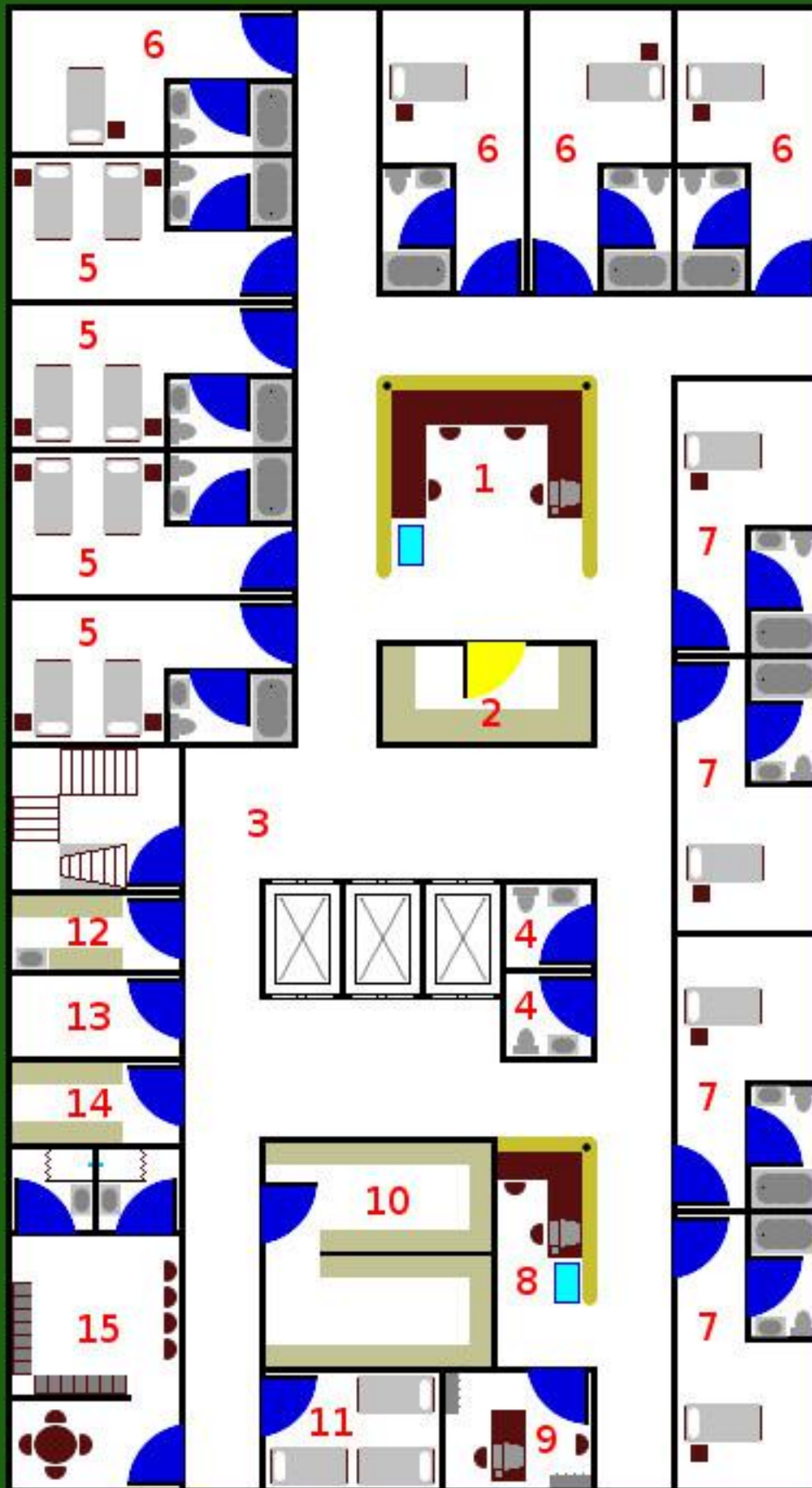
- |                        |                               |
|------------------------|-------------------------------|
| 21 – Examination table | 26 – Stairs, going down       |
| 22 – Bed               | 27 – Door, normal             |
| 23 – TV / CRT monitor  | 28 – Door, key card access    |
| 24 – Half wall counter | 29 – Door, fire exit w/ alarm |
| 25 – Stairs, going up  | 30 – Elevator                 |







