

MARSHALL PLACE

STAFF MEETING SUMMARY

Subject: Marshall Place Staff Meeting

Date: June 5th, 2025

Time: 10:30-12:30PM

❖ **Safety/Health Review** –

- With summer months upon us we need to remember:
 - To apply sunscreen
 - To apply bug spray
 - To stay hydrated

❖ **Nursing Inservice** – Reviewed by Henrietta and attached on STAR

- Emergency use of manual restraint/ Therapeutic Intervention *See attached document*
- Henrietta demonstrated emergency holds

❖ **Program policies (STAR)** – Reviewed by Kelsey and attached on STAR

- Behavior Intervention and reporting *See attached document*
- Avoiding Power Struggles *Lesson on STAR*
- De-escalation Techniques *Lesson on STAR*

❖ **Emergency Procedures** – June: Health Emergency – (Amanda responsible)

- MISSING**: May: Fire Drill – Family room carbon/smoke detector (*Mary Kay responsible*)
BLOCKED EXIT DRILL (patio door)

Meeting Review:

A. **June Calendar Reviewed** – Reminder to turn in requests off by the 10th of the month prior. Calendars will be released on the 15th of the month. After the 10th of the month, staff will be responsible for filling their own shifts. (see attached calendars)

- Ideally, each staff would take one open shift on Friday and share the load as much as possible.

B. **Administration Memo** – see attached

- a. PTO Caps
- b. Meet your Neighbor Day
 - o Serving Rootbeer floats on Wednesday 25th from 11-1 or until out.
 - o Decorating the float Thursday and finishing up on Friday if needed.
 - o Prade on Saturday, the 28th.
- c. Expense Sheets – due by the 5th of every month.
- d. Clothing Order – the cost of your order will be deducted from the June 13th payroll.

C. **Behavior Plans/Data** – all clients have behavior plans in therap. These need to be charted on for **AM& PM shifts daily**. HS needs to chart if there is a behavioral incidence on their shift.

- a. Every individual that is prescribed a psychotropic medication needs to have a behavior plan – these will be done in Therap. This data is vital for the consumers to continue getting the therapeutic value out of their psychotropic medication.
- b. <https://support.therapservices.net/simulators-th/Behavior-Data-Record-Data-Web-2024/> This link will be sent to all staff via Scomm to practice submitting behavior data. On.
- c. Please chart behaviors that are under the behavior tab even if they seem to be their normal habits.

D. House Concerns

- o Charting
 1. Bag numbers need to be charted
 2. Case notes need to be done every day for every client. (Chart only what you complete)
- o Cleaning
 1. If you use something up, please replace it and make note if you notice the supply is getting low.
 2. If you spill something you are responsible for cleaning up the mess, having liquids left on the floor is a fall hazard for both staff and clients.\
 3. House should be straightened after the guys leave in the morning counters and table wiped off floors swept
 4. Check JO room for urine in the morning
- b. Outings – ideally eat food on outing at the restaurant
- c. BS and AT are budgeting their money please be supportive of the budget they have set.
- d. Snacks are going to be personal serving sized so that the guys are getting a wider variety and portion-controlled snacks.
- e. AT has chosen to keep the PS5 in his room. Please support AT with this decision. Please support AT with any tough conversations that come up due to his decision to keep the PS5 in his room.
- f. Please have staff fill in the menu with the main item, fruit and vegetable. (chicken, grn beans, strawberries). Do this for all meals so that the same items do not get served over and over.
- g. Reminder to document in a T-Log (per Joann at May Mtg) if WD mask is on or off at nightly checks CPAP documentation should be: usage number, events number and for the seal if its a smiley face=good, sad face=bad Remind staff not to document no concerns for the overnight. Document quiet all night and if a client gets up that should be documented.
- h. Jack OT. It was decided that the time on the Nustep will be increased to 8 minutes. Arm exercises were also added he is to use the Campbells soup cans for now until dumbbells can be purchased. He is to do 5-10 reps of bicep curls He is to do 5-10 reps of over the shoulder raises (start at chest and lift arm straight over the head) Jack will put a sticker on the day he has completed these exercises on the calendar on counter. He is to do these daily and is to be t-logged when he does them or if he does not do them.
- i. Please read the communication book when each shift comes on.
- j. Do not use items marked or stated in communication book for AT lunch to make meals. These are items AT has picked specifically for his lunches at DAC.
- k. Please remember to offer WD and JO their cans of pop
- l. CRSS to talk with AT about respecting staff's space and not poking them.
- m. Behavior report forms need to be filled out for:
 - o Behavior incidents,
 - o Consumer verbal abuse/ intimidation,
 - o Consumer to consumer physical aggression
 - o Consumer to staff aggression

- o Self-injurious behavior
 - o Sexual contact
 - o Property damage
- n. If a client ever threatens to hurt themselves or suicide, administration needs to be informed immediately.
- o. If you ever use an EUMR, the EUMR incident report needs to be filled out, and administration needs to be notified ASAP.

Consumer reports:

WAYNE: weight 191(+1.5)

APPTS: 5/13 Amber Deere – no med changes

OUTINGS: No sun church, Library, DQ, Legion for lunch, Bible study, Movie, Dell w/ mom/sister, bowling/eat out, went home memorial weekend, TRF dance/food, Main ST for BS birthday

BEHAVIOR/NORMAL: He has taken food from house and ODC

-feed birds/squirrels, look out windows, watch tv in his room and den, needs reminders most of the time with his laundry.

Outcome (ISP): Weekly, Wayne will write a letter or send a card to his mother or sister on Fridays.

JACK: weight 169.5 (-1)

APPTS: Music therapy wed's, 5/13 Amber Deere- no med changes, 5/2 - OT w/ Erin he is to do the Nustep for 5 in, got a side handle on tub, 5/23 follow up – Nustep for 8 min and arm exercises

OUTINGS: No sun church, Library, DQ, Legion for lunch, Bible study, Movie, Bowling/eat out, Main St for BS birthday, Funeral w/ sister, TRF dance/food.

