



PowerHouse Staff Work Availability Form

Thank you for being part of the PowerHouse Team!

With the right people, in the right place, doing the right work at the right time we provide our clients the best care.

We understand that staff's availability may need to change from time to time, but staff must give their House Manager at least 30-day notice of any changes.

Please fill out the below form with the times you are available to work. Please include all available time, list all times other than when you are unavailable, not just time you prefer to work. The more hours you are available, the more hours we may be able to schedule for you. A copy of this form will be giving to your House Manager to review for scheduling.

Name: _____

Telephone: _____

Address: _____

Availability Effective Date: _____

Mark 'any' if you are available at any time.

Mark 'none' if you are not able to work at all.

<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>

Schedule limitations or planned vacations (optional): _____

Minimum weekly hours: _____

Maximum weekly hours: _____

Staff Signature: _____

Date: _____

Employee Reference Check – Business [X] Personal []

Applicant Name: _____

Date: _____

Reference Checks by: _____

Employer: _____

Contact Person: _____

Contact #: _____

What were the applicant's date of employment?

Start date: _____

End Date: _____

What was the applicant's position and job responsibilities?

Did the applicant have performance issues?

Did the applicant have any attendance issues?

What are the applicant's strengths?

What the applicant's weaknesses?

Did the applicant get along well with management and co-workers?

Would you rehire this person?

Employee Reference Check – Business [X] Personal []

Applicant Name: _____

Date: _____

Reference Checks by: _____

Employer: _____

Contact Person: _____

Contact #: _____

What were the applicant's date of employment?

Start date: _____

End Date: _____

What was the applicant's position and job responsibilities?

Did the applicant have performance issues?

Did the applicant have any attendance issues?

What are the applicant's strengths?

What the applicant's weaknesses?

Did the applicant get along well with management and co-workers?

Would you rehire this person?

Employee Reference Check – Business Personal

Applicant Name: _____

Date: _____

Reference Checks by: _____

Contact Person: _____

Contact #: _____

How long have you known the applicant?

What are the applicant's strengths?

What the applicant's weaknesses?

How well does the applicant work with youth?

Would you recommend this person? Why?

Can you describe the applicant's ability to take on responsibility?

Any additional information about the applicant?

Employee Reference Check – Business [] Personal [X]

Applicant Name: _____

Date: _____

Reference Checks by: _____

Contact Person: _____

Contact #: _____

How long have you known the applicant?

What are the applicant's strengths?

What the applicant's weaknesses?

How well does the applicant work with youth?

Would you recommend this person? Why?

Can you describe the applicant's ability to take on responsibility?

Any additional information about the applicant?

Employee Reference Check – Business [] Personal [X]

Applicant Name: _____

Date: _____

Reference Checks by: _____

Contact Person: _____

Contact #: _____

How long have you known the applicant?

What are the applicant's strengths?

What the applicant's weaknesses?

How well does the applicant work with youth?

Would you recommend this person? Why?

Can you describe the applicant's ability to take on responsibility?

Any additional information about the applicant?

AWOL POLICY

It is the responsibility of the group home staff to assure the best possible care and safety of our clients at all times when on shift. If a client is giving signs of possible AWOL. It is the staff's responsibility to take all measures to try to stop them from leaving the property. This includes:

- 1) Talking with the resident and guiding them to use alternate coping strategies rather than run away.
- 2) Put them on 1:1 constant watch with staff for their own safety (not as a consequence).
- 3) Notify the supervisor or beeper person if on weekends or after hours.
- 4) If a resident does leave the home, it would be appropriate for the staff to follow the resident if there is another staff on duty and continue efforts for them to return.
- 5) If the resident leaves the property. Have the police called immediately and tell them the child is under or on psychotropic medications (if applicable), is not rational, is a danger to self -or possible others), and other issues which may apply Also, notify the beeper person or supervisor immediately and inform them of the incident.
- 6) The staff is not to follow the resident off the property unless there is a second staff on duty and all the other clients are safe. If you are able to follow the client off the property, it is only to watch the client and to better inform the police of which direction the client took. **DO NOT CHASE THE CLIENT** - after finding out which direction the client was taking, return to the home to assist in caring for the other clients and wait for the police to arrive.
- 7) Please make a note of what the client was wearing and other identifying information for police

ALWAYS DOCUMENT AN AWOL INCIDENT WITH AN INCIDENT REPORT FORM AND FOLLOW THE NOTIFICATION PROCEDURES OUTLINED IN THE INCIDENT REPORT PROCEDURE COMPLETELY.

I have been made aware of PHYF AWOL Policy. I will abide and follow the guidelines stated above.

Staff Signature

Date

BEHAVIOR MANAGEMENT

RS-5-7456.

A. A licensee shall have written behavior management policies and procedures which shall:

- 1. Be developmentally appropriate for the children in care;**
- 2. Be designed to encourage and support the development of self-control;**
- 3. Describe the following:**

a. Behavior expectations of all children;

(1.) Residents are expected to conduct themselves at all times in a manner that is compliant with PHYF, local, state and federal rules, laws and regulations. This expectation includes the home, school, work, and in the community.