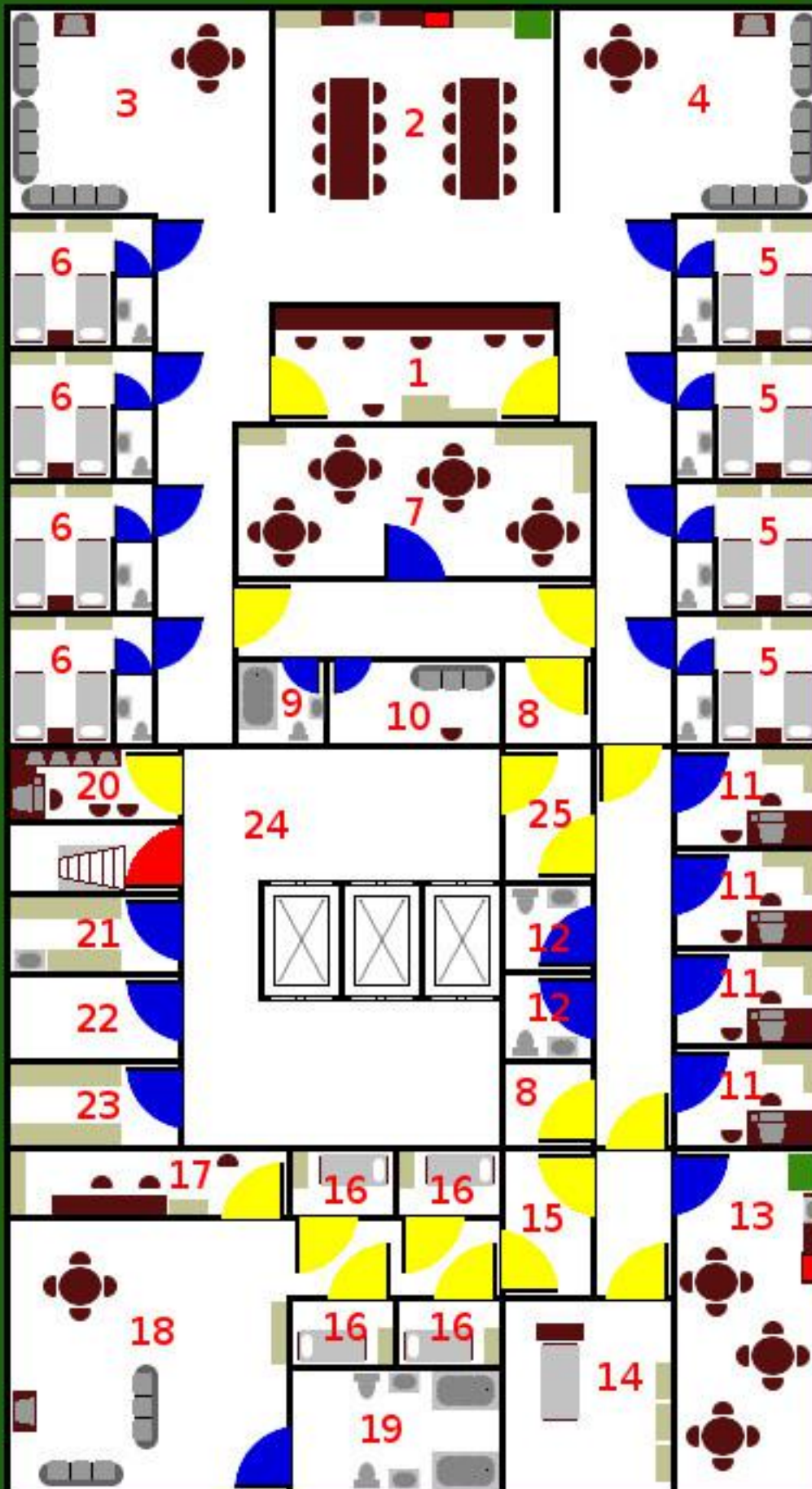
# Reliance Center for Children 3<sup>rd</sup> & 4<sup>th</sup> Floor



