



### **BrightPath Personal Electronics Policy**

**Purpose:** This policy establishes guidelines for electronics including cell phone and computer usage during work hours to ensure employee safety, maintain productivity, and uphold our commitment to quality client care.

**Scope:** This policy applies to all BrightPath employees during work hours and client interactions.

**Policy Statement:** While BrightPath recognizes electronic devices including cell phones and laptops are essential work tools, their use must be balanced with our commitment to client safety and professional care. These guidelines govern all employee-client interactions.

**Permissible Use:** Employees may use cell phones or laptops during work hours for the following work-related purposes only:

- Electronic Documentation: Accessing or entering information into approved documentation systems while maintaining appropriate client supervision
- Navigation: Using GPS or mapping applications in hands-free mode when traveling between work locations
- Emergency Communication: Contacting supervisors or emergency services regarding client care
- Work-Related Communication: Coordinating with team members about client services using approved channels

**Prohibited Use:** The following use of personal electronics for activities are strictly prohibited while on shift:

- Any personal activities including calls, text messages, social media, or web browsing
- Any usage that compromises client supervision or interferes with job duties
- Manual phone operation while driving (typing, scrolling, or holding the device)
- Photography or video recording of clients
- Sharing client information through unauthorized channels or applications
- Using personal devices to store client data

**Compliance and Enforcement:** Violation of this policy may result in:

- Disciplinary action up to and including termination



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- Requirement to store personal devices in designated secure locations during in ratio time
- Restricted access to documentation systems including computers
- Mandatory retraining on policy guidelines

Attestation Statement

I acknowledge that I have received, read, and reviewed the above-named policy in full. I understand the requirements, procedures, and expectations outlined in the policy.

I agree to comply with and implement this policy as written in the course of my duties. I understand that failure to follow this policy may result in corrective action, up to and including termination of employment.

I also understand that if I have questions or require clarification about this policy, it is my responsibility to ask my supervisor or the compliance department before proceeding.

Signature

Employee Name: \_\_\_\_\_ Zakarie Abdirahman \_\_\_\_\_

Employee Signature: \_\_\_\_\_  


Date: \_\_\_\_\_ 9/7/2025 \_\_\_\_\_