(2.) All clients of PHYF residential programs must be kept actively involved in education and / or work component.

b. Consequences for violations of the licensee's policies and rules which shall be:

1. Reasonably related to the violation; and
2. Administered without prolonged and unreasonable delay;

(1.) See L.O.P. Client Consequences Form

c. Physical restraint and restrictive behavior management techniques used by the licensee;

(1.) See Levels of Intervention Form

d. The kinds of behaviors warranting use of physical restraints or restrictive behavior management techniques;

(1.) See L.O.P. Client Consequences Form, and Levels of Intervention Form

e. The licensee's methods of documenting use of physical restraints or restrictive behavior management techniques;

(1.) See L.O.P. Client Consequences Form and IR Documentation Forms

f. Behavior management techniques which require supervisory authorization or written documentation before being used;

(1.) Staff are not to use any Behavior Management techniques outside of PHYF approved techniques

g. The licensee's process for supervisory review to evaluate whether staff properly applied the restraints or techniques in a particular case; and

(1.) All IR forms are reviewed by supervisor and administration for evaluation of proper procedures

h. Behavior management techniques prohibited by the licensee.

(1.) All techniques listed in subsection (C) (1-8) are prohibited.

B. The licensee's staff are responsible for control and discipline of children in care. The licensee shall not allow children to discipline other children.

C. The licensee shall not threaten a child or allow any child to be subjected to maltreatment, abuse, neglect, or cruel, unusual, or corporal punishment, including the following practices:

1. **Spanking or paddling a child;**
2. **Seclusion or restraint as a form of discipline, or for the convenience of staff;**
3. **Excessive or inappropriate use of permitted behavior management interventions, such as time out**
4. **The application of behavior management interventions by the persons served or any other person other than trained; qualified staff**
5. **All forms of physical violence inflicted in any manner upon the body**
6. **Verbal abuse, ridicule, or humiliation;**
7. **Deprivation of shelter, bedding, food, water, clothing, sufficient sleep, or opportunity for toileting;**
8. **Force-feeding, except as prescribed by a licensed medical practitioner;**
9. **Placing a child in seclusion;**
10. **Requiring a child to take a painfully uncomfortable position, such as squatting or bending for extended periods of time; and**
11. **Administration of prescribed medication or medication dosage without specific physical authorization.**
12. **Forcing a child to perform physical activities such as push-ups, sit-ups, running, or any other strenuous activities.**

D. To determine whether a licensee has violated subsection (C) (7), the licensing authority shall consider all the circumstances at the time of the action, including the following: **POWERHOUSE EMPLOYEES WILL NOT SUBJECT CLIENTS TO ANY OF THE PRACTICES IN SECTION C 1-8 (SKIP)**

1. The child's physical condition
2. Whether the child was taking any medications that may have affected the child's ability to perform the action, such as psychotropic medications or antibiotics;
3. The climatic conditions under which the child was performing the action, such as intense heat or cold, rain, or snow;

4. The level of force, if any, the licensee used to require the child to perform the activity and whether any use of force resulted in injury to the child; and
 5. Whether the activity was consistent with the licensee's program description and procedures.
- E. The behavior management practices listed in this subsection are restricted. A licensee may use a restricted practice only when the licensee satisfies the conditions listed in subsection (F) and any additional conditions listed in this subsection**
1. **Required physical exercises such as running laps or performing push-ups, and assignment of physically strenuous activities, except:**
 - a. **As expressly prescribed in a child's service plan and as part of a regular physical conditioning program, or as part of a work experience that meets the requirements of R6-5- 7449(F) and (G);**
 - b. **With documented clearance by a physician who is knowledgeable about the physical activities in which the child will participate; and**
 - c. **Within sight supervision of staff.**
 2. **Disciplinary measures taken against a group because of the individual behavior of a member of the group.**
 3. **Denial of visitation or communication with significant persons outside the facility solely as a consequence for inappropriate behavior.**
 4. **Use of a mechanical restraint unless:**
 - a. **The licensee's policy lists the qualifications of staff allowed to use the restraint;**
 - b. **Staff allowed to use the restraint have received training in the proper use of the restraint;**
 - c. **The licensee has documentation of the restraint training in the personnel file of the staff member;**
 - d. **Use of the restraint is authorized in a child's individual service plan; and**
 - e. **Staff have tried less restrictive measures which have failed.**
 5. **Physical restraint, except:**
 - a. **When the child needs restraint to prevent danger to the child or danger to another; and**
 - b. **After staff have tried less restrictive measures which have failed.**

- F. A licensee may use a restricted practice only when the practice and the circumstances warranting its use are:**
- 1. Consistent with the licensee's program description and purpose;**
 - 2. Described in the licensee's behavior management policy;**
 - 3. Used as prescribed in this Section; and**
 - 4. Not otherwise prohibited by these rules.**
- G. If a licensee cannot use a specific physical restraint or behavior management technique on a particular child, the child's service plan shall describe the restriction.**

I, _____ HAVE READ AND UNDERSTAND POWERHOUSE HOUSE YOUTH FACILITY'S POLICY REGARDING CLIENT BEHAVIOR MANAGEMENT AS PRESCRIBED IN AZ ADMINISTRATIVE CODE R6-5-7456.

I FURTHER UNDERSTAND THE DUTY TO REPORT SUCH INCIDENTS DEEMED NECESSARY FOR THE SUCCESSFUL OPERATION OF POWERHOUSE HOUSE YOUTH FACILITY. MY SIGNATURE CONFIRMS THAT I WILL PERFORM THE ESSENTIAL DUTY AS STATED ABOVE AND A SIGNED COPY WILL BE MAINTAINED IN MY EMPLOYEE FILE.

Employee Signature

Date

Management Signature

Date



INVESTIGATION OF CHILD MALTREATMENT

RS-5-7435.