BEHAVIOR/NORMAL: He did not want to do the arm exercises, but did not hesitate to do the Nustep, couple days he didn't do either

**going to camp end of month

Outcome (ISP): Jack will work on an art project.

BRANDIE: weight 135 (-.5)

APPTS: Alluma on thursdays, 5/20 saw Jessica

OUTINGS: Legion for lunch, Library, DQ, Bible study, Movie, Bowling/eat out, shopping, Main St for his birthday, TRF dance/food

BEHAVIOR/NORMAL: Snack in middle of night

-swore at staff about ps4 and has been rude couple times about leaving Alex room when Alex tells him

Outcome (ISP): Brandie will budget his personal needs money monthly with DCC.

ALEX: weight 159 (-1.5)

APPTS: Jolee on tuesdays

OUTINGS: Legion for lunch, Library, DQ, Bible study, Movie, Bowling/out to eat, Main St for BS birthday, went to little brothers graduation, watched Moms dog for a weekend

BEHAVIOR/NORMAL:

-Not keeping his room clean,

-Not putting clean clothes away

-He does not remember last time he vacuumed when asked and does not want to when tell him maybe he should vacuum

-He has been enjoying DAC so far

Outcome (ISP): Monthly, Alex will budget his personal needs money monthly with DCC.

Monthly, Alex will choose a baking item to make.

The next monthly staff meeting will be held Thursday, July 10th 2025 at 10:30a.

STAFF MEMBERS: meeting notes assigned to review this month due to illnesses amongst staff members

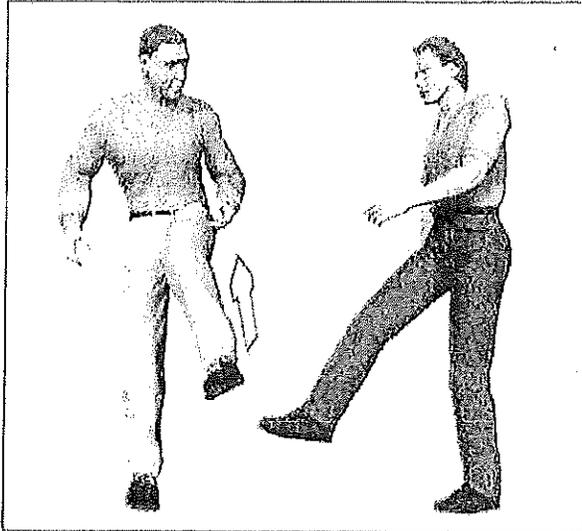
Name:		Position:	Name:		Position:
Kristal Walen	EXC	CEO	Cheryl Lubarski	Present	DCC
Kelsey Grandstrand	Present	CRSS	Mary Kay Stinar	Present	DCS
Henrietta Linder	Present	RN	Holly Confer	Present	DCS
JoAnn Saunders	Present	LPN	Amanda Mock	Present	DCS
			Madison Mock	Present	ONP

Authorized By: Kelsey Grandstrand CRSS

Acknowledgement completed in STAR Services

Caution

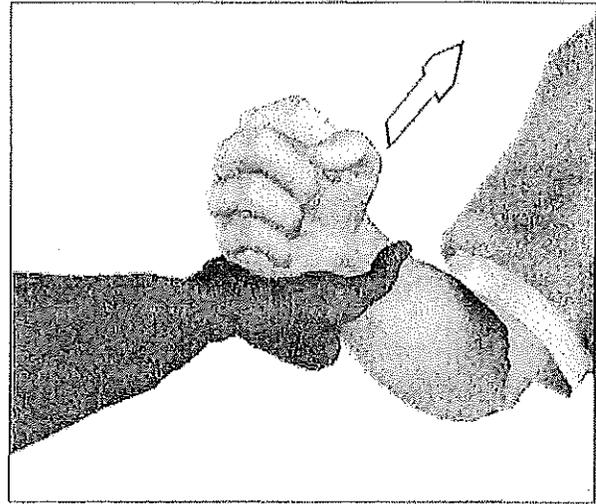
These Classroom Models should be learned and practiced only under the supervision of a Certified Instructor of the *Nonviolent Crisis Intervention* training program. Attempting to learn the techniques from the diagrams may result in injury.



cpi KICK BLOCK

In any strike situation, you can remove the target or deflect the weapon by placing an object between the weapon and the target. The act of blocking or shielding is based on your natural response—a primal reflex to protect yourself from a strike. In this example, the bottom of the staff member's foot is used to shield or block the oncoming kick.

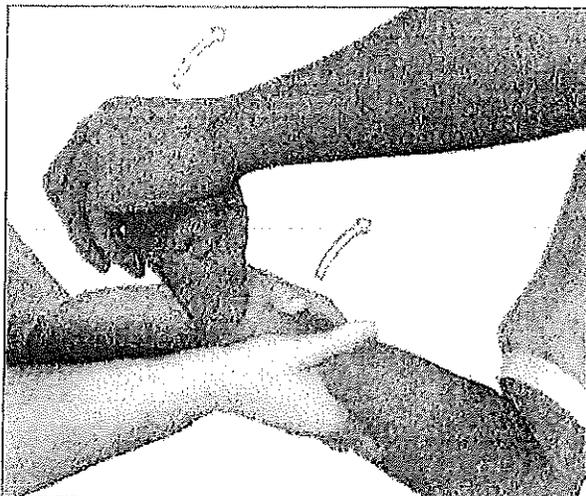
Attempt to move out of the way to maintain safety.



cpi ONE-HAND WRIST GRAB RELEASE

Gain a physiological advantage by using leverage and momentum to pull away from the weak area of the wrist grab (between the thumb and four fingers). You can increase your momentum and leverage by maintaining a balanced stance and using your body position to enhance your physiological advantage. At the same time, you can gain a psychological advantage by using a verbal distraction or an element of surprise.

