

MASONIC HOME FOR CHILDREN AT OXFORD



POLICIES AND PROCEDURES MANUAL 2025

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FOREWORD

The Masonic Home for Children at Oxford, Inc. (MHCO) is a great place to be a kid. The main reason MHCO provides an excellent residence for children in need is the people involved in providing guidance, supports, and best practices to meet the daily and long-term needs of the children entrusted to our care. The Policies and Procedures Manual provides information, resources, and guidelines in the various facets of providing that care.

The policies are primarily driven by laws, regulations, statutes, and best practices. The procedures reflect the organizational culture and practice of instituting the polices into everyday practice. The procedures are intended to be more readily adjusted to meet individual needs of residents or respond to more immediate needs of the organization related to various community, campus, and environmental dynamics. Official memorandums relating to procedural adjustments are to be shared directly to the pertinent parties. Memorandums are included in the current Policies and Procedures Manual as addenda. Upon regular reviews, the procedures are revised to include the memorandums as approved by the Board of Directors.

It is the expectation that all staff are familiar with the Policies and Procedures Manual, especially as it relates to their direct job assignment and responsibilities. The policies and procedures are intended to be followed in a consistent manner and provide a structure for accountability. It is the responsibility of all employees to act and address issues at the most direct level possible. When in question, employees are to seek assistance and support as outlined. The primary goal is to provide the best possible services in an ethical, positive, and productive manner to benefit the children and their families and to provide a guide for the direction and protection of employees.

The Policies and Procedures Manual is a living document in that it is to be regularly reviewed and revised with the inputs from representatives of all stakeholders to continue to refine the practices in order to further provide exceptional, safe, and nurturing care for the children. In the process of referencing and revising the Policies and Procedures Manual, the Masonic Home for Children at Oxford, Inc. continues to be a great place to be a kid.

Kevin Otis, Administrator

SECTION

I

INTRODUCTION

The Masonic Home for Children at Oxford, Inc. (MHCO) Policies and Procedures Manual is designed to provide all employees with a brief introductory history, set forth certain policies and procedures relevant to MHCO's mission, and allow employees an opportunity to be part of future revisions of the manual. This manual is intended to provide both direction and guidance for employees, residents, stakeholders, and volunteers of MHCO. Contained within this manual are many instructions addressing how MHCO delivers day-to-day services for residents. Communication between personnel and supervisors is essential to interpret the policies and procedures. If a policy or procedure is unclear or if there is a question that cannot be easily answered, clarify with supervisors before proceeding. This manual, along with all other MHCO directives, publications, and programs shall be evaluated, revised, and updated at least annually. Recommendations for changes to this manual should be brought to the attention of the Administrator or supervisor. These policies do not constitute an employment contract. Changes in MHCO policies will become effective upon the approval of the Board of Directors. The Board of Directors may make changes at any time with or without notice.

This manual is arranged in several sections. The first section addresses issues that relate to all stakeholders involved with the organization as an [Introduction](#). The second section addresses policies and procedures applicable to [Facilities](#). The third section addresses policies and procedures applicable to [Financial Management](#). The fourth section addresses policies and procedures applicable to [Human Resources](#). The fifth section addresses policies and procedures applicable to [Performance and Quality Improvement](#). The sixth section addresses policies and procedures applicable to [Service Planning and Delivery](#) for the Direct Care (DC) Program and the Independent Living Program (ILP). The final section contains [Appendices](#) with applicable reference documents.

	Philosophy
Domain:	Introduction
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/2017; 2/9/2018; 5/10/2019; 5/8/2020; 8/12/2022; 11/10/2023
<p>MHCO strives to ensure the best possible care for residents. MHCO provides residents and families with a healthy homelike setting to develop into productive citizens. Every attempt is made to maintain the individuality and identity of each resident served. Services offered include residential foster care, preparation for independence, and community based collaborative services.</p> <p style="text-align: center;">MISSION STATEMENT</p> <p>Providing and promoting a safe, nurturing home for children and young adults in need with opportunities to maximize their potential.</p> <p style="text-align: center;">VISION STATEMENT</p> <p>Children, young adults, and families develop and flourish here and beyond.</p> <p style="text-align: center;">QUALITY STATEMENT</p> <p>MHCO is committed to high quality care for children and young adults in need through:</p> <ul style="list-style-type: none"> • highly qualified personnel, • continuously evolving evidence informed model of care, and • active engagement with community and stakeholders. <p style="text-align: center;">IDENTITY</p> <p>The Masonic Home for Children at Oxford, Inc. is the official name of the agency. In printed materials, references to the organization might read MHCO, The Home, or the Agency. On official letterhead and other official documents, MHCO will be identified as The Masonic Home for Children at Oxford, Inc.</p> <p style="text-align: center;">LOGO AND TAGLINE</p> <p>The official logo, two oak trees that form a heart, symbolizes our commitment to providing a strong, safe environment for residents to grow and develop with the tagline “Growing Hearts, Brighter Futures”. Use of the MHCO logo or letterhead stationery is restricted to official business of MHCO.</p>	

Procedure Name:	Inclusion Statement Policy
Applies to:	Employees and Board
Procedure Location:	
Effective Date:	May 9, 2025
Date(s) of Revision:	
References:	COA Governance Standard 5.04
<p>At the Masonic Home for Children at Oxford, we are deeply committed to fostering an inclusive environment where everyone feels valued and empowered to contribute regardless of their background, identity or circumstance. We actively strive to represent the communities we serve in our staff, leadership, and programming, ensuring that our services are accessible and tailored to meet the unique needs of all individuals.</p> <p>MHCO maintains several policies and procedures supporting Inclusion concepts related to residents, service recipients, families, employees, and other stakeholders. These are included in but not limited to Human Resources and Service Planning and Delivery. MHCO strives to provide fairly for all within the distinction of the Home’s unique program structure.</p>	
<hr/> <p>Authorizing Signatures</p> <p>Administrator _____ Date _____</p> <p>HR and Training Coordinator _____ Date _____</p>	

	History
Domain:	Introduction
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017; 8/10/2018; 5/10/2019; 5/8/2020; 8/12/2022; 11/10/2023
<p>The Masonic Home for Children at Oxford, Inc. is the oldest Masonic home for children in the country still in its original location and one of few left in operation.</p> <p>Originally opened as an orphanage in 1873, MHCO has gone through an evolutionary transition from orphanage to its present state as a residential child care facility offering a wide range of social services to children and their families. Milestones of MHCO's development are provided below.</p> <p>1855: Construction begins for St. John's College, a forerunner to Oxford Orphanage. Cornerstone laid June 24, 1855.</p> <p>1868: Grand Lodge of Masons of North Carolina buys the mortgage on St. John's College and 109 acres for \$7,000.00.</p> <p>1872: Grand Lodge vote to open Oxford Orphan Asylum to care for children orphaned by the Civil War.</p> <p>1873: Three children from Granville County are admitted in February as the first residents of MHCO. Services were provided to 136 children during the first year with 109 children in residence at the end of the first year of operation.</p> <p>1875: Printing operations and other vocational training are offered in Saint John's Building that also housed all children, staff, and the school.</p> <p>1879: Building is constructed to serve as a hospital. This building would later be used as a boys' residence and a staff residence.</p> <p>1884: Buildings are constructed for the printing operations, shoemaking, and woodworking.</p> <p>1895: The Home is incorporated as Oxford Orphan Asylum under a thirty-year charter. Operations were to be managed by a nine-member Board of Directors, five of whom were elected by the Grand Lodge, the Grand Master as Chairman, and three appointed by the Governor of North Carolina.</p> <p>1895: A dining hall and eight "cottages" each capable of housing 32 children are constructed with half of the cost being borne by a gift from Mr. B. N. Duke.</p> <p>1898: Mr. B. N. Duke facilitate employment of Miss Nettie M. Bemis, a progressive educator from Massachusetts, as the female supervisor of The Home. She was employed with The Home for 33 years and had a significant impact on all aspects of campus life.</p> <p>1900: Grand Lodge purchase two tracts of land totaling 133 acres, expanding the campus to 242 acres. Subsequent purchases and donations from 1908 through 1954 increased the property holdings to 307 acres.</p> <p>1912: On-campus residence for superintendent is constructed.</p> <p>1917: On-campus residence for treasurer is constructed.</p> <p>1921: Roads and sidewalks on campus are paved.</p> <p>1923: The Home is incorporated as Oxford Orphanage under a new thirty-year charter.</p> <p>1925: The John Nichols School construction is completed and school operations move from the Saint John's Building.</p> <p>1926: R. N. Hicks Hospital opens.</p> <p>1929: Dunn Cottage opens to serve infants and small children.</p> <p>1930s: During the Great Depression years the census of The Home census reaches as high as 420 children.</p> <p>1931: John Nichols School becomes a N. C. Public School under the administration of Oxford City Schools.</p> <p>1951: New building program is initiated with construction of York Rite Chapel, Master's Cottage, and other support buildings.</p>	

1953: Corporate Charter for Oxford Orphanage is renewed.

1955: Creasy K. Proctor Recreation Center, a full-sized gymnasium and recreational facility is constructed on campus.

1957: Original Saint John's Building is torn down and replaced by the new St. John's Administrative Building. Cornerstone laid in 1958.

1960: Old dining hall is replaced with new dining facility.

1964: Nine new two-story residences are built to replace those constructed in the 1890's. Capacity ranged from 20 to 24 children in each residence.

1965: New Blue Lodge Vocational Building for printing operations, shoe repair, and maintenance facilities are built.

1969: Assistant Administrator's residence is built.

1972: Chaplain's residence is built.

1973: John Nichols School is closed due to reduced census on campus.

1973: The Oxford Orphanage charter is amended to open admissions to all qualified children regardless of race, color, creed, national origin, etc.

1975: John Nichols School is re-opened on campus as a private school.

1985: John Nichols School is permanently closed and demolished as students entered Oxford public schools.

1986: School and hospital buildings on campus are demolished due to safety concerns and the age of the facilities.

1991: All property in Oxford that had been deeded to the Grand Lodge for child caring operations is transferred to Oxford Orphanage.

1994: Name of the Home is changed to The Masonic Home for Children at Oxford, Inc.

2002: MHCO is licensed for institutional foster care by N.C. Department of Health and Human Services.

2003: Construction is completed on 7 new residences for children, each housing 8 children.

2005: Renovation of Dunn Cottage is facilitated and funded by The Cobb Foundation, creating a permanent home for MHCO's collection of history in the Sallie Mae Ligon Museum and Archives, conference center, and new location of the Finance Offices.

2006: MHCO is accredited by the Council on Accreditation.

2006: Modification of MHCO Independent Living Program designed to provide skills for adult living for young adults ages 18 to 22 years old.

2007: Renovation of 4 two-story cottages constructed during 1964 -1972 is completed to provide additional housing for the modified Independent Living Program, provide overnight housing for guests, volunteers, and family members of residents, and organize a Masonic Lodge on campus.

2007: Mr. J. Allen Hughes is named Administrator of MHCO, the first time in its history that the Home's chief officer is also an alumnus.

2009: Mr. Dan Charles Rice is elected Grand Master of Masons, the first alumnus of the Home to be elected Grand Master of Masons in history of Masonry in the state of North Carolina.

2011: Mr. J. Allen Hughes retires after 10 years of service, finishing as the MHCO's Administrator serving in this position for 4 years.

2011: St. John's Day, a day of celebration on campus for over 90 years, returns as Masonic Homecoming Festival combining the activities of the summer celebration with the annual Homecoming for alumni, held the second weekend in October.

2012: First annual "Great Landscape Day" is held.

2012: Mr. Kevin Otis is hired as the 18th Administrator of MHCO.

2013: The Home holds its first Public Service Appreciation Day.

2013: The Independent Living Program becomes an accredited program through the Council on Accreditation.

2013: BSA Troop #629 is chartered by MHCO.

2013: Dedication of the new hand-crafted playhouses, donated by Ashton Woods Homebuilders.

2015: Summer Academy is implemented to provide vocational experiences for residents.

2015: The Community Garden is dedicated.

2015: MHCO receives the City of Oxford's first "Good Neighbor" award.

2016: Inaugural Ambassador class is commissioned by Grand Master Webster.

2016: The St. John's Administrative Building lobby is dedicated in honor of Donald Sizemore.

2016: The Wilkerson College fire pit is dedicated.

2016: Longdon Endowment York Rite Chapel dedication.

2017: Strategic Planning session conducted. New tagline: "Growing Hearts, Brighter Futures".

2017: Terrie Dewey Basketball Court dedication.

2017: MHCO acquires forty adjacent acres.

2017: Violet's Room opened as a museum in the Cobb Center.

2018: Construction begins on new pool.

2018: Granville Athletic Park Outdoor Educational Center completed.

2018: Accidental fire occurred at the hay barn.

2019: Pool opens

2019: SECU Foundation Capacity Building Grant Awarded to MHCO

2020: COVID-19 pandemic leads to Gov. Cooper Executive Order 121

2020: In response to COVID-19 pandemic MHCO virtually closes down campus

2020: School become all virtual and classes are conducted in cottages

2020: The Masonic Homecoming Festival is cancelled due to COVID-19

2020: HDR Foundation Grant Awarded for Terrie Gilliland/HDR Farm Road Bridge

2020: Organizational Assessment completed, NCMF funds AGO for two years in response

2020: TNHF Awards Grant toward Cornell University CARE TI Model

2021: Verville Interiors begins restoration project for God's Half Acre

2021: Transitional Living Cottages open as an intermediary step in the Independent Living Program

2021: Pool Campaign is successfully met

2021: MHCO is reaccredited through Oct. 2025

2021: MHCO holds first Appendant Body Leadership Retreat

2021: MHCO begins television commercials with WRAL and WGHP

2021: The Masonic Homecoming Festival is cancelled for a second year due to COVID-19

2021: Walden University Acts for Good remodels Gym Lobby as four MHCO employees attend

2022: The Walker Building Roof is reroofed thanks to Old Time Roofing

2023: Governor Roy Cooper and Mayor Jackie Sargent proclaim Feb. 13th, 2023 Oxford Orphanage/MHCO Day in recognition of the 150th Anniversary of receiving the first three children into care.

2023: The Community Support Center begins as the first program to provide services to youth and families not residing on campus.

2023: The Gym renovation is revealed on Saints John's Day June 24th, 2023. The renovation was sponsored primarily by the Alumni Association.

2023: Phil Ford presents the Chapel Service noting Mr. Ford's previous visit in the 1970's.

	Governance
Domain:	Introduction
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/2017; 8/10/2018; 5/10/2019
References:	COA Administration and Management Standards (FIN 1, GOV 2.01, GOV 2.02, GOV 3.04, GOV 4, GOV 4.01, GOV 4.02, GOV 4.03, GOV 4.04, GOV 5, GOV 5.01, GOV 5.02, GOV 5.03, GOV 5.04, GOV 5.05, GOV 6, GOV 6.01, GOV 6.02) 10A NCAC 70I .0302 10A NCAC 70I .0405 Organizational Chart Amended and Restated By-Laws

BOARD OF DIRECTORS

A Board of Directors representative of the community that it serves governs MHCO as a 501(c) (3) non-profit organization. Per the Amended and Restated By laws, the Board of Directors shall be composed of no fewer than fifteen (15) members with voting rights to include:

- the Grand Master,
- the Deputy Grand Master,
- the Senior Grand Warden,
- six (6) ex officio members shall be nominated by the [Grand Lodge](#) Board of General Purposes and approved by members of the board, and
- six (6) non-ex officio members at large nominated and approved by members of the board.

Officers of the board shall be elected annually. Board Members shall serve for a period of three (3) years or less, establish standing committees, provide orientation for new members, and meet at least four (4) times annually with a quorum of at least eight (8) members present. The Board of Directors is responsible for ensuring self-perpetuation, continuity, cultural diversity, equality, stakeholder representation, gender diversity, and age diversity. The Board of Directors, with input as deemed necessary from both internal and external stakeholders to the organization, reviews MHCO’s purpose, policies, budget, financial audit, [Mission Statement](#), [Vision Statement](#), [Quality Statement](#), [Strategic Plan](#), and risk management needs annually and keep a record of their findings as part of the board and committee minutes. Board Members serve MHCO without compensation or payment. The Board of Directors shall be responsible for the employment and supervision of the Administrator, ensure that he or she is fit for employment per the [Recruitment and Selection Procedure](#), and evaluate his or her performance annually. The Board of Directors shall oversee fiscal resource management, sound stewardship, and business practices. There are nine (9) committees on which Board Members are appointed that perform various tasks: Finance Committee, Policy and Personnel Committee, Program Planning Committee, Nominating Committee, Financial Development Committee, Executive Committee, Marketing Committee, Vision Committee, and Audit Committee. The Policy and Personnel Committee of the Board of Directors shall ensure that adequate legal consultation is provided as necessary for policies, procedures, confidentiality, privacy, codes, licensing standards, litigation, and legal claims against MHCO.

LINE OF AUTHORITY

The Administrator shall supervise the overall operation of MHCO. The Administrator shall be supervised by the Board of Directors. The Administrator shall supervise, hire, and terminate employees as may be required for the proper operation of MHCO’s programs. The Administrator shall manage the facility, explain licensing standards to the Board of Directors and other stakeholders, report to the Board of Directors quarterly, and delegate authority to employees overseeing fiscal practices, evaluate and implement training of employees based on need, and conduct annual evaluations of employees based on

job responsibilities and goals for future job performance. In the absence of the Administrator, the Program Director shall be responsible for the operation of MHCO.

	Accessibility and Accommodation
Domain:	Introduction
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/17; 11/9/18; 5/10/19; 2/14/25
References:	COA Service Delivery Administration Standards (ASE 3, ASE 3.01, ASE 3.02, ASE 3.03) 10A NCAC 70I .0900 15A NCAC 18A .1602 Americans with Disabilities Act
<p>MHCO is located at 600 College Street, Oxford, North Carolina, 27565. The main phone number is (919) 693-5111 or (888) 505-4357, and the main fax number is (919) 693-2479. The official website is http://mhc-oxford.org/.</p> <p style="text-align: center;">ACCESSIBILITY TO FACILITIES AND SERVICES</p> <p>MHCO strives to ensure that the accessibility needs of service recipients, referral agencies, and the community are met when delivering services. MHCO aims to have facilities meet or exceed legal Americans with Disabilities Act (ADA) standards for accessibility by handicapped persons and for young and elderly persons. The Program Director and Maintenance Supervisor shall ensure that facilities are such that no employee, service recipient, potential service recipient, or other stakeholder goes without service or be unable to perform duties because of limitations, barriers, or obstructions in the physical plant; and that reasonable accommodations are made. This includes delivery of services at an alternate and accessible location, Planning for new construction or major capital improvements made to existing facilities shall be designed to meet or exceed ADA and other applicable laws for service to handicapped and disabled residents, visitors, and employees. All personnel shall ensure that MHCO's premises and equipment are safe and functional.</p> <p>As needed, MHCO will adopt its services to accommodate the visual, auditory, linguistic, and motor abilities of persons served.</p> <p style="text-align: center;">ACCOMMODATIONS TO COMMUNICATION NEEDS</p> <p>MHCO accommodates the written and oral communication needs of service recipients by:</p> <ol style="list-style-type: none"> a. communicating, in writing and orally, in the languages of the major population groups served; b. providing, or arranging for, bilingual personnel or translators or arranging for the use of communication technology, as needed; c. providing telephone amplification, sign language services, or other communication methods for deaf or hard of hearing persons; d. providing, or arranging for, communication assistance for persons with special needs who have difficulty making their service needs known; and e. considering the person's literacy level.' 	