10 feet

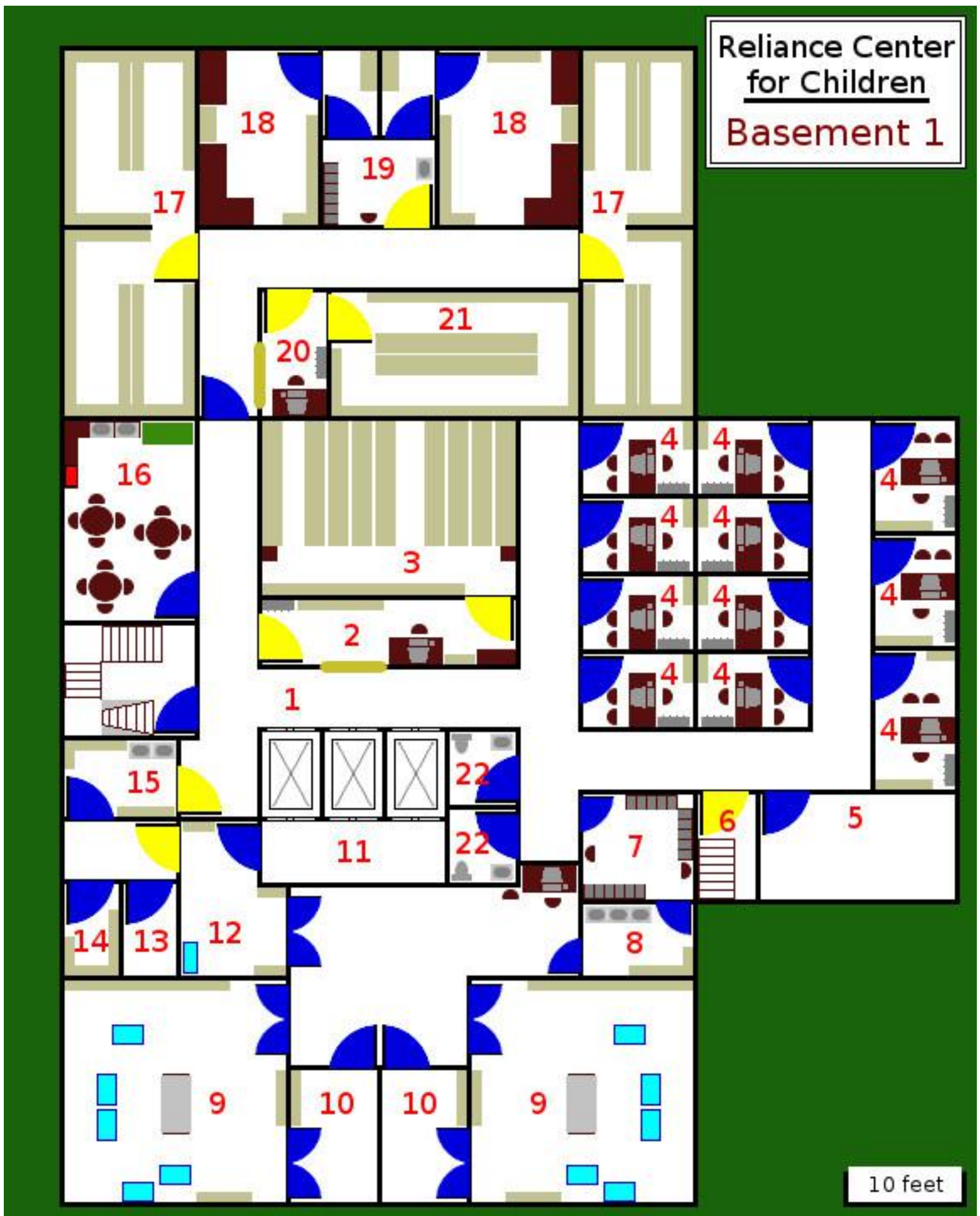


Reliance Center  
for Children  
Sixth Floor