A.R.S. 13-3620 A. Any person who reasonably believes that a minor is or has been the victim of physical injury, abuse, child abuse, a reportable offense or neglect that appears to have been inflicted on the minor by other than accidental means or that is not explained by the available medical history as being accidental in nature or who reasonably believes there has been a denial or deprivation of necessary medical treatment or surgical care or nourishment with the intent to cause or allow the death of an infant who is protected under section 36-2281 shall immediately report or cause reports to be made of this information to a peace officer or to child protective services in the department of economic security, except if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a peace officer only. A member of the clergy, Christian science practitioner or priest who has received a confidential communication or a confession in that person's role as a member of the clergy, Christian science practitioner or a priest in the course of the discipline enjoined by the church to which the member of the clergy, Christian science practitioner or priest belongs may withhold reporting of the communication or confession if the member of the clergy, Christian science practitioner or priest determines that it is reasonable and necessary within the concepts of the religion. This exemption applies only to the communication or confession and not to personal observations the member of the clergy, Christian science practitioner or priest may otherwise make of the minor.

I, _____ HAVE READ AND UNDERSTAND POWERHOUSE HOUSE YOUTH FACILITY'S POLICY REGARDING HOW TO REPORT CHILD MALTREATMENT AS PRESCRIBED IN A.R.S. 13-3620. I FURTHER UNDERSTAND THE DUTY TO REPORT. SUCH INCIDENTS DEEMED NECESSARY FOR THE SUCCESSFUL OPERATION OF POWERHOUSE HOUSE YOUTH FACILITY. MY SIGNATURE CONFIRMS THAT I WILL PERFORM THE ESSENTIAL DUTY AS STATED ABOVE AND A SIGNED COPY WILL BE MAINTAINED IN MY EMPLOYEE FILE.

Employee Signature

Date

Management Signature

Date

Acknowledgement of Receipt of Company Property & Financial Obligation Form

Employee Name (Last, First, & Middle)	Employee ID Number	Date
Employee Title	Supervisor	Department

I commit to treating the company-issued equipment with reasonable care while I am employed, and understand that intentional misuse, damage, or negligent use of such equipment may subject me to disciplinary action, up to and including termination. I hereby acknowledge receipt and assignment of the following Company property:

- | | | |
|--|---------------------|--|
| <input type="checkbox"/> Office/Building Key | #: | |
| <input type="checkbox"/> Identification/Security Access Card | #: | |
| <input type="checkbox"/> Cell Phone | Inventory/Serial #: | |
| <input type="checkbox"/> Computer | Inventory/Serial #: | |
| <input type="checkbox"/> Uniform | List: | |
| <input type="checkbox"/> Safety Equipment | List: | |
| <input type="checkbox"/> Other Equipment | | |
| <input type="checkbox"/> Other | | |
| <input type="checkbox"/> Other | | |

RETURN OF PROPERTY AND CLOSING OF ALL OPEN FINANCIAL OBLIGATIONS

In the event of my termination from employment, upon my last day of work or a date specified by my supervisor, I will settle all open employee accounts (e.g., cash advances, credit card liabilities) in full and return all tools and company property specified above, on an attached sheet, or that otherwise comes into my possession.

If any property is not returned, I authorize a reasonable value for such items to be deducted from my final paycheck, and if applicable, any final reimbursement owed to me. Should the company be unable to collect from my final paycheck or other reimbursement, I acknowledge that the Company may invoice me or pursue legal action against me at its discretion.

Employee Signature: _____ **Date:** _____

WAGE GARNISHMENT FOR REQUIRED
DOCUMENTATION

I, _____ give permission for PowerHouse Youth Facility to deduct wages from my payroll check to cover the expenses of State of Arizona DCS required documentation. I will attend and or send in. required documents to the administrative office in a timely manner. Failure to comply will result in suspension of shift work and possible termination.

DPS Fingerprint Clearance Card New or Renewal	-\$67.00 Deduction
CPR & 1st Aid Training Combo Class	-\$37.00 Deduction
Ink Fingerprints	-\$15.00 Deduction
TB Skin Test	-\$25.00 Deduction

Employee Signature

Date

Management Signature

Date

POLICIES & PROCEDURES

New Associates should sign acknowledging review of PowerHouse Youth Facility Company policies and procedures.

Associate's Name: _____
Facility Locations: _____
Hire Date: _____

The Intent of the acknowledgement is to ensure that all personnel employed by PHYF (PowerHouse Youth Facility) are following the policies set in place.

ASSOCIATE HANDBOOK:

This is to acknowledge that I have received my copy of the PHYF Associate Handbook, which outlines the Company's policies and practices. I will familiarize myself with the information contained in this Handbook, and I will observe its contents. I will contact my immediate supervisor if I have questions about any of the material covered in this handbook.

I understand that the policies and procedures in this Handbook are not intended to be contractual commitments but are merely descriptions of suggested procedures to be followed.

With the exception of its policy of at-will employment and those policies compelled by law, PHYF reserves the right to revoke, change or supplement its policies and guidelines at any time without notice. No policy is intended as a guarantee that benefits or rights will continue. No permanent employment for any term is intended or can be implied by statements in this Handbook.

INITIAL

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I understand and agree that my employment with PHYF is at will, which means that either I or the Company may terminate the relationship at any time, for any legal reason, with or without cause, with or without notice. No one has the authority to change this arrangement, to enter into an agreement for employment for a specified period of time, or to make any agreement contrary to this policy.

My signature below signifies that I understand this agreement for employment on an at-will basis is the sole and entire agreement between me and PHYF concerning the duration of my employment and the circumstances under which my employment may be terminated. It supersedes all prior agreements, understandings and representations concerning my employment with the Company.