	Accreditation, Memberships, and Licensure
Domain:	Introduction
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/2017; 11/9/2018; 5/10/19; 8/12/2022
<p>MHCO is accredited by the Council on Accreditation (COA). MHCO is a member of Benchmarks, Child Welfare League of America, Social Current, Prevent Child Abuse-NC, NC Center for Non-Profits, and Granville County Chamber of Commerce. Employees are strongly encouraged to be involved and provide leadership in membership organizations.</p> <p>MHCO complies fully with licensing statutory requirements for residential child-care services offered. MHCO holds a NC Department of Health and Human Services license to provide residential foster care services. MHCO is authorized by the NC Secretary of State to publicly solicit funding as a fully licensed non-profit organization. The original license is located in the lobby of the St. John's Administration Building.</p>	

	Strategic Planning Procedure
Domain:	Introduction
Effective Date:	5/9/2025
Date(s) of Revision:	
References:	COA Administration and Management Standards (GOV 2)
<p>MHCO engages in Long-term strategic planning that supports the organization's vision. Every four years the organization will conduct an inclusive strategic planning session by bringing residents, employees, board members, Alumni and community stakeholders (i.e. referral agencies, Department of Social Services, school officials, county commissioners, law enforcement officials, mental health representatives, members of the media, concerned citizens) together to develop the long term plan to sustain MHCO and the agreed upon vision and mission.</p> <p>Measurable goals and objectives are developed annually to fulfill the goals identified in the Strategic Plan. These goals are reviewed in the Quarterly Performance and Quality Improvement Report that is data driven and includes the demographics of the client population, progress towards the goals, and action plans for any needed improvements. The plan is reviewed and approved at each quarterly Board Meeting and shared with stakeholders. The Annual Plan also provides a report on the yearly progress of the organization in meeting identified goals, identifying successes, data collected, unmet needs, underserved or excluded populations, and any areas of improvement. The Annual plan is shared with internal and external stakeholders.</p> <p>The Board of Directors and their respective committees review MHCO's purpose, policies, budget, financial audit, Mission Statement, Vision Statement, Quality Statement, Strategic Plan, Programs and risk management needs annually and keep a record of their findings as part of the board and committee minutes.</p>	

	Conservation
Domain:	Introduction
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/2017; 2/9/2018; 5/10/2019; 5/8/2020;8/12/2022
References:	Collections Management Policy and Procedure Manual
<p>MHCO shall practice conservation methods to promote health and safety while reducing negative impact on the environment and resources. Conservation methods shall not be practiced in a way that compromises care provided or harms the living or work environment utilized as part of the MHCO mission. MHCO practices energy conservation or the reduction of waste of non-renewable energy sources. Examples include:</p> <ul style="list-style-type: none"> • Utilization of low wattage light bulbs • Removal of steam boilers as sources of heat and energy • Utilization of energy efficient heat pumps/air conditioning units and other appliances • Conservation of water to include pool efficiency systems and leak maintenance • Conservation of soil to include erosion control, limited construction, and land reclamation • Preservation of cultural property such as that found in the museum and archives • Preservation of buildings or other immovable objects, including renovation and preservation of historic structures on campus • Conservation of resources in the form of recycling <p>MHCO personnel and residents shall recycle aluminum, plastic, paper, cardboard, batteries, used cooking oil, and other resources within the guidelines of accepted practice and NC laws. The following guidelines shall be observed when recycling materials:</p> <ul style="list-style-type: none"> • Rinse aluminum cans, plastic drink containers, and jugs • Break down cardboard boxes to maximize space • Use empty cooking oil jugs to recycle used cooking oil and grease created from cooked foods <p>Waste Industries picks up recycling every other Wednesday. The Kid\$Earn residents under CCW supervision shall collect recycling twice weekly as follows:</p> <ul style="list-style-type: none"> • Upper campus, administration residences, St. John’s Administrative Building, Cobb Center, Critcher, and School of Graphic Arts on Monday afternoons • Aluminum from lower campus on Tuesday afternoons • Sort through recycling cans and cardboard from all other recyclables before collection <p>Conservation and restoration of cultural property shall be conducted per the Sallie Mae Ligon Museum and Archives Collections Management Policy and Procedure Manual in the Appendices.</p>	

	Home Size
Domain:	Introduction
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017; 2/9/2018; 5/8/2020; 8/12/2022
References:	COA Service Standards (GLS 16.02) 10A NCAC 70I .0201
<p>All employees shall assist in keeping the campus a residential community and not an institutionalized setting. Residents shall be assigned to cottages based on the individual needs of the resident, needs of the other resident in the cottage, appropriate licensing regulations, safety, the abilities of the employees to meet the resident needs, familial groups, and minimal movement between cottages.</p> <p>Per the NC Licensing Standards for Residential Child-Care (10A NCAC 70I.0201), a child caring institution should have no more than twenty five (25) children to include the caregivers' own children and other relative children living in the home under the age of eighteen (18). The maximum occupancy of residents in any Direct Care cottage is eight (8), not including CCW dependent children. MHCO limits the number of CCW or RA dependent children living in the cottage to two (2). The composition of the group (i.e. residents and dependent children) shall include no more than two (2) children under the age of two (2), four (4) children under the age of six (6), and six (6) children under the age of twelve (12). The maximum occupancy of residents in any Independent Living Program cottage is ten (10), not including Resident Advisor dependent children. MHCO defines dependent children as a biological, step, or adopted child under the age of eighteen (18).</p>	

	Public Relations
Domain:	Introduction
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/2017; 5/8/2020; 8/12/2022
References:	Critical Incidents Procedure Confidentiality Policy and Procedure Resident Rights Policy and Procedure Strategic Plan

MEDIA

Media and public relations shall be conducted in a manner that protects the privacy and confidentiality of residents and other stakeholders. The Administrator or Chairman of the Board of Directors shall be the only stakeholders to address the media in times of emergency. All other employees are prohibited from making news releases or from speaking for MHCO to the media at any time, except with the expressed permission from the Administrator.

PUBLICATIONS

Financial Development and program personnel shall prepare and distribute brochures, newsletters, and the annual report. The Marketing Committee of the Board of Directors shall approve marketing materials before distribution. Brochures and handouts describing the purpose, mission, and vision statements of MHCO shall be publicly displayed in the St. John's Administrative Building.

RESIDENT IDENTITY

The Program Assistant shall ensure that each minor resident's legal custodian, or the resident if over the age of eighteen (18), signs a written consent form prior to the release of his or her identity in any publicity (i.e. news release, article, website, other written reports, or television or radio commercials) to include photographs, artist's conceptions, characterizations, or image of the resident. Residents shall have the right to refuse permission for publicity releases or participate in such community activities by which they may be associated with MHCO. Residents shall not be encouraged to publicly acknowledge gratitude for MHCO or services received.

COMMUNICATIONS

Financial Development personnel and the Administrator shall use presentations, financial appeal letters, newsletters, focus groups, strategic planning sessions, personnel retreats, and other mechanisms to ensure that MHCO purpose, mission, and vision, results of studies, satisfaction surveys, and outcome measurements are communicated to stakeholders. The Administrator and PQI shall conduct strategic planning sessions every four (4) years to include residents, employees, Board Members, and community stakeholders (e.g. referral agencies, [Department of Social Services](#), school officials, county commissioners, law enforcement officials, mental health representatives, members of the media, concerned citizens, etc.).

The Community Communications Committee shall meet quarterly after each board meeting. The Administrator shall serve as the chair of the committee. The committee shall include a member of the Board of Directors and such other members from the community as deemed necessary to ensure communication with the community is closely monitored and reviewed. Members shall be selected to represent various elements of the local community to include fields of education, health care, social services, law enforcement, economics, marketing, Masonry, and other civic organizations. Members of the Community Communications Committee participate as agents of communication and feedback concerning public perception of MHCO. Members are provided information regarding current activities, strategic and annual planning, and general information regarding operations. Members provide specific

information concerning their respective organizations, communicate and review those areas and elements of MHCO that are effective or need improvement, and provide inputs for any operational or programmatic needs.

ADVOCACY

The Board of Directors and MHCO leadership shall work with community members to advocate for resident services. Board Members, volunteers, employees, residents, or other stakeholders seeking an active role in advocating for MHCO beyond the scope of their duties shall contact the Administrator for suggestions and recommendations.

	Ambassador Program
Domain:	Introduction
Effective Date:	5/10/2019
Date(s) of Revision:	5/8/2020; 8/12/2022; 11/10/2023
References:	Background Checks Policy Presentations Report
<p>The purpose of the Ambassador Program at MHCO is to help market for referrals and supports, promote the mission, and disseminate admission criteria, needs, plans, and information to groups interested in community partnership.</p> <p>Ambassadors are volunteers that provide a variety of services, including but not limited to:</p> <ul style="list-style-type: none"> • giving presentations to Masonic and community groups, • sharing current marketing materials and other resources, • communicating with Lodge MHCO Committee Chairs, and • assist with events at MHCO. <p>Ambassadors serve a three-year term and may serve consecutive terms. When the term for the ambassador has concluded, the District Deputy Grand Master will nominate a Master Mason in good standing in their district to represent MHCO in Lodges and their local community. Ambassadors must be able to:</p> <ul style="list-style-type: none"> • present to groups, • share current and accurate information sincerely, • travel to groups, and • spend time at MHCO to help with tours and events. <p>Potential ambassadors complete an application including reference information, consent waivers, and background check approvals. The HR Specialist shall conduct a background check per the Background Checks Policy. The HR Specialist shall maintain a volunteer file on each ambassador and renew waivers annually.</p> <p>Ambassadors participate in an orientation to learn about the MHCO mission, policies and procedures, information resources, strategic plans, and needs. The orientation consists of an overnight stay on campus, tour, dinner in a cottage, informational session, and activities with selected cottages. Alternate orientations are offered when travel and on campus visits are not able to be scheduled.</p> <p>Upon graduation from orientation, ambassadors consult with Lodges in their district to determine needs and schedule presentations. Ambassadors will connect with the Lodge MHCO Committee Chairs monthly to monitor progress, answer questions, and provide support. Ambassadors disseminate information within their local community to churches, schools, civic organizations, and other pertinent community groups. MHCO staff and alumni are available to help present as needed and available. Ambassadors are requested to complete MHCO Presentations Reports regarding presentations to lodges and community groups to be submitted electronically to PQI.</p>	

SECTION

II

Policy Name:	Conflict of Interest Policy and Procedures
Domain:	Introduction
Applies to:	Board of Directors, BOD Committees, Ambassadors, Personnel, Donors, Interns, Volunteers, Community Partners, Consultants
Policy Location:	Y:/Forms/Policies and Procedures/Policies/Conflict of Interest Policy and Procedures.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	5/9/17; 2/9/18; 5/10/19; 5/8/20; 8/12/22; 2/14/25
References:	COA Administration and Management Standards (GOV 4.02, GOV 7, GOV 7.01, GOV 7.02, GOV 7.03) National Council of Nonprofits 10A NCAC 70I .0406 Ethical and Professional Standards of Conduct Acknowledgement and Agreement of Conflict of Interest Policy Form Prohibition of Preferential Treatment Policy
<p>Per the National Council of Nonprofits, a conflict of interest is defined as “a conflict, or the appearance of a conflict, between the private interests and official responsibilities of a person in a position of trust.”</p> <p>This policy pertains to Board of Directors members, BOD committee members, ambassadors, personnel, donors, interns, volunteers, community partners, consultants, advisors, and their immediate family members and relatives, as applicable.</p> <p>It is the policy of MHCO’s Board of Directors that Board of Directors members, BOD committee members, ambassadors, personnel, donors, interns, volunteers, community partners, consultants, advisors avoid any actual or perceived conflict of interest, provide full disclosure of any actual or perceived conflicts of interest, and not participate in any discussion or vote taken with respect to an actual or perceived conflict of interest pertaining to them.</p> <p>MHCO prohibits any conduct that may suggest the appearance of impropriety in any transaction. Actual or perceived conflicts of interest include, but are not limited to:</p> <ul style="list-style-type: none"> • Holding an ownership interest in a business or profession that provides goods or services to MHCO. • Having a financial or other interest in the assets, leases, business transactions, or professional services of MHCO. • Purchasing or receiving any property or entering contracts, except in cases of open and competitive bidding. • Voting or participating in the solicitation, negotiation, formation, award, arbitration, modification, or settlement of any contract or grant involving any funds or property of MHCO or any dispute arising under such contract or grant when the individual stands to benefit, either directly or indirectly, from such contract or grant. If the individuals receive only the salary or stipend due to them in the normal course of employment, they are not deemed to benefit directly or indirectly from a contract or grant involving any funds or property of MHCO. 	

- Using donor information or relationships inappropriately or in ways that might damage donor confidentiality and/or relationships with MHCO.
- Accepting favors, gifts, gratuities, or taking part in any activities or transactions that relate to, effect, or influence decisions made for, regarding, or on behalf of MHCO.
- Receiving preferential treatment, consideration, or benefit regarding admissions, recognition, or compensation because of a charitable gift to MHCO. All parties involved in charitable acts must abide strictly by the ethical standards of fundraising and donor bill of rights adopted and followed by MHCO.
- Making payment or accepting monetary compensation, goods, services, or other considerations for personal gain in exchange for referrals to services. Referrals shall be made in the best interest of all MHCO service recipients including the residents, the residents’ family members or legal custodians, the current cottage population, and MHCO.
- Special preference in accepting applications for admission to MHCO or service rendered.
- Employment in any position that has any influence in the supervision, evaluation, promotion, or pay decisions for family members or relatives.
- Steering or accepting referrals of applicants or persons served to a private practice in which employees, consultants, or the immediate families of employees or consultants are engaged. Such private practitioners may be included on referral lists along with other private practitioners and their relationship with MHCO must be clarified in writing.
- Low interest or forgiveness of personal loans made by MHCO to covered persons.
- Preferential treatment when applying for and receiving MHCO services.
- Nepotism
- The Administrator participating in deliberations on matters related to executive compensation, evaluation, and other areas that present apparent conflicts of interest.

Individuals who have a potential financial or other conflict of interest in MHCO’s assets, business, transactions, leases, or professional services must disclose the information and not participate in any discussion or vote taken with respects to such interests.

If a potential conflict of interest arises for personnel, donor, intern, volunteer, community partner, consultant, ambassador, or advisor, they shall inform the Administrator. The Administrator, BOD members, and BOD committee members must immediately disclose a potential conflict of interest to the Board of Directors. The Chairman of the Board of Directors shall review, investigate, and resolve the actual, potential, or perceived conflict of interest. The party in potential conflict may be requested to document the nature of the conflict for review. The Chairman of the Board of Directors shall advise the Policy and Personnel Committee of the resolution in writing and include the resolution in the committee minutes.

All Board Members and personnel shall be informed of, bound by, and sign a statement acknowledging and agreeing to this policy annually.

Authorizing Signatures

Chairman, Board of Directors _____ Date _____

Administrator _____ Date _____

Policy Name:	Nepotism Policy
Domain:	Introduction
Applies to:	Employees and Board of Directors
Policy Location:	Y:/Forms/Policies and Procedures/Policies/Nepotism Policy.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/17; 2/14/25
References:	COA Administration and Management Standards (GOV 7.03)
<p>It is the policy of MHCO’s Board of Directors that members of the board and employees shall avoid practicing nepotism in hiring, referral, or service delivery procedures. Nepotism is defined as favoritism shown to relatives or close friends by employers or supervisors. Employment of relatives or close friends of current employees or Board Members is discouraged. A relative is defined as a family member (i.e. spouse, child, parent, grandparent, brother, sister, stepparent, or stepchild) or household member of a current employee or Board Member. No employment or placement shall be made when it would result in an employee or Board Member having influence over a relative's employment, supervision, promotion, salary determination, service delivery decisions, or other personnel or residency considerations. MHCO operates a residential program that utilizes live-in, married couples providing direct care services as part of a program model. This model constitutes a valid hiring situation that has been approved by the state and is exempt from nepotism claim. The Policy and Personnel Committee of the Board of Directors shall review this policy for compliance and interpret any issue of nepotism.</p>	
<p>Authorizing Signatures</p> <p>Chairman, Board of Directors _____ Date _____</p> <p>Administrator _____ Date _____</p>	

Policy Name:	Fair and Equitable Treatment Policy
Domain:	Introduction
Applies to:	Employees, Stakeholders, and Board of Directors
Policy Location:	Y:/Forms/Policies and Procedures/Policies/Fair and Equitable Treatment Policy.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/17; 2/9/18; 8/12/22; 2/14/25
References:	COA Administration and Management Standards (CR 1, CR 1.03) Equal Employment Opportunity Commission Americans with Disabilities Act Section 504 of the Rehabilitation Act of 1973 Multiethnic Placement Act of 1994 Employee Grievance Policy Employee Grievance Procedure Stakeholder Grievance Policy Stakeholder Grievance Procedure Employee Rights Policy Resident Rights Policy Resident Rights Procedure Recruitment and Selection Policy Recruitment and Selection Procedure Direct Care Admissions, Deferrals, and Intake Procedure Direct Care Daily Living Direct Care Discharge Procedure ILP Admissions, Deferrals, and Intake Procedure ILP Daily Living ILP Discharge Procedure
<p>It is the policy of MHCO's Board of Directors that applicants, service recipients personnel, and stakeholders shall be treated without regard to age, gender, sexual orientation, color, race, creed, national origin, ancestry, religious affiliation, marital status, political belief, physical or mental disability, pregnancy, military or veteran status, or any other characteristic protected by law unrelated to the individual's ability to perform employment duties adequately or appropriateness for the level of care consistent with service delivery. Any individual who believes that he or she has been discriminated against should contact the Administrator or file a grievance. The Policy and Personnel Committee of the Board of Directors shall review this policy for compliance and interpret any issue of fair and equitable treatment.</p> <p>MHCO shall not discriminate in the hiring of new employees, conditions of employment, evaluations, or termination of employees. MHCO operates a residential program that utilizes live-in, married couples providing direct care services as part of a program model. This model constitutes a valid hiring situation that has been approved by the state and is exempt from discrimination, preferential treatment, or nepotism claim. Specific criteria for determining an individual's ability to perform employment duties are outlined in the Recruitment and Selection Policy and Procedure.</p> <p>MHCO shall not discriminate in the decisions concerning all applicants and service recipients such as admission, deferral, discharge from services, or condition of the living environment (for residents). Specific criteria for determining appropriateness for the level of care consistent with service delivery for the Direct Care and Independent Living Program are outlined in various procedures in the Service</p>	

[Planning and Delivery](#) section. Service criteria for nonresidential service applicants and recipients are outlined in the Community Support Center Services policies and procedures.

MHCO is committed to policies that are fair, equitable and in accordance with all applicable existing laws to all personnel and stakeholders in matters regarding the following standards and acts:

- [Civil Rights Act of 1964 \(as amended\)](#)
- [Americans with Disabilities Act of 1993](#)
- [Section 504 of the Rehabilitation Act of 1973](#)
- [Multiethnic Placement Act of 1994](#)
- [Equal Employment Opportunity Act](#)
- [Fair Labor Standards Act](#)
- [Equal Pay Act](#)
- [Age Discrimination in Employment Act](#)
- [Americans with Disabilities Act](#)
- [Family and Medical Leave Act](#)
- [Occupational Safety and Health Act](#)
- [National Labor Relations Act](#)
- [Sarbanes-Oxley Act of 2002](#)
- [Small Necessities Act](#)
- [Affordable Care Act](#)
- [Uniformed Services Employment and Reemployment Rights Act of 1994 \(USERRA\)](#)

Authorizing Signatures

Chairman, Board of Directors _____ Date _____

Administrator _____ Date _____

Policy Name:	Prohibition of Preferential Treatment Policy
Domain:	Introduction
Applies to:	Employees, Stakeholders, and Board of Directors
Policy Location:	Y:/Forms/Policies and Procedures/Policies/Prohibition of Preferential Treatment Policy.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017
References:	COA Administration and Management Standards (GOV 7.04) Employee Grievance Policy Employee Grievance Procedure Stakeholder Grievance Policy Stakeholder Grievance Procedure Employee Rights Policy Resident Rights Policy Resident Rights Procedure Recruitment and Selection Policy Recruitment and Selection Procedure Direct Care Admissions, Deferrals, and Intake Procedure Direct Care Daily Living Direct Care Discharge Procedure ILP Admissions, Deferrals, and Intake Procedure ILP Daily Living ILP Discharge Procedure
<p>It is the policy of MHCO's Board of Directors that members of the board and personnel shall avoid preferential treatment in hiring, referral, or service delivery procedures. Admissions, provision of services, referral of residents, and employment decisions shall be made without regard to age, gender, sexual orientation, color, race, creed, national origin, ancestry, religious affiliation, marital status, political belief, physical or mental disability, pregnancy, and military or veteran status, or any other characteristic protected by law unrelated to the individual's ability to perform employment duties adequately or appropriateness for the level of care consistent with service delivery. Any individual who believes that he or she has been discriminated against should contact the Administrator or file a grievance. The Policy and Personnel Committee of the Board of Directors shall review this policy for compliance and interpret any issue of preferential treatment.</p> <p>MHCO shall avoid preferential treatment in the hiring of new employees, conditions of employment, evaluations, or termination of employees. MHCO operates a residential program that utilizes live-in, married couples providing direct care services as part of a program model. This model constitutes a valid hiring situation that has been approved by the state and is exempt from discrimination, preferential treatment, or nepotism claim. Specific criteria for determining an individual's ability to perform employment duties are outlined in the Recruitment and Selection Policy and Procedure.</p> <p>MHCO shall avoid preferential treatment in decisions concerning residents such as admission, deferral, conditions of the living environment, or discharge from care. Specific criteria for determining appropriateness for the level of care consistent with service delivery for Direct Care and Independent Living Program are outlined in various procedures in the Service Planning and Delivery section.</p>	
Authorizing Signatures	
Chairman, Board of Directors _____ Date _____	
Administrator _____ Date _____	

Policy Name:	Harassment Policy
Domain:	Introduction
Applies to:	Employees, Stakeholders, Board of Directors
Policy Location:	Y:/Forms/Policies and Procedures/Policies/Harassment Policy.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017; 2/9/2018
References:	COA Administration and Management Standards (ASE 2.03, CR 1.04) Employee Grievance Policy Employee Grievance Procedure Stakeholder Grievance Policy Stakeholder Grievance Procedure Employee Rights Policy Resident Rights Policy Protection of Suspected Misconduct Reporting Policy
<p>It is the policy of MHCO's Board of Directors that the personnel work climate and resident living environment are free from harassment. MHCO promotes open communication where personnel, residents, and stakeholders can raise concerns regarding unethical or unlawful actions without fear of retaliation per the Protection of Suspected Misconduct Reporting Policy. Personnel and the Board of Directors shall ensure that this policy is strictly enforced through diligent efforts to create an environment that is free from the harmful effects of harassment.</p> <p>MHCO ascribes to a policy of "zero tolerance" for all unlawful acts of harassment to include, but not be limited to, age, gender, sexual orientation, color, race, creed, national origin, ancestry, religious affiliation, marital status, political belief, physical or mental disability, pregnancy, and military or veteran status. Blatant acts of harassment by employees constitute grounds for immediate administrative action up to and including termination from employment. Acts of harassment from personnel are not restricted to the campus or workplace, but include any time that the individual is acting as a representative of MHCO.</p> <p>Individuals wishing to lodge a complaint of harassment shall bring the matter to the attention of their supervisor as outlined in the grievance procedures. MHCO shall consult with the Policy and Personnel Committee of the Board of Directors or legal advisors for leadership and interpretation in matters relating to harassment. The Administrator shall clarify questions regarding what needs to be addressed by the Board of Directors or outside consultation regarding matters relating to harassment.</p>	
Authorizing Signatures	
Chairman, Board of Directors _____	Date _____
Administrator _____	Date _____