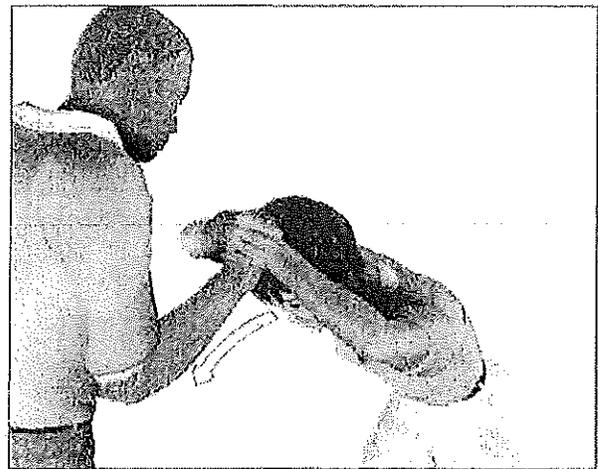
Release and attempt to move out of the way to maintain safety.



cpi TWO-HAND WRIST GRAB RELEASE

Gain a physiological advantage by using leverage and momentum to pull away from the weak area of the wrist grab (between the thumb and four fingers). You can increase your momentum and leverage by using your free hand to assist in pulling away from the grab, maintaining a balanced stance and using your body position to enhance your physiological advantage. At the same time, you can gain a psychological advantage by using a verbal distraction or an element of surprise.

Release and attempt to move out of the way to maintain safety.



cpi ONE-HAND HAIR PULL RELEASE

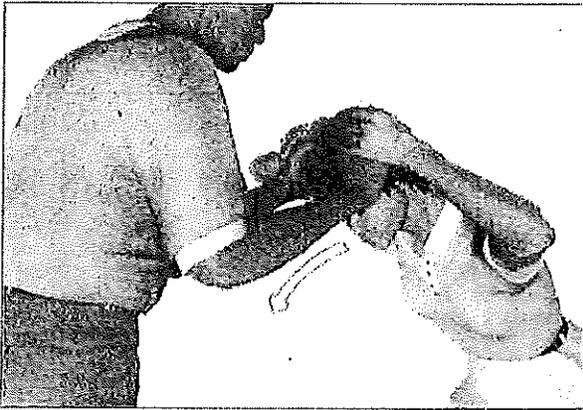
Immobilize this grab by securing the person's hand to your head. By using one or both of your hands to immobilize the person's hand, you can prevent further grabbing of hair and minimize injury. Move your head toward the person, leveraging the arm position to a 45-degree angle. The grip of the hair pull is levered backward, reducing the strength of the grip and opening up the weak point of the grab at the fingers. At the same time, you can gain a psychological advantage by using a verbal distraction or an element of surprise.

As your hair is released, attempt to move out of the way to maintain safety.



Caution

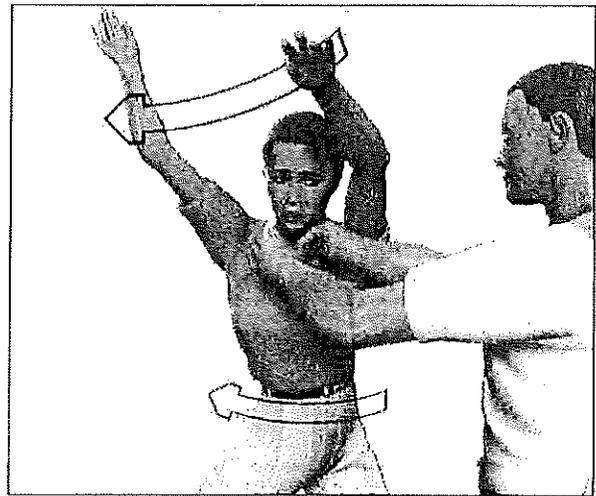
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cpi TWO-HAND HAIR PULL RELEASE

Use both of your hands to immobilize the person's hands on your head. By securing the hands to your head, you can prevent further grabbing of hair and minimize injury. Move your head toward the person, leveraging the arm position to a 45-degree angle. The grip of the hair pull is levered backward, reducing the strength of the grip and opening up the weak point of the grab at the fingers. At the same time, you can gain a psychological advantage by using a verbal distraction or an element of surprise.

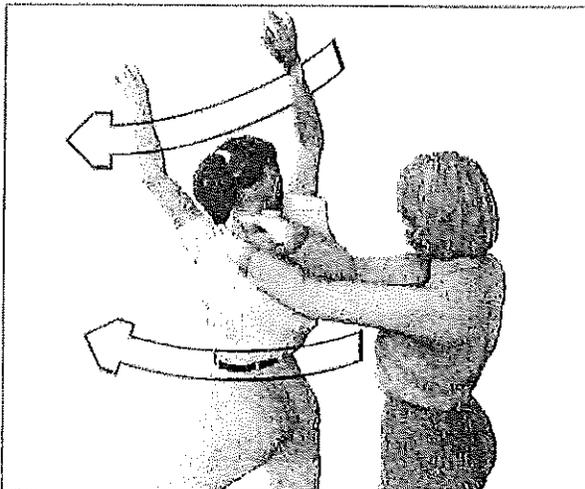
As your hair is released, attempt to move out of the way to maintain safety.



cpi FRONT CHOKE RELEASE

Raise your arms straight up for leverage. (This may also create a distraction.) Lean away to extend the individual's arms; this will weaken the grab. Create momentum by turning your shoulders and arms in a rotating motion away from the individual. Your shoulders will act as a lever while your momentum will assist in releasing the grab. Increase your psychological advantage by using a verbal distraction or an element of surprise.