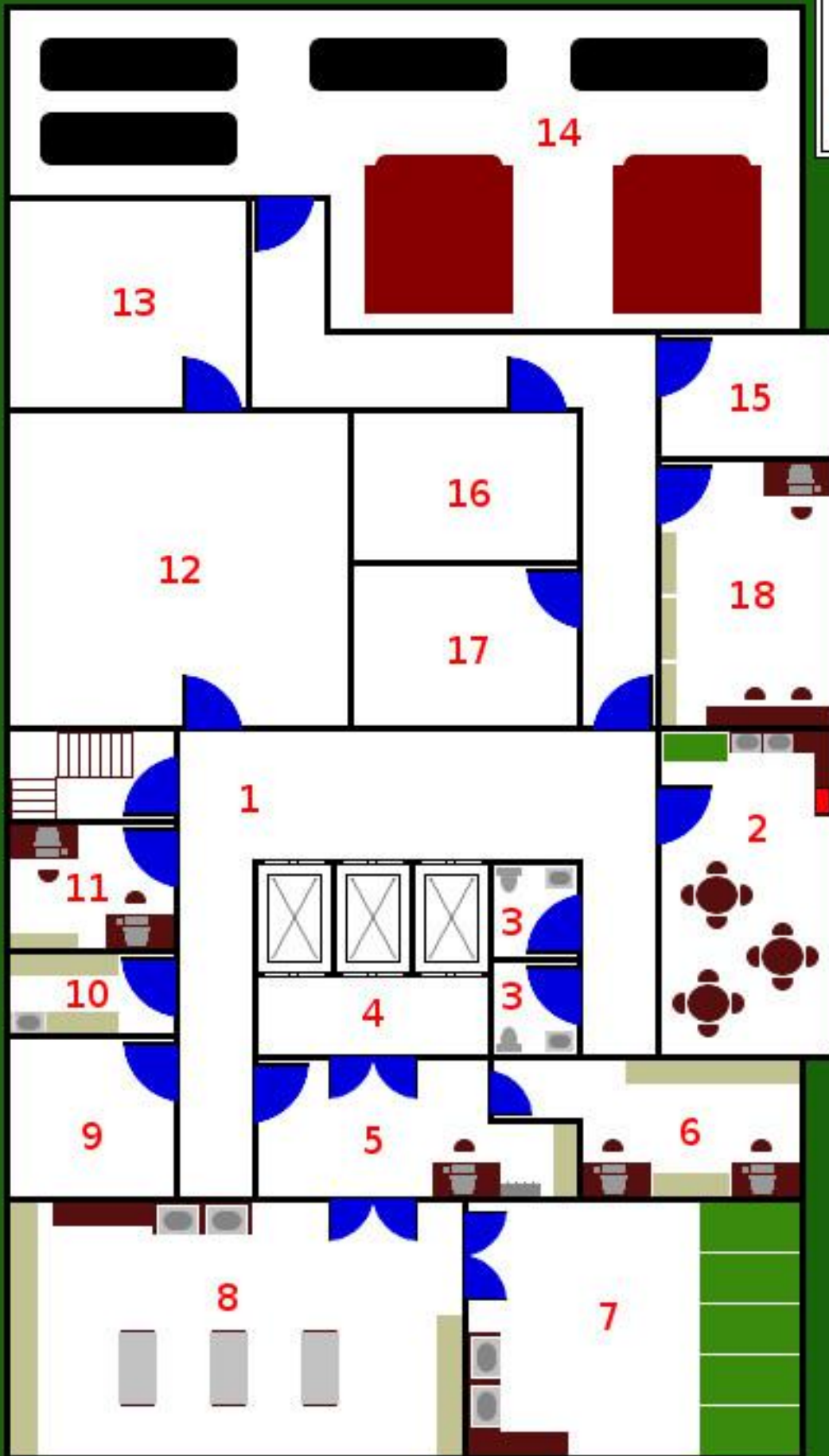
10 feet







Reliance Center  
for Children  
Basement 2



10 feet