Policy Name:	Protection of Suspected Misconduct Reporting Policy
Domain:	Introduction
Applies to:	Employees, Stakeholders, and Board of Directors
Policy Location:	Y:/Forms/Policies and Procedures/Policies/Protection of Suspected Misconduct Reporting Policy.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/17; 2/9/18; 5/10/19; 2/14/25
References:	COA Administration and Management Standards (GOV 8) Sarbanes-Oxley Act of 2002 NC False Claims Act Employee Grievance Policy Employee Grievance Procedure Stakeholder Grievance Policy Stakeholder Grievance Procedure Employee Rights Policy Resident Rights Policy Resident Rights Procedure
<p>It is the policy of MHCO's Board of Directors that members of the board and personnel shall protect individuals who report suspected misconduct and prohibit retaliation against such reporters, even if the claim is unfounded. MHCO expects high standards of ethical conduct by board members, leadership, management, personnel, interns, volunteers, etc., and recognizes the value of providing personnel and stakeholders freedom to report wrongdoing or violation of established ethical conduct, standards, policies, and procedures within the organization and fully enforces protection of all who make such reports. This policy protects individuals who report wrongdoing such as theft, misleading financial reporting, improper records handling or destruction, improper use of resources, conflict of interest policy violations, and making grievances. Efforts to protect the confidentiality of the reporter shall be attempted to minimize potential for retaliation, except when disclosure is legally required. Examples of prohibited retaliatory actions for reporting issues include firing, demotion, suspension, harassment, failure to consider the employee for promotion, deferral, dismissal from programs and services, or any kind of discrimination. Reports protected by this policy must include statements made in good faith and based on a reasonable belief that a violation has occurred. Knowingly making false reports may result in termination of employment or dismissal from services and programs. Violations of this policy should be reported per the Employee or Stakeholder Grievance Procedure. Substantiated grievances of retaliation or violations of this policy may result in termination or dismissal from services or programs.</p>	
Authorizing Signatures	
Chairman, Board of Directors _____	Date _____
Administrator _____	Date _____

Policy Name:	Human Subjects Research Policy
Domain:	Introduction
Applies to:	Employees and Stakeholders
Policy Location:	Y:/Forms/Policies and Procedures/Policies/Human Subjects Research Policy.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/17; 8/10/18; 2/14/25
References:	COA Administration and Management Standards (CR 3, CR 3.01, CR 3.02, CR 3.03) National Association of Social Workers Code of Ethics American Psychological Association Code of Ethics American Counseling Association Code of Ethics Resident Rights Policy Resident Rights Procedure Employee Rights Policy Confidentiality Policy Confidentiality Procedure Ethical and Professional Standards of Conduct
<p>It is the policy of MHCO's Board of Directors that MHCO shall permit residents, personnel, or other stakeholders to participate in research using human subjects in limited circumstances. Research involving human subjects is often necessary to determine best practice and for performance and quality improvement of programs and methodology. The Board of Directors shall carefully examine requests for conducting research involving human subjects must be deemed to be in the best interests of those associated with MHCO to ensure:</p> <ul style="list-style-type: none"> • approval and supervision of the study by an external Institutional Review Board, • compliance with legal requirements and exemptions, • compliance with professional and ethical standards of social work and psychology, • protection of the identity and privacy of participants in all phases of research conducted by, or with the cooperation of, MHCO including, but not limited to, masking the individual identity of research participants in all statistical analyses, reports, summaries, and case examples. • signed releases and informed consent are obtained, • potential conflicts of interest are avoided, • normal operations of employment or service delivery are not impeded, and • protection of participants from unwarranted physical or mental distress, harm, danger, or deprivation. <p>Consent for participation and release forms shall include consent if the participant is an adult, legal custodian consent if the participant is a minor, a statement acknowledging that the individual voluntarily agrees to participate, an assertion that MHCO shall continue to provide services whether or not a resident agrees to participate, an explanation of the nature and purpose of the research, a clear description of all possible risks or discomfort, as applicable, associated with participation, and limits and guarantees of confidentiality. The consent form should be presented to the participant in an accessible format, which takes into account language barriers as well as intellectual and developmental disabilities that could impact the participant's understanding. Reports, summaries, analyses, and case studies emanating from the research shall be reviewed by the Board of Directors for confidentiality of participants and approved before publication or dissemination. If approved, the Board of Directors shall monitor ongoing research activities regarding ethics and compliance with agreed upon guidelines. Individuals asked to participate in approved research activities shall have the right to refuse or discontinue participation without penalty at any time. Failure to comply with these guidelines may be grounds for employment termination or other administrative or legal proceedings.</p>	

Authorizing Signatures

Chairman, Board of Directors _____ Date _____

Administrator _____ Date _____

Policy Name:	Confidentiality Policy
Domain:	Introduction
Applies to:	Employees and Stakeholders
Policy Location:	Y:/Forms/Policies and Procedures/Policies/Confidentiality Policy.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	5/9/17; 11/9/18; 5/10/19; 5/8/20; 8/12/22; 2/14/25
References:	COA Service Delivery Administration Standards (CR 2, CR 2.01, CR 2.02, CR 2.03, CR 2.04) 10A NCAC 70I .0305 Direct Care Daily Living ILP Daily Living IT Policy Resident Records Access Policy and Procedure Resident Health Services, Wellness, and Medication Management Procedure Stakeholder Grievance Policy and Procedure Employee Grievance Policy and Procedure Donation Policy Ethical and Professional Standards of Conduct Public Relations Resident Rights Policy and Procedure Employee Rights Policy Consent to Release and Exchange Confidential Information Form
<p>It is the policy of MHCO's Board of Directors that personnel shall protect stakeholders (i.e. residents, former residents, donors, personnel, and former personnel) by keeping information confidential and secure with limited exceptions (i.e. imminent danger to the life of an individual, in response to a court order, or a valid Consent to Release and Exchange Confidential Information Form has been obtained that is specific to that resident and the information to be disclosed, or within the program team). MHCO shall comply with federal and state laws and regulations regarding confidentiality of records and other information pertaining to MHCO stakeholders. Access to records and discussions regarding stakeholder information shall be conducted in a professional and ethical manner. Personnel shall refrain from discussing a resident's progress, lack of progress, family situation, or incidents of behavioral difficulty in the presence of other residents, personnel, or other individuals who do not have a specific need to know. Personnel shall take immediate corrective action whenever they observe a violation of this procedure or any other breach of confidentiality.</p>	
Authorizing Signatures	
Chairman, Board of Directors _____	Date _____
Administrator _____	Date _____

Procedure Name:	Confidentiality Procedure
Applies to:	Employees and Stakeholders
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/Confidentiality Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	5/9/17; 11/9/18; 5/10/19; 5/8/20; 2/14/25
References:	<p>COA Service Delivery Administration Standards (CR 2, CR 2.01, CR 2.02, CR 2.03, CR 2.04) 10A NCAC 70I .0305 Confidentiality Policy Consent to Release and Exchange Confidential Information Form Consent for Image Creation and Use Form Direct Care Daily Living ILP Daily Living IT Policy Resident Records Access Policy and Procedure Resident Health Services, Wellness, and Medication Management Procedure Stakeholder Grievance Policy and Procedure Employee Grievance Policy and Procedure Donation Policy Ethical and Professional Standards of Conduct Public Relations Resident Rights Policy and Procedure Employee Rights Policy</p>
<p>All personnel must know and understand regulations governing confidentiality and disclosure. Personnel shall not discuss any resident's information with, or in the presence of, another individual who does not have a legitimate need to know the information. This includes, but is not limited to, discussions about residents or personnel in common areas or meetings, postings on the internet, phone calls, or leaving printed materials where personnel who have no need to know the information are in attendance or can access the information.</p> <p>No employee, volunteer, intern, or Board Member may release or disclose information about a current or former resident or applicant, his or her family, identify a current or former resident or applicant, or otherwise verify knowledge of residency or application unless there is an imminent danger to the life of an individual, in response to a court order, or a valid Consent to Release and Exchange Confidential Information Form has been obtained that is specific to that resident and the information to be disclosed. Information considered to be confidential includes, but is not limited to, identity, image, demographics, social history, psychological testing results, medical information, school information, custody information, contributions to the costs of care by family, and reasons why a resident was placed at MHCO.</p> <p>Release of information shall be discussed and verified with the Program Director, Program Clinical Coordinator, or Supervisor. Persons who may give consent and sign a Consent to Release and Exchange Confidential Information Form or other legal forms include:</p> <ul style="list-style-type: none"> • a competent adult resident, • an adult former resident, • an adult applicant, • a legal custodian of a minor resident, former resident, or applicant, • a minor resident seeking services for mental health, substance abuse, or family planning services, • an emancipated minor resident, or 	

- a legal representative of a deceased resident if the estate is being settled or next of kin if the estate has been settled.

Consent may be revoked at any time and shall be updated at least annually. The identity of the individual and Consent to Release and Exchange Confidential Information Form shall be verified before disclosure.

Agencies reviewing MHCO programs that require access to confidential information shall sign a Confidentiality Agreement Form. Such agencies may include, but are not limited to, [Department of Human Resources](#) consultants, program consultants, accreditation reviewers, auditors, or insurance underwriters. Any subpoenas or other requests for release of information to the court, an officer of the court, investigative units, or law enforcement officers shall be discussed and verified through the Program Director or Administrator.

MHCO shall not ordinarily charge a fee for reproduction of resident records. If confidential information is released, the Program Director shall ensure that documentation of what specific information has been released is placed in the resident's record to include, but not be limited to, to whom the information was released, the date the information was released, reason for release, and supporting documentation. Releasing information previously received from other agencies is prohibited.

All information of a sensitive nature that is sent from MHCO by mail or fax shall be stamped "confidential" in red ink with a warning that the information is not to be re-disclosed to other parties without separate, specific consent. If confidential information is shared by email, text, or other electronic means, personnel shall ensure that such information is only sent to approved individuals, encrypted if possible, and shared in a way that an accidental receiver of the information will not be able to identify the resident of personnel discussed. Electronically stored resident or personnel information shall be encrypted and password protected.

Photographs and video of residents shall not be taken unless there is a valid [Consent for Image Creation and Use Form](#) in the resident's file. Consent may be revoked at any time and shall be updated at least annually. No employee, volunteer, intern, or Board Member shall release or disclose images of a resident, store images of residents on their personal cell phones or other electronic means, or share images of residents on social media, unless given specific approval from the Administrator for official MHCO business. The Administrator shall designate an official photographer for events that shall distribute approved pictures to interested parties. Pictures and video shall be posed in a way that cannot easily identify the resident. Personnel shall ensure that guests of MHCO shall not photograph or video residents.

Potential security concerns for breach of confidential information shall be assessed through risk management analysis annually by the Board of Directors. Employees, interns, volunteers, and Board Members who have access to confidential information who violate the confidentiality policy shall be denied access to confidential information and may face legal action, civil penalties, disciplinary action, or termination. All employees, volunteers, interns, and Board Members shall sign a statement regarding their understanding of these procedures involving the release of any confidential information annually.

If a potential job site contacts personnel as a reference for a resident, minimal information should be given about how they know the resident without saying that they are a resident at MHCO. For example, the individual could say something like "I've known John Doe for 6 months" or "John Doe is always punctual." If the reference would not be positive, the individual could decline to give the reference.

Personal employee information may not be shared. Employees may choose to share personal information with other employees. Employees may give permission for the HR Specialist or In-Kind Donations Coordinator to share personal employee information (e.g. celebrations, sicknesses, death in the family, etc.) more broadly if they choose, but are not required to do so.

Authorizing Signatures

Administrator _____ Date _____

HR Specialist _____ Date _____

Policy Name:	Information Technology Policy
Domain:	Introduction
Applies to:	Employees and Stakeholders
Policy Location:	Y:/Forms/Policies and Procedures/Policies/Information Technology Policy.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017; 11/9/2018; 5/10/2019; 5/8/2020; 8/12/2022; 11/10/2023
References:	COA Administration and Management and Service Delivery Administration Standards (RPM 5, RPM 5.01, RPM 5.02, RPM 5.03, RPM 5.04, RPM 5.05) Acknowledgement and Agreement to IT Policy Employee Form Acknowledgement and Agreement to IT Policy Resident Form
<p>It is the policy of MHCO’s Board of Directors that Information Technology (IT) provided by MHCO is intended to advance educational, administrative, and operational services and shall be used in a responsible, legal, and ethical manner. MHCO strives to maintain an ethical and responsible IT network and to conduct all IT generated business in the same manner. MHCO shall provide working computing services and IT networking whenever possible and feasible to all employees and residents and recognizes the importance of this system to overall operations. MHCO shall maintain the IT network and all accessories to that network on a regular basis, providing measures for security, control, efficient usage, and retention. All employees (i.e. full-time, part-time, and under contract), volunteers, and residents of MHCO must comply with this policy. Employees and residents shall sign an acknowledgement of and agree to this IT policy yearly and when policy changes occur. If any of the directives are violated or if actions are deemed as misuse or misconduct relating to MHCO computer equipment or network connections, the individual may be subject to suspension from use of the system for a period of thirty (30) days, sixty (60) days, ninety (90) days, indefinitely, or other disciplinary action including termination of employment, dismissal from residential living, or legal action including personal liability under civil and criminal law.</p> <p>Confidentiality of electronic communications cannot be guaranteed to users of MHCO computer equipment or network connections. Those who use electronic resources and communications, including the use of MHCO or privately-owned computers and those connected to the MHCO network are duly notified that MHCO cannot protect individuals from the existence or receipt of offensive material. Incidents of receiving offensive material should be reported to the IT Point of Contact or to the Administrator via email or other written documentation. Users who suspect that their computer or network account has been accessed without permission must report the suspected activity to the IT Point of Contact and supervisor immediately via phone and/or email.</p> <p>MHCO may audit and monitor every aspect of computer usage or usage by mobile devices including cellphones, smartphones, and tablets, by residents, personnel, and guests utilizing hardware, software, network connections, or wireless access points owned, maintained, and financed by MHCO. Everything on MHCO computers or on the MHCO network, including individual keystrokes, can and will be tracked.</p> <p>Network users shall not connect or provide access to connect to any illegal or unlawful internet or web connections nor connect by illegal means to gain access unlawfully via an MHCO owned device or personal device on the MHCO network. Unlawful computer use and network access includes defamation, obscenity, discrimination, violation of copyright trademarks or licenses, and other violations of local, state, and federal law. Downloading of illegally provided content is prohibited. Personnel and residents may not use MHCO owned computers or network services for personal or financial gain.</p> <p>Any attempt to modify or extend resources without the written authorization of the MHCO IT Point of Contact and the Administrator using downloads, new software, new hardware, or connection to unauthorized</p>	

networks could result in degradation of the system or performance elsewhere on the network. MHCO shall use firewalls, anti-virus, multifactor authentication methods, and related software, and other appropriate safeguards to protect against system degradation. Network users shall not use software or hardware that circumvents or alters protections, security, or other safety measures that are a part of the MHCO IT system. Employees and residents shall not attempt to subvert the restrictions and security measures associated with computer accounts and network access.

Personnel and residents of MHCO are responsible for all use of computers, equipment, and network accounts provided to them by MHCO. MHCO computers and network accounts may only be used by the user to whom they are assigned unless otherwise authorized by the MHCO IT Point of Contact or the Administrator. Access is authorized for service or maintenance on all computers and network accounts only for the MHCO IT Point of Contact, the Administrator, and TenPlus Systems.

Copyrighted material and software must be used with respect for the copyright holder. Users must recognize, attribute, and honor the presence or accessibility of copyrighted and licensed software through the MHCO IT network. All software acquired for or on behalf of MHCO or developed by personnel is deemed MHCO property. All software must be used in compliance with the applicable licenses, notices, contracts, and agreements and must not be copied. Users shall not access, distribute, or reproduce any information for which they are not explicitly authorized to view, download, print, or save.

Users shall return original and copies of any and all software, computer materials, or computer hardware deemed MHCO property upon resignation, termination or discharge. Access to computers and the network will be disabled immediately.

MHCO recognizes that occurrences of misuse, system failure, equipment failure, acts of God, and other unforeseen circumstances can disable the MHCO IT network. For these occurrences, MHCO will repair or replace components or systems within the network based on the following listed in order of priority:

- Safety to users
- Impact to the entire IT network of MHCO
- Impact to portions of the IT network at MHCO
- Impact to individual users of the IT network at MHCO
- Ease and cost of corrective action
- Convenience

MHCO shall repair or replace part of the IT network when notified by personnel and residents or as a part of regular maintenance of the system. All MHCO employees and residents are responsible for reporting problems with the computer system and accessories or through use of the IT network, including email, internet, and use of shared system files within twenty-four (24) hours of discovering the problem. When reporting problems or making a request for additional computer services at MHCO, employees must submit a detailed email to TenPlus Systems at priorityservice@tenplus.com with a carbon copy to the [IT Point of Contact](#) or by dialing 919-832-5799 and choosing option #3 for the help desk at [TenPlus Systems](#). The IT Point of Contact shall follow up via visit, phone call, or email within ten (10) business days of determining that the problem was corrected.

DATA SECURITY

The obligation and written agreement of confidentiality signed by every employee and resident of MHCO shall be followed regarding information related to the care of the residents whether or not the employee or the employer is identified. Employees and residents must authenticate their identity using a valid and unique password. Password resets are to be granted only by TenPlus Systems in instances of compromise for annual security maintenance, or initial account setup. After initial account setup, users will be prompted

to change their passwords every 90 days for security maintenance. Users shall not disclose the password or any information that could be used to gain account access, nor should they use another user's password to gain account access. Additional security measures such as approval of various mobile device access passwords may also be required for employees to utilize the MHCO IT network. Confidential information shall be protected by safeguards. Access to confidential information is limited to employees who are authorized.

While content that appears on the internet is public, the use, creation, posting, or dissemination of information via the internet by an MHCO employee during on- or off-work hours related to employment at the MHCO, activities at the MHCO, or former, future, and current residents is prohibited and may result in disciplinary action. Employees are prohibited from appearing in images that contain the MHCO logo, related logos, or any location on MHCO property for activity that is not work-related unless previously approved by the Administrator. Accessing other users' files or MHCO files without authorization is prohibited. Any user who discovers a "hole" or access to unauthorized material of MHCO shall report the access to the MHCO IT Point of Contact or supervisor immediately via phone and submit a problem ticket on the approved MHCO system within twenty-four (24) hours of the report.

EMPLOYEES

Employees of MHCO may own, use, and communicate with personal computers and related internet service providers, for which they have personally paid, and which are their personal property. Computer use and network access on MHCO owned equipment or through the MHCO managed network by employees must be for lawful purposes related to the mission of MHCO and specific to the responsibilities outlined in each employee's Job Description. Any other use of MHCO computer equipment or network access is prohibited without written authorization from the IT Point of Contact or the Administrator.

For security purposes, employees shall connect personal devices only to the MHCO Guest Network, and all MHCO computers and resident personal devices shall be connected to the MHCO network only. MHCO is not responsible for monitoring employee web activity while off duty and while using computers and internet access paid for by the employee. However, any information that is posted on a public domain by an MHCO employee, either on- or off-duty, is subject to review. Pictures of MHCO residents or events taken on an employee's personal cell phone or other device should be uploaded to the Y: drive by the end of his or her shift and deleted off the device.

Employees are responsible and financially liable for all computer activity related to their personal IT account or a departmental or residential account to which they have authorized access. Misrepresenting or willfully concealing identity through the use of the IT network or computers owned and operated by MHCO is prohibited and subject to disciplinary action. If an employee fails to return MHCO-provided computer equipment, including software, hardware or computer accessories upon termination, resignation, or at the request of the IT Point of Contact, the employee will pay MHCO the current market value of the product in question, as determined by MHCO. This amount may be garnished from remaining paychecks, reimbursements, expense accounts, personal accounts, or by other legal means. Upon ending employment with MHCO, personal information not removed from an employee's computer can be viewed and retained if it is in the best interest of MHCO. Generally, information that remains on a computer of a former employee will be destroyed. MHCO is not responsible for the content of accounts and other computer services provided. Employees are responsible for all information that is accessed, made available, or distributed using MHCO computer equipment or through the network.

Internet exploration for personal purposes should be performed on personal time. Due to bandwidth usage and the need for all employees to have the ability to access the internet at a reasonable speed, MHCO employees shall not spend an unreasonable amount of time on personal email and shall close software, internet sites, and email accounts when not in use.