SAFETY AWARENESS AND RISK MANAGEMENT & EMERGENCY POLICIES &

PROCEDURES: PHYF's policy is to manage client and associate risks at the facility and the company is committed to providing a safe and healthful work environment as is possible. The manual is designed to give our associates a guide to implement appropriate measures when necessary to mitigate risk. Because not all instances can be foreseen and prevented in advance, this manual is intended to be a guide, and the Company reserves the right to make changes or supplement these guidelines at any time. In all cases, the associates must comply with PHYF's notification and record keeping standards.

INITIAL

EQUIPMENT POLICY:

The Intent of the Equipment Policy is to ensure that all property maintained by PHYF is kept in the best possible working condition and to ensure proper use of this equipment. Property shall be defined as any piece of equipment, furnishing, uniform, vehicle, building, or supply whether it is leased, owned donated or otherwise in the custodial care of PHYF or any person acting as its associate.

It is the Associate's responsibility to maintain the equipment provided for business use properly and to keep it in good working condition. The Company may, at its' option, choose to pay for this equipment initially, or choose to replace equipment as it sees fit. However, associates who break, lose or damage equipment are responsible for replacing the equipment at his/her own cost. The workplace includes, but is not limited to, PHYF offices, vehicles, Hotel rooms, during travel times, home or home office. Damage or loss to Equipment through fire, theft, water damage, misuse, and general carelessness is the sole responsibility of the Associate.

INITIAL

SEXUAL HARASSMENT POLICY:

The Intent of the Sexual Harassment Policy is to ensure that all employees maintain by PHYF stay in accordance with providing a positive, discrimination-free work environment, that sexual harassment in the workplace is unacceptable conduct that will not be condoned.

I have read and understand the Sexual Harassment Policy.

INITIAL



COMPUTER USE POLICY:

The Intent of the Computer Use policy is to ensure all PHYF employees will comply with the foregoing policies, rules, and conditions governing the use of the Company's computer and telecommunications equipment and services. I understand that I have no expectation of privacy when I use any of the telecommunication equipment or services. I am aware that violations of this guideline on appropriate use of the e-mail and Internet systems may subject me to disciplinary actions. I have read, understood and agree to comply with the Computer Use Policy.

INITIAL

I have received the following items as part of my employment at PowerHouse Youth Facility. All equipment belongs to the company, and will be returned if I voluntarily terminate employment, or if the company terminates my employment.

I have received the above referenced policies and procedures as part of my employment at PowerHouse Youth Facility.

Employee Signature

Date

Management Signature

Date

DIRECT CHILD CARE WORKER **ACKNOWLEDGMENT**

Position Title: Direct Care Worker

POSITION DESCRIPTION: The most client-accessible individuals within the organization who directly monitor, supervise, and interact with the clients. Can work independently or in conjunction with additional staff to look after the daily activities and needs of clients.

ATTENDANCE:

Position requires the ability to work with any of the seven days of the week, 52 weeks of the year. It is extremely critical that individuals be able to work their scheduled hours on a consistent basis and, if necessary, overtime hours, when requested. Weekly schedule will change based on the needs of the company.

JOB OBJECTIVES:

Be an active member of the management team by learning PowerHouse Youth Facility policy and procedures. Through experience and training, each Direct Child Care Worker should acquire the skills needed to assist Program Facility Supervisor, House Manager and CEO.

SKILLS/KNOWLEDGE:

Position requires the ability to work well with people and fellow co-workers, multi-task, maintain confidentiality and schedule flexibility. In addition, the position requires the following skills: professional appearance and demeanor, excellent verbal skills and the ability to read and write English fluently. Position also requires the ability to use general office equipment, including but not limited to, copy machines, fax machines, and enter data into a computer.

REQUIREMENTS:

You must be 21 years of age and have high school diploma or GED. You need to have experience working with AT RISK youth or experience in a related field or an equivalent combination of education, training, and experience. Must have excellent interpersonal, problem solving, and communication skills. You must be eligible for a DPS-Fingerprint Clearance Card. You will be required to obtain First Aid, CPR, CIT or CPI, & JJREH training. You will also need to comply with the agency Code of Ethics & Policies, pass an initial drug screen, and completion of 40 hours of training each year. You need to have a current Arizona Driver's License and must maintain a clean driving record.

COMPETENCIES:

- Understand and have the ability to support sexual maladaptive behaviors
- Understand how trauma impacts the brain, child development, and life functioning.
- Understand how trauma affects children, adults, caregivers, and other professionals.
- Understand the importance of relationships
- Must have excellent listening skills
- Must have a strong respect for youth and their rights

- Ability to build relationships with youth individually and in groups
- Ability to facilitate discussions
- Ability to act as an advocate for youths' interests
- Ability to provide personal and social education, mentoring, support and guidance to youth
- Must be willing to work flexible days and hours

DUTIES AND RESPONSIBILITIES:

- A. Prepare meals
- B. Housekeeping
- C. Maintain grounds
- D. Conduct routine inspections of premises and equipment.
- E. Perform preventative maintenance and basic repairs
- F. Medication administration
- G. Monitor recreational activities
- H. Participate in PHYF's performance measurement and management activities.
- I. Role Modeling

The most important and rewarding and the one which will ultimately determine your level of success on the job is your ability to be supportive, caring, genuine, encouraging and motivating while avoiding being defensive, provoking and generally not accepting of the residents. You are responsible for creating a safe and secure environment where the resident's needs, both physical and emotional, are met so that a trusting relationship may develop.

A good role model sets examples of appropriate, positive behaviors, follows the rules the same as the residents, and is willing to look at his own behaviors and attitudes in order to promote personal growth. Doing this suggests to the residents that you are indeed a good listener and are willing to see areas in which you need improvement. A good role model is above all else honest.

___ I understand that nothing in this job description constitutes an employment agreement or contract of any kind.

___ I understand that all employment with PowerHouse Youth Facility is voluntarily entered into, and is "at will", meaning that either the Company or I can end the employment relationship with or without notice or with or without cause.

___ I have read through and understand the job duties listed in this job description, and that other duties assigned, as deemed necessary for the successful operation of the business. My signature confirms that I can perform these essential duties with or without reasonable accommodations.



___ I understand that I will receive a copy of this job description, and a signed copy will be maintained in my employee file.

Employee Signature

Date

Management Signature

Date

EMERGENCY CONTACT INFORMATION

Employee Name: _____

Location/House: _____

Primary Emergency Contact

Name of Emergency Contact: _____

Relationship to Employee: _____

Telephone Number: _____

Address: _____

Secondary Emergency Contact

Name of Emergency Contact: _____

Relationship to Employee: _____

Telephone Number: _____

Address: _____

Allergies to Medication: _____

EMPLOYEE ATTESTATION FORM

I, _____, an employee for Powerhouse Youth Facility, understand that I have an obligation to assist this facility in providing the finest quality of care and treatment to its clients. By signing this document, I promise to take the following actions in order to assist in providing the finest quality of care and treatment to our clients.

Please initial by each line item:

- I will not engage in any conduct that is in violation of the rights of any client.
- I will not ask another to engage in any conduct that is in violation of the rights of any client.
- I will immediately tell my supervisor verbally and in writing, if I witness others engage in any conduct that is in violation of the rights of any client.
- I will not make an entry in any documents that does not reflect the actual care or treatment that was provided to a client.
- I will immediately tell my supervisor verbally and in writing, if anyone asks me to make an entry that does not reflect the actual care or treatment that was provided to a client.
- I will immediately tell my supervisor verbally and in writing, of any abuse, neglect or mistreatment of any client.
- I will not discuss internal facility affairs or confidential staff matters with clients, family members, staff, vendors or any outside sources.
- I will not discuss confidential client affairs with other clients, families, or outside sources.

Employee Signature

Date

Management Signature

Date

CONDITIONS OF EMPLOYMENT FOR DIRECT CHILD CARE WORKERS

- Successful completion of a 40-hour orientation program that includes: Medication monitoring, CIT review, Policy and Procedures of the company.
- Must pay \$65 dollars for initial DPS fingerprinting card.
- Successful completion of a background investigation for criminal behavior, personal reference, and work history. Misdemeanor convictions will be reviewed on a case-by-case basis. No misdemeanor convictions within the past 12 months. Currently not serving probation on misdemeanor conviction or pending criminal/ traffic court action.
- Acceptance of shift rotation: Holidays/ Weekend/ Shift scheduling.
- Maintain current AZ. driver's license and clean driving record.
- Successful completion of CPI /JIREH training.
- Maintain professional dress and grooming.
- Compliance with agency Code of Ethics and all Policies.
- Passing an initial drug screen.
- Must be trained in CPR and First Aid.
- Completion of 40 hours of training each year.

I have read this document and I understand the expectations and work responsibilities of the Child Care Worker position at PowerHouse Youth Facility.

Print Name: _____

Signature: _____ Date: _____

CONSEQUENCES / DISCIPLINARY POLICY

The PowerHouse believes in firm but fair discipline. At NO time will clients be harmed physically by any staff members. We believe in the TALK-DOWN Philosophy versus the TAKE-DOWN Philosophy. Clients WILL be redirected and talked to when behavior issues arise. Staffs at PowerHouse are employed to assist children in our care to make right choices and to help keep them safe from harm. Staff is expected to redirect clients' behavior when issues arise.

The main form of discipline at PowerHouse is L.O.P. (Loss of Privilege). LOP means LOSS of:

- Movies
- CD Players/ Personal radio & stereo equip/ MP3 's player/ I-Pod Video games & ANY handheld game
- Walks
- Group Activities/ Outings (client will remain w/staff at ALL times during PHYF outings)
- Personal Phone calls
- Visitations
- Unsupervised Passes

Employee Technology Use Agreement

General Provisions

The purpose of this directive is to provide PowerHouse Youth Facility employees with guidance on the proper use of the company's information technology resources, including but not limited to the Internet, email, cell phones and the company's digital network and supporting systems and the data transmitted on those systems.

The use of PHYF technology resources is a privilege granted to employees for the enhancement of job-related functions or educational purposes. All users should be responsible when using resources in an efficient, ethical, and legal manner ("reasonable use"). Employees may have limited access to these resources for personal use if they comply with the provisions of this procedural directive. Violations of this procedural directive may result in the revocation of this privilege. Employees may also face disciplinary action up to and including termination, civil litigation, and/or criminal prosecution for misuse of these resources.

Definition

For the purposes of this document, the terms "inappropriate use" of PowerHouse Youth Facility information resources and "inappropriate material" include any uses or material that could be construed by a reasonable person or a court of law as being generally offensive, abusive, illegal, immoral, or unethical; in violation of applicable laws, regulations, or corporate policies or standards; or that in any way jeopardizes the confidentiality, integrity, or availability of the company's technology or information resources or intellectual property, or that compromises the companies tangible or intangible assets, including its name, reputation, and logo. Contingent workers must not use the PHYF's technology or information resources for inappropriate purposes. Inappropriate use is grounds for termination of engagement and other remedies at the discretion of the CEO.

Prohibited Activities

Staff shall not use PHYF resources to reveal confidential or sensitive information, client data, or any other information covered by existing state or federal privacy or confidentiality laws, regulations, rules, policies, procedures, or contract terms. Staff who engage in the unauthorized release of confidential information via the company's electronic resources will be subject to sanctions in existing policies and procedures associated with unauthorized release of such information.

Staff shall not download executable software, including freeware and shareware, unless it is required to complete their job responsibilities.

Staff shall not use PHYF's technology resources to intentionally disable or overload any computer system or network, or to circumvent any system intended to protect the privacy or security.

Unauthorized access to the Internet is prohibited from any device that is attached to any part of PowerHouse Youth Facility's network.

Staff shall not access, store, display, distribute, edit, or record sexually explicit or extremist material using PHYF's resources. Violation of this procedural directive may result in immediate disciplinary action up to and including termination of employment. The incidental and unsolicited receipt of sexually explicit or extremist material, such as might be received through email, shall not constitute a violation of this section, provided that the material is promptly deleted and neither stored nor forwarded to other parties. Examples of this material include, but are not limited to, SPAM and phishing emails.

Personal Use of the Internet

Occasional and incidental personal use of the Internet access is allowed subject to limitations.

Personal use of the internet is prohibited if:

1. It materially interferes with the use of PHYF's resources; or
2. Such use burdens PHYF with additional costs; or
3. Such use interferes with the staff member's employment duties or other obligations to the company; or
4. Such personal use includes any activity that is prohibited under the company's procedural directive.

Information and Records

PowerHouse Youth Facility may install software and/or hardware to monitor and record all IT resources usage, including email and Web site visits. PowerHouse Youth Facility retains the right to record or inspect all files stored on the company's devices.

Staff shall have no expectation of privacy with respect to PowerHouse Youth Facility's IT resource usage. Staff are advised that serious disciplinary action up to and including termination of employment may result from evidence of prohibited activity obtained through monitoring or inspection of electronic messages, files, or electronic storage devices. Illegal activity involving PHYF's IT resource usage may be referred to appropriate authorities for prosecution.

All employees who have access to or may have access to personally identifiable client records shall adhere to all standards included in the Family Educational Rights and Privacy Act (FERPA), Health Insurance Portability and Accountability Act (HIPAA), and other applicable laws and regulations, as they related to the release of client information.

Inappropriate Uses

The following list is provided as guidance to users; it is not meant to include examples of all types of inappropriate use. If you are unsure if an anticipated use of PowerHouse Youth Facility information resources is inappropriate, consult with your manager or your LOB Information Risk Manager.

1. General Terms – Inappropriate use of PowerHouse Youth Facility's information resources includes, but is not limited to, the following:

- Using information resources for personal business.
- Using information resources for actions that violate this AUP-CW, the Supplier Code of Conduct, or any other PowerHouse Youth Facility supplier policy.
- Using information resources in a manner that jeopardizes the confidentiality, integrity, or availability of the information resources.
- Transmitting information in violation of applicable law or regulation, this AUP-CW, the Supplier Code of Conduct, or any other PowerHouse Youth Facility supplier policy.
 - Using non-PowerHouse Youth Facility owned, leased, or authorized equipment including removable storage media to store, process, or transmit non-public PowerHouse Youth Facility information.

2. Inappropriate Uses of Email - Inappropriate use of email includes, but is not limited to, the following:

- Sending or forwarding email from a PowerHouse Youth Facility managed email account to any personal account or external corporate account. Contingent workers must not forward emails from a PowerHouse Youth Facility managed email account to their personal email account or external corporate email account for any purpose.
- Any non-PowerHouse Youth Facility managed email account via directory entries, agents, or applications, including those that are automated.
- Using a non-Firm managed account to store PowerHouse Youth Facility email.
- Forwarding electronic chain letters.
- Using a PowerHouse Youth Facility managed email account for unauthorized solicitation purposes.
- Using a PowerHouse Youth Facility managed email account for any other purpose outside the scope of engagement.

3. Inappropriate Uses of Authentication Information – Users must establish, alter, and retain sole, secure knowledge of passwords and any other means of identity authentication as directed by JPMC. Inappropriate uses/conditions that could compromise authentication information, systems, or network security include, but are not limited to, the following:

- Using software to log keystrokes in a production environment.
- Using or possessing password cracking programs, security vulnerability assessment, exploitation tools, or network sniffers to capture and view transmitted data, network discovery tools, system discovery or inventorying tools, unless as part of engagement as expressly authorized in a contract with JPMC and signed by both JPMC and Supplier.

4. Inappropriate Uses of Software – Inappropriate activity with software files/programs includes, but is not limited to, the following:

- Downloading, uploading, copying, or distributing software or electronic files in violation of their copyright.
- Downloading, uploading, saving, or trading music or video files whether or not the action

is in violation of applicable copyright restrictions.

- Downloading or uploading any software or electronic files, including legitimate information, without up-to-date virus protection measures in place.
- Intentionally accessing, downloading, uploading, saving, or sending sexual, pornographic, discriminatory, or criminal material.

5. Inappropriate Activity Regarding System Builds/Configurations – Inappropriate activity to modify system builds or configurations includes, but is not limited to, the following:

- Disabling or removing any security software; for example, access control or computer virus control.
- Installing, disabling, or removing software, other than device drivers, on a PowerHouse Youth Facility computer.

6. Inappropriate Internet-related Activity – Inappropriate Internet-related activity includes, but is not limited to, the following:

- Sending or storing the Firm's data or files on non-JPMC web-based data storage services, for example, Google Drive, Mega, 4Shared, iCloud, etc.
- Establishing undocumented and unapproved Internet or other external network connections that could allow a non-PowerHouse Youth Facility user to gain access to PowerHouse Youth Facility systems and information.
- Using the PowerHouse Youth Facility Intranet to access non-corporate-standard email accounts such as MS Hotmail, Yahoo Mail, and Gmail.
- Placing PowerHouse Youth Facility material (software, internal memos, etc.) on any publicly accessible Internet computer that supports anonymous file transfer protocol (FTP).
- Posting non-public PowerHouse Youth Facility or any other type of information that may compromise the security of the Firm's assets or violate supplier policies or the Supplier Code of Conduct via Internet accessible message boards, blogs, social networks and other forms of communication. For more details, please also see the Continent Work Social Media Policy.
- Using the PowerHouse Youth Facility name or logo on the Internet.
- Gambling
- Accessing or downloading pornographic material.
- Making or posting indecent, offensive, discriminatory, harassing, or disruptive remarks, or other inappropriate content.
- Creating or using intranet blogs that contain Confidential or Highly Confidential information.

All inappropriate uses may result in termination or a submission of reprimand on said employee's file that may affect the employee's future review or determination in termination.

Employee Printed Name _____ Date _____
Employee Signature _____

Client Action:	Occurrence	Consequences
Non-Compliant Behavior	1 st time	Warning
	2 nd time	Verbal Redirection
	3 rd time	LOP for 24hrs
Antagonizing Peers	1 st time	Warning
	2 nd time	Verbal Redirection
	3 rd time	LOP for 24hrs
Cursing	1 st time	Warning
	2 nd time	Verbal Redirection
	3 rd time	LOP for 24hrs
Smoking Contraband		LOP for 24hrs
School Incident	Any	Staff / Supervisor Discretion (7day school suspension = 7day LOP)
Drug/Alcohol Abuse	1 st time	LOP for 2 weeks & notify P.O. & C.M.
	2 nd time	Possible removal from PHYF
AWOL	1 st time	LOP of (1) week & notify P.O.&C.M
	2 nd time	LOP of (2) week & notify P.O. & C.M
	3 rd time	Possible removal from PHYF
Assault Staff	1 st time	LOP for 2 weeks & notify P.O. & C.M.
	2 nd time	Possible removal from PHYF

STAFF RESPONSE TO UNSAFE BEHAVIORS OF RESIDENTS

2.A.11

It is the policy of PowerHouse Youth Facility (PHYF) that as a consequence of mental illness, behavior disorder, skill deficit or situational stressors, a resident may become threatening or physically assaultive towards staff, their peers, members of the public, to property or to themselves. It is the task of the staff team to prevent, when possible, the emergence of such behavior or, if not preventable, to reduce the risk of injury to all parties and maintain an effective therapeutic relationship with the resident.

Emergency interventions with residents who are prone to exhibit assaultive behavior must, in order to be effective, be based on a model that is clinically sound, which is consistent in its application and dependent upon the integrated efforts of the entire staff team. It must be designed to allow for the least restrictive interventions, yet prepare staff, when needed, to temporarily take control over another person displaying assaultive behavior until they have regained control of themselves and no longer present a danger to self or others.

If a resident has a Personal Safety Plan, staff members will work to implement the Personal Safety Plan by reminding the resident of the safety plan, getting a copy of the safety plan for the resident, if appropriate, and encouraging the client to follow through with the safety plan.

When the situation is resolved and order is restored, a debriefing with the resident will be conducted, if possible, at a time when he/she is in a frame of mind to participate. Staff members will also be encouraged to debrief in a staff meeting. The circumstances surrounding the incident will be reviewed, and staff members will be encouraged to discuss alternative approaches that might be helpful in similar situations in the future.

The alternative response to assault, aggression, or threat thereof, or harm to self, is to use the Crisis Prevention Institute (CPI) method to de-escalate the situation and encourage the resident to manage his/her own behavior. Should the resident fail to do so, staff members will escort other residents and visitors to another area, with the intent of isolating the resident and creating a safe environment in which the resident can make decisions without the distraction of an "audience". Should the situation deteriorate, or should staff determine that de-escalation is not working, all staff are trained to call the Crisis Team and/or local authorities.

An Emergency Hold is only used as a **last resort** when a person is in imminent danger of significantly harming himself or others and all other interventions have failed. An emergency hold must only be applied for as long as necessary to prevent injury, until the person begins to regain rational control.

*PowerHouse **does not use seclusion or physical restraints at any time.** It is unacceptable to use physical intervention as a punishment, or to threaten the use of physical control as a means of attempting to manage a person's actions. Inappropriate use of physical intervention will result in disciplinary action.*

If a person has required the use of an emergency hold three or more times within a six-month period, or if the team determines its use in the future is anticipated, the following conditions must be met:

1. If the team decides an emergency hold is necessary, it must be included in the plan.
2. The plan will clearly define under what circumstances use of an emergency hold can be used, when it is used, who will be notified and how. The person's guardian or parent, if they are under the age of 18, must be notified if an emergency hold is used. Plans will clearly define the timelines and methods for doing so.

An incident report is to be completed, submitted, and filed to the appropriate caseworker/team, after any such occurrence.

Print Name: _____

Staff Signature: _____

Date: _____



I, _____ HAVE READ AND UNDERSTAND POWERHOUSE HOUSE YOUTH FACILITY'S POLICY REGARDING CLIENT CONSEQUENCES AS PRESCRIBED IN R6-5-7456 OF AZ ADMINISTRATIVE CODE. I FURTHER UNDERSTAND THE DUTY TO REPORT SUCH INCIDENTS DEEMED NECESSARY FOR THE SUCCESSFUL OPERATION OF POWERHOUSE HOUSE YOUTH FACILITY. MY SIGNATURE CONFIRMS THAT I WILL PERFORM THE ESSENTIAL DUTY AS STATED ABOVE AND A SIGNED COPY WILL BE MAINTAINED IN MY EMPLOYEE FILE.

Employee Signature

Date

Management Signature

Date

Drug-Free Workplace Policy

CREATED: April 20,2020

REVIEWED: February 14, 2022

Purpose: this policy is to create and maintain a drug-free workplace. All PowerHouse employees are required to abide by this policy.

Scope: Applies to all PowerHouse Youth Facility (PHYF) Employees

Policy

1. Per PowerHouse policy and DCS guidelines all PHYF employees will be subjected to at least **an** annual drug test for every year of employment.
2. PHYF prohibits the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance away from PHYF or on company premises.
3. PHYF prohibits being impaired or under the influence of legal or illegal drugs or alcohol away from PHYF or on company premises, if such impairment or influence adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk PHYF reputation.
4. PHYF prohibits the presence of any detectable number of prohibited substances in the employee's system while at work, while on the premises of the PHYF locations, or while on company business. "Prohibited substances" include illegal drugs, alcohol, or prescription drugs not taken in accordance with a prescription given to the employee.
5. Any employee who is convicted of a criminal drug statute violation or a DUI must notify his/her manager no later than five calendar days after the occurrence of the conviction. Failure to abide by PHYF policy and/or failure to report a conviction will result in disciplinary action up to and including dismissal.
6. Employees will be required to sign an acknowledgment of this policy as a condition of employment

Procedures While on Duty

1. FOR-CAUSE TESTING: PHYF may ask an employee to submit to a drug and/or alcohol test at any time it feels that the employee may be under the influence of drugs or alcohol, including, but not limited to, the following circumstances: evidence of drugs or alcohol on or about the employee's person or in the employee's vicinity, unusual conduct on the employee's part that suggests impairment or influence of drugs or alcohol, negative performance patterns, or excessive and unexplained absenteeism or tardiness. When allowable, testing will be done the same day when the above circumstances are evident
2. POST-ACCIDENT TESTING: Any employee involved in an on-the job accident or injury under circumstances that suggest possible use or influence of drugs or alcohol be asked to

submit to a drug and/or alcohol test. "Involved in an on-the-job accident or injury" means not only the one who was or could have been injured, but also any employee who potentially contributed to the accident or injury event in any way. When allowable, testing will be done the same day when Procedures for Criminal Procedure the above circumstances are evident.

3. When a manager suspects alcohol or drug activity taking place at work or if an employee is suspected of being under the influence of alcohol or drugs, the following steps should be taken
 - A. Contact Administrative Assistant/Human Resources immediately.
 - B. Explain the circumstances and/or situation.
 - C. The House Manager will provide the employee with a Chain of Custody form to take to the testing site. The Manager, in communication with the Human Resources, will decide what type of testing will be administered (breathalyzer, blood, or urine).
 - D. The Manager will arrange to transport the employee to and from testing, if necessary.
 - E. The employee or the person transporting the employee will provide to the contractor the chain of custody form. The results will be released to Human Resources only. The manager of the employee being tested will be notified as soon as the results are received and proper discipline, if any, can begin
 - F. If the manager feels the employee is of danger to self or others, the manager can require the employee to go home. If the employee is unable to drive him/herself, the manager will arrange for transportation for the employee to his/her residence. The employee must return to work on his/her next scheduled workday and adhere to drug testing.
 - G. Any employee who tests positive and who believes the test was in error may request at their own expense, a re-test of original specimen at a second federally certified laboratory. PHYF must receive this request in writing within 5 working days after the test subject has been informed of the confirmed positive test results.

Procedures for Criminal Drug Convictions/ Violations

4. An employee convicted of a criminal drug statute violation or a DUI must notify his/her manager in writing, within five calendar days after the conviction.
5. Managers receiving notification from an employee of a criminal drug statute violation/DUI, shall notify the Human Resources of such conviction within one calendar day.
6. Within 30 calendar days of receiving a substantiated notice of a criminal drug statute conviction/DUI, the manager, after consultation with Human Resources, shall take appropriate action against the employee up to and including dismissal. If the employee is not dismissed, PowerHouse Management may require the employee to participate successfully in drug abuse assistance or rehabilitation program approved by federal, state, or local health, law enforcement or other appropriate agencies. Further information on drug rehabilitation is available by contacting the Human Resources.



EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

I hereby agree, upon a request made under the drug/alcohol testing policy of PHYF, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that at any time I refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have PHYF to send the specimen(s) collected to a laboratory for a screening test for the presence of any prohibited substances under the policy and for the laboratory or testing facility to release all documentation relating to such test to PHYF and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize PHYF to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly authorized company administrators and management will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless PHYF, and any testing laboratory PHYF might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a PHYF or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless PHYF and any testing laboratory the company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, if they release or use of, the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been made aware if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT POWERHOUSE WILL REQUIRE A DRUG SCREENING AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED WITH AN ON-THE-JOB ACCIDENT OR INJURY, UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLMENT OR INFLUENCE OF DRUGS OR ALCHOHOL, IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

Employee Name: _____

Date: _____

Employee Signature: _____

Administrative Representative: _____

Date: _____