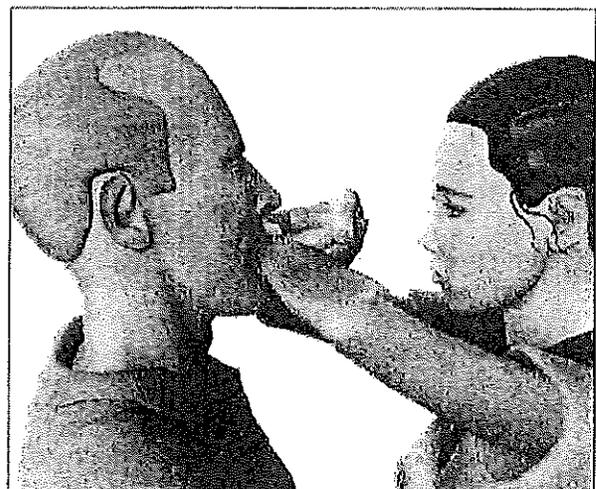
Attempt to move out of the way to maintain safety.



cpi BACK CHOKE RELEASE

Raise your arms straight up for leverage. (This may also create a distraction.) Lean away to extend the individual's arms; this will weaken the grab. Create momentum by turning your shoulders and arms in a rotating motion away from the individual. Your shoulders will act as a lever while your momentum will assist in releasing the grab. Increase your psychological advantage by using a verbal distraction or an element of surprise.

Attempt to move out of the way to maintain safety.



cpi BITE RELEASE

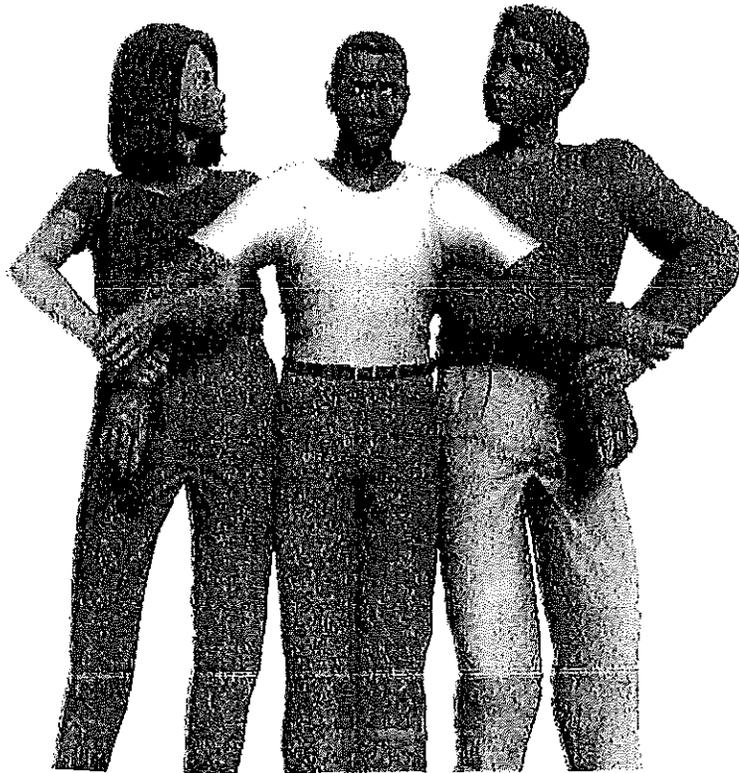
Avoid pulling away from the bite. Instead, lean into, or "feed" the bite, using the minimum amount of force necessary to cause the jaw of the person to open. You may also want to use your finger in a vibrating motion to stimulate the person's upper lip. This vibrating motion may result in a "parasympathetic response" that causes the mouth to open. At the same time, you can gain a psychological advantage by using a verbal distraction or an element of surprise.

Once the bite releases, attempt to move out of the way to maintain safety.



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Come-Along Position

This temporary control position allows you to maintain control of a person if it is necessary to escort them out of a room. It is similar to Transport Position above except inside of putting your arm through theirs, you would keep your hand on the back of their upper arm.

Face the same direction as the Acting Out Person while adjusting, as necessary, to maintain close body contact. Use right hand to hold their opposite wrist and use your left hand to guide them from the back of their arm. Gently guide them out of the room.



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Figure A



Figure B

Pages removed detail Nonviolent Physical Crisis Intervention positions.

CPI INTERIM CONTROL POSITION

This temporary control position allows you to maintain control of both of the individual's arms, if necessary, for a short time.

Starting from the CPI Transport Position, maintain control of the individual's arm, but release the "cross-grain grip." Use free arm to reach across and gain control of the opposite arm. (Fig. A) If the individual attempts to strike, use your free arm to block, and safely move away. (Fig. B)



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Figure A

cpi TEAM CONTROL POSITION

The Team Control Position is used to manage individuals who have become dangerous to themselves or others. Two staff members hold the individual as the auxiliary team member(s) continually assess the safety of all involved and assist, if needed. During the intervention, staff members who are holding the individual should:

- Face the same direction as the Acting Out Person while adjusting, as necessary, to maintain close body contact with the individual.
- Keep their inside legs in front of the individual. (Fig. A)
- Bring the individual's arms across their bodies, securing them to their hip areas. (Fig. B)
- Place the hands closest to the individual's shoulders in "C-shape" position to direct the shoulders forward. (Fig. C)

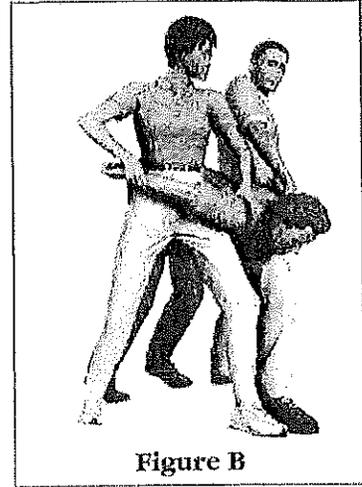


Figure B

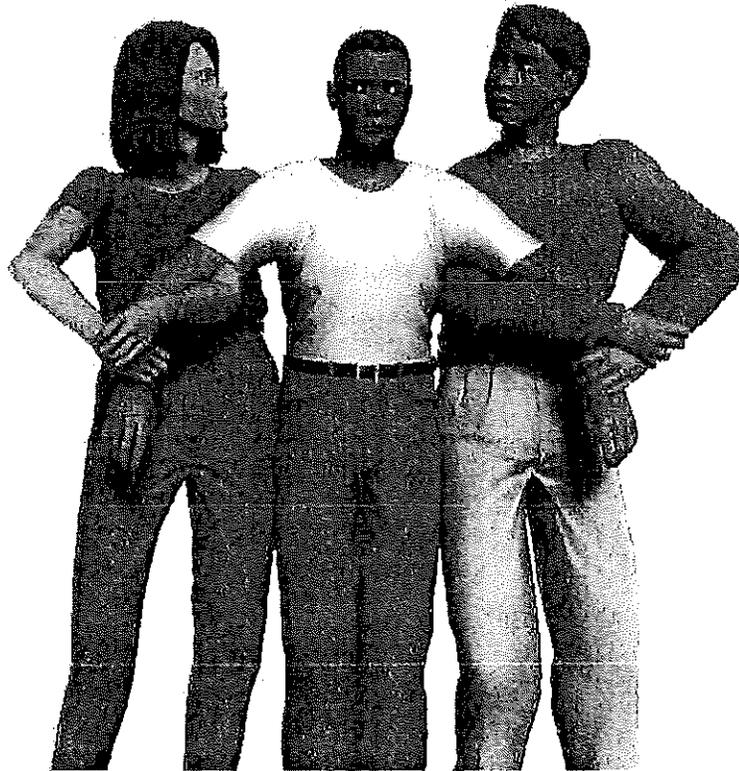


Figure C



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cpi TRANSPORT POSITION

This position will assist you in safely moving an individual who is beginning to regain control.

Prior to moving an individual, assist the person into a more upright position and remove your hand from the individual's shoulder. Reach under the individual's arm to grab your own wrist. This "cross-grain grip" better secures the individual between staff during transport. Remove your leg from directly in front of the individual prior to transport while maintaining close body contact.

It is not recommended to transport an individual who is struggling. If necessary, return to the CPI Team Control Position if the individual's and/or staff's safety is at risk.



EMERGENCY USE OF MANUAL RESTRAINT INCIDENT REPORT

Behavior intervention information *This section to be completed within 3 calendar days by staff who implemented the emergency use of manual restraint (EUMR).		
Name of person served:	Date of the EUMR:	Time of use:
Name and title of staff completing this section:		
Date of completion:		
Location type:		
Location address:		
Staff and persons served who were involved in the incident leading up to the emergency use of manual restraint:		
First name:	Last name:	Title:
First name:	Last name:	Title:
First name:	Last name:	Title:
Staff (if available) who monitored the person's health and welfare during the EUMR:		
First name:	Last name:	Title:
*If an additional staff was not available to monitor the EUMR, the staff conducting the EUMR is responsible for monitoring the person's health and welfare during the EUMR.		
The behavior the person displayed that required the use of an intervention included – choose all that apply:		
<input type="checkbox"/> Physical aggression/physical assault	<input type="checkbox"/> Self-injury/self-harm	
<input type="checkbox"/> Self-endangerment/risk to personal safety	<input type="checkbox"/> Property destruction/damage that could harm the person/others	
Describe the behavior intervention used and the resulting outcome:		
Length of use:		
Describe the physical and social environment, including who was present <i>before</i> and <i>during</i> the incident leading up to the emergency use of manual restraint:		
Describe what less restrictive alternative measures were attempted to de-escalate the incident and maintain safety before the manual restraint was implemented:		
Identify when, how, and how long the alternative measures were attempted before the manual restraint was implemented:		
Time when de-escalation occurred:		
Length of time involved in de-escalation efforts: hours minutes		
Describe the mental, physical, and emotional condition of the person who was restrained, and other persons involved in the incident <i>leading up to, during, and following</i> the manual restraint:		
Was there any injury to the person who was restrained or other persons involved in the incident, including staff, <i>before</i> or <i>as a result</i> of the use of intervention? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, indicate who was injured and what their injury(ies) were:		
If yes, indicate what care was provided for the injured person(s):		

EMERGENCY USE OF MANUAL RESTRAINT INCIDENT REPORT

Following the incident, was there a debriefing with the staff, and, if not contraindicated, with the person who was restrained and other persons who were involved in or who witnessed the restraint?

Staff: Yes No

Person served: Yes No

Other people: Yes No

If yes, describe the outcome of the debriefing:

If no, indicate whether a debriefing is planned:

Was a PRN psychotropic medication administered? Yes No

Was law enforcement or other first responders called? Yes No

Was there emergency psychiatric hospitalization? Yes No

Name of staff who implemented the EUMR _____

Date _____

Designated Coordinator review

*To be completed by the Designated Coordinator upon receipt and prior to the internal review. This information is used to assist in completion of the *Behavior Intervention Reporting Form (BIRF)*.

NPI/UMPI: _____ Location number: _____

Contact person/provider phone number: _____

Contact person/provider email address: _____

Type of service that was provided at time of behavior intervention: _____

First name/middle initial/last name of the person: _____

PMI number of person who needed the intervention: _____

Date of birth: _____

Gender: _____

County/Tribe Lead Agency funding the service: _____

County or Tribe where services are actually provided: _____

Diagnosis – choose all that apply: Developmental Disabilities Intellectual Disabilities (not from DD, i.e. BI)

Physical/Medical Disabilities Mental Illness Elderly with Age-Related Impairments

Total number of current prescribed psychotropic medications (including PRN psychotropic medications): _____

Does the person currently have – choose all that apply: Positive Support Transition Plan

Functional Behavior Assessment within the past 12 months Diagnostic Assessment within the past 12 months

Does this person have any conditions (medical or psychological) for which the physical behavioral intervention is contraindicated? Yes No

*This would be established in consultation with the person's support team. Please refer to the *Support Plan Addendum* for more information.

Does the person served require specialized or intensive behavior consultation and/or support services? Yes No

Does the person served require a plan for crisis respite placement? Yes No

Describe the plan to positively support the person and avoid the future use of behavior interventions:

Notifications



EMERGENCY USE OF MANUAL RESTRAINT INCIDENT REPORT

***The guardian/legal representative, designated emergency contact, and case manager must be notified within 24 hours of the emergency use of manual restraint.**

Include who was notified and the date and time of notification for the following persons or entities. Indicate 'NA' if it does not apply to the person:

Parent:	Date:	Time:
Legal representative*:	Date:	Time:
Designated emergency contact*:	Date:	Time:
Case manager*:	Date:	Time:
DHS Licensing:	Date:	Time:
Common Entry Point (CEP)/MAARC:	Date:	Time:
Office of the Ombudsman:	Date:	Time:
Agency designated internal review team:	Date:	Time:
Expanded support team:	Date:	Time:

Name of person completing the notifications

Date

Internal review of emergency use of manual restraint

***Within five (5) working days of the emergency use of manual restraint, the license holder's designated person who conducts internal reviews will complete the internal review of each report of the emergency use of manual restraint.**

Date of internal review: _____ This internal review must include an evaluation of the following information:

1. Whether the person's service and support strategies developed according to sections 245D.07 and 245D.071 need to be revised:
2. Whether related policies and procedures were followed:
3. Whether the policies and procedures were adequate:
4. Whether there is a need for additional staff training:
5. Whether the reported event is similar to past events with the persons, staff, or the services involved:
6. Whether there is a need for corrective action by the license holder to protect the health and safety of persons:

Based upon the results of the internal review, the license holder must develop, document, and implement a corrective action plan for the program designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any.

EMERGENCY USE OF MANUAL RESTRAINT INCIDENT REPORT

Describe the corrective action plan here, if any:

*The corrective action plan, if any, must be implemented within 30 days of the internal review being completed. Date of implementation:

Name of person completing the internal review

Date

Expanded support team review

*Within five (5) working days after the completion of the internal review, the license holder must consult with the expanded support team following the emergency use of manual restraint. This may be completed by the Designated Coordinator.

1. Discuss the incident reported and define the antecedent or event that gave rise to the behavior resulting in the manual restraint and identify the perceived function the behavior served:

2. Determine whether the person's *Support Plan Addendum* needs to be revised according to sections 245D.07 and 245D.071 to positively and effectively help the person maintain stability and to reduce or eliminate future occurrences requiring emergency use of manual restraint:

Legal representative:

Date of discussion:

Case manager:

Date of discussion:

Other professional (include name and title):

Date of discussion:

Name of the Designated Coordinator and/or Designated Manager

Date

Expanded review and reporting

*Within five (5) working days of the expanded support team review, the license holder must complete and submit to DHS the *Behavior Intervention Reporting Form* (DHS-5148-ENG-1). This submission meets the reporting requirements for reporting to DHS and the Office of the Ombudsman for Mental Health and Developmental Disabilities. This may be completed by the Designated Coordinator or Designated Manager and can be found on the following website:

<https://edocs.dhs.state.mn.us/lfs/secure/DHS-5148-ENG>

Date of information submission: _____

Date the copy of the *Behavior Intervention Reporting Form* (DHS-5148-ENG-1) was sent to the support team: _____



Marshall County
Group Homes, Inc.

BEHAVIOR REPORT FORM

Consumer Name: _____	Program: <u>CN CS M R IHS</u>	Date: _____
Time of Incident: _____ Length of Time Involved: _____ Recovery Time: _____		
List Names of person(s), employee(s) and/or client(s). Use client initials only: _____		
If not a client, list address, phone number and reason for person being at home: _____		

Type of Behavior (check all that apply)	Type of action/procedure (check all that apply)
<input type="checkbox"/> Consumer behavior incident	<input type="checkbox"/> First aid required
<input type="checkbox"/> Consumer to Consumer verbal abuse/intimidation	<input type="checkbox"/> Medical care of a doctor required
<input type="checkbox"/> Consumer to staff aggression	<input type="checkbox"/> PRN medication given
<input type="checkbox"/> Consumer to consumer physical aggression	<input type="checkbox"/> Controlled procedure required
<input type="checkbox"/> Self-Injurious behavior	<input type="checkbox"/> BUMR
<input type="checkbox"/> Sexual contact	<input type="checkbox"/> 911
<input type="checkbox"/> Property Damage	<input type="checkbox"/> CRSS or CEO contacted

DESCRIPTION OF EVENT: (use back of page if needed):

What was the consumer doing when the incident occurred?

What seemed to precipitate or build up to the incident? _____

Describe incident - What staff intervention was tried before incident occurred.

What were the undesirable behaviors displayed? _____

Has this particular behavior reaction occurred with this consumer previously? Yes No (if yes date: _____)

Were there physical injuries or property damage? Explain Nature and extent of injuries: _____

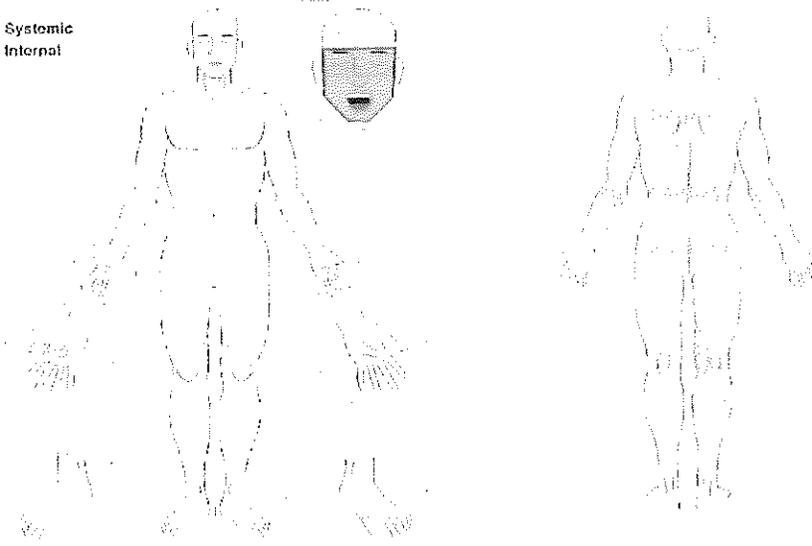
Please mark on diagram where physical injuries occurred



**Marshall County
Group Homes, Inc.**

BEHAVIOR REPORT FORM

Systemic
Internal



Description of procedures/action taken by staff: _____

Were staff actions effective in controlling behavior? If so, Results of action taken _____

Able to return to activity following the incident? ___Yes ___No (if no Explain why?) _____

Name of person administering first aid/medical care: _____

Reported by: _____ Title: _____

Program Supervisor or CEO to fill out bottom section

Recommendation in preventing similar occurrences or behaviors: _____

Signature: _____ Title: _____

RPS will send copies to: (enter date copy sent as well as if phone call was made)

_____ Program Home	_____ Case Manger	_____ Legal Guardian	_____ Ombudsman
_____ Other(Specify)			

If the action taken for a consumer is a controlled procedure or emergency use of manual restraint additional forms are Required *See Emergency Use of Manual Restraints Policy.

Marshall Place June 2025

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2	3	4	5	6	7
Wk 2	Admin-Kristal 9a-9p-Holly 9p-9a-Madison	AT DAC 10a-1p-Cheryl DCC 1p-9p-Cheryl 9p-9a-Madison	11a-1p-Cheryl DCC 1p-9p-Cheryl 9p-9a-Madison	AT DAC 11a-7.30p-Cheryl 4.30 p-9a-Holly CL- shop (WD)	AT-DAC 1p-9p- Amanda 9p-9a-MaryKay	9a-1.30p-MaryKay 1.30p-5p-Madison 5p-9p-Amanda 9p-9a-Amanda	Admin-Cindy 9a-9p-Amanda 9p-9a-Amanda
	8	9	10	11	12	13	14
Wk 1	Admin-Cindy 9a-8p-Amanda 8p-9a-Madison	AT-DAC 11a-1p-Cheryl DCC 1p-9p-(CL)Holly 9p-9a-Madison	11a-1p-Cheryl DCC 1p-9p-Cheryl 9p-9a-Madison	AT-DAC 1p-9p-Cheryl 9p-9a-Cheryl	AT-DAC 1p-9p-Amanda 9p-9a-Amanda	JO-OT 10am 9a-1.30p-Cheryl 1.30p-5p-(MM)MaryKay 5p-9p-Holly 9p-9a-Holly	Admin-Kristal 9a-9p-Holly 9p-9a-Holly
	15	16	17	18	19	20	21
Wk 2	Admin-Kristal 9a-8p-Holly 8p-9a-Madison	AT-DAC 9a-1p-Cheryl DCC 1p-9p-Cheryl 9p-9a-Madison	1p-9p-(CL)Holly 9p-9a-Madison	AT-DAC 9a-4p-Cheryl 4p-9p-(CL) Holly 9p-9a-Holly	AT-DAC 9a-1p-Holly 1p-9p-Amanda 10-2p-CL shop(10) 9p-9a-MaryKay	9a-1.30p-Holly 1.30p-5p-Madison 5p-9p-Amanda 9p-9a-Amanda	Admin-Kristal 9a-9p-Amanda 9p-9a-Amanda
	22	23	24	25	26	27	28
Wk 1	Admin-Kristal 9a-8p-Amanda 8p-9a-Madison	AT-DAC 11a-1p-Cheryl DCC 1p-9p-Cheryl 9p-9a-Madison	11a-1p-Cheryl DCC 1p-9p-Cheryl 9p-9a-Madison	AT-DAC 1p-9p-Cheryl 9p-9a-(CL)Madison	AT-DAC 1p-9p-(AM) Holly 9p-9a-(AM)Madison	9a-1.30p-(AM)Cheryl 1.30p-5p- Madison 5p-9p-Holly 9p-9a-Holly	Admin-Kristal 9a-9p-Holly 9p-9a-Holly
	29	30					
Wk 2	Admin-Kristal 9a-8p-Holly 8p-9a-Madison JO camp-drop off	AT-NO DAC 1p-9p-Cheryl 9p-9a- Madison JO camp			Meet your neighbor day parade. GH will have a float and the guys will be on it		28th-Marshall needs to be in Argyle by 10.45am and meet at Cedar North w/ guys wearing GH 50th t-shirts

7.15 Life Insurance

Eligible full-time and part-time regularly scheduled employees working 30 hours or more may enroll in this plan on the first of the month following their date of hire. You must complete an insurance form and designate your beneficiary.

The cost of this insurance is fully paid by MCGH. Participating employees may also be covered under the plan's Accidental Death and Dismemberment rider.

Complete details of this plan may be obtained from the ADM or the OM.

7.16 Military Leave (USERRA)

Marshall County Group Homes, Inc. complies with applicable federal and state law regarding military leave and re-employment rights. A military leave of absence will be granted to members of the uniformed services in accordance with the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA, with amendments) and all applicable state law. You must submit documentation of the need for leave to the ADM. When returning from military leave of absence, you will be reinstated to your previous position or a similar position, in accordance with state and federal law. You must notify your Program Director or Program Supervisor (PD or PS) of your intent to return to employment based on requirements of the law. For more information regarding status, compensation, benefits, and reinstatement upon return from military leave, contact the ADM.

7.17 Paid Time Off (PTO)

Marshall County Group Homes, Inc. provides full-time and part-time employees with paid time off (PTO). PTO may be used for vacation, sick time, or other personal matters.

Eligibility

- **Regular Full-Time Employees.** Regular full-time employees are normally scheduled to work at least 35 hours per workweek and are eligible for PTO.
- **Regular Part-Time Employees.** Regular part-time employees are normally scheduled to work at least 20 hours per workweek and are eligible for PTO.

Newly Hired Employees

PTO for the employee's first year of employment will be prorated based on the hire date. New hires are eligible to use PTO after completion of the 90-day introductory period.

Deposits Into Your Leave Account

- The amount of PTO received each year is based on your length of service and accrues according to an accrual schedule. The schedule is determined by the Corporation which sets an **annual max amount** as shown in the chart below.
- Once you reach the maximum accrual amount, you will not accrue any additional PTO until you use some of the accrued but unused PTO and the amount falls below the maximum accrual amount.
- You will not receive retroactive credit for any period in which you did not accrue PTO because you accrued the maximum amount.
- Unused PTO can be carried over to the following year, up to the annual max amount as listed in the chart below.

*PTO Full-Time (35 + hours scheduled/week)		*PTO Part-Time (minimum 20 hours scheduled/week)	
1-5 years	6-10 years	1-5 years	6-10 years

6.5 hours/PP 169 Annual Max	7.5 hours/PP 195 Annual Max	4.875 hours/PP 126.75 Annual Max	5.625 hours/PP 146.25 Annual Max
11-15 years 8.5 hours/PP 221 Annual Max	16-20 years 9.5 hours/PP 247 Annual Max	11-15 years 6.375 hours/PP 165.75 Annual Max	16-20 years 7.125 hours/PP 185.25 Annual Max
21+ years 10.5 hours/PP 273 Annual Max		21+ years 7.875 hours/PP 204.75 Annual Max	

Requests for Leave

You must request PTO through the payroll system.

If you intend to use PTO for vacation purposes, you are required to provide notice by the 10th of the month prior to the request. If you are using PTO for personal/sick reasons, we ask that you provide as much notice as possible, if the need for leave is foreseeable.

The Corporation will generally grant requests for PTO when possible, taking business needs into consideration. When multiple employees request the same time off, their length of employment/seniority may determine priority in scheduling PTO.

You must take PTO in increments of at least 15 minutes.

During a Leave of Absence

The Corporation may require you to use any unused PTO during disability or family medical leave, or any other leave of absence, where permissible under local, state, and federal law.

You will not accrue PTO during unpaid leaves of absence, or other periods of inactive service, unless PTO accrual is required by applicable federal, state, or local law.

Separation of Employment

Upon separation of employment:

- non-exempt employees who resign or retire with at least a 10-working day notice - and no time off is used during that period - will be paid 50 percent of their remaining unused PTO time.
- Exempt employees who resign or retire with at least 30 days' notice - and no time off is used during that period - will be paid 50 percent of their remaining unused PTO time.
- MCGH board of directors approved in February 2024 to allow employees the opportunity to **use PTO hours over 40 hours a week, when the following requirements are met:**
 1. PTO hours used were for a SCHEDULED day off in the employee's normal work schedule and was requested off by the 10th of the month prior according to policy listed below under **requests for leave**.
 2. Employees pick up a shift that is **not** part of their normal work schedule, in the same week as the scheduled PTO can still use the PTO hours as they are not counted as hours worked or OT. See Example:

Normal work schedule is 40 hours/wk 8a-4p M-F.

Employee works:

Monday-8a-4p

Tuesday-8a-4p

Wednesday-8 hours PTO

Thursday-8a-4p

Friday-8a-4p

Saturday-8a-8p-Picked up shift

Total hours for the week: 32 hours-normal scheduled hours

8 hours-PTO for normal scheduled hours

12hours-picked up **NOT** part of normal scheduled hours

How hours are Paid:

48 hours-paid at regular hourly rate (40 hours worked, 8 hours PTO)

4 hours are paid at Overtime rate

7.18 Section 125 Plans

MCGH offers a pretax contribution option for employees. This employee benefit is known as a Section 125 plan.

A Section 125 plan is a benefit plan that allows you to make contributions toward premiums for medical insurance, dental insurance, vision care insurance and out-of-pocket medical expenses or dependent care expenses on a "before tax", rather than an "after tax" basis. Your premium contributions and qualified expenses are deducted from your gross pay before income taxes and Social Security is calculated.

To participate in this plan, complete an election form and return it to the ADM or the OM.

You cannot make any changes to your pretax contributions until the next open enrollment period, unless your family status changes or you become eligible for a special enrollment period due to a loss of coverage. Family status changes include marriage, divorce, death of a spouse or child, birth or adoption of a child or termination of employment of your spouse. A change in election due to a change in family status is effective in the next pay period.

7.19 Unemployment Compensation Insurance

Unemployment compensation insurance is paid for by Marshall County Group Homes, Inc. and provides temporary income for employees who have lost their job under certain circumstances. Your eligibility for unemployment compensation will, in part, be determined by the reasons for your separation from the Corporation.

7.20 Vision Care Insurance

Eligible full-time and part-time regularly scheduled employees may enroll in an employee only, an employee plus children, an employee plus spouse or a family contract on the first of the month following their date of hire.

A handout containing the details of the plan and the eligibility requirements and enrollment forms may be obtained from the ADM or the OM.

If you elect dependent coverage, you are responsible for paying the difference through payroll deduction.

Refer to the actual plan document and summary plan description if you have specific questions regarding this benefit plan. Those documents are controlling.

At the end of employment you may be entitled to continuation or conversion of the group vision insurance plan in accordance with the terms of the policy and/or applicable state and federal law. For more information, contact the ADM or the OM.

7.21 Workers' Compensation Insurance

Workers' compensation is a no-fault system designed to provide benefits to all employees for work-related injuries. Workers' compensation insurance coverage is paid for by employers and governed by state law. The workers' compensation system provides coverage of medical treatment and expenses, occupational disability leave, and rehabilitation services, as well as payment for lost wages due to work related injuries. If you are injured on the job while working at Marshall County Group Homes, Inc., no matter how slightly, you