MHCO employees shall have an official email address associated with their computer account. Employees shall be responsible for all email originating from the email account. Employees may not send email that misrepresents MHCO views or mission.. All email originating from MHCO computer equipment must pass through the IT network. Employees of MHCO are prohibited from using the email system for the following:

- create or distribute chain letters, “junk”, or “spam” (mass unsolicited email)
- send anonymous email
- disrupt another person’s e-mail services
- harass or send unwanted or offensive emails
- forge email messages as though they are from another person
- read, delete, copy, or modify email under the control of another user without authorization
- pursue commercial activities, including “for-profit” messages or advertisements, unless on behalf of MHCO and authorized by the Administrator
- introduce viruses or other corrupted software
- download unauthorized software
- intentionally engage in illegal activity

RESIDENTS

Residents of MHCO have the privilege, not the right or promise, of having access to and using a computer, for educational or recreational purposes. Each resident shall be responsible for his or her username and password and shall not give any username or password that is authorized for use to anyone other than the IT Point of Contact or TenPlus Systems without permission from the Program Director. Residents shall be responsible for appropriate internet use and shall not visit or participate in sites that reveal their full name, personal home address, personal phone number, or any personal information for public or private use or a site that includes pictures of individuals who live or work on campus. Residents shall be responsible for reporting any illegal or unapproved information. Residents shall agree to follow all IT policies and procedures and realize that violations of proper use of MHCO computers or the computer network could result in suspension of IT privileges, their monetary account being assessed for payment, or discharge from care. Residents must use the computer only with the username and password provided by the IT Point of Contact. Residents must use computers and the network responsibly, politely, effectively, legally, and while respecting the rights of others. Resident passwords for MHCO account login and educational sites (e.g. Haiku, college accounts, etc.) are required to be given to a few approved staff members to enable them to assist residents with educational activities, technology issues and policy compliance, or provide a reminder for the residents if they forget the password. Residents must report viruses, spyware, Trojan Horses, and other illegal or unfamiliar software or program to the CCW or Resident Advisor. Residents shall not use computers, equipment, or the network to:

- advertise, promote, or sell anything;
- chat, blog, or communicate in any way that is not otherwise discussed in the IT Policy;
- seek, obtain copies, or modify files, data, passwords, or other computer-based information belonging to other users or posted on the IT network;
- move, destroy, modify, abuse, or sell MHCO IT equipment;
- harass other internet users, develop programs to violate other users, infiltrate the MHCO IT network, spread hate mail, make discriminatory remarks, or display other behaviors that are hurtful to others and detrimental to the network;
- install illegally copyrighted software for any reason;
- access pornographic, terrorist, inappropriate text files, or any other file or website that contains a legal notice of warning or that is prohibited by MHCO, including unapproved social networking;
- download or install illegal or pirated software or violate any copyright laws for hardware or software;
- transmit any material that is in violation of state or federal law;

- knowingly spread a virus, Trojan Horse, spyware, illegal computer software program, or attach or connect to any hardware that is not approved by the Program Director or IT Point of Contact;
- represent themselves or MHCO in a malicious, false, illegal, or unethical way via the computer, IT network, or on any IT equipment utilized, regardless of source.

DIRECT CARE

MHCO recognizes IT equipment, hardware, or software issued by [Granville County Schools \(GCS\)](#) within the guidelines of the “GCS – Parent and Student Laptop Policy Handbook” and accompanying agreement. Residents shall agree to follow all policies and procedures listed in the “GCS – Parent and Student Laptop Policy Handbook” or any GCS approved policy, procedure, or action related to computer use and the consequences accompanying misuse. MHCO’s IT Policy shall be followed in conjunction with GCS laptop usage guidelines for residents in the Direct Care program. As the custodian listed and payer for school issued laptops and other IT equipment, when applicable, MHCO may act in accordance with GCS policies and procedures while recognizing the resident’s rights regarding education, information, and the use of computers. The Administrator shall make final determinations concerning utilization of IT equipment on campus by residents, whether owned by MHCO or utilized on MHCO’s network, including IT equipment issued by GCS. Signing the GCS Handbook policy does not nullify the rules and responsibilities agreed to by MHCO residents. Residents shall not move, destroy, modify, abuse, or sell equipment issued by GCS in any way.

An area in each cottage living room shall be designated for laptop usage. Laptops in use should face out in the main room so that CCWs can observe activity at all times. Laptops shall remain in the living room. When not in use at night or on the weekends, laptops shall be placed in bags and locked in a secure area such as the office or CCW apartment. Laptops shall stay in cottages during home visits, sports trips, and other times identified by employees. Residents shall not allow other individuals to use their laptop.

Direct Care residents shall not visit or participate in sites that require payment or authorization of any kind without the permission of the CCW. Residents shall be responsible for reporting any individual who is trying to contact them via the internet or email to the CCW or supervisor immediately. Residents shall read only information sent to them and send information only when authorized by the CCW or IT Point of Contact. Residents shall not attach, install, or connect in any way or utilize any unauthorized piece of hardware or any external device without prior approval of the IT Point of Contact and in the presence and under the control of the CCW. Residents shall not utilize any mobile device, including cellphones, smartphones, tablets, or any device capable of connecting to the internet, without the authorization by the supervisor.

SOCIAL MEDIA

MHCO filters access to most social networking sites such as Facebook, Twitter, LinkedIn, Club Penguin, Poptropica, Snapchat, Pinterest, Instagram and TikTok. MHCO prohibits posting illegal activities or objectionable content, bullying, posting confidential information, overly specific location check-ins, threatening violence, lying, cheating, plagiarizing, and trashing teachers and acquaintances on social media sites by resident users who have permission for social networking site access.

Employees should not post illegal activities or objectionable content, confidential information, or trash supervisors or coworkers on social media sites. Employees using social media should not be friends with or followers of current residents, current residents’ family members, or previous residents under the age of eighteen (18).

TECHNOLOGY BASED SERVICE DELIVERY

MHCO does not provide or deliver technology-based services.

Authorizing Signatures

Chairman, Board of Directors _____ Date _____

Administrator _____ Date _____

SECTION

III

Procedure Name:	Facility Use Procedure
Applies to:	Employees and Stakeholders
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/Facility Maintenance Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/2017; 5/8/2020; 11/11/2022; 11/10/2023
References:	COA Service Delivery Administration and Service Standards (ASE 4, ASE 5) 10A NCAC 70I .0900 15A NCAC 18A .1600 Maintenance Request Form Inspection Form Staff Quarters Agreement
<p>Residents shall not have access to maintenance, storage, and utility rooms. Personnel shall not store items or block access to areas where AC units or hot water heaters are stored. Cottages on lower campus have a room in Reagan to store cottage items (e.g. holiday or seasonal items, etc.) not in use. Cottages on upper campus have areas in the cottage to store cottage items not in use.</p> <p>Thermostats for all buildings shall be set between sixty-eight (68) and seventy-four (74) degrees.</p> <p>Nothing with open flame may be used inside buildings (e.g. candles with the exception of candles on a birthday cake, incense, torches, etc.). Fireworks are not permitted on campus.</p> <p>Property of MHCO shall not be discarded without approval from the Maintenance Director and the Chief Financial Officer. Furniture, electronics, and decorative items that are property of MHCO shall not be moved out of the assigned building without approval from the Maintenance Director and Chief Financial Officer. If items need to be moved or discarded, the Point of Contact for the building shall email a Maintenance Request Form to the Maintenance Director.</p> <p>The Maintenance Director, and Chief Financial Officer shall inspect all residential and nonresidential buildings including staff quarters annually for risk management issues, safety issues, and repairs needed. If repairs are needed, the Maintenance Director shall request the Point of Contact for the building to email a Maintenance Request Form. The Point of Contact will be notified of the inspection.</p> <p>The following routine maintenance activities can be performed by personnel other than Maintenance:</p> <ul style="list-style-type: none"> • tighten screws on hinges and cabinet knobs • changing standard light bulbs (other than fluorescent) • change air filters on lower campus quarterly • apply felt bottoms to furniture • unclogging a drain • apply Gulf Wax or soap to sticky drawers • change batteries on electronics, fire detectors, or carbon monoxide detectors • repair any personal items • remove hard water build up <p>Maintenance Request Forms should be emailed to the Maintenance Director for all other activities including affixing items, signage, or markings to MHCO property (e.g. walls, cabinets, furniture, doors, etc.).</p>	

STAFF QUARTERS

The Administrator, Program Director, Maintenance Director, and Program Clinical Coordinator have residences on campus. CCWs have apartments or separate living spaces in each cottage specifically designated for their use. Each Resident Advisor has a separate, designated apartment in the cottage with staff toilet facilities. These spaces are for the private use by employees and are not intended for use by residents. Residents are not allowed in staff living spaces. Laundry facilities are available in or near living quarters for use. Some employees other than CCWs are charged rent for living in staff quarters based on Job Description. Employees occupying staff quarters will be required to sign an annual Staff Quarters Agreement. The employee, employee's spouse, and dependent children may be the only individuals occupying the quarters. MHCO defines dependent children as a biological, step, or adopted child under the age of eighteen (18). Basic cable will be provided in cottage apartments. Internet is not provided. Furniture may be provided upon availability and may be requisitioned at any time if needs for residents arise. Residents may not move items except through the Kid\$Earn program.

Upon receipt of a work order for an issue in staff quarters, Maintenance personnel shall reply to the work order with an approximate timeframe for inspection of the issue. After completion of the repair, Maintenance will leave a copy of the work order with the outcome listed in the area. The Maintenance Director will submit work orders with the outcome and time for completion to PQI monthly for review with the PQI Subcommittee. Employees living in staff quarters may be asked to accompany personnel during inspections for damage, wear and tear, and general maintenance.

A deposit of \$250 per residence shall be arranged with the Chief Financial Officer for personnel occupying staff quarters upon move in. If no damages other than normal wear and tear are found upon move out, the deposit will be returned to the employee on the last paycheck. All or a portion of the deposit can be withheld for damage repair if needed. Additionally, up to \$250 may be withheld from the final paycheck to cover expenses exceeding the deposit.

Employees shall inform their supervisor and the HR Specialist if they will be having guests in staff quarters or Brown Cottage. Guests of personnel staying overnight or regularly visiting shall be screened using the Responsible Individuals List and sex offender registry per the Background Checks Policy. Two (2) adult guests may stay up to two (2) nights per month in staff quarters. Cohabitation of unmarried couples and other guests except for dependent children as defined by MHCO is prohibited. Supervisors may authorize more time or more guests if there are no interruptions to daily MHCO operations or resource overutilization. Guest interaction in the cottage milieu should be limited. Guests may not be left alone without an employee in areas other than the staff quarters.

Employees shall not have live animals in MHCO buildings with the exception of aquarium fish. Employees should be respectful of others living in the vicinity and keep noise to a minimum during evening and early morning hours. Derelict cars may not be left on the property. Waterbeds are prohibited in staff quarters. Employees may not run businesses out of staff quarters nor hire individuals to work or vendors to provide services in staff quarters.

MOVE IN AND MOVE OUT

The Program Director or Program Clinical Coordinator shall notify the Chief Financial Officer by email of anticipated move in or out at least two (2) weeks (one (1) month for complete cottage moves) in advance, if possible, to include the following:

- Name of individual moving
- Location moving from if applicable
- Location moving to if applicable
- Anticipated date of move

- Known repairs or furnishings needed
- Moving assistance needed

If ample notice is not possible, the Program Director or Program Clinical Coordinator shall notify the Chief Financial Officer of the move as soon as they know of the move.

The Chief Financial Officer and the Maintenance Director, shall inspect resident rooms, offices, staff quarters, and cottages upon move in for readiness for occupancy (e.g. cleanliness, furnishings, repairs needed, etc.) using an inspection form on the last business day before the move in. The Chief Financial Officer shall ensure any outstanding issues are resolved. The employee occupying the space or supervising the resident may participate in the inspection if desired and shall complete an inspection using an inspection form on the move in date. The employee shall turn in the inspection form to the Chief Financial Officer within two (2) days of move in. The Chief Financial Officer shall compare the forms for discrepancies.

The employee occupying the space or supervising the resident shall ensure the space is ready for occupancy after move out (e.g. clean, maintenance work orders have been submitted, etc.). Upon notification of move out, the Chief Financial Officer and Maintenance Director, and employee occupying the space or supervising the resident will complete a walk through to identify issues to be resolved before move out. The employee occupying the space or supervising the resident shall ensure any outstanding issues discovered during the walk through are resolved. The employee shall complete an inspection using an inspection form on the move out date. The employee shall turn in the inspection form to the Chief Financial Officer within two (2) days of move out. The Chief Financial Officer and Maintenance Director shall inspect the space upon move out for readiness for occupancy (e.g. cleanliness, furnishings, repairs needed, etc.) and damages using an inspection form on the first business day after move out. The Chief Financial Officer shall compare the forms for discrepancies and ensure any outstanding issues are resolved. The Chief Financial Officer shall estimate the cost of damages and determine if the deposit for staff quarters will be returned on the last paycheck or if the resident owes any restitution for property damage. If an employee is terminated without the ability of an inspection, MHCO may withhold the deposit money for repairs upon the discretion of the Administrator.

INSPECTIONS

Various government officials inspect all cottages and other facilities (e.g. SJAB, employee apartments, swimming pool, etc.) periodically. The Program Director, Maintenance Director, and other supervisors shall ensure that facilities are inspected annually by the [Fire Marshal](#) and [Department of Health and Human Services](#). The Maintenance Director shall review the findings of these inspections and ensure that proper maintenance or repair is remediated. The results of annual inspections shall be forwarded to PQI or review with the PQI Subcommittee and action recommendations. The results of these inspections shall be kept on file by the Maintenance Director and shall be presented to the next regularly scheduled meeting of the PQI Subcommittee for review and appropriate action. Such reports include but are not limited to:

- Health inspections conducted by the NC Department of Environmental and Natural Resources
- Safety inspections conducted by the [Fire Marshal](#)
- Risk management inspections by insurance underwriters
- Fire alarm, sprinkler system, and security alarm system inspections conducted by private installers or contractors
- [Occupational Safety and Health Administration \(OSHA\)](#) code inspections
- Pest control inspections

The Program Director shall ensure that all recreation facilities are inspected bimonthly, and the results of the inspections are forwarded to PQI for review with the PQI Subcommittee and action recommendations.

The Maintenance Director shall ensure that the following items are inspected according to schedule or at least annually:

- Bathroom, toilet, and sewage facilities
- Fire extinguishers (monthly) and fire evacuation plans
- Heating/air conditioner filters
- Clothes dryer vents for accumulation of lint and dust
- Vehicles for safety, licensing, state inspections, and tire wear
- Grounds and common areas for safety, obstacles, cleanliness, and adequate and proper lighting
- Living areas for proper ventilation

The Maintenance Director shall ensure that water temperatures are sufficient for the sterilization of dishes and temperatures do not exceed maximum standards required by code or by licensing authorities. The Maintenance Director shall ensure that SDS books are maintained on the Y:/ drive, in the Maintenance Department, pool, and the School of Graphic Arts with the most current chemical items used on campus.

Per the Direct Care Daily Living section, CCWs shall complete a CCW/RA Cottage Inspections Checklist Form in [Kaleidacare](#) monthly. Inspections should include the following:

- Biohazard Kit/First Aid Kit/Emergency Kit/CPR Mask
- Filter check and replacement if necessary
- Out of date over the counter medication
- Van First Aid Kit/Biohazard Kit/Medication Administration Record/CPR Mask Kit
- Cottage file review
- Fire drill

Supervisors shall complete inspections of Direct Care cottages and documented on the Monthly Cottage Inspection Checklist and upload it to Kaleidacare monthly. The supervisor shall review the findings with CCWs. The supervisor shall forward results of the inspections to the PQI Coordinator for review with the PQI Subcommittee and action recommendations. Inspections should include the following:

- Yard
- Living room/study
- Kitchen
- Bedrooms/bathrooms
- Cleaning supplies/small rooms
- Other areas and items

Per the ILP Daily Living section, Resident Advisors shall inspect apartments monthly to ensure that the rooms are kept clean and neat. The Resident Advisor shall complete an [ILP Resident Apartment Inspection Checklist](#) when he or she inspects the apartment for cleanliness, damages, or repairs. The checklist shall detail any deficiencies, corrective action plans, a timeline for completion, and a return date. The Resident Advisor and Program Clinical Coordinator shall complete quarterly inspections of ILP cottages. The Program Clinical Coordinator shall document the inspection on the ILP Monthly/Quarterly Cottage Checklist and upload it to Kaleidacare. The Program Clinical Coordinator shall review the findings with Resident Advisors and email copies of the inspections. The Program Clinical Coordinator shall forward results of the inspections to PQI for review with the PQI Subcommittee and action recommendations.

The Maintenance Director shall chair a Risk Management Committee composed of the Administrator, Vocational Counselor, Program Director, Recreation Director, Staff Advisory Council facilitators, In Kind Donation Coordinator, and the Security Resource Officer. This committee shall meet quarterly to

ensure that facilities and equipment are closely monitored and develop plans to address safety concerns to meet staff, resident, licensing, accreditation, and agency needs. The Risk Management Committee shall prepare and update an ongoing Risk Management Plan for review by the Executive Committee of the Board of Directors. Recommendations requiring budget consideration shall be submitted to the Chief Financial Officer.

TOOL AND EQUIPMENT MAINTENANCE

The Maintenance Director shall ensure that all tools, buildings, fire safety, electrical, mechanical, and fire equipment at MHCO are maintained in a safe and operating condition per NC building codes, general licensing requirements, operator manuals, or commonly accepted practice. The Maintenance Director and CCWs shall identify whether tools used by residents are age and developmentally appropriate, ensure competency for use, and supervise use at all times.

GROUNDSKEEPING

Lawns and common outdoor areas shall be maintained in a manner that facilitates delivery of services and protects campus beauty. The Chief Financial Officer shall ensure that groundskeeping vendors provide services per contract stipulations.

The Program Director, supervisors, CCWs, and Resident Advisors shall ensure that the grounds in front of residential buildings are neat, clean, and present a positive image to the public and residents. Per the Vehicle Use Procedure, driving or parking on the grass is prohibited except for Maintenance personnel when access is needed. CCWs and Resident Advisors shall ensure that outside areas near residential buildings are clean and free from standing water, sanitation problems, septic problems, and disease-carrying pests by emailing a [Maintenance Request Form](#) to the [Maintenance Director](#) when issues are discovered.

HOUSEKEEPING

MHCO shall provide adequate facilities for support functions such as food preparation, housekeeping, laundry, maintenance, and storage. Facilities shall be maintained in a manner that facilitates delivery of services that are provided in that space. Work areas including conference rooms, meeting rooms, lobbies, offices, and multipurpose facilities shall be kept in a manner that ensures confidentiality, are attractively furnished to present a professional appearance, and be conducive to good work habits. Similarly, rest areas of the facilities shall reflect an appearance that is respectful to residents, employees, and visitors.

The Program Director, supervisors, CCWs, and Resident Advisors shall ensure that cottages are neat, clean, and present a positive image to the public and residents at all times. CCWs shall ensure cottages are thoroughly cleaned weekly. Bathrooms shall be kept clean at all times. Kitchens shall be clean and sanitary. Resident bedding shall be washed at least weekly. For residents with bed wetting issues, bedding shall be washed daily. All beds shall have age-appropriate coverings. CCWs may be assisted by residents to provide opportunities to develop good work habits appropriate to the resident's age and developmental level. However, employees shall not require residents to be housekeepers or evaluate them based on housekeeping practices.

PEST CONTROL

A contracted pest control company sprays for bugs monthly in resident living areas and nonresidential buildings. Personnel shall email a [Maintenance Request Form](#) to the [Maintenance Director](#) when pests are discovered. The Maintenance Director shall ensure pest control is contracted when needed. In cases where other pests are suspected, Supervisors shall ensure mattresses and box springs are covered in protective cases for all resident beds. CCWs shall inspect the cases for damages and request new covers when needed. If there is a potential that a resident has been exposed to bedbugs while off campus and are being transported back to campus:

- Bring a change of clothing the resident when picking up from the potentially exposed environment

- Place the resident's belongings in large plastic bags in the trunk area of MHCO vehicles
- Inform the resident's supervisor of the issue
- Upon arrival back at campus, the supervisor shall take the resident to Brown Cottage to shower and change into clothing that has not been exposed
- Personnel transporting the resident shall return to staff quarters to shower, change, and wash clothing that was exposed
- Wash clothing and fabric in hot water and dry on hot for a minimum of thirty (30) minutes within twenty-four (24) hours of returning to campus
- Monitor the residents' room and area in Brown Cottage that was used to shower for thirty (30) days to ensure no infestation occurs

If personnel suspect bedbugs in a campus building:

- Move residents or personnel residing out of the suspected room(s) (do not move resident belongings or clothing, have the person shower and change into clothing that has not been exposed, put fresh bedding in the new room, monitor the new room for thirty (30) days to ensure no infestation occurs)
- Wash all clothing, bedding, and fabric in hot water and dry on hot for a minimum of thirty (30) minutes prior to moving the items
- Email a [Maintenance Request Form](#) to the [Maintenance Director](#)
- Inform the employee or resident's supervisor
- Monitor the area for thirty (30) days to ensure remediation

The Maintenance Director shall call a vendor to inspect the area and treat if necessary. The supervisor shall inform legal custodians of residents that have confirmed bedbug infestations in their rooms in order to treat their home for future visits. The supervisor shall document the issue in Kaleidacare.

DAMAGE AND REPAIRS

Employees shall report any damages or items needing repairs by emailing a [Maintenance Request Form](#) to the [Maintenance Director](#) immediately. Employees shall follow up with the Maintenance Director about issues of safety concern or if greater damage or expense may occur until problems have been corrected. Personnel shall keep all parts of broken items and give them to Maintenance personnel when the item is to be repaired. Property damage that occurs due to more than normal wear and tear shall be documented per the Non-Critical Incidents Procedure.

