

RIVER PLACE

STAFF MEETING SUMMARY

Subject: River Place Staff Meeting

Date: July 7th, 2025

Time: 10:00AM-12:15PM

❖ **Safety/Health Review** –

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

❖ **Nursing Inservice** – NA

❖ **Program policies (STAR)** – Bed bath (assigned on STAR)

❖ **Emergency Procedures** – Severe weather: hail, thunderstorms, natural disasters, fire, flood.

- June: Fire Drill- NE Bedroom #2 (CO) Smoke Detector (Kelly)

Meeting Review:

- A. **July Calendar Reviewed** – Reminder to turn in requests off by the 10th of the month prior. Calendars will be released between the 14th-16th of the month. After the 10th of the month, staff will be responsible for filling their own shifts. (see attached calendar)
- B. **Administration Memo** – see attached
- Warren Fair:
 - Decorating the float Tuesday the 22nd 10:30am River Place Garage
 - Parade on Wednesday, the 23rd. Line up at 5pm parade starts at 6pm
 - Warren Crazy Days: Thursday August 14th
 - Serving Root beer floats
 - Expense Sheets – due by the 5th of every month.
 - Reminder: Staff and Staff family must stay away from the homes when not working. (This means that you CANNOT stop by for any reason.) You all need to understand this is our commercial insurance company's policy. None of the staff except for administration have the approval to be at the homes at any given time. This is putting the group homes at huge risk of losing insurance. Effective immediately if you are at the house when you are not scheduled to work you will be written up and reported to insurance. If insurance states, you are a liability and not insurable you will not have a job. I do not know how else to make this clear.
 - All concerns need to be taken to the supervisor. This is the job of the supervisor, and they cannot handle things if they are not brought to their attention. Please send these concerns in an SCOMM so that there is documentation and then the supervisor will contact you to discuss it further.
 - We will be transferring all the medications back to the Warren Pharmacy. Please be patient with Kelsey and Cindy as they work with the pharmacy and give them time to get things set up.

Bubble packets will be used, and they will put as many AM and PM meds in each bubble that they can to reduce the number of packets needed.

- Signs with your programs name will be put up at the end of the month outside of the homes to help assist in locating our homes for emergency personnel, delivery drivers and visitors.
- Staff cannot be paying for clients under any circumstances. If clients do not have funds available to them at the time of purchase, they cannot do the transaction. (Even if there are funds at home.) Clients CANNOT reimburse staff from their personal funds. These transactions end up having to come out of the office budget, and there is no room for them. Legally staff cannot purchase anything for the clients under any circumstances.
- MA/Medicare - Individual's will need to complete renewal paperwork every 6 months. This needs to be completed in a promptly so there is no lapse in coverage. If there is a lapse, the individual will lose benefits.
- Ring cameras will be installed at the point of entry doors.
- Nursing meeting was held with Henrietta, Kristal, Kelsey and Cindy as Henrietta would like to start stepping back towards retirement. Gena will start to train with Henrietta and eventually take over as the lead nursing staff.
- DHS Direct Care Support Grant – This will be dispersed in July. Kristal has entered all the increase of wages into payroll.
- Kristal will be sending out a Parade Memo for the Marshall Co Parade with times and dates to decorate the float, riding the float, taking down the float and serving root beer floats on Crazy Dayz in Warren. This is to celebrate the 50th Anniversary of MCGH!

C. **Behavior Plans/Data** – Wayne and Jeff 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.

- 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.
- <https://support.therapservices.net/simulators-th/Behavior-Data-Record-Data-Web-2024/> This link is in a Scomm that you should have recieved to practice submitting behavior data. On.
- Please chart behaviors that are under the behavior tab even if they seem to be their normal habits.

D. **House concerns** –

❖ Old Business

- *MAR checks* – Please look over the MAR at the conclusion of your shift to ensure you have not missed charting anything you completed or administered.
- Please read the communication book when coming on to each shift. (**Stand up on the counter**)
- Charting
 - Intake and output need to be charted for Cheryl and Jeff. There is a cheat sheet that was made to take notes during your shift, then chart at the end of your shift.
 - Bag numbers need to be charted
 - Case notes need to be done every day for every client. DO NOT chart on items that you have not completed that is fraud.

- Cleaning
 - ALL pots and pans are to be hand washed. This will extend the life of cookware considerably.
 - We will look into getting a disinfectant and sanitizing solution for hand washed dishes.
 - Please remember that any hand washed dishes must air dry.
 - When loading silverware please load handles up.
- Parking
 - Please Park in the far row the handicap spot it for handicap guests.
- Bowel Protocol
 - Nursing and administration will discuss charting BMs will update on any changes. (This is happening this week.)
- ❖ New Business
 - Laundry- you CANNOT wash client's laundry together period. This must stop. All clients should have a hamper in their rooms and laundry should be washed one client at a time this includes bedding. You are spreading germs and possible disease by doing this. The only Items that can be washed together are dish rags/towels, napkins.
 - Towels can be washed together but use the sanitizing solution.
 - Please remember everyone's version of cleaning is different. **The priority needs to be clients and client cares.** We need to focus more on working as a team and not picking apart our co-workers for how a bed is made, or how dishes are put away or laundry is folded. Give grace and be thankful that it is done.
 - There is not a policy that states that clients must be up and completely ready for the day by the time the next shift comes. This is a 24/7 care facility, some of the clients do not have anywhere to go, it is not in their best interest or fair to them to get up at 6am just so that they are ready, so the next shift does not have to do anything.
 - The flowers are a shared responsibility please check to make sure they are watered.
 - It is the overnights responsibility to administer meds before they serve breakfast if they have time to serve breakfast they are free to do so.
 - Please prepare a meal for CO to take to DAC the nights before she goes so SUN, TUE, WED evenings.
 1. If you make a meal and Cheryl really enjoys it and it is freezable please freeze a few portions.
 - When giving a shower it's best practice to shower head to toe. Make sure to scrub behind the ears.
 - When baking in the oven if you think there is a chance of the dish boiling over please place a cookie sheet underneath it.
 - We will look into getting aluminum baking sheets to put under items.
 - Always supervise clients when eating this is for their safety and is mandatory.
 - Please put the commode part on Cheryl's shower chair when showering her. I know it is easier to let the stool down the drain. But if you don't use the commode under the shower chair during her shower then the shower needs to be completely sanitized not just the floors but all the walls as the stool splatters and also make sure the drain is clear of stool and sanitized also.
 - Whenever charting LOA there needs to be a reason charted in the comment box.
 - UNDER NO CIRCUMSTANCES should client's items be used for staff needs.

- When you unplug the charger from JW feeding tube please unplug the charger from the wall as well.
- Signage will be hung on the back of client doors letting you know of their code status.
- If WF has a seizure, please record the time of the seizure and then a separate time of the time it takes to return to baseline behavior. We will be getting 4 clocks with second hands to be hung around the house so you can keep accurate time.
- JW has a new feeding tube the center port is for feeding and the side port is for meds.
- Meds are to be administered to clients by pm shift before they leave and the overnight staff comes on.

Consumer reports:

Wayne –

Client- weight - 6/7 - 162, 7/2 - 166

DIET: Low carb diet-Wayne is to have 4 carb choices per meal and 1-2 per snack. One carb choice equals 10-15 grams of carbs.

Appointments: Wayne had a dentist's appointment in Fergus Falls. He had his teeth cleaned and an exam, in which they found a loose tooth and put him on the waiting list for the dental hospital. The hygienist said that it is about a year out. Wayne case manager was notified. Wayne had his yearly appointment with Dr. Roller, no change to medication, but he would like to have a Documentation of the total time of the actual seizure and a total time of the out of seizure mode before he returns to activity. Wayne had labs done for Dr. Baig.

Behaviors/concerns: none

Outings:none

Ambulates with 1 assist and walker during the day. PROM to all extremities BID. Exercise program BID (Upper Extremity bike BID). Wear compression socks during the day.

Outcome (ISP): Wayne will participate in exploring the herb garden daily with physical assistance from staff.

Cheryl –

Client- weight 6/4 - 102, 7/2 - 98.1

DIET: Mechanical soft – small bite sized pieces and drink offered between bites.

Appointments: Cheryl had her yearly visit with Katie Benson. Cheryl had an appointment with Dr. Roller. She had her Botox injections in her arm.

Behaviors/concerns: DCC sent a MyChart note to Dr. Mackie, to schedule an endoscopy appointment. The DCC explained to Cheryl's brother that she had been having symptoms. Staff are waiting for a response from Dr. Mackie's office. An endoscopy personal called and the appointment is scheduled for the end of August.

Outings: Cheryl went to bible study where the 6th grade class put on a puppet show performance and sang songs. Cheryl attended Polish Day in Florian, she seemed to have fun during the polka mass and ate lunch. She saw a few friends she knew and were busy teasing the staff's kids. Cheryl participated in the Meet Your Neighbor Day Parade for the Marshall County Group Homes 50 year celebration.

PROM to all extremities BID. Wears wrist brace on right hand during the day. Tilt W/C for a few minutes every hour. Reposition twice during the night

Outcome (ISP): On average, once every 3 months, Cheryl will participate in an individualized outing.

Jeff -

Client- weight 6/4 -160, 6/11 -159, 6/18 - 160.2, 6/25 - 159, 7/2 -157

DIET: Promote finely chopped and smooth consistency foods for Jeff. Prepare it in a way he can eat it

Appointments: none

Behaviors/concerns: Jeff has a new hospice nurse named Kim. The DCA informed her all about Jeff and where the folder was in Jeff's room to chart notes in. Jeff seemed to connect with her. Jeff has been given his Glycopyrrolate a few times this week. Staff will administer Glycopyrrolate going forward, when notice moisture sounds. Jeff did have a tough weekend, where he didn't look so go. The DCA took his suction machine to Corner Home medical as it would not charge. The DCA brought back a new one. The DCC took Jeff's feeding pump to Corner Home Medical to get the door fixed. They replaced it with a new door, and it is as good as new. Jeff had some new med changes please carefully read the t-logs and look at the mars. Hospice nurse visited on 7/3/25 with following order: Apply a very small amount Thera honey to wounds on both outer feet just below small toe using a Q-Tip or gloved finger, then cover with a 2x3 Opti foam Gentle EX dressing. Leave dressing on till next week when the hospice nurse returns. Will change weekly or when it falls off. During shower cover areas with saran wrap to keep areas dry.

PROM exercises BID, hand braces worn 2-3x daily for time tolerated, tilt w/c 30 secs every 30 minutes when in chair, Reposition every two hours when in bed and 2x during the night

Courtney –

Behaviors/concerns: Courtney has been coming on a more regular basis. She has enjoyed playing cards with the staff.

Outings: *No outings this month*

The next monthly staff meeting will be held Monday, August 4^h, 2024 at 10:00am.

STAFF MEMBERS PRESENT:

Name:		Position:	Name:		Position:
Kristal Walen	Present	CEO	Cindy Blacklance	present	DCS
Kelsey Grandstrand	present	CRSS	Ashley Nygaard	present	DCS
Henrietta Linder	present	RN	Jeanne Johnson	present	DCS
JoAnn Saunders	present	LPN	Pam Abrahamson	present	DCS
Kelly Nordine	present	DCC	Billie Volker	present	ONP
Carolyn Jorgenson	present	DCA	Hannah Johnson	present	DCS
Jenna Enloe	EXC	DCS	Holly Confer	present	DCS

Authorized By: Kelsey Grandstrand CRSS

Acknowledgement completed in STAR Services



POLICY AND PROCEDURE ON EMERGENCIES

I. PURPOSE

The purpose of this policy is to provide guidelines on preparing for, reporting, and responding to emergencies to ensure the safety and well-being of persons served.

II. POLICY

The company will be prepared to respond to emergencies as defined in MN Statutes, section 245D.02, subdivision 8, that occur while providing services, to protect the health and safety of and minimize risk of harm to the person(s) served. Staff will address all emergencies according to the specific procedure outlined in this policy and act immediately to ensure the safety of persons served. After the situation has been resolved and/or the person(s) involved are no longer in immediate danger, staff will complete the necessary documentation in order to comply with licensing requirements on reporting and to assist in developing preventative measures, if applicable. For incident response procedures, staff will refer to the *Policy and Procedure on Responding to and Reporting Incidents*.

All staff will be trained on this policy and the safe and appropriate response to and reporting of emergencies. Program sites will have contact information of a source of emergency medical care and transportation readily available for quick and easy access. In addition, a list of emergency phone numbers will be posted in a prominent location and emergency contact information for persons served at the facility including each person's representative, physician, and dentist.

III. PROCEDURE

Defining emergencies

- A. Emergency is defined as any event that affects the ordinary daily operation of the program including, but not limited to:
1. Fires.
 2. Severe weather.
 3. Natural disasters.
 4. Power failures.
 5. Emergency evacuation or moving to an emergency shelter.
 6. Temporary closure or relocation of the program to another facility or service site for more than 24 hours.
 7. Other events that threaten the immediate health and safety of persons served and that require calling "911."

Preparing for emergencies

- A. To be prepared for emergencies, a staff person trained in first aid will be available on site in a community residential setting, and when required in a person's *Support Plan and/or Support Plan Addendum*, be able to provide cardiopulmonary resuscitation (CPR), whenever persons are present and staff are required to be at the site to provide direct services.
- B. Each community residential setting will have first aid supplies stored in the medication cupboard available for use by, and that meet the needs, of persons served and staff. The first aid kit will contain, at a minimum, bandages, sterile compresses, scissors, an ice bag or cold pack, an oral or surface thermometer, mild liquid soap, adhesive tape.
- C. Community residential setting facilities will have:
1. A floor plan available that identifies the locations of:
 - a. Fire extinguishers and audible or visual alarm systems
 - b. Exits, primary and secondary evacuation routes, and accessible egress routes, if any
 - c. An emergency shelter within the facility
 2. A site plan that identifies:
 - a. Designated assembly points outside the facility
 - b. Locations of fire hydrants



POLICY AND PROCEDURE ON EMERGENCIES

- c. Routes of fire department access
 3. An emergency escape plan for each resident.
 4. A floor plan that identifies the location of enclosed exit stairs for facilities that have three (3) or more dwelling units.
- D. Quarterly fire and severe weather drills will be conducted throughout the year on various days of the week and times of the day or night. Staff and persons served in the facility will not be notified prior to the drill, if possible, to ensure correct implementation of staff responsibilities for response. The manager or designee will be responsible for the initiation of the emergency drill and will record the date, day, and time of the drill in the emergency plan files.
- E. As part of the emergency plan file kept at the facility site, the following information will be maintained:
1. The log of quarterly fire and severe weather drills.
 2. The readily available emergency response plan.
 3. Emergency contact information for persons served at the facility including each person's representative, physician, and dentist.
 4. Information on the emergency shelter within the facility and the designated assembly points outside the facility.
 5. Emergency phone numbers that are posted in a prominent location.
- F. If persons served require the use of adaptive procedures or equipment to assist them with safe evacuation, staff will receive specific instruction on these procedures and equipment.

Responding to emergencies

- A. Staff will call "911" based upon the emergency situation as provided in each individual response procedure as stated below.
- B. **Fire**
1. Staff will respond immediately to all fire and smoke detector alarms or signs of fire by activating the alarms system.
 2. All persons will be evacuated from the building by staff and assembled at the established designated assembly point outside the facility.
 3. "911" will be immediately called from a neighbor's telephone or a cell phone in order to report the fire.
 4. Staff will contain the area of the fire, if feasible, by closing doors. If it is possible to put out the fire with a fire extinguisher, staff will attempt to do so.
 5. Staff will notify the manager or designee.
 6. Persons served and individuals will not reenter the program site until the police or fire department issue instructions that the area is safe.
 7. If the program site is not habitable and relocation to a designated safe area such as an emergency shelter is necessary, staff will follow the procedures in Letter E of this **Responding to emergencies** section.
- C. **Severe weather conditions and natural disasters**
1. At the first sign of severe weather, including but not limited to high winds, heavy snow or rain, or extreme temperatures, staff will confirm the location and safety of all persons served.
 2. Staff will listen to the radio or watch television for current weather conditions.
 3. Upon hearing sirens or a take cover warning, staff will notify all persons that they need to seek shelter and will guide all persons to the designated safe area in the facility and will also bring a battery-operated radio or television set, first aid kit, and flashlight.
 4. If feasible, persons served but not scheduled for supervision will be called and warned.
 5. Staff will assist all persons in staying in the safe area until an all clear is issued through the radio or by other means.
 6. If an injury or damage occurs, staff will notify the manager or designee and follow directions given.
 7. If relocation to a designated safe area such as an emergency shelter is necessary, staff will follow the



POLICY AND PROCEDURE ON EMERGENCIES

procedures in Letter E of this **Responding to emergencies** section.

D. Power failure (electricity outage or gas leak)

1. During a power failure, all staff will remain with persons served. If persons are not in the immediate area at the program, staff will locate them and bring them to the central program area.
2. The power company will be contacted by cell phone to determine estimated length of the power outage. If estimated to last less than two hours, the manager or designee will be contacted to determine what actions will be taken. If the power outage is to last more than two hours, staff will transport the persons to a safe area or location as previously established by the manager.
3. If gas is smelled or a gas leak is suspected, staff will evacuate persons to the established designated assembly point outside the facility.
4. The gas company will be immediately notified and instructions followed.
5. No one will be permitted to use lighters, matches, or any open flame during this time. All electrical and battery-operated appliances and machinery will be turned off until the all clear has been provided.
7. The manager or designee will be notified of the gas leak. This call will be made by staff from the safe area using a cell phone or from a neighbor's phone.
8. If relocation to a designated safe area such as an emergency shelter is necessary, staff will follow the procedures in Letter E of this **Responding to emergencies** section.

E. Emergency evacuation, moving to an emergency shelter, and temporary closure or relocation of the program to another facility or service site for more than 24 hours

1. Staff will ensure that everyone leaves the building and will assist all persons in gathering at the designated assembly point outside the facility.
2. Staff will immediately notify the manager or designee of the conditions that may require emergency evacuation, moving to an emergency shelter, temporary closure, or the relocation of program to another site.
3. The manager or designee will coordinate relocation of services in a way that promotes continuity of care of persons served.
4. The manager or designee will coordinate and assist staff as necessary in transporting persons to the designated location.
5. If access to the program site is permitted, staff will transfer persons' program files, clothing, necessary personal belongings, current medications, and medication administration records to the designated location.
6. The manager will notify the legal representative or designated emergency contact, and case manager, and other licensed caregiver (if applicable) of the new location of the program if necessary.

F. Other events that threaten the immediate health and safety of persons served and that require calling "911"

1. Pandemic event: Upon request, staff will cooperate with state and local government disaster planning agencies working to prepare for or react to emergencies presented by a pandemic outbreak.
2. Bomb threat
 - a. Upon receiving a bomb threat, staff at the program site should pull the fire alarm, if available.
 - b. Staff will ensure that everyone leaves the building and assembles at the designated assembly point outside the facility.
 - c. Staff will immediately call "911" from a neighbor's telephone or a cell phone.
 - d. Staff and persons will remain outside the building until further instructions are received from the police or fire department.
 - e. If unable to re-occupy the building, staff will follow the procedures in Letter E of this **Responding to emergencies** section.
3. Repeated and unwanted or threatening phone calls
 - a. Upon receiving repeated and unwanted or threatening phone calls, staff will hang up the phone immediately or encourage the person served to hang up the phone.
 - b. Staff will lock all doors and windows.



POLICY AND PROCEDURE ON EMERGENCIES

- c. Staff will monitor the frequency of disruptive phone calls, informing the manager when the calls continue to a point where the safety of persons served is in question or when the calls are personally threatening or environmentally threatening to a program site or property.
- d. Staff will call "911" if at any point they feel threatened.
- e. The manager will determine when and if the telephone number will be changed due to the harassing or threatening telephone calls.

Reporting emergencies

- A. Staff will immediately notify the manager that an incident or emergency has occurred and follow direction issued to them and will document the incident or emergency on an *Incident and Emergency Report* any related program or health documentation. Each *Incident and Emergency Report* will contain the required information as stated in the *Policy and Procedure on Reviewing Incidents and Emergencies*.
- B. If an incident resulted from the emergency situation, the manager will maintain information about and report incidents to the legal representative or designated emergency contact and case manager within 24 hours of an incident occurring while services are being provided, within 24 hours of discovery or receipt of information that an incident occurred, unless the company has reason to know that the incident has already been reported, or as otherwise directed in the person's *Support Plan* and/or *Support Plan Addendum*.
- C. When the incident or emergency involves more than person served, the company and staff will not disclose personally identifiable information about any other person served when making the report to each person and/or legal representative and case manager unless the company has the consent of the person and/or legal representative.
- D. If a serious injury or death were to occur as a result of the emergency situation, staff will follow the response and reporting procedures as stated in the *Policy and Procedures on Responding to and Reporting Incidents* and, if needed, the *Policy and Procedure on Death of a Person Served*.



Date: July 1, 2025

To: Marshall County Group Homes Direct Care Employees

From: Kristal Walen, CEO

Re: Differential Pay

Marshall County Group Homes, under the advisement of our accountants, has had to make a difficult decision and cut the differential pay effective with the August 22, 2025, Payroll (pay dates: 8/3/25-8/16/25). **All current differential pay will no longer be paid out starting 8/3/2025.**

This decision was not made easily. Currently with 2 open beds and the legislation proposing a cut to the daily rates for clients residing in the homes at a minimum of 4 percent, we are forced to make some financial decisions. As we are able to fill the beds, we will look at the possibility of bringing back differential pay again.

MCGH will pay the weekend differential of \$2/hour between the hours of Friday at 4p through Sunday at 9p.

Please contact me with any questions.

Your support and understanding are appreciated. Thank you all for everything you do for MCGH.

Sincerely,

A handwritten signature in black ink, appearing to read "Kristal", followed by a long horizontal flourish.

Kristal Walen, CEO

cc: Angie Sobolik & Jay Friedt, Accountants with Dahl, Hatton, Muir & Reece, LTD.
Marshall County Group Homes, Inc. Board of Directors.

July Schedule

updated 7/04/2025

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
WK 2	<p>June 29 Kristal 7a-5p-Cindy 8a-9p-Hannah 5p-9p-Pam 9p-9a-Hannah Carolyn On Call</p>	<p>June 30 Manager meeting 1p-3p* 6a-4p-Cindy 8-9p-Carolyn* 1p-3p - Kelly* 4p-8p-Pam 8p-8a-Billie</p>	<p>July 1 WF Appt* 7a-12p-Cindy 12p-5p-Holly 8a-9p(CJ) Jeanne 5p-8p-(PA)Holly 7a-10a -Kelsey* 7a-10a-Kelly* 8p-8a-Billie</p>	<p>2 6a-9p-Kelly 8a-8p-Ashley</p>	<p>3 6a-4p-Cindy 8a-9p-(CJ) Jeanne 12p-3p - Kelly*(Groc) 4p-8p-Pam 8p-8a-Billie</p>	<p>4 7a-8p-Kelly 8a-9p-Ashley 8p-8a- Billie Kelly On Call</p>	<p>5 Kristal 7a-9p-Ashley 8a-5p-Kelly 5p-8p(HJ)Pam 8p-8a(HJ)Jeanne Kelly On Call</p>
WK 1	<p>6 Kristal 7a-5p-Ashley 8a-9p(HJ)Jeanne 5p-9p-Pam 8p-8a-(HJ)Ashley Kelly On Call</p>	<p>7 River Meeting 10a-12p 6a-4p-Cindy 8a-9p-(CJ)Kelly 4p-8p-Pam 8p-8a-Billie</p>	<p>8 7a-4p-Cindy 2a-9p-Carolyn 8a-2p-Holly 4p-8p-(PA) Holly 8p-8a-Billie</p>	<p>9 6a-9p-Kelly 8a-8p-Ashley</p>	<p>10 6a-4p-Cindy 8a-9p-Carolyn 4p-8p-Pam 8p-8a-Billie</p>	<p>11 7a-5p-Cindy 8a-8p(KN) Carolyn 5p-9p-Pam 8p-8a- Billie Carolyn On Call</p>	<p>12 Kristal 8a-9p(JJ)Carolyn 7a-5p-Jenna 5p-8p-Hannah 8p-8a-Hannah Carolyn On Call</p>
WK 2	<p>13 Kristal 7a-5p-(CB)(JJ)Jenna 8a-8p-Hannah 5p-9p-Pam 8p-8a-Hannah Carolyn On Call</p>	<p>14 6a-4pCindy 8-8p-Kelly 1p-9p-Pam 8p-8a-Billie</p>	<p>15 7a-12p-Cindy 8a-9p-Carolyn 12p-5p-Holly 5p-8p-(PA)Holly 8p-8a-Billie</p>	<p>16 6a-9p-Kelly 8a-8p-Ashley</p>	<p>17 Concert in the Park 6a-4p-Cindy 8a-9p-Carolyn 4p-8p-(PA) Holly 8p-8a-Billie</p>	<p>18 7a-8p-Kelly 8a-9p-Ashley 8p-8a- Billie Carolyn On Call</p>	<p>19 Kristal 7a-9p-Ashley 8a-5p-Carolyn 5p-8p-Hannah 8p-8a-Hannah Carolyn On Call</p>
WK 1	<p>20 Kristal 7a-5p-Ashley 8a-8p-Hannah 5p-9p(PA)Holly 8p-8a-Hannah Carolyn On Call</p>	<p>21 6a-4p-Cindy 8a-9p-Carolyn 4p-8p-Pam 8p-8a-(BV)Ashley</p>	<p>22 CO Appt Dietician 7a-4p-Cindy 8a-9p-Carolyn 9a-2p-Holly 4p-8p-(PA)Holly 11:30a-3p-Kelly* 11:30a-3p-Kelsey* 8p-8a-Billie</p>	<p>23 MC Fair Parade 6a-4p-Kelly 8a-6p-Ashley 4p-9p(KN)Pam 6p-8p(AN)Billie 8p-8a-(AN)Billie</p>	<p>24 MC Fair CO Concert* 6a-4p-Cindy 8a-9p-Carolyn 4p-8p-(PA) Holly 5p-9p-Ashley* 8p-8a-Billie</p>	<p>25 MC Fair 7a-2p(CB)Holly 3p-5p(CB)Ashley 8a-8p-Kelly 5p-9p(PA)Ashley 8p-8a- Billie Kelly On Call</p>	<p>26 MC Fair Kristal 8a-10a-Ashley 7a-5p-Kelly 10a-2p Cindy 2p-9p Pam 5p-8p-Hannah 8p-8a-Hannah Kelly On Call</p>
WK 2	<p>27 MC Fair Kristal 7a-5p-Cindy 8a-8p-Hannah 5p-9p-Pam 8p-8a-Hannah Kelly On Call</p>	<p>28 6a-4p-Cindy 8-8p-Kelly 1p-9p-Pam 8p-8a-Billie</p>	<p>29 7a-12p-Cindy 8a-9p-Carolyn 12p-5p-Holly 5p-8p-(PA) Holly 8p-8a-Billie</p>	<p>30 WF Appt* 6a-9p-Kelly* 8a-8p-Ashley 7:45a-10a-Jeanne?*7:45a-10a - Billie 8p-8a-Ashley</p>	<p>31 6a-4p-Cindy 8a-9p-Carolyn 4p-8p-Pam 8p-8a-Billie</p>	<p>Kelly is gone July 10-13 Carolyn gone July 4-6 and July 25-27</p>	<p>Jeanne shift has ? marks by them, this is cause her daughter is due in July and may need coverage when her daughter has the baby.</p>

August Schedule

updated 7/14/2025

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
--	--------	--------	---------	-----------	----------	--------	----------