RIVER PLACE

STAFF MEETING SUMMARY

Subject: River Place Staff Meeting

Date: February 2nd, 2026
Time: 1PM-3PM

- Safety/Health Review –
  - Please make sure that the clients are dressed appropriately for the weather conditions.
  - Drug and Alcohol Policy
    - Reminder that as a federally funded program we must follow federal laws which means that marijuana is not permitted for use even though it is legal in Minnesota.
  - Documentation Policy
- Nursing Inservice –
  - Standing Orders policy& standing orders document.
  - PRN Policy & Documentation Form
  - Medication Error Policy Review and reporting
- Program policies (STAR) –
  - PSR Core Refresher
  - Medication Errors
- Emergency Procedures
  - Fire Drill- NW Bedroom #4 (WF) - Smoke Detector **Holly November**
  - Fire Drill- Furnace Room in garage – maintenance check smoke detector **Ashley December**
  - Fire Drill- Outside of South Staff Bedroom - Smoke Detector **BLOCKED EXIT DRILL (East door) -Ashley**

Meeting Review:

- ***February 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)
- ***Administration Memo*** – see attached .
  - Contacting the office
    - Sabrina-6011
    - Kelsey-6012
    - Janelle-6013
    - Please call our direct lines first, then if you do not get us call 437-6695 as then it will ring to all desks in the office. If you call us directly and we are working outside the office, it will ring our cell phones.
    - Kelsey and Janelle work in the office M-F
  - Remind staff: Sabrina does NOT want text messages to fix timesheets. It must be a SCOMM. If you must go back to the house and send a SCOMM then that's up to you to do so.

- Contact the Program Supervisor first regarding anything related to the clients and staffing. The Board (Kristal and Sabrina scomm) should be contacted for Payroll, benefits, financial in relation to the home's budgets and HR items.
- 2026 Employee handbook will be available in Star Services soon. Splash in Therap will be posted when it is up. Staff have 60days to review and acknowledge it. A copy will be loaded into resources in Star and directions made on how to view it at any time. DO NOT PRINT OUT COPIES! This can cause policies to be outdated and incorrect information received. **Anyone who needs a written copy must contact Board via SCOMM.** Otherwise, it can be accessed electronically.
- Employers are not legally required to print out copies of the employee handbook from all staff. However, they are expected to provide access to the handbook for all employees, either through printed copies or digital formats.
- There will be one physical copy of the handbook printed out per location the office will make sure that it stays updated.
- Office hours are Monday, Tuesday, Wednesday Thursday -8a-4p
- **2nd Thursday of each month-Office is closed 8a-11a for administration meeting**
- Fridays-Office is closed. This will be an administration paperwork day.
- Calls will still be answered via direct lines
- Appointments are required to meet anyone at the office on Fridays
- All urgent matters will still be handled
- All Checkbooks need to be balanced and up to date. The office will be starting to review them monthly on **the 3rd Thursday of each month.**

❖ **Behavior Plans/Data** – Wayne has behavior plan in therap. These need to be charted 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.

❖ GOALS NEED TO BE COMPLETED AND CHARTED ON

❖ ***House concerns*** –

❖ Old Business

- *MAR checks* – Please look over the MAR at the beginning of your shift so you know what you need to do. Also review the MAR at the end 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 Maurice.
  - Bubble number needs to be charted and bubble signed on the left side when administered.

- Case notes need to be done every day for every client. DO NOT chart on items that you have not completed that is fraud.
- TLOGS NEED TO BE COMPLETED EACH SHIFT! Day, evening, and overnight.
- Whenever charting LOA there needs to be a reason charted in the comment box.
- Cheryls Meds that are sent to the DAC need to be Charted as LOA the note needs to say sent to DAC and have the poppers initials.

- Cleaning
  - Please lay towels out to dry on hampers so they don't get all musty.
  - Towels
    - Cheryl-baby blue
    - Wayne-grey
    - Maurice- Black
  - Mopping is to be done Sunday, Monday, Wednesday and Friday.
    - With the winter upon us please be aware that the floors may need to be cleaned more often than this. You can spot mop the floors on the days it is not scheduled to be mopped.
- Parking
  - Please Park in the far row if able the handicap spot it for handicap guests.
- Bowel Protocol
  - If someone has a loose BM, you can call nursing and ask if you can hold bowel meds
  - Please use the bowel tracking in input and output under health tracking
  - You can enter Multiple BMs in an hour in health tracking.
- General House Concerns
  - Wayne has a chair alarm on both his kitchen chair and his rocker it needs to be used it CANNOT be removed this is for Waynes's safety.
  - Doors are to be closed when completing cares. And blinds drawn
  - It is our job to respect and uphold client dignity.
  - TVs need to be shut off when clients go to bed in the evening roughly around 10PM. Maurice can keep his tv on all night if he chooses.(The volume needs to be at a reasonable level to not disturb the other clients.)If Maurice seems to be having difficulties sleeping ask him if he would like his lamp and tv shut off.
- Shower Schedule (Posted in the Bathroom)
  - Cheryl- Tuesday Thursday Saturday
  - Wayne- Monday Wednesday Friday and any other days he is wet at HS
  - Maurice- Wednesday Friday and Sunday
  - Showers cannot be moved for staff convince
- Please make sure Cheryl only has ONE chucks on their bed.
- Clients need to be up, and cares completed by 9:30AM. At the latest 10AM. This includes the weekends.
- MED CABINETS NEED TO BE LOCKED AT ALL TIMES
- We CANNOT refuse liquids under any circumstances
- Heat must be set to 68 degrees. It CANNOT be changed per instructions from the heating company. There is a set temperature between the room heat and floor heat that is required to for both systems to work properly.

- If someone is staying in bed, you need to make sure that they get fluids to stay hydrated. They should get up for meals unless they have a fever are puking or have diarrhea.

❖ New Concerns

- When administering meds, you don't sign off until you have administered the meds.
- It is Policy that gloves be always worn when completing cares. This is a Universal precaution and is in place for both yours and the client's safety.
- Cheryl can have as much coffee as she wants
- Maurice can have the small clear glass of chocolate milk with meals.
- Cheryl and the DAC:

if the temp is –15 degrees or –20 degrees real feel or above Cheryl will go to the DAC if it is Colder than these temps Daryl would like for her to stay home.

- **Consumer reports:**

Wayne -

Client- weight - 12/31-167

Appointments: none

Behaviors/concerns: Wayne had a seizure. The DCC wrote a note to his pcp, about scheduling with a new neurologist. Wayne is scheduled in March with Dr. Novack.

Outings: none

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.

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 - 12/24-99, 1/21 - 100,1/28-99

Appointments: none

Behaviors/concerns: Cheryl has stayed home a few times as the weather has been almost –50 degrees. Daryl was notified about this decision.

Outings: none

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

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.

Maurice –

Client- weight - 12/24-302, 1/6-293, 1/14-299

Appointments: Maurice continues to meet with OT/PT. They have given exercises and want staff to have him stand in the bathroom 2 times a day. He had his phone conference with Social Security. He had a follow up appointment with Shane for his legs. Shane was concerned about his blood pressure and admitted him into the ER for fluids. In the ER his blood pressure went up a little bit and then back down. He had a chest xray and ct scan of his head. He was admitted into the hospital for overnight observation. Maurice came home the next day,

and the doctor changed his potassium to 1 time daily at 20 mcg. He discontinued the Lisinopril, Metolazone, Furosemide and Tamsulosin. Blood pressure is to be done 2 times daily and documented under vitals in therap. If B/P is less than 80/40 he likely needs to be seen at clinic per PCP order. PCP wants to be notified of low blood pressure. Has a follow-up appointment at clinic with PCP on 1/30/26 at 1pm. Referral to Altru GI due to positive FIT test, Stop MiraLAX, Start Senna daily rather than PRN, reordered briefs from Corner Home. NuMotion brought the new shower chair. Staff used it and realized that the safety straps didn;t fit. The DCC called NuMotion and asked them if we could get a bigger safety belt for the shower chair. NuMotion called back and said that they ordered a new belt. For the time being staff took the belt off the commode and put that on the shower chair. Corner home said that the bed and sit to stand lift is still going through insurance. They have the briefs order and have sent a couple of packages to us for Maurice to try. Staff are to try them on him and let Corner home know. IF they fit Corner home will send the rest, if they don't fit we will have to look into something else.

Behaviors/concerns:

Outings:

Courtney -

Behaviors/concerns: has been coming only 1 time a week on Thursday's. She hasn't come for last 4 weeks

Outings:

The next monthly staff meeting will be held Monday, March 2nd, 2026 at 1:00pm.

STAFF MEMBERS PRESENT:

Name:		Position:	Name:		Position:
			Cindy Blacklance	present	DCS
Kelsey Grandstrand	present	PS	Ashley Nygaard	present	DCS
Henrietta Linder	present	RN	Jeanne Johnson	EXC	DCS
JoAnn Saunders	EXC	LPN	Pam Abrahamson	present	DCS
Kelly Nordine	present	DCC	Holly Confer	present	DCS
Hannah Johnson	EXC	DCS	Jackie Botha	present	DCS
Jenna Enloe	EXC	DCS			

Authorized By: Kelsey Grandstrand CRSS

Acknowledgement completed in STAR Services

Marshall County
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Documentation Policy

I. POLICY

It is the policy of this DHS licensed provider, Marshall County Group Homes, Inc. (MCGH) to meet records requirements set in 245 D.0095. MCGH will ensure that the content and format of consumer records, personnel, and program record are uniform and legible.

II. PROCEDURES

Consumer documentation: documented work on a goal, health concerns, social activity, outings/social contacts, any new or unusual behavior and other activity that is not the recipient's normal routine.

T-Logs

T-Logs for recipients are the most appropriate place to note that the plan of care has been evaluated. The T-Logs provide evidence that regular evaluation is taking place. For recipients: document work on goals, health concerns (such as Dr. appointments, health changes, new treatment, medical concerns, etc..), social activity, behavior, and other activity that is not the recipient's normal routine.

T-Logs are an important method of communicating information to all employees. It is also important to remember the issue of confidentiality, being objective and using clear understandable language. Before you start to write think about who is going to be reading the documentation.

T-Logs are not intended to contain long stories about the day-to-day occurrences for a client. Neither should they contain an employee's subjective response to a situation that has occurred. If an employee has a concern or opinion, they should bring it to the attention of the Resident Program Supervisor (RPS). T-Logs should not contain information that is repeated elsewhere such as on a client's care plan, MAR, Physician orders or log, incident/accident, or behavior report, quarterly, semi-annual, annual reports, or other reports completed by MCGH.

T-Logs are where new treatments or strategies for managing the clients day-to-day can be recorded and to flag that the care plan needs to be or has been altered. T-Logs help in maintaining a record of continuity of care and quality of care to the standards that are required by MCGH and the licensing requirements. They reflect client care in a legal document which can be used to protect the organization/employees if there is a claim made against them by the recipient, family, or legal guardian.

When typing T-Logs, you will need to ensure that they are of the highest quality to meet legal and MCGH standards.

*****It is important to keep the following points in mind*****

1. Remember T-Logs are about the client only.
2. These are permanent records and may be required for legal purposes.
3. Your typing should be clear and complete with proper spelling, punctuation, and grammar.
4. Only use approved abbreviations for MCGH. NO TEXT abbreviations.
5. Be accurate, concise, factual, and present the information in a logical order.
6. Do not record your personal subjective opinions.
7. Do not record the options/thoughts of others outside MCGH.
8. Use quotation marks when recording a direct statement from the client.
9. Consider who is going to read the document, why it is being written and what effect it is intended to have.

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Documentation Policy

10. Write events in order that they happened and as soon as practical after they happen. Please add follow up notes if you are following up on a T-Log that has already been typed up.

11. DO NOT write the names of others in the T-Logs: use staff, housemate, or consumer.

12. No entry concerning a client's care or treatment given should be made on behalf of another employee.

Marshall County Group Homes, Inc.

POLICY AND PROCEDURE ON ALCOHOL AND DRUG USE

I. PURPOSE

The purpose of this policy is to establish guidelines regarding the use of alcohol, prescription/legal drugs, chemicals, or illegal drugs while employees (also referred to as staff), subcontractors, and volunteers are on duty, whether they are at the program site, transporting persons served, or with persons in the community.

II. POLICY

It is not permissible for employees, subcontractors, and volunteers to be on duty, transporting a person(s) served, driving on company business, or accompanying a person served into the community when under the influence of alcohol or illegal drugs or impaired by any chemicals or prescription/legal drugs.

The company will give the same consideration to employees, subcontractors, and volunteers with chemical dependency issues as it does to those having other health issues. Voluntarily seeking assistance for such an issue will not jeopardize employment, whereas performance, attendance, or behavioral issues will.

The company will train employees, subcontractors, and volunteers on the company's alcohol and drug policy.

III. PROCEDURE

A. Any employee, subcontractor, or volunteer, while directly responsible for persons served, are prohibited from abusing any prescription/legal drugs, or being in any manner under the influence of a chemical that impairs the individual's ability to provide services or care including alcohol, prescription/legal drugs, or illegal drugs.

B. Any employee, subcontractor, or volunteer reporting or returning to work, whose behavior reflects the consumption of alcoholic beverages or the use of drugs, may be referred for an immediate medical evaluation (drug test) to determine fitness for work and may be suspended without pay until deemed able to return to work.

C. When prescription or over-the-counter drugs may affect behavior and performance, the employee, subcontractor, and volunteer must inform the Designated Coordinator and/or Designated Manager. Re-assignment, light duty assignment, or temporary relief from duties may be required.

D. At any time, the sale, purchase, transfer, use, or possession of illegal drugs or alcohol, and/or the involvement in these activities of any individual under the legal age of consumption during work hours or at a program site will result in disciplinary action up to and including termination. Law enforcement will be notified as determined by the Designated Coordinator and/or Designated Manager.

E. Employees will immediately take necessary action up to and including contact of medical professionals, "911," and/or contact of law enforcement at any time a person served is believed to be under the influence of illegal drugs, is believed to be under the influence of alcohol under the legal age of consumption, or is believed to be a victim of potential alcohol poisoning.

F. Prescription drugs that belong to an employee, subcontractor, or volunteer are to be stored in a location that is not accessible to any person served.

G. Employees, subcontractors, or volunteers are not allowed to store alcoholic beverages at a program site. Persons served may store alcoholic beverages at a program site; however, based on a person's vulnerabilities or other related concerns, alcoholic beverages may be prohibited at any or all times from a program site.

H. As a condition of continuing employment, under certain circumstances, employees, subcontractors, and volunteers may be required to submit to drug and/or alcohol testing. Drug or alcohol testing may be required upon hire, when there is a reasonable suspicion that an individual is currently abusing a drug or alcohol, is

under the influence of drugs or alcohol while on duty, has had an accident (unless the accident is striking an animal) or has violated any of the procedures in this policy.

I. Failure to complete the testing or upon receiving positive test results are cause for disciplinary action up to and including termination. A positive test result may be explained or a request to pay for a confirmatory result made to the Designated Coordinator and/or Designated Manager.

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REPORTING MEDICATION ERRORS POLICY

I. Policy

A. It is the policy of this DHS licensed provider Marshall County Group Homes, Inc. (MCGH) to provide safe medication setup, assistance, and administration. Any medication errors will be monitored by facility nursing staff.

II. Procedures

A. If a medication error is discovered, the Direct Care Coordinator (DCC) or person discovering the error must call the employee who was responsible for administration of the medication/treatment and ask them if they properly gave the medication as prescribed. If they did and the medication count confirms this the employee who is responsible will return to the facility and properly document.

When an error has occurred:

1. The program nurse ***must be notified immediately*** by telephone. Allow time for the nurse to call you back, however, if the error is of such a nature that you feel it needs an immediate response, call the prescriber or Emergency Room nurse.
2. The Nurse will determine if an error has occurred and at her discretion give instructions for the immediate care of the individual and may call other health care professionals such as a physician if necessary.
3. Medication error reports are done in Therap. The form is under the General Events Report. Select medication error under event type. Make sure you put the notification as high. The form is to be filled out by either the employee who made the error or the person who discovered the error within a reasonable amount of time. **If person making the error is unknown, the employee discovering the error will complete the form.** All questions must be answered completely. The form is signed by the employee who discovered the error, and the facility nurse.

There must be follow-up charting that reflects any adverse effects for the consumer as a result of the error in the progress notes.

If more than one recipient is involved in the error, a Medication Error form must be completed for each consumer.

It is the responsibility of the DCC to review the MAR regularly to ensure staff are initialing off medications and treatments. If an employee has not signed off a medication/treatment that was administered, it is the responsibility of the DCC to call and request the employee come to the facility and sign off the medication(s) or treatment(s). A note must be left in the MAR regarding the omission of sign off.

Protocol for Medication Error Review:

- When facility nurse completes the quarterly medication review and it is noted an employee has a pattern of medication/treatment errors the employee will be required to meet with the facility nurse to review the concern(s). Nurse discretion will be used to determine corrective action to be taken depending on seriousness of Medication/Treatment error(s). If Termination or disciplinary action is to be considered the nurse will have a discussion with the Administrator to determine appropriate course of action.

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MEDICATION OR TREATMENT ERROR OR REFUSAL REPORT

Name of person served:

Date of error or refusal: Date of discovery, if different:

Instructions

- This report will be completed if a dose of medication is not administered or treatment is not performed as prescribed, whether by error by staff or the person served or by refusal by the person.
- Staff will notify the assigned nurse or nurse consultant, if applicable or the Designated Coordinator and/or Designated Manager or designee upon the discovery of the error or refusal.

The following medication or treatment was involved in this error or refusal:
Medication or treatment name(s) and order:

Staff will check the applicable boxes to indicate the nature of the medication-related event

☐ Medication given at wrong time	☐ Medication was given on wrong date	☐ Medication refused
☐ Medication given to wrong person	☐ Medication given by wrong route	☐ NA-not a medication-related event
☐ Incorrect medication dose given	☐ Medication was not given	☐ Other:

Staff will check the applicable boxes to indicate the nature of the treatment-related event

☐ Treatment not performed correctly as prescribed	☐ Treatment refused
☐ Treatment was not completed	☐ NA-not a treatment-related event
☐ Treatment was completed on wrong date	☐ Other:

Was the error that occurred as a result of staff error or the person served?
☐ Staff: ☐ Person served:

Follow up orders per Nurse or Doctor or ER Nurse:

The following notifications were made regarding the error or refusal:

Assigned nurse or nurse consultant: Date:

Designated Coordinator and/or Designated Manager or designee: Date:

Prescriber: Date:

Legal representative: Date:

Case manager: Date:

Other designee: Date:

_____ _____
Staff completing the report Date

_____ _____
Nurse Reviewing the report Date

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POLICY FOR STANDING ORDERS AND PRESCRIPTION PRN MEDICATION

(Non-prescription/over-the-counter drugs and Prescription PRN medications)

1. Standing orders, if used, must be approved by the physician in writing annually.
2. Drugs listed in the standing orders must correspond with the stock supply.
3. DCC should review Standing orders for expiration and dispose of expired medications per the Medication Destruction Policy.

Documentation for PRESCRIBED PRN MEDICATIONS

1. ***Prescribed PRN Medications*** orders on the MAR require the charting of the *reason* the medication is given/applied also required is *follow-up* charting in **Therap by doing a T-Log and adding the follow-up to the MAR.**
2. If a Prescribed PRN is given prior to leaving your shift the next shift person on should chart the follow-up. It is each staff person's responsibility to check the PRN MARS on each shift.
3. If no improved results after 1-2 hours, contact facility nurse.
4. If nurse provides further instruction chart in a T-Log.

Documentation for STANDING ORDERS

1. Comfort medications administered from the ***Standing Orders*** shall be documented on the Standing Orders Documentation sheet located in the MAR book. If the results do not resolve the condition in 1-2 hours, contact the facility nurse.
2. On the Documentation Sheet fill in each box on the form. Enter date and time medication is given, medication dose and route and reason the medication is being given and initials of person administering medication in the corresponding boxes. Staff must follow up within 1-2 hours and chart the results or response to the Standing Order medication given, if any.
3. If nurse provides further instruction chart in a T-Log.

PRN Documentation Sheet

(See Policy for Standing Orders or Prescribed PRN Medications on MAR)

Recipient: _____ Month/Year: _____ Program Name: _____

Date	Time	Medication/Dose/Route	Reason	Staff Initials	Time	Result/Response	Staff Initials

Revised 3/2016

Just an fyi, if you take a shift and it is overtime and someone else who is not in overtime can work it, you will be asked to give it up. We are trying to prevent OT.

February 2026

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Haircuts	**River Meeting 1p-3p** **MG Appt/Kelsey**					
Wk 1	**Feb.1** 7a-5p-Ashley 8a-6p-Hannah 5p-9p-Pam 6a-6p Jeanne	**2** 6a-9p-Kelly* 6a-2p-Cindy 2p-8p-Pam 8p-10p-Jackie 10p-8a- Jackie	**3** 7a-3p-Cindy 8a-10p-Holly 3p-9p(JB) 10p-8a-Holly	**4** 6a-9p-Kelly 8a-10p-Ashley 11a-4p- Pam 10p-8a-Ashley	**5** 8a-12p Ashley 6a-2p-Cindy 12p-10p-Holly 2p-9p-Jackie 10p-8a- Holly	**6** 7a-12:45p-Cindy 8a-8p-Kelly 12:45p-3p(CB)Pam 3p-9p-Pam 8p-8a-Jenna	**7** 8a-9p-Holly 7a-8p-Hannah 8p-8a-Hannah
				Groceries			
Wk 2	**8** 7a-3p-Cindy 8a-6p-Hannah 3p-9p-Pam 6p-6a Jeanne	**9** 6a-9p-Kelly 6a-2p-Cindy 2p-8p-Pam 8p-10p-Jackie 10p-8a- Jackie	**10** 7a-3p-Cindy 8a-10p-Holly 3p-9p-Jackie 10p-8a-Holly	**11** 6a-9p-Kelly 8a-10p-Ashley 11a-4p-Pam 10p-8a-Ashley	**12** 8a-12p Ashley 6a-9p Jackie 12p-10p-Holly 10p-8a- Holly	**13** 7a-3p-Cindy 8a-8p-Kelly 3p-9p-Pam 8p-8a-Jackie	**14** 8a-9p-Ashley 7a-8p-Hannah 8p-8a-Hannah
Wk 1	**15** 7a-5p-Ashley 8a-6p-Hannah 5p-9p-Pam 6a-6p Jeanne	**16** 6a-9p-Kelly 6a-2p-Cindy 2p-8p-Pam 8p-10p-Jackie 10p-8a- Jackie	**17** 7a-3p-Cindy 8a-10p-Holly 3p-9p-Jackie 10p-8a-Holly	**18** 6a-9p-Kelly 8a-10p-Ashley 11a-4p- Pam 10p-8a-Ashley	**19** 8a-12p Ashley 6a-2p-Cindy 12p-10p-Holly 2p-9p-Jackie 10p-8a- Holly	**20** 7a-3p-Cindy 8a-8p-Kelly 3p-9p-Pam 8p-8a-Jackie	**21** 8a-9p-Holly 7a-8p-Hannah 8p-8a-Hannah
		CO Dr. Appt		**MG Dentist*/Kelsey**		**CO Dr. Appt***	
Wk 2	**22** 7a-3p-Cindy 8a-6p-Hannah 3p-9p-Pam 6p-6a Jeanne	**23** 6a-9p-Kelly* 6a-2p-Cindy 2:45p-5p Holly 2p-8p-Pam 8p-10p-Jackie 10p-8a- Jackie	**24** 7a-3p-Cindy 8a-10p-Holly 3p-9p-Jackie 10p-8a-Holly	**25** 6a-9p-Kelly* 8a-10p-Ashley 11a-4p-Pam 10p-8a-Ashley	**26** 8a-12p Ashley 6a-9p Jackie 12p-10p-Holly 10p-8a- Holly	**27** 7a-3p-Cindy 8:45a-11a-Jackie 8a-8p-Kelly* 3p-9p-Pam 8p-8a-Jeanne	**28** 8a-9p-Ashley 7a-8p-Hannah 8p-8a-Hannah
Wk 1							