Residents that purposefully or willfully destroy or damage MHCO property shall be required to make restitution at the replacement cost. If a resident under the age of eighteen (18) could not reasonably be expected to make full restitution, the parent or legal custodian may be required to bear part or the entire amount of the replacement cost. The supervisor shall conduct an investigation, determine the cost of the repair or replacement, and forward his or her written findings to the Program Director for action. No holdings, fines, or garnishing of allowances shall be levied against a resident without the approval of the Program Director. The resident may complete work detail per the Behavior Support and Management Procedure for restitution if monies are not available in the resident account and the parent or legal custodian are not able to provide replacement cost.

The Administrator or the Chief Financial Officer may call for bids to be submitted whenever MHCO uses vendors for service or repairs. Such bids shall be reviewed and determined by the Administrator and the Chief Financial Officer or the Board of Directors. Vendors shall present a valid certificate of liability coverage prior to performing any labor. A copy of the appropriate certificate of insurance shall be kept on record by the Chief Financial Officer prior to initiation of contract work. Tax exemptions shall be used when applicable.

Authorizing Signatures

Administrator _____ Date _____

HR Specialist _____ Date _____

	Outdoor Facilities
Domain:	Facilities
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/2017; 10/11/2018; 5/10/2019; 5/8/2020
References:	Facility Use or Rental by Guests Liability Release and Waiver Form-Guests Liability Release and Waiver Form-Guest Children Lifeguard Handbook

SWIMMING POOL

The swimming pool is available for general use between Memorial Day and Labor Day by MHCO residents and personnel during times when a lifeguard is on duty. Additionally, families of residents may use the facilities on certain occasions. The following rules shall always be in effect the pool is in use:

- All persons shall follow rules and directions from lifeguards and staff on duty.
- No one shall swim in the pool without a certified lifeguard on duty.
- Whistle blows: STOP-LOOK-LISTEN to the lifeguards.
- Lifeguards are the final authority of the pool. The lifeguard may remove any person from the pool area if they act in an unsafe manner or are creating an unsafe situation for themselves or others.
- Ask a lifeguard or staff if you do not understand a rule.
- Do not scream or yell for unneeded help.
- Ask a lifeguard or staff before borrowing any pool equipment and put borrowed equipment away neatly.
- Children under the age of eighteen (18) must be accompanied by at least one (1) adult MHCO employee holding a current CPR certification in the direct pool area.
- Refrain from talking to lifeguards or staff while on the stands.
- Walk on the pool deck at all times.
- Enter the water facing forward without flipping.
- Pushing, dunking, splashing, rough play, fighting, and similar conduct is expressly prohibited in or around the pool premises.
- No diving at any time.
- Breath holding and prolonged underwater swimming is prohibited.
- Foul language, public displays of affection, and inappropriate behavior are not allowed.
- Chewing gum, eating, and drinking in the pool are prohibited. Glass containers are not allowed in the pool area.
- Appropriate swim attire is required.
- No street shoes or street clothes are allowed on the apron of the pool
- Anyone non-potty trained needing a diaper should wear a swim diaper and rubber pants in and around the water at all times. Disposable diapers are prohibited.
- All persons using the pool must shower immediately prior to entering the pool.
- Toys and inflatables must be approved by the lifeguard or the Recreation Director.
- All children five (5) years old and younger must have an adult in the water within arm's reach.
- All children must take a swim test before using the pool.
- Very young swimmers and swimmers who the supervising employee feels are at risk must wear life jackets while on the pool premises or in the pool as determined by the Recreation Director and a swim test. Life jackets are available through a lifeguard or the Recreation Director.
- All residents must have annual pool safety education conducted by the Recreation Director.

- CCWs shall sign residents in and out when entering and exiting the pool area. An on duty CCW for each cottage with a resident swimming in the pool must be present in the pool area at all times. Supervision may not be delegated to another person.
- Supervising employees shall be dressed in swimming attire prior to any child entering the pool.
- All required pool safety equipment shall be in place, including a reaching pole, a throwing device, and a first aid kit.
- A telephone or cell phone shall be immediately accessible to the supervising employees. An emergency phone is available in the pool house office.
- Only authorized recreational or maintenance personnel that have been properly trained may operate the filtering system. Chlorination, cleanliness of the water, and *pH* factors are the responsibility of the recreation and maintenance personnel. No other personnel are authorized to adjust the pool's chemical status.
- "Open Pool" swimming days and times shall be established and scheduled by the Recreational Director.
- CCWs shall ensure sunscreen application for all residents using the pool twenty (20) to thirty (30) minutes before going outside or getting in the water and reapply every forty (40) minutes for water-resistant sunscreen or eighty (80) minutes for waterproof sunscreen while swimming. CCWs shall ensure sunscreen reapplication after toweling off if remaining outside.
- The certified pool operator closing the pool facility shall take special precautions to ensure that the pool is completely empty, the pool areas including the changing areas and restrooms are completely empty, all swimmers are accounted for, and all the gates are locked and double-checked.
- Outside groups desiring to use the pool must have the express permission of the Administrator, Program Director, Recreation Director, and the business office to ensure adequate insurance coverage and liability releases are signed per the Facility Use or Rental by Guests section. The recreation Director shall ensure that adequate personnel from MHCO are at the event to supervise. This is not a responsibility that may be delegated to the outside group using the pool.

The following slide rules shall also be followed:

- Swimmers must stay clear of the catch pool and slide exit area. Riders must exit the catch pool immediately after use.
- Children less than 48 inches tall who are unable to swim may only use the slide with an adult.
- Only one person is allowed down the slide at a time (except for adults assisting children under 48 inches tall).
- Adults may assist a child out of the water in the catch pool if necessary, but may not stand in front of the slide to catch the child.
- Walk up the steps and be sure the catch pool is empty before entering the slide.
- Riders must go down the slide on their back or buttocks with feet first.
- No flotation devices (including those in bathing suits), toys, balls, goggles, masks, glasses, or hats of any kind are permitted on the slide.
- No diving from the slide into the catch pool upon exiting the flume.
- Do not reach into the slide from the deck area.
- Do not stop or block the flow of water from the slide.

Employee dependent children over the age of fifteen (15) may swim in the pool during open pool times while the employee is on duty and on campus with advance note to the Recreation Director. Employee guests and dependent children under the age of fifteen (15) may swim in the pool during open pool times with the employee in the pool area with advance notice to the Recreation Director. All dependent children and guests must follow all pool rules.

Lifeguards shall arrive fifteen (15) minutes prior to scheduled pool times and stay fifteen (15) minutes after scheduled pool times and adhere to the regulations in the Lifeguard Handbook. Lifeguards shall inspect trashcans daily, empty them after events and when needed, and replace new trash bags when emptied. Lifeguards shall inspect and clean bathrooms daily if needed. Umbrellas and rescue tubes shall be set up at the lifeguard stand and put away in the pool office daily. Lifeguards shall gather floats, goggles, balls, and other pool toys in designated areas daily. Lifeguards shall clean skimmers and clean up trash around the pool area daily.

HUNTING

Hunting shall be prohibited on MHCO property. The property shall be clearly marked to indicate hunting prohibition.

GOD'S HALF ACRE

In February 2015, the MHCO Board of Directors determined that remaining plots at God's Half Acre are to be reserved exclusively for current residents of MHCO at the time of their death. Additional possibilities for memorializing individuals affiliated with MHCO or Oxford Orphanage may include columbarium or a memorial garden. Possible expansion suggestions shall be directed to the MHCO/Oxford Orphanage Alumni Association Board of Directors accompanied with possible plans. The MHCO/Oxford Orphanage Alumni Association Board of Directors shall consult with the MHCO Board of Directors to decide upon expansion resolutions.

GARDEN

The garden is available for general use by MHCO residents and personnel. Garden personnel shall be responsible for the maintenance and upkeep of the garden. Tools shall be made available for gardening use. Direct Care residents shall be accompanied and supervised by CCWs while gardening.

FIRE PIT

The fire pit is available for general use by MHCO residents and personnel. Supervisors shall get permission from the Program Director for approval of fire pit events with residents. Personnel supervising the activity shall bring a fire extinguisher and first aid kit to the fire pit while in use. Personnel supervising the activity shall ensure combustible elements (e.g. leaves, clothing, etc.) are moved away from the fire. The Maintenance Director shall turn the gas supply on and off. The Maintenance Director shall check and clean the burners and pipes regularly for leaks. The fire pit area shall be kept free of clutter. No gasoline, fuel, or paper shall be added to the fire pit.

PICNIC SHELTER

The picnic shelter is available for general use by MHCO residents and personnel. The picnic shelter shall be cleaned after use and trash shall be placed in containers.

PLAYGROUND

The playground is available for general use by MHCO residents and personnel. Additionally, families of residents may use the facilities on certain occasions. The following rules shall always be in effect the playground is in use:

- Playground equipment shall be used in the manner intended.
- Individuals shall take turns on equipment.
- Individuals shall not climb on top of covered slides or attempt to climb up the slide.
- Groups of individuals may not attempt to go down the slide in one mass.

BASKETBALL COURT

The basketball court on upper campus is available for resident and personnel use. Approved youth from the community may only use the basketball court under the following conditions:

- a parent or legal custodian has signed a waiver for the youth (obtained from CCWs, the Program Clinical Coordinator, the Program Director, or the Administrator),
- the Program Director approved the youth to use the court after receiving the signed waiver,
- the youth's name and parent's or legal custodian's contact information is on file,
- the youth only use the court with residents of MHCO, and
- the youth contacted Bemis Cottage CCWs to make arrangements to play on the court.

Individuals using the basketball court are expected to pick up after themselves.

	Gymnasium
Domain:	Facilities
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/2017; 5/10/2019; 5/8/2020; 8/12/2022
References:	Liability Release and Waiver Form
<p>The gymnasium is available for general use by MHCO residents and personnel. Additionally, families of residents may use the facilities on certain occasions. A Liability Release and Waiver Form must be signed for all individuals using MHCO facilities. The Recreation Director shall ensure all guests using the gymnasium have signed the Liability Release and Waiver Form annually and files them in the gymnasium office. The HR Specialist shall ensure all employees have signed the Liability Release and Waiver Form annually for themselves and their children utilizing the facilities and files them in the employee file. The following rules shall always be in effect the gymnasium is in use:</p> <ul style="list-style-type: none"> • Children must be accompanied by at least one (1) adult employee of MHCO who holds a current CPR certification and must be in the direct gymnasium area. • All required safety equipment shall be in place, including a first aid kit. • A telephone or cell phone shall be immediately accessible to the supervising employee. • CCWs shall sign in and out when bringing residents to the gymnasium for recreation or wellness. CCWs should accompany residents to the gymnasium and remain with them throughout their stay or provide for alternative, adequate supervision. • CCWs shall stay and supervise residents who are not allowed to participate in recreation or wellness activities. • MHCO employees shall sign in and out when using the gymnasium. • The supervisor closing the gymnasium facility shall take special precautions to ensure that all equipment has been returned to its proper place, the gymnasium is completely empty, additional areas including the restrooms, ceramic and pottery room, weight room, etc. are completely empty, all children are accounted for, and all the doors are locked and double-checked. • Cottages involved in events shall be responsible for cleaning up with involvement and direction from the Recreation Director and other points of contact. • Employee family members may use all gymnasium facilities if the Recreation Director is on campus (i.e. game room, weight room, wellness room, gymnasium court, and locker rooms). The employee may supervise the family member if the Recreation Director is not on campus for individuals over twenty-five (25) years old. • Horseplay is prohibited. Running is prohibited unless involved in a structured activity with the Recreation Director or other personnel. <p style="text-align: center;">WEIGHT ROOM</p> <p>The following additional rules shall always be in effect the weight room is in use:</p> <ul style="list-style-type: none"> • Weights shall be re-racked neatly after use. • Equipment shall be wiped down after use. <p style="text-align: center;">CERAMIC AND POTTERY ROOM</p> <p>The following rules shall be in effect at all times the ceramic and pottery room is in use:</p> <ul style="list-style-type: none"> • Specific days and times shall be established and scheduled by the Recreation Director for individuals. At times other than those scheduled by the Recreation Director, any authorized employee may accompany children to the facility if they remain with them throughout their stay. • Food or drinks may be permitted in the ceramic and pottery room providing the employee ensures that the facility is left in a good state of cleanliness upon departure. 	

- All pouring of slip and clay products shall be done over a pouring table.
- Supplies and molds must be thoroughly cleaned immediately after each use.
- Greenware must be inconspicuously marked with the owner's name and MHCO to identify all pieces.
- The supervising employee shall be responsible for leaving the facility clean after each use.
- Prior to closing the facility, the supervisor shall ensure that all wet materials have been properly stored or placed in an appropriate place to dry. Additionally, kilns that must be left on must be inspected to ensure that there is nothing in the immediate vicinity that could cause or create a fire danger.

	Cobb Center at Dunn Cottage
Domain:	Facilities
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/2017; 8/10/2018; 5/10/2019
References:	Collections Management Policy and Procedure Manual
<p>The purpose of the Cobb Center at Dunn Cottage is to provide a safe environment for the display and storage of artifacts relating to MHCO, Oxford Orphanage, and Oxford Orphans Asylum, as well as other historical pieces of interest, to display and preserve historical records in the Sally Mae Ligon Archives. These archival collections are stored and displayed for legal, historical, administrative research, and information purposes. Archived records are available to personnel, alumni, and the general public on a limited basis. The Cobb Center shall serve alumni as a headquarters for information and the geographical location of former residents. The Cobb Center also serves the community for meetings and gatherings and serves as office and classroom workspace for administrative functions of MHCO. The Cobb Center is open to the public on weekdays from 8:00 a.m. until 5:00 p.m. and after normal working hours or on weekends by appointment. All persons visiting the Cobb Center, including those desiring to conduct research and those attending functions, are considered guests of MHCO. MHCO may restrict or deny admittance to the archives to any person or group.</p> <p>In order to obtain research materials, individuals must register with the Museum Director. The Museum Director shall supervise research during times when material is being utilized. Coats, briefcases, parcels, and personal books are not permitted in the research area unless specific permission from the Museum Director. No ink or indelible marking utensil is permitted in the research area or in the display areas of the Cobb Center. No smoking, food, or drinks are permitted in the research area of the Cobb Center. All materials must be handled with care and per specific guidelines provided by the Museum Director. Visitors or researchers may check out only one book in the research area at a time. Materials may not be removed from the research area without the expressed permission of the Museum Director. All children shall be accompanied by an adult and supervised at all times. All photocopies shall be made by the Museum Director on equipment owned and operated by the Cobb Center. The researcher shall be required to pay for the cost of reproducing any material at the current rate, and the Cobb Center may restrict or deny admittance to the archives to any person or group at their sole discretion. Historical documents and artifacts shall be maintained per the Collections Management Policy and Procedure Manual in the Appendices.</p>	

	Facility Use or Rental by Guests
Domain:	Facilities
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/2017; 8/10/2018; 5/8/2020; 8/12/2022; 11/10/2023
References:	Rental Brochure Rental Agreement Form Liability Release and Waiver Form-Guests Liability Release and Waiver Form-Guest Children
<p>Requests for use of MHCO’s facilities shall be received and reviewed by the Financial Development Assistant or Recreation Director. Special requests shall be referred to the Administrator or supervisor for further approval. Permission to use MHCO facilities shall be based on the purpose and potential liability involved. Any outside group allowed to use facilities shall sign a waiver of liability included in the Rental Agreement Form. MHCO may require evidence of liability insurance that will protect against claims for injury and charge fees for facility use. MHCO will not be responsible for any negligence or injuries that occur while agencies are using the premises, unless such negligence or injuries are caused by the employees, agents, invitees, or residents of MHCO.</p> <p>Requests for use of facilities must be submitted with the required documentation within established time frames. Facilities must be used for the stated purpose and shall not be used for illegal activity or any other purpose that may cause the cancellation or increase of insurance. The party using MHCO facilities may terminate the rental agreement within ten (10) business days of the scheduled rental with no payment penalty. Use of facilities by outside groups or individuals shall in no way conflict with planned activities for residents.</p> <p>MHCO and agencies regularly using facilities shall meet annually to discuss the use of MHCO property by teams, coaches, volunteers, parents, and spectators. A Memorandum of Understanding shall be signed by both parties annually at this meeting. Ad hoc meetings may be scheduled at any time during the year as questions, issues or changes may necessitate. These meetings shall include at least two (2) representatives from each organization.</p> <p>Agencies or individuals will utilize designated MHCO property only during those dates and times agreed upon by both MHCO and representatives of the agency. The Recreation Director and Financial Development Assistant shall coordinate days and times. Schedules must be finalized and received by MHCO twenty (20) business days prior to the start of any practices or events. MHCO may accommodate changes of schedule if available.</p> <p>The agency or individuals are guests of MHCO and shall follow all policies and procedures while on campus to include parking rules and posted signs related to designated parking areas, the removal of trash or damage to property related to use of the facilities, and compliance with policies related to tobacco, firearms, alcoholic beverages, and banned or controlled substances.</p> <p>The party using facilities shall ensure the area used is cleaned per MHCO specifications. If facilities are damaged or destroyed during use, MHCO shall hold the party responsible for the repair or replacement cost of the items. Candles, open flames, alcohol, and tobacco use are prohibited. Decorations require prior approval. Pets are not allowed in MHCO facilities unless prior approval has been given or is a registered service animal. MHCO shall provide furnishings and equipment that are clean and in good working condition. An MHCO Point of Contact shall be assigned to assist with needs such as providing keys or access, forms, and scheduling.</p>	

Guests of Brown Cottage shall agree with and abide by MHCO rules and regulations and understand that violation of any policy will terminate their stay and prevent future stays. MHCO may refuse lodging in Brown Cottage to any individual that poses a threat to the safety, security, or proper operation of MHCO. Outside groups using facilities for recreation shall be responsible for providing their own equipment. The agency must receive prior approval at least two (2) business days before practice or event from the Recreation Director if an athletic team wishes to practice or hold an event outside the dates and times set at the beginning of each season. Appropriate documentation must be completed by the agency and received by MHCO for all approved, additional practices or events. The agency shall be responsible for storing, securing, and locking up all equipment left on the campus of MHCO when teams are not on the premises. The agency shall store equipment at MHCO at their own risk and MHCO is not responsible for any loss or damage to equipment that the agency chooses to store on the premises, unless otherwise agreed upon by both parties in writing. The agency will coordinate with MHCO annually to ensure General Liability Insurance coverage is provided that would cover athletic practices and athletic events held on campus. This coverage would exclude the athletic participants themselves. The agency is expected to have separate accident insurance coverage in place or offered to the parents of the athletes as an option prior to participating in activities.

Use of the pool is available for rent by groups. For Masonic groups, the fee is \$300 for a three (3)-hour block of time (maximum). This fee is waived for donor events that include residents. For scouting groups and employees, the fee is \$150 for a three (3)-hour block of time (maximum). If there are over fifty (50) people at the event, an additional fee will be charged for an additional lifeguard hired by MHCO. The group will be responsible for setup and cleanup of the event and food or catering. Groups may use the concession area or picnic shelter and will need to provide their own supplies. All individuals in the group must sign Liability Release and Waiver Forms and follow all pool rules. Groups can schedule the event with the Financial Development Assistant for times the pool is not already open for residents. Swim teams can rent the pool to swim laps but will not be able to dive due to pool rules and safety restrictions.

Groups are encouraged to bring their own equipment for use. If a group needs to use MHCO equipment, maintenance personnel shall ensure that the equipment is in good working condition prior to use. Personnel at the event should ensure that the equipment is used per manufacture guidelines, light any MHCO grill used, and cook the food on the grill.

Policy Name:	Smoking Policy
Domain:	Facilities
Applies to:	Employees and Stakeholders
Policy Location:	Y:/Forms/Policies and Procedures/Policies/Smoking Policy.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017
<p>It is the policy of MHCO's Board of Directors that the campus shall be smoke and tobacco-free. Tobacco products will include, but will not be limited to, cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, dip, electronic cigarettes, and vapors. The use of any tobacco product by any resident is forbidden while on the campus or while under the direct supervision of personnel. Personnel are prohibited from using any tobacco product on the premises or in a vehicle belonging to MHCO. Additionally, personnel are prohibited from using any tobacco products in the presence of any residents, either on or off campus. Guests and visitors shall be informed of our regulations in a polite and considerate manner and are expected to comply with the same rules and regulations governing personnel or residents.</p>	

SECTION IV

Procedure Name:	Safety Procedure
Applies to:	Employees and Stakeholders
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/Safety Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/17; 11/9/18; 5/10/19; 5/8/20; 11/11/22; 11/10/23; 2/14/25
References:	COA Service Delivery Administration Standards (ASE 6, ASE 6.01, ASE 6.02, ASE 6.04) 10A NCAC 70I .0915 29 CFR 1910.1030 Critical Incidents Procedure Non-Critical Incidents Procedure Direct Care Resident Orientation Procedure ILP Resident Orientation Procedure Employee Orientation PQI Incident Report Form
<p>Personnel are encouraged to be diligent in observing what occurs on campus, at events, during travel, and weather changes for possible safety concerns or emergency situations. If personnel deem a situation dangerous and notifying supervisors for consultation is not possible or prudent, the individual is expected to contact 911. In the event of a serious illness or injury (e.g. severe bleeding, stopped breathing, etc.), contact 911 and render appropriate first aid per the Critical Incidents Procedure. If a resident is ill or injured, but the need is not as serious as indicated above, personnel shall render first aid, take the resident to a medical provider or the emergency room if needed and safe to do so, and document the incident per the Non-Critical Incidents Procedure.</p> <p>Emergency Assembly Areas are clearly marked in each building. The Emergency Assembly Area location for the Picnic Shelter and Pool is the basement of the St. John’s Administrative Building.</p> <p style="text-align: center;">EMERGENCY PREPARATION</p> <p>Employees shall ensure that preparations are made before inclement weather as described below. Residents shall be taught all emergency procedures including evacuation and fire prevention per the Direct Care Resident Orientation and ILP Resident Orientation Procedures. Personnel shall be taught all emergency procedures including evacuation and fire prevention per the Employee Orientation guidelines. The Program Director shall ensure that cottages hold fire drills at least monthly, and a quarterly drill is held during the hours of sleep. CCWs shall train residents in proper procedures to be followed in cases of emergency. Such drills shall facilitate the evacuation of any resident who is immobile or ambulatory. Fire drills in residential buildings shall be documented in ExtendedReach. Documentation logs of other drills shall be forwarded to PQI for review with the PQI Subcommittee and inclusion in PQI reports. The Program Director shall ensure fire/bomb threat drills are conducted in nonresidential buildings annually. The Program Director shall ensure campus-wide emergency drills including hurricane/tornado and lockdown/active shooter are completed annually.</p> <p style="text-align: center;">EMERGENCY NOTIFICATION SYSTEM</p> <p>MHCO utilizes an emergency notification system through Code Red. Scenarios are developed through this program to reflect emergencies requiring personnel, resident, and other stakeholder notification for emergency preparation drills. An emergency notification can be sent to specific parties or campus wide. The Administrator, Program Director, or Administrative Assistant can initiate the system on a laptop or cell phone. An ‘all clear’ notification is sent by the system when an emergency has safely concluded. In cases where Code Red is not available, calls and texts shall be sent to personnel by the supervisor. The</p>	

Administrative Assistant shall submit notifications sent and received by text or Code Red to PQI for review with the PQI Subcommittee and action recommendations. The Administrator, Program Director, and Program Clinical Coordinator will account for the whereabouts of personnel and residents.

SECURITY RESOURCE OFFICER

MHCO Security Officer shall conduct patrols on a variable schedule. The SRO Patrols are expected to provide security, address trespassers, check buildings for security issues, document actions, and positively interact with residents and personnel. The SRO provides direct support and direction in crisis situations. The SRO is instrumental in security planning, risk management, communication to staff regarding potential crisis situations, and coordination with Law Enforcement and Emergency Management personnel.

WEAPONS

Weapons (e.g. include firearms, guns, BB guns, air rifles, knives, crossbows, slingshots, martial arts weaponry, etc.) are prohibited on any MHCO property. Any resident or visitor hearing shots fired or witnessing an individual on or near campus possessing a firearm or other prohibited weapon shall inform the nearest employee immediately. Any employee receiving such notification, hearing shots fired, or witnessing an individual on or near campus possessing a firearm or other prohibited weapon shall follow the lockdown procedure as described below.

LOCKDOWN

Individual buildings, several buildings, or the entire campus may need to be placed in “lockdown” protocol to protect the individuals, minimize exposure to danger, and isolate the source of the danger. Lockdown is the temporary securing of a building or set of buildings, for several minutes up to hours. Lockdown involves physically locking every building involved to secure that building and all occupants, while ceasing all traffic by foot or car. Entry to or exit from any building or from campus will be prevented during lockdown. Law enforcement officials shall be the only personnel that respond after the lockdown is initiated. Law enforcement officials shall lead all aspects of the emergency, possible evacuation, and subsequent deactivation of the lockdown.

Any resident or visitor hearing shots fired or witnessing an individual on or near campus possessing a firearm or other prohibited weapon shall inform the nearest employee immediately. The Administrator will initiate a Lockdown or Hold and Secure if shots are heard during sleeping hours. Any employee hearing shots fired, witnessing an individual on or near campus possessing a firearm or other prohibited weapon, or receiving a report from a resident or guest of such shall:

- **WARN:** Dial 911 and report the specific location, type of incident or dangerous situation witnessed, name, number of shooters or people with weapons, description of shooters or people with weapons, description of the weapons, number of people with you, and any injuries. Call the Administrator and follow instructions.
- **SHELTER:** Secure residents, guests, personnel, or any other person present in the nearest room or building. Lock all doors and windows. Do not try to move any injured people; leave them where they are and notify the authorities of their location as soon as possible. Initiate a Hold and Secure per CodeRed instructions if shots are heard during sleeping hours.
- **HEADCOUNT:** Personnel in charge of supervision of residents and guests in the facility at the time of the report shall account for these individuals. Do not send residents to look for other people. Employees on and off campus who are on duty must report by text or phone to the Program Director, Program Clinical Coordinator, Campus Security Resource Officer, and Administrator regarding the status of their group. Information shared should include:
 - The count and initials of residents, employees, and guests in your location
 - The initials and location of those under your direction, but not presently with your group

- The locations and statuses of all individuals in your groups on and off campus
- Any other pertinent details
- **AWAIT INSTRUCTIONS:** Wait in the Emergency Assembly Area as a group until otherwise notified by a supervisor or Code Red.

If a lockdown is initiated through Code Red or other notification, employees in buildings without an active shooter shall:

- **WARN:** The Administrator, Program Director, or Administrative Assistant shall notify the campus through Code Red. The Administrator shall inform parents and families of residents and employees and the media when safe to do so.
- **SHELTER:** Move residents, guests, and employees to the emergency assembly location in the building. CCWs can decide to divide the group into cottage bathrooms or offices and to get behind more locked doors based on resident maturity. Ensure individuals stay away from windows and other openings. Ensure phones are on silent. Secure the emergency kit if possible. Initiate a Hold and Secure per CodeRed instructions if shots are heard during sleeping hours.
- **HEADCOUNT:** If safe, place a card in the window nearest the main entrance of the cottage building (GREEN CARD-all people in that location are free from injury and shooter is not present in the room, RED CARD-a person is injured or deceased in that secured room, NO CARD-the shooter is in that room). If safe, communicate to individuals in open areas to move to a secure location. Take a head count of residents, guests, and employees and report the status to the Program Clinical Coordinator, Program Director, Campus Security Resource Officer, and Administrator if safe. Information shared should include:
 - The count and initials of residents, employees, and guests in your location
 - The initials and location of those under your direction, but not presently with your group
 - The locations and statuses of all individuals in your groups on and off campus
 - Any other pertinent details
- **AWAIT INSTRUCTIONS:** Wait in the location until otherwise notified by a supervisor or Code Red. Remain out of sight and quiet, listen diligently, and be prepared to exit quickly. Do not respond to any voice commands, unless you can confirm it is law enforcement.
- Document the incident per the [Non-Critical Incidents Procedure](#).

If there is an active shooter inside the building:

- Secure the room by locking or barricading the door if possible
- Try to remain calm
- If you can't speak on the phone, leave the line open so the dispatcher can hear what is taking place. Usually, the location of a caller can be determined without speaking.
- The decision to flee or seek shelter inside the room can only be made by you and is dependent upon the circumstances
- If there is absolutely no opportunity of escape or concealment and the shooter is not actively firing on victims, it might be possible to negotiate with the shooter
- If the shooter leaves the area and the environment appears safe, proceed immediately to a safer place
- Do not touch anything that was in the area of the shooter because of the possibility of explosives being left or the destruction of evidence
- Make sure you have an escape route in mind
- Do not attempt to carry anything in your hands while fleeing and move quickly
- Keep your hands visible
- Follow instructions given by any police officers you may encounter and tell them the location or direction of the shooter
- Remain at the designated assembly point until you have been released

HOLD AND SECURE

During a Hold and Secure situation, a dangerous event is taking place locally but not on campus (e.g. bank robbery). Upon receiving a notification, guests of MHCO shall gather at the St. John's Administrative Building. Each building on campus shall be secured. Personnel and residents shall report to their assigned cottage or office building if safe to do so. Entry to campus or business by visitors, vendors, employees, or residents shall continue with care. MHCO business shall operate as normal as possible with the buildings remaining secure until an 'all clear' signal or official lockdown notification is given through Code Red. The individual initiating the Code Red notification shall document the incident per the [Non-Critical Incidents Procedure](#).

EVACUATION

In the event an evacuation is necessary, the Administrator will develop a plan with the [Oxford Police Department](#) to coordinate MHCO evacuation to the [Public Works Building at 127 Penn Ave](#). Personnel shall ensure evacuation of persons with mobility challenges and other special needs. CCWs or supervising personnel shall ensure provision of resident medications when evacuated or in other emergencies. The Administrator will arrange for temporary work sites or relocating residents when necessary.

In the event an evacuation is necessary and safe:

- **WARN:** The Administrator, Program Director, or Administrative Assistant shall notify the campus through Code Red.
- **SHELTER:** Exit campus and head toward downtown Oxford on College Street. Take a right at the first light. The [Public Works Building](#) is approximately two (2) blocks on the left from that intersection. If off campus and safe, remain at the location until it is safe to return to campus.
- **HEADCOUNT:** Personnel in charge of supervision of residents and guests in the facility at the time of the report shall account for these individuals. Do not send residents to look for other people. Employees on and off campus who are on duty must report by text or phone to the Program Director, Program Clinical Coordinator, Campus Security Resource Officer, and Administrator regarding the status of their group. Information shared should include:
 - The count and initials of residents, employees, and guests in your location
 - The initials and location of those under your direction, but not presently with your group
 - The locations and statuses of all individuals in your groups on and off campus
 - Any other pertinent details
- **AWAIT INSTRUCTIONS:** Wait in the Emergency Assembly Area as a group until otherwise notified by a supervisor or Code Red.
- Document the incident per the [Non-Critical Incidents Procedure](#).

QUARANTINE

The Administrator and the Program Director will monitor the severity of any pandemic and establish continuity activation triggers to address the unique nature of the pandemic threat. Code Red shall be utilized to communicate campus closings for quarantine to employees. The decision to close campus due to quarantine shall be determined by the Administrator in consultation with the Program Director and Chief Financial Officer based on Center for Disease Control (CDC) or other health authority guidelines. When campus is closed, cottages shall operate as normally as possible. When the campus is closed, employees living off campus are not expected to work and will not be required to use leave. If a quarantine is likely, the Program Director shall:

- plan for isolation of ill employees or residents in the cottage,
- enforce sanitization guidelines,

- make decisions about whether residents should visit with legal guardians due to illness, legal guardian preference, or staffing shortages
- develop a plan for supply and food acquisition, distribution, and restocking for cottages and ILP residents
- develop a plan for alternative education options to include tutoring, cottage classes, and online education per the guidelines of Granville County Schools, and
- develop on call coverage in the event of absenteeism and coordinate transportation options to appointments.

The HR Specialist shall:

- identify and document key positions with high risks of exposure and establish standards of operation for key positions with the department heads,
- classify jobs with essential functions that must be conducted onsite by exposure risk level and notify these employees that they are expected to work onsite
- review the most recent CDC guidelines and recommendations affecting employees, and
- inform staff if there has been a potential for exposure and risk to illness per CDC guidelines.

In the event or threat of a pandemic, employees are advised to:

- view CDC travel guidelines frequently before, during, and after travel,
- limit non-essential travel, particularly to areas under CDC advisory,
- observe routine hygiene, sanitization, social distancing, personal protection equipment, temporary suspension of some non-essential activities, and other preventative measures as described by the CDC,
- not come to work if they have symptoms of the contagion, and
- notify the HR Specialist if they come into direct contact with the contagion in question before coming to work.

Social distancing could take the form of:

- Modifying the frequency and type of face-to-face employee encounters (e.g. placing moratoriums on handshaking, substituting teleconferences for face-to-face meetings, limiting campus visitors, staggering breaks, posting infection control guidelines, etc.),
- Establishing flexible work hours or worksites, and
- Promoting social distancing between employees, residents, and guests to maintain three (3) feet spatial separation between individuals.

Employees shall inform their supervisor and the HR Specialist if they are told to observe a voluntary or mandatory quarantine from any health authority. Employees will return to work after the quarantine period is over and are no longer sick. The Administrator and Board of Directors will make determinations about leave utilization and benefits. The employee may be required to take sick leave (and exhaust vacation leave if the employee has no sick leave accrued) unless the employee is able to work from home per their Job Description and supervisory approval. Employees who work from home will be required to account for time spent working with their supervisor, maintain productivity, and use leave for time not working. Employees who are quarantined will not be required to submit documentation from a medical doctor. Employees may be required to take leave without pay if leave is exhausted or the Administrator may advance sick leave or forgive time lost for quarantined employees or for other circumstances.

POISON

MHCO shall ensure that all employees receive training at orientation and annually thereafter on the proper procedures for treating individuals who may have been poisoned. Training shall discuss symptomatology and procedures for treatment. Suspected poisoning, either by accident or through intentional and deliberate consumption, shall be taken seriously. The employee encountering the incident shall call 911 immediately

and first aid should begin concurrently. Always look at the container and follow designated instructions. Personnel shall notify the Administrator. Personnel making the report shall document the incident per the [Critical Incidents Procedure](#).

Medications, chemicals, and items that may be subject to abuse should be kept out of reach and secured in locked cabinets and in spill proof containers. Cleaning or household chemicals are potentially dangerous and may cause skin and eye burns or poisoning. Chemicals that have minimum usage and have potential to be dangerous, should be returned to the Maintenance Director for locked storage.

BOMB THREATS

All bomb threats shall be taken seriously. If an individual receives a threat, he or she shall attempt to obtain exact information and write it down (i.e. what type of device, purpose, who is intended to be injured). The person receiving the threat shall then notify 911 and the Administrator. Upon receiving a notification, individuals in the building shall evacuate per the fire evacuation plan. Personnel shall ensure that all individuals remain at least three hundred (300) feet away from the building and wait in the Fire Evacuation Safety Site as a group until an 'all clear' signal is given. If possible, take note of any unusual backpacks, boxes, or coolers when exiting. Do not attempt to examine the item. Provide a description and location to police personnel. Personnel shall notify the Administrator. Personnel making the report shall document the incident per the [Non-Critical Incidents Procedure](#).

FIRE

The Maintenance Director shall ensure that fire extinguishers, equipment, and warning systems are fully functional at all times. Nothing with an open flame may be used inside buildings (e.g. candles incense, torches, lighters, etc.). Birthday cake candles are allowed when presenting the cake to be extinguished immediately. Fireworks are not permitted on campus. Temporary heating devices and space heaters must never be used in the cottages nor left unattended and must be unplugged when not in use.

A Point of Contact in each building shall assist in fire safety as follows:

St. John's Administration Building	Program Director
Shops and storage buildings	Maintenance Director
Gymnasium & Swimming Pool	Recreation Director
Athletic Fields	Recreation Director
Picnic Shelters	Recreation Director
York Rite Chapel	Campus Chaplain
School of Graphic Arts	SGA Manager
Cafeteria/Kitchen/Food Preparation areas	Program Assistant
Cottages	CCWs
Cobb Center at Dunn Cottage	Chief Financial Officer

These parties shall inspect the respective buildings monthly and take steps necessary to eliminate potential hazards. The Maintenance Director shall ensure that fire extinguishers are inspected and have affixed cards initialed by the [Fire Marshal](#) at least annually. CCWs shall make an entry in the cottages' Fire Log stating that firefighting equipment was inspected and annotate the condition of the equipment.

Gasoline shall be stored in specifically designated areas assigned by maintenance personnel and shall never be stored in any residence. Designated areas shall be clearly marked and have clearly visible "NO SMOKING" signs posted in the areas immediately surrounding the storage building. Gasoline and other flammable liquids shall only be stored in approved, tightly sealed containers in a locked, well-ventilated area, away from any source of ignition. Children under the age of sixteen (16) years shall not be permitted unsupervised access to the gasoline storage areas. Employees shall closely supervise residents who have a history of inhalant abuse or demonstrate indicators of inhaling substances.

In the event that a fire is detected in a campus building, proceed as follows:

- **WARN:** Immediately activate the nearest manual fire alarm located in the building.
- **SHELTER:** Leave any area subject to the fire in an orderly manner following the fire evacuation plans displayed in the building. Attempt to extinguish the fire only if there is minimal danger or risk. Close all doors on the way out if safe and possible. Do not be concerned about personal property.
- **HEADCOUNT:** Personnel in charge of supervision of residents and guests in the facility at the time of the report shall account for these individuals. Do not send residents to look for other people. Employees on campus in the building where the fire was detected must report by text or phone to the supervisor, Program Director, Program Clinical Coordinator, and Administrator regarding the status of their group. Information shared should include:
 - The count and initials of residents, employees, and guests in your location
 - The initials and location of those under your direction, but not presently with your group
 - The locations and statuses of all individuals in your groups on and off campus
 - Any other pertinent details
- **AWAIT INSTRUCTIONS:** One adult shall meet the fire truck on the main road and direct them to the scene of the fire. He or she shall notify fire personnel of any individuals unaccounted for. Wait in the Fire Evacuation Safety Site as a group until otherwise notified by a supervisor or Code Red.
- The person who reported the fire or met the fire truck shall document the incident per the Non-Critical Incidents Procedure. Fire alarms in cottages shall be documented by the CCW in extendedReach.

If an employee sets off a fire alarm due to cooking food and there is no resulting fire, he or she may contact the fire department to disregard the alarm. The fire department should not be called to disregard any fire alarms other than from cooking food with no resulting fire. If the fire department arrives on scene despite calling to disregard the alarm, the person who reported the fire or met the fire truck shall document the incident per the [Non-Critical Incidents Procedure](#). Fire alarms in cottages shall be documented by the CCW in extendedReach. CCWs and Resident Advisors shall conduct unannounced fire drills monthly in cottages. Overnight residential fire drills are required once quarterly. For all cottages overnight fire drills should occur from 12:01 am to 5:59 am. Primary and alternate CCWs shall take turns running the fire drill. To run a residential fire drill:

- Push the “drill” button on the alarm panel for two (2) seconds.
- Start a timer.
- Assist children or new residents with locating the Fire Evacuation Safety Site of the cottage.
- Count the individuals at the Fire Evacuation Safety Site.
- Stop the timer when all individuals in the cottage have arrived at the Fire Evacuation Safety Site.
- Push the “system reset” button if the alarm.
- Document the number of residents and times accurately in extendedReach.

Building Points of Contact listed above shall run annual fire drills in nonresidential buildings to which they are assigned. To run a nonresidential fire drill:

- Inform occupants that a fire drill is occurring.
- Start a timer.
- Assist younger children or new residents with locating the Fire Evacuation Safety Site.
- Count the individuals at the Fire Evacuation Safety Site.
- Stop the timer when all individuals have arrived at the Fire Evacuation Safety Site.
- Inform the PQI Coordinator that a fire drill occurred with the date, time, and names of individuals involved.

CAMPUS CLOSING

Code Red shall be utilized to communicate campus closings or late arrivals due to weather to employees. The decision to close campus due to weather shall be determined by the Administrator in consultation with the Program Director, Chief Financial Officer, and Maintenance Director based on power outages and road conditions on campus and in the area. When campus is closed, cottages shall operate as normally as possible. The Recreation Director shall be asked to facilitate activities if safe to do so. When the campus is closed, employees living off campus are not expected to work and will not be required to use vacation leave. If the campus is open but employees feel it is unsafe to travel to work, they may choose to arrive at a later than scheduled time or not come to work and shall notify the supervisor. If the employee chooses not to work, then they may be required to use vacation leave.

INCLEMENT WEATHER

FLOOD

In the event that a flood is imminent proceed as follows:

- **WARN:** Call the Administrator who shall notify the campus through Code Red.
- **SHELTER:** Seek shelter on the second floor of the nearest building in the Emergency Assembly Area. If off campus, seek shelter on the second floor of the nearest building.
- **HEADCOUNT:** Personnel in charge of supervision of residents and guests in the facility at the time of the flood notification shall account for these individuals. Do not send residents to look for other people.
- **AWAIT INSTRUCTIONS:** Wait in the Emergency Assembly Area as a group until otherwise notified by a supervisor or Code Red.
- The Program Director shall document the action taken.

TORNADO

In the event that tornado watch is received for favorable conditions for tornado development, proceed as follows:

- **WARN:** Call the Administrator or Program Director who shall notify the campus through Code Red.
- **SHELTER:** Prepare to seek shelter in the designated Emergency Assembly Area. If off campus, move to the best shelter in the location farthest from windows and doors. Avoid large open areas or areas with glass windows and free-span roofs. Do not attempt to try to outrun or out-drive the tornado. Close doors to bedrooms, offices, etc. and lock exterior doors. Turn on the television and radio with the volume turned up and cell phones nearby for notification. Move the emergency kit to the Emergency Assembly Area.
- **HEADCOUNT:** Personnel in charge of supervision of residents and guests in the facility at the time of the tornado watch notification shall account for these individuals. Do not send residents to look for other people.
- **AWAIT INSTRUCTIONS:** Continue with normal activities and keep alert to changing weather or further reports. Lengthy automobile trips should be avoided.

In the event that tornado warning is received for a tornado sighting in the immediate area, proceed as follows:

- **WARN:** Call the Administrator or Program Director who shall notify the campus through Code Red.
- **SHELTER:** Seek shelter in the designated Emergency Assembly Area. If off campus, move to the best shelter in the location farthest from windows and doors. Avoid large open areas or areas with glass windows and free-span roofs. Do not attempt to try to outrun or out-drive the tornado. After taking shelter in a building all should assume the safety position (i.e. a curled, sitting position against an inner wall and with your arms covering your head and your head tucked into your chest, cover with blankets if possible). Get under heavy furniture if possible.

- **HEADCOUNT:** Personnel in charge of supervision of residents and guests in the facility at the time of the report shall account for these individuals. Do not send residents to look for other people. Employees on and off campus who are on duty must report by text or phone to the Program Director, Program Clinical Coordinator, Campus Security Resource Officer, and Administrator regarding the status of their group. Information shared should include:
 - The count and initials of residents, employees, and guests in your location
 - The initials and location of those under your direction, but not presently with your group
 - The locations and statuses of all individuals in your groups on and off campus
 - Any other pertinent details
- **AWAIT INSTRUCTIONS:** Wait in the Emergency Assembly Area as a group until otherwise notified by a supervisor or Code Red.
- The Program Director shall document the action taken.

HURRICANE

The primary danger from hurricanes will result from high winds and heavy rains. Employees shall ensure that preparations are made before the hurricane to include:

- monitoring the weather and predictions,
- ordering food and supplies,
- having games and activities ready,
- keeping vehicles filled with gasoline,
- gathering loose items around buildings and storing them accordingly,
- stocking cottages with supplies and batteries,
- testing emergency lights, flashlights, and radios,
- check emergency kit for batteries and other supplies and gather additional supplies from the In-Kind Coordinator
- clearing drains,
- checking gutters for proper drainage,
- filling bathtubs with water, and
- processing plans with residents.

In the event that hurricane damage is imminent in the immediate area, proceed as follows:

- **WARN:** Call the Administrator or Program Director who shall notify the campus through Code Red.
- **SHELTER:** Seek shelter in the designated Emergency Assembly Area. If off campus, move to the best shelter in the location farthest from windows and doors. Avoid large open areas or areas with glass windows and free-span roofs. Do not attempt to try to outrun or out-drive the hurricane. After taking shelter in a building all should assume the safety position (i.e. a curled, sitting position against an inner wall and with your arms covering your head and your head tucked into your chest, cover with blankets if possible). Get under heavy furniture if possible.
- **HEADCOUNT:** Personnel in charge of supervision of residents and guests in the facility at the time of the report shall account for these individuals. Do not send residents to look for other people. Employees on and off campus who are on duty must report by text or phone to the Program Director, Program Clinical Coordinator, Campus Security Resource Officer, and Administrator regarding the status of their group. Information shared should include:
 - The count of residents, employees, and guests in your location
 - The count and location of those under your direction, but not presently with your group
 - The locations and statuses of all individuals in your groups on and off campus
 - Any other pertinent details

- **AWAIT INSTRUCTIONS:** Wait in the Emergency Assembly Area as a group until otherwise notified by a supervisor or Code Red.
- The Program Director shall document the action taken.

SNOW AND ICE

Department heads and supervisors shall meet at the first indication of a severe winter storm and coordinate efforts to prepare. The Maintenance Director shall distribute salt to CCWs. The Maintenance Director shall spread salt around each nonresidential building. CCWs shall spread salt around the residential building at which they are working. Employees shall ensure that preparations are made before snow and ice to include:

- monitoring the weather and predictions,
- ordering food and supplies,
- having games and activities ready,
- keeping vehicles filled with gasoline,
- gathering hoses and bird baths around buildings and storing them accordingly,
- remove outdoor potential icing threats,
- stocking cottages with supplies and batteries,
- testing emergency lights, flashlights, and radios,
- check emergency kit for batteries and other supplies and gather additional supplies from the In-Kind Coordinator,
- accessing the cottage snow shovel and ice melt,
- gathering additional blankets for use in a power outage,
- filling at least two (2) bathtubs with water, and
- processing plans with residents.

The Program Director, Administrator, and other mission essential employees shall establish residence on campus and serve as the on-site supervisors during times of severe weather. CCWs shall remove snow and ice on sidewalks leading to and in front of cottages as soon as it is safe to do so. The Maintenance Director shall remove snow and ice in front of other buildings with the assistance of residents and personnel as soon as it is safe to do so. After the snow melts, personnel shall remove ice melt and salt off concrete for areas in which they removed snow and ice.

HEAT

Employees shall be trained in the dangers of heat stroke and heat exhaustion and shall be aware of dehydration symptoms in children and adults. CCWs and supervisors shall notify residents of hot weather conditions and what to do to prevent heat injuries.

DRIVING IN HAZARDOUS CONDITIONS

If road conditions become dangerous or a state of emergency is declared, do not drive vehicles unless in the event of an emergency. If safe and absolutely necessary, residents can be driven to and from work. When driving in hazardous conditions:

- Make sure headlights are on.
- Turn on your headlights if windshield wipers are on.
- Increase your following distance.
- Drive slower.
- Make sure tires are properly inflated
- Make sure the vehicle has a full tank of gasoline.
- Use caution near intersections and railways.
- Stay in one lane as much as possible.
- Avoid unnecessary lane changes.

- Focus on the horizon and not just on the immediate vehicle.
- Avoid distractions
- Keep your eyes moving to be aware of your surroundings
- Clear snow completely off the entire car, including taillights and headlights.
- Slow down and drive defensively.
- If possible, let up on the gas and allow the engine to slow down the vehicle before braking.
- If you get stranded, stay with your vehicle and call for assistance. Run the heater occasionally to keep warm, but avoid carbon monoxide poisoning by making sure your tailpipe isn't stuffed or blocked with snow or other debris.
- Do not drive through standing or running water.

POWER OUTAGE

MHCO is equipped with emergency power sources to utilize for heat, cooking, safety features, information management use, and other business functions. An emergency generator is connected to the electrical control system of St. John's Administrative Building and gymnasium. The generator has the capacity to run all required operating systems, lighting, and HVAC units. The Maintenance Director shall test the generator quarterly and provide service as needed. MHCO is equipped with emergency lighting that will automatically engage during a complete power outage. The Maintenance Director shall test the emergency lighting system biannually and provide service as needed. Emergency lighting is on battery back-up and may last up to six (6) hours but should not be relied upon for emergency lighting for more than one (1) hour. A supply of flashlights and fresh batteries are contained in emergency response boxes in each residential and non-residential building on campus.

In the event of a power outage, proceed as follows:

- **WARN:** Maintenance Director or Administrator to investigate and determine the reason for the power outage, including the estimated time that the power will remain out. The Administrator shall notify the campus through Code Red if the outage affects the whole campus.
- **SHELTER:** Stay in your location and conserve heat. Do not open and close refrigeration or freezer units.
- **HEADCOUNT:** Personnel in charge of supervision of residents and guests in the facility at the time of the report shall account for these individuals. Do not send residents to look for other people. Employees on campus who are in the building of the power outage must report by text or phone to the Program Director, Program Clinical Coordinator, Campus Security Resource Officer, and Administrator regarding the status of their group. Information shared should include:
 - The count and initials of residents, employees, and guests in your location
 - The initials and location of those under your direction, but not presently with your group
 - The locations and statuses of all individuals in your groups on and off campus
 - Any other pertinent details
- **AWAIT INSTRUCTIONS:** Wait in your location as a group until otherwise notified by a supervisor or Code Red. If it is determined that the outage will remain for more than eight (8) hours or if it is determined that the ambient air temperature will be below 65°F or above 82°F at any time during the power outage, the Administrator and department heads shall meet immediately to initiate assembly in the cafeteria. The Administrator and department heads shall determine feeding and sleeping arrangements in the cafeteria for the outage duration.
- The Program Director shall document the action taken.

Residents shall be kept as comfortable as possible during activation of the power outage protocol. During warm conditions, drinking water shall be frequently offered. Battery-powered fans, misting bottles, moistened disposable wash cloths, personal evaporative cooling items, etc. can also be offered. During cold conditions blankets and warm layered clothing shall be offered. Foods that have been temperature

compromised shall be disposed (time/temperature control for food safety) [(PHFs)(TCS)]. Residents shall not be permitted to re-enter cottages until ambient air temperature is in the 65° to 82°F range after notification that the power outage is concluded.

ANIMAL CONTROL

In the event an animal that poses a threat of injury is on campus, personnel shall contact 911. The communication dispatch will contact local animal control. Personnel shall notify the Administrator or Maintenance Director. A lockdown should be initiated per the instructions above. Personnel making the report shall document the incident per the [Non-Critical Incidents Procedure](#).

BLOODBORNE PATHOGENS

MHCO follows an exposure control plan developed in accordance with the [Department of Labor Occupational Safety and Health Administration \(OSHA\) Blood Borne Pathogens Standards \(29 CFR 1910.1030\)](#). OSHA requires a listing of job classifications in which some employees may have occupational exposure. The job classifications and their associated tasks that may incur occupational exposure to bloodborne pathogens include:

- CCWs-to ensure residents' health and hygiene needs and safety
- Support personnel (i.e. the Administrator, Program Director, Program Clinical Coordinator, supervisors, Recreation Director, and maintenance personnel)-to provide support to the residents, supervise CCWs, or assist in cases of emergency
- Housekeeping personnel-exposure would most likely occur while emptying trash containers

All other employees are not at risk for occupational exposure. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials shall be considered infectious regardless of the perceived status of the source individual. Engineering and work practice controls shall be utilized to eliminate or minimize exposure to employees. Cottage controls shall be examined monthly by the supervisor and documented on cottage inspection logs. Hand washing facilities are available in each building to employees who incur exposure to blood.

Personal protective equipment (i.e. rubber gloves, CPR mouth guards, masks, eye protection, face shields, red biohazard waste bags, and sharps containers) shall also be utilized where occupational exposure remains after the institution of these controls. Equipment that has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing and shall be decontaminated, unless the decontamination of the equipment is not feasible. All personal protective equipment used shall be provided without cost to employees. Personal protective equipment shall be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment will be used. Protective clothing shall be provided to employees by MHCO Supervisory Staff. All personal protective equipment will be cleaned, laundered, disposed of, repaired, or replaced by MHCO at no cost to the employees.

All materials that are penetrated by blood shall be removed immediately or as soon as possible and disposed of properly. Gloves shall be worn where it is reasonably anticipated that employees will have had contact with blood, other potentially infectious materials, non-intact skin, and mucus membranes. Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. After removal of rubber gloves, employees shall wash

hands and any other potentially contaminated skin areas immediately. If employees incur exposure to skin or mucous membranes, the areas shall be flushed with water immediately.

When a possible contaminated material is spilled, it shall be cleaned immediately and disposed of appropriately. Decontamination requires cleaning with an EPA-registered tuberculocidal disinfectant or 1:10 bleach solution, mixed fresh daily or preferably just before use. Label the container with "Bleach-disinfected water 1:10. DO NOT DRINK". Test solution with a test strip to ensure proper mix and remix if needed. All contaminated work surfaces shall be decontaminated after exposure has occurred. All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis. Any broken glassware that may be contaminated will not be picked up directly with hands but instead, swept up with a broom and dustpan. Contaminated needles and other sharps shall not be bent, recapped, removed, sheared, or broken and shall be disposed of immediately after use in an appropriate container. Contaminated sharps containers and red biohazard waste bags utilized shall be delivered to the Supervisory Staff at SJAB for proper disposal.

Laundry contaminated with blood or other potentially contaminated infectious materials shall be handled as little as possible. Such laundry shall not be sorted or rinsed in the area of contamination or use. All contaminated laundry shall be washed immediately following potential contamination in the building where contamination occurred separately from other laundry at a temperature of at least 160 degrees for a minimum of twenty-five (25) minutes for hot water washing. Chlorine bleach may be used as an extra margin of safety and for low-temperature water washing if necessary. All employees who handle contaminated laundry shall utilize personal protective equipment to prevent contact with blood or other potentially infectious materials.

The HR Specialist shall offer new employees the Hepatitis B vaccine within ten (10) working days of their initial assignment to work involving exposure to potentially infectious materials paid by MHCO. Vaccines shall be offered to all employees unless they have previously had the vaccine, or they wish to submit to testing which shows the employee to have sufficient immunity. Employees who decline the Hepatitis B vaccine shall sign a waiver. Employees who initially decline the vaccine but later wish to receive it may do so paid for by MHCO.

When an employee incurs an incident of exposure, it shall be reported to the Supervisor and the Administrator. All employees who incur an exposure incident shall be offered post exposure evaluation and follow-up in accordance with the OSHA standard. This follow-up shall include:

- Decontamination of the route of exposure and the circumstances related to the incident.
- If possible, the identification and status of the source individual. The blood of the source individual will be tested for HIV/HBV after consent is obtained
- Results of testing of the source individual shall be made available to the exposed employee with information concerning applicable laws and regulations about disclosure of the identity and infectivity of the source individual.
- The employee shall be offered the option of having his or her blood collected for HIV/HBV testing. The blood sample will be preserved for up to ninety (90) days to allow the employee to decide if the blood should be tested for HIV. The sample shall be discarded if the employee decides prior to ninety (90) days that time that testing will or will not be conducted.
- The employee shall be offered post exposure prophylaxis in accordance with the current recommendations of the [U. S. Public Health Service](#).
- The employee shall be given appropriate counseling concerning precautions to take during the period after the exposure incident, information on what potential illnesses to be alert for, and to report any related experiences to appropriate personnel.

Written opinions shall be obtained by health care professionals when an employee is sent to obtain a Hepatitis B vaccine or following an incident of exposure. Health care professionals shall be instructed to limit opinions to:

- whether the Hepatitis B vaccine is indicated,
- if the employee has received the vaccine
- if the employee received the results of the evaluation, and
- if the employee was told about any medical conditions resulting from exposure to blood or other potentially infectious materials.

The HR Specialist shall ensure training for all new employees occurs at orientation. Training for all employees shall be conducted by someone designated by the HR Specialist annually to include explanations of:

- the [OSHA standard of blood borne pathogens](#),
- epidemiology and symptomatology of blood borne diseases,
- modes of transmission of blood borne pathogens,
- this policy,
- practices which might cause exposure to blood or other potentially infectious materials,
- control methods which will be used to control exposures and usage,
- personal protective equipment available,
- post exposure and follow-up,
- signs and labels used, and
- Hepatitis B vaccination.

Authorizing Signatures

Administrator _____ Date _____

HR Specialist _____ Date _____

Procedure Name:	Non-Critical Incidents Procedure
Applies to:	Employees and Stakeholders
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/Non-Critical Incidents Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	5/31/17; 2/9/18; 5/10/19; 5/8/20; 8/12/22; 11/10/23; 2/14/25
References:	COA Service Delivery Administration Standards (RPM 2.01, RPM 2.02, BSM 1.04, BSM 5, BSM 5.03) PQI Incident Report Form Critical Incidents Procedure Resident Health Services, Wellness, and Medication Management Procedure Safety Procedure Behavior Support and Management Policy and Procedure
<p>An incident is defined as an unplanned, undesired event that hinders completion of a task and may cause injury, illness, or property damage or some combination of all three in varying degrees from minor to catastrophic.</p> <p>Non-critical incidents may include:</p> <ul style="list-style-type: none"> • Resident illness or injury that is deemed not serious per the Critical Incidents Procedure • Personnel or guest injury • Resident contraband seizure • Resident altercation • Property incident (e.g. fire department involvement, accident involving a resident or MHCO vehicle, etc.) • Campus lockdown, hold and secure, evacuation, bomb threat, poison, fire alarm, animal control per the Safety Procedure • Resident missing or runaway lasting less than twenty-four (24) hours • Other incidents not otherwise described per the Critical Incidents Procedure (e.g. law enforcement involvement, etc.) • A near miss to an incident (i.e. an unplanned event that did not result in injury, illness, or damage, but had the potential to do so) <p>Employees are expected to act in emergencies, and at all other times, as directed by various publications, policies, and procedures. The absence of a director or department head does not sanction inaction in emergencies. Employees should act in the best interest of MHCO and the residents jointly and should communicate as soon as feasible and practical after an incident has occurred. Employees can call for police assistance if it is reasonable to assume that a serious danger exists. Police intervention shall be used to assist in stabilizing the situation and not as a means for removal of a resident. The Program Director or the Administrator shall be notified immediately whenever law enforcement officials are summoned. Critical incidents shall be handled and documented per the Critical Incidents Procedure.</p> <p>If an incident occurs off campus, the Program Director or Administrator shall contact the community partner and notify employees working with the community partner (e.g. Education Coordinator with schools,</p> <p>In situations where an employee may be the cause of an injury to any person or property damage (e.g. driver of an MHCO vehicle during an accident, etc.), the employee shall arrange for drug testing and failure to comply will be grounds for disciplinary action. A drug test form for Granville Medical can be</p>	

obtained from the HR Specialist. If the employee has to go to a different hospital or doctor for the drug test, he or she shall request the results to be forwarded to the HR Specialist. The HR Specialist shall obtain drug test results and inform the Program Director that results are in the employee's file. The Program Director shall update the Incident Report form referencing the results in the employee file.

DOCUMENTATION

Whenever an incident occurs, documentation of the rationale for actions shall be made on a [PQI Incident Report Form](#) and in the resident's case record if involving a resident.

Non-critical incidents shall be documented as follows:

- The individual who sought assistance and all other employees involved or witnessing the Non-Critical Incident shall document their points of view on a [PQI Incident Report Form](#) within twenty four (24) hours of the incident.
- The [PQI Incident Report Form](#) shall be emailed to the supervisor and copied to the [Program Director](#) within seventy-two (72) hours of the incident. Incidents involving Direct Care residents shall be copied to the [Program Clinical Coordinator](#) and supervisor of the resident when emailing to the Program Director. Incidents involving ILP residents shall be emailed to the Resident Advisor of the resident, Program Clinical Coordinator, and Program Director. Incidents involving personnel not working in Direct Care or ILP shall be copied to the individual's supervisor when emailing to the Program Director. Incidents involving a guest, visitor, or other individual on campus shall be copied to the [Administrator](#) when emailing to the Program Director.
- If the Non-Critical Incident involves a Direct Care resident, the individuals involved or witnessing the incident shall discuss the incident with the resident's CCW and supervisor. The supervisor shall complete a case note in [Kaleidacare](#) within seventy-two (72) hours in addition to the [PQI Incident Report Form](#) completed by the individuals involved and witnesses. If the Non-Critical Incident involves an ILP resident, the individuals involved or witnessing the incident shall discuss the incident with the resident's Resident Advisor and the Program Director. The Resident Advisor shall complete a case note in [Kaleidacare](#) within seventy-two (72) hours in addition to the [PQI Incident Report Form](#) completed by the individuals involved and witnesses.

A [PQI Incident Report Form](#) shall contain a complete, objective, and accurate account of the incident from the author's point of view including the following information:

- Day, date, and time of the incident
- Name and title of the person writing the report
- Exact location of the incident (e.g. building, floor, address, room number, hallway, etc.)
- Conditions (e.g. weather, lighting, slippery floor, etc.)
- Key participants and relationship to one another (e.g. names and titles of personnel, names and contact information for witnesses, etc.)
- Complete description of the incident in chronological order (e.g. precipitating events, at what point the author was alerted to the situation, verbal interventions attempted, resolution, etc.)
- Emergency action taken (e.g. police, security, medical, etc.)
- Consequences (e.g. injuries, property damage, etc.)
- Listing of persons notified of the incident with name, title, date, time, notification method, and response
- Quotations of second-hand information heard from persons involved in the incident and clearly identified source
- Signature of the author and date of the report
- Action plan to describe follow up process with due dates
- Completion documentation about action plan tasks to include day, dates, and times
- Addenda of supplemental documentation or information

The Administrator or Program Director shall save any camera footage from the incident and reference the location of the footage on the incident report.

Refrain from including the following on a [PQI Incident Report Form](#):

- opinions, accusations, and conjecture
- speculation about who or what may have caused the incident
- drawing conclusions or making assumptions about how the incident occurred
- suggestions about ways that similar occurrences could be prevented.

INCIDENT REVIEW

The Program Director shall distribute completed [PQI Incident Report Forms](#) to the PQI Review Team for review at the next monthly meeting to ensure the incident reports and summaries are complete and accurate and fully represent the incident. Any recommendations as a result of this review will be forwarded to the appropriate department. Incidents shall be deemed closed on the date all action plan tasks are completed.

RESIDENT NON-SERIOUS ILLNESS OR INJURY

In the event of injury or illness to any resident at MHCO, the immediate concern is to aid the injured or sick resident. If an employee feels the need is critical (e.g. severe bleeding, stopped breathing, poisoning, hospitalization, etc.), he or she shall render appropriate first aid, call 911, and intervene and document per the [Critical Incidents Procedure](#).

In the event of a resident injury or illness that is not deemed critical per the [Critical Incidents Procedure](#), individuals responding to the resident may contact the supervisor, Program Clinical Coordinator and/or Program Director for consultation, contact the doctor for an appointment, call 911, or go to the emergency room per the [Resident Health Services, Wellness, and Medication Management Procedure](#) and documented as described above. If the individual responding to the resident is not a resident's CCW or Resident Advisor, the individual shall contact the resident's CCW or Resident Advisor immediately. The CCW or Resident Advisor shall contact the supervisor immediately. The supervisor shall contact the Program Clinical Coordinator or Program Director immediately. Resident Advisors shall contact the Program Director immediately. Supervisors shall contact the legal custodian of minor residents in Direct Care and the Program Director immediately to inform them of injuries or illnesses that require medical attention, medical consultation, or affects a vital area of the body (i.e. head, eyes, chest, or stomach). CCWs and Resident Advisors shall forward medical paperwork, copies of all prescriptions, and incident documentation to the supervisor, Program Clinical Coordinator, and/or Program Director the same day if medical attention or consultation was sought. Very minor resident injuries or illnesses (e.g. scraped knee, elbow, fall, etc.) that occur during age appropriate play and do not require medical attention, consultation, or affect a vital area of the body (i.e. head, eyes, chest, or stomach) do not require documentation on a [PQI Incident Report Form](#), but shall be documented as a case note in [Kaleidacare](#) by the supervisor. The Program Director, Program Clinical Coordinator, or supervisor shall provide debriefing for personnel, residents, or families involved in the incident as needed as soon as possible. On site counseling may be made available as needed.

PERSONNEL INJURY

In the event of injury or illness to any employee or volunteer at MHCO, the immediate concern is to aid the injured or sick individual. If the individual responding to the employee or volunteer feels the need is critical (e.g. severe bleeding, stopped breathing, poisoning, etc.), he or she shall render appropriate first aid and call 911. Personnel that have been injured on the job, regardless of severity, shall seek medical attention, discuss the incident with his or her supervisor, obtain a post-accident drug test within twenty-four (24) hours of the

incident, and document the incident as described above. Primary care providers and urgent care should be utilized before Emergency Room visits if appropriate and timely. The injured employee shall arrange for post-accident drug testing and failure to comply will be grounds for denial of Workers' Compensation Insurance benefits if needed per the Insurance section. A drug test form for Granville Medical can be obtained from the HR Specialist. If the employee has to go to a different hospital or doctor for the drug test, he or she shall request the results to be forwarded to the HR Specialist. The HR Specialist shall obtain drug test results and inform the Program Director that results are in the employee's file. The Program Director shall update the Incident Report form referencing the results in the employee file. The department head shall provide debriefing for personnel, residents, or families involved in the incident as needed as soon as possible. On-site counseling may be made available as needed.

GUEST INJURY

In the event of injury or illness to any guest or visitor on campus or attending an MHCO event, the immediate concern is to aid the injured or sick individual. If the individual responding to the guest or visitor feels the need is critical (e.g. severe bleeding, stopped breathing, poisoning, etc.), he or she shall render appropriate first aid and call 911. Personnel responding to injury or illness of a guest or visitor, regardless of severity, shall seek medical attention or consultation, discuss the incident with his or her supervisor, and document the incident as described above. The department head shall provide debriefing for individuals involved in the incident as needed as soon as possible. On-site counseling may be made available as needed.

RESIDENT CONTRABAND SEIZURE

Per the [Direct Care Daily Living](#) and [ILP Daily Living](#) information concerning Inspections, Search, and Seizure described in the [Service Planning and Delivery](#) section, if items are recovered from an authorized search and seizure, the supervisor shall complete a [PQI Incident Report Form](#) as described above and dispose of any items per best practice.

The supervisor shall immediately contact the Program Clinical Coordinator and Program Director if drugs, weapons, or other illegal contraband are found and cease the search and seizure. The Program Director shall contact law enforcement to confiscate drugs, weapons, or other illegal contraband immediately. The Program Clinical Coordinator shall schedule a CFT meeting with any mental health professionals working with the resident to discuss the appropriateness of continued placement and develop a plan for residents (e.g. mental health or substance abuse assessments, screening, etc.) caught using or in possession of illegal substances or with other dangerous contraband. The Program Director and/or Program Clinical Coordinator shall provide debriefing for personnel, residents, or families involved in the incident as needed as soon as possible. On-site counseling may be made available as needed.

RESIDENT ALTERCATION

Resident behavior that is extreme, assaultive, destructive, self-injurious, or self-destructive (e.g. aggressive, pushing or pulling with resistance, verbal tone, throwing equipment objects directly at someone else, not resulting from age appropriate play or age appropriate social interaction, etc.) that has the potential to lead to a critical incident as described in the [Critical Incidents Procedure](#) shall be documented as above. Employees shall attempt to deescalate the situation and intervene per the [Behavior Support and Management Policy and Procedure](#) to include protection of other residents and personnel exposed to violence. If the individual responding to the resident is not a resident's CCW or Resident Advisor, the individual shall contact the resident's CCW or Resident Advisor immediately. The CCW or Resident Advisor shall contact the supervisor immediately. The supervisor shall contact the Program Clinical Coordinator or Program Director immediately. Resident Advisors shall contact the Program Clinical Coordinator or Program Director immediately. Supervisors shall contact the legal custodian of minor residents in Direct Care involved in the altercation immediately to inform them. The Program Clinical Coordinator or supervisor shall schedule a CFT meeting with any mental health professionals working with the resident to discuss the appropriateness of continued placement and develop a plan for residents (e.g. anger

management assessments, screening, etc.) involved in altercations. The Program Director, Program Clinical Coordinator, and supervisor shall provide debriefing for personnel, residents, or families involved in the incident as needed as soon as possible. On-site counseling may be made available as needed.

CAMPUS LOCKDOWN, HOLD AND SECURE, EVACUATION, BOMB THREAT, FIRE ALARM, ANIMAL CONTROL CALL

Efforts shall be made to prevent risk management issues. Employees shall report and intervene in issues requiring a campus lockdown, hold and secure, evacuation, bomb threats, fire alarms, or calls to animal control per the [Safety Procedure](#). Employees shall document these incidents as described above.

PROPERTY DAMAGE

Property damage that occurs due to more than normal wear and tear shall be documented as above. Employees shall alert the Maintenance Director per the [Facility Use Procedure](#).

DIRECT CARE RESIDENT MISSING OR RUNAWAY LASTING LESS THAN TWENTY-FOUR HOURS

Efforts shall be made to prevent instances of missing residents or runaways and identify risks or triggers that may indicate the likelihood of such instances. Employees shall inform the supervisor of residents under the age of eighteen (18) as soon as he or she realizes that the resident is missing.

The employee who identified the resident is missing shall contact the [Oxford Police Department](#). The supervisor shall notify the resident's legal custodian, Program Clinical Coordinator, Program Director, and Administrator.

Employees shall be prepared to inform the person taking the report the following information:

- Name and age of the resident
- Height and weight of the resident
- Any other physical descriptive information
- Clothes the resident was wearing when last seen
- Time the resident was last seen
- If the resident has a history of running away from placements or home
- County from which the resident was placed
- Home address and names of parents or custodian
- Employee's informed opinion as to whereabouts of the missing resident or any reason the resident may run away
- Where other residents believe that the resident has gone
- Employee's name, address, and where to return the resident or instructions for them when and if they find him or her
- Other descriptive or identifying information that would assist law enforcement in efforts to find the resident

If the resident is in DSS custody, the supervisor shall inform the county DSS worker. CCWs shall keep a list of emergency notification numbers for residents in their care. In the event that the supervisor cannot reach the DSS worker, he or she shall notify the Sheriffs' Department in the county where the resident was living immediately prior to placement.

For private placements, the supervisor shall notify the resident's legal custodian that the resident is missing. Family members shall be informed of all details of the event and encouraged to assist by notifying MHCO if the resident arrives at their home.

If the resident is still missing at the start of the next school day, the supervisor shall notify the resident's teachers and school administrators that he or she is missing, and that law enforcement and other authorities have been notified.

If the resident is in therapy or sees a psychologist or psychiatrist, the supervisor shall notify the mental health professionals.

When the resident returns, staff shall welcome the resident back and treat him or her with respect, tolerance, and understanding. The supervisor shall notify all parties involved when and if the resident returns so that they may cease their efforts to find the resident.

The supervisor shall ensure that a medical screening is conducted within twenty-four (24) hours of entry back into care to treat any injury or illness. The Program Clinical Coordinator shall schedule a CFT meeting to discuss the appropriateness of continued placement or to develop a plan for the resident.

The Program Director and/or Program Clinical Coordinator shall provide debriefing for personnel, residents, and families involved in the incident as needed as soon as possible. On-site counseling may be made available as needed.

If the resident is missing for twenty-four (24) hours or less, the incident shall be documented as described above. If the resident does not return within twenty-four (24) hours, the incident shall be documented per the [Critical Incident Procedure](#).

Authorizing Signatures

Administrator _____ Date _____

HR Specialist _____ Date _____

Procedure Name:	Critical Incidents Procedure
Applies to:	Employees and Stakeholders
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/Critical Incidents Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	11/11/2016; 3/9/2017; 2/9/2018; 5/8/2020; 8/12/2022; 11/10/2023
References:	COA Administration and Management, Service Delivery Administration, and Service Standards (COA Service Delivery Administration Standards (RPM 2.01, RPM 2.02, BSM 1.04, BSM 5, BSM 5.03)) 10A NCAC 70I .0614 NCGS 7B-309 NCGS 7B-301 Critical Incident Report Form PQI Incident Report Form Harassment Policy Protection of Suspected Misconduct Reporting Policy Non-Critical Incidents Procedure Behavior Support and Management Policy and Procedure Safety Plan
<p>Critical incidents include:</p> <ul style="list-style-type: none"> • Death of a resident • Serious illness or injury and admission to a hospital • Reports of abuse or neglect • Dangerous and endangered residents to include suicide attempts • Missing resident or runaway lasting more than twenty-four (24) hours • Arrest for violation of laws <p>Employees are expected to act in emergencies, and at all other times, as directed by various publications, policies, and procedures. The absence of a director or department head does not sanction inaction in emergencies. Employees should act in the best interest of MHCO and the residents jointly and should communicate as soon as feasible and practical after an incident has occurred. Employees may call for police assistance if it is reasonable to assume that a serious danger exists. Police intervention shall be used to assist in stabilizing the situation and not as a means for removal of a resident. The Program Director or the Administrator shall be notified immediately whenever law enforcement officials are summoned.</p> <p>If an incident occurs off campus, the Program Director or Administrator shall contact the community partner and notify employees working with the community partner (e.g. Education Coordinator with schools, Vocational Counselor with employment, etc.).</p> <p>In situations where an employee may be the cause of an injury to any person or property damage (e.g. driver of an MHCO vehicle during an accident, etc.), the employee shall arrange for drug testing and failure to comply will be grounds for disciplinary action. A drug test form for Granville Medical can be obtained from the HR Specialist. If the employee has to go to a different hospital or doctor for the drug test, he or she shall request the results to be forwarded to the HR Specialist. The HR Specialist shall obtain drug test results and inform the Program Director that results are in the employee's file. The Program Director shall update the Incident Report form referencing the results in the employee file.</p>	

DOCUMENTATION

Whenever an incident occurs, documentation of the rationale for actions shall be made on a [PQI Incident Report Form](#) and in the resident's case record if involving a resident.

Critical incidents shall be documented as follows:

- The employee who sought assistance and all other employees involved in or witnessing the incident shall document their points of view on a [PQI Incident Report Form](#) within twenty-four (24) hours of the incident.
- The [PQI Incident Report Form](#) shall be emailed to the Program Director within twenty-four (24) hours. Incidents involving Direct Care residents shall be copied to the [Program Clinical Coordinator](#) and supervisor of the resident when emailing to the Program Director. Incidents involving ILP residents shall be copied to the Resident Advisor of the resident when emailing to the Program Director. Incidents involving personnel not working in Direct Care or ILP shall be copied to the individual's supervisor when emailing to the Program Director. Incidents involving a guest, visitor, or other individual on campus shall be copied to the [Administrator](#) when emailing to the Program Director. Incidents involving illness or injury to a resident shall be copied to the supervisor and the Program Clinical Coordinator when emailing to the Program Director.
- If the Critical Incident involves a Direct Care resident, the individuals involved or witnessing the incident shall discuss the incident with the resident's CCW and supervisor. The supervisor shall complete a case note in [Kaleidacare](#) within twenty-four (24) hours in addition to the [PQI Incident Report Form](#) completed by the individuals involved and witnesses. If the Critical Incident involves an ILP resident, the individuals involved or witnessing the incident shall discuss the incident with the resident's Resident Advisor, Program Clinical Coordinator and the Program Director. The Resident Advisor shall complete a case note in [Kaleidacare](#) within twenty-four (24) hours in addition to the [PQI Incident Report Form](#) completed by the individuals involved and witnesses.
- The Program Director shall complete the [CIR](#) and forward it to the Administrator within thirty-six (36) hours.
- The Program Director shall forward a copy of the [CIR](#) to the licensing authority within seventy-two (72) hours.
- Copies of these forms shall be sent to PQI for review at the next regularly scheduled PQI Subcommittee meeting to discuss preventative measures for recurrence of the incident.

A [PQI Incident Report Form](#) shall contain a complete, objective, and accurate account of the incident from the author's point of view including the following information:

- Day, date, and time of the incident
- Name and title of the person writing the report
- Exact location of the incident (e.g. building, floor, address, room number, hallway, etc.)
- Conditions (e.g. weather, lighting, slippery floor, etc.)
- Key participants and relationship to one another (e.g. names and titles of personnel, names and contact information for witnesses, etc.)
- Complete description of the incident in chronological order (e.g. precipitating events, at what point the author was alerted to the situation, verbal interventions attempted, resolution, etc.)
- Emergency action taken (e.g. police, security, medical, etc.)
- Consequences (e.g. injuries, property damage, etc.)
- Listing of persons notified of the incident with name, title, date, time, notification method, and response
- Quotations of second-hand information heard from persons involved in the incident and clearly identified source
- Signature of the author and date of the report
- Action plan to describe follow up process with due dates

- Completion documentation about action plan tasks to include day, dates, and times
- Addenda of supplemental documentation or information

The Administrator or Program Director shall save any camera footage from the incident and reference the location of the footage on the incident report.

Refrain from including the following on a [PQI Incident Report Form](#):

- opinions, accusations, and conjecture
- speculation about who or what may have caused the incident
- drawing conclusions or making assumptions about how the incident occurred
- suggestions about ways that similar occurrences could be prevented.

INCIDENT REVIEW

The Program Director shall distribute completed [PQI Incident Report Forms](#) to the PQI Core Group for review at the next monthly meeting to ensure the incident reports and summaries are complete and accurate and fully represent the incident.

Incidents shall be deemed closed on the date all action plan tasks are completed. The Program Director shall forward the original [PQI Incident Report Forms](#) and other supplementary documentation of all closed incidents to PQI for review. The HR Specialist shall redact each [PQI Incident Report Form](#) received to protect confidentiality of individuals involved in the incident. The HR Specialist shall distribute the redacted reports to the PQI Subcommittee meeting for review at the next monthly meeting to discuss preventative measures for incident recurrence. The HR Specialist shall prepare recommendations for improvement to the PQI Core Group based on discussion from the PQI Subcommittee. The Program Director shall discuss the recommendations for improvement and implementation with the PQI Core Group at the next monthly meeting and submit improvement plans to the HR Specialist for discussion with the PQI Subcommittee or other appropriate parties for implementation. If a matter is especially sensitive (e.g. ongoing external investigation), the Administrator, Program Director, and/or the Administrative Team shall meet to review the incident in lieu of the incident being reviewed at the PQI Subcommittee. The Administrator or Program Director shall complete a Self-Report Form for the Council on Accreditation within ten (10) business days of the completion of the PQI process for:

- a resident death,
- serious injury, illness, or hospitalization,
- suicide attempt that results in a medical hospitalization.

DEATH

In the case of a death of a resident, the employee shall immediately call 911 to notify law enforcement. The employee shall then call the supervisor, Program Clinical Coordinator, Program Director, and Administrator. Personnel from law enforcement and emergency services shall be in charge of the resident's body. MHCO personnel shall not touch the resident's body, immediately vacate the surrounding area, and ensure that no one enters the area until law enforcement and emergency services arrive to secure the area.

Administration shall provide immediate guidance and support by notifying legal custodians, making arrangements for other residents, and working with law enforcement and emergency personnel. The supervisor, Program Clinical Coordinator, Program Director, and Administrator shall assist employees involved in documenting the timeline of events to include contacts and notifications made. The

Administrator shall contact the Chairman of the Board of Directors. The Program Director shall notify the [Granville County Department of Social Services \(DSS\)](#).

If the resident death occurs away from campus, the employee shall call 911 and work with local law enforcement and emergency personnel. The supervisor, Program Clinical Coordinator, Program Director, and Administrator shall drive to the location and proceed as above.

No disclosure about the incident shall be made to the press or anyone in the community without specific approval from the Administrator or the Chairman of the Board of Directors who shall consult with legal counsel prior to making any statements. Press or media inquiries shall be directed to the Administrator.

The Board of Directors shall review all deaths of residents as soon after the death as possible in an emergency board meeting after gathering all preliminary facts surrounding the death.

The Administrator shall provide debriefing for all personnel, residents, families, and community members as needed as soon as possible. On site counseling may be made available as needed.

SERIOUS INJURY, ILLNESS, OR HOSPITALIZATION

In the event of serious injury or illness to any resident at MHCO, the immediate concern is to aid the injured or sick resident. A serious injury for the purposes of this procedure is defined as an injury sustained by a resident while under MHCO's "regular/periodic care and/or relating to service delivery and results in debilitating or permanent loss of function (such as paralysis, brain trauma, loss of limb, etc.), serious impairment (fracture, concussion, coma, physical disfigurement, etc.), psychological injury (assault, sexual exploitation, rape, etc.), or serious impairment of health (Council on Accreditation)." If the employee feels the need is critical (e.g. severe bleeding, stopped breathing, poisoning, hospitalization, etc.), he or she shall render appropriate first aid and call 911.

The employee who sought assistance shall notify the supervisor as soon as feasible after placing the 911 call. The supervisor shall notify the parent or legal custodian, Program Clinical Coordinator, and Program Director.

If the resident is in DSS custody, the supervisor shall inform the county DSS worker. CCWs shall keep a list of emergency notification numbers for residents in their care.

If a resident is in therapy or sees a psychologist or psychiatrist, supervisors or Resident Advisors shall notify the mental health professionals. Employees shall notify the Program Clinical Coordinator or Program Director after they have conducted the appropriate notifications.

In the event of a psychiatric hospitalization or a medical condition that may need a higher level of care, the Program Clinical Coordinator and/or the Program Director shall schedule a CFT to discuss the appropriateness of continued placement, develop a plan for the resident, and discuss appropriate supports for the resident during and after hospitalization. The Program Director, Program Clinical Coordinator, or supervisor shall discuss appropriate supports for the resident while hospitalized with the doctor or crisis mental health professionals.

When the resident returns, personnel shall welcome the resident back and to treat him or her with respect, tolerance, and understanding. The Program Director and Program Clinical Coordinator shall conduct a debriefing and reassessment with the resident and other individuals involved in the incident upon return.

The Program Clinical Coordinator and/or the Program Director shall provide debriefing for personnel, residents, and families involved in the incident as needed as soon as possible. On site counseling may be made available as needed.

Any preventable event that may cause or lead to inappropriate medication use or resident harm while using medication is considered a medication error per the Resident Health Services, Wellness, and Medication Management Procedure. Medication errors include medication administered to the wrong individual, missing medication, administering the wrong medication, administering medication at the wrong time, administering the wrong dosage, administering via the wrong route, or not administering the medication. CCWs shall contact the supervisor, Program Clinical Coordinator, and the Program Director regarding medication errors immediately. The [Critical Incident Procedure](#) shall be followed for medication administration errors or adverse drug reactions.

If the employee deems the injury or illness serious but not critical, he or she should take the resident to be seen by the appropriate medical practitioner either at the approved care provider, the Emergency Room of Granville Medical Center, or the nearest hospital to the location of the resident per the Non-Critical Incidents Procedure. The employee shall notify the supervisor. The supervisor shall notify the Program Clinical Coordinator and Program Director as appropriate. The incident shall be documented per the [Non-Critical Incidents Procedure](#) by completing a [PQI Incident Report Form](#).

ABUSE OR NEGLECT REPORT

MHCO shall make all efforts to ensure that any resident is not a victim of child abuse, sexual abuse, neglect, or maltreatment in any form regardless of the resident's location.

Per NC General Statutes, all employees must report if it is suspected that a child, either a resident or nonresident, is being abused or neglected, or if a child may have died from being mistreated. What you know must be reported to DSS in the county in which the child resides or is found. When personnel receive information indicating that a child may be abused or neglected, we are mandated to report to [Granville County Child Protective Services](#). If the child that is alleged to be abused or neglected lives outside of Granville County, then the report is made to Child Protective Services in the county where the child can be located.

Reports may be made orally or in writing. Do not be afraid to report. As long as you are acting in good faith by reporting suspected abuse or neglect, you cannot be held liable by law ([NCGS 7B-309](#)).

Employees shall always assume that a resident is telling the truth regarding disclosures. Trained professionals from DSS, and law enforcement if needed, should conduct any and all forensic interviews beyond the very initial conversation regarding disclosure. Following the initial disclosure, employees may inquire about some clarifying information to be able to make a report. Under no circumstances should employees ask extensive questions regarding the maltreatment.

The misuse of power by any employee with the intention of interfering with the legitimate reporting of suspected sexual abuse or exploitation is forbidden and may be punishable by termination and seeking warranted legal prosecution.

Any employee that suspects previous or current abuse or neglect of any resident should:

- Notify the supervisor, immediately and inform him or her of the allegations.
- The supervisor shall notify the Program Clinical Coordinator, Program Director, and Administrator as appropriate.

- As required by [NCGS 7B-301](#), the Administrator, Program Clinical Coordinator, Program Director, or supervisor will contact [Granville County Child Protective Services](#) Intake and provide them with the information within twenty-four (24) hours of the disclosure. If the child that is alleged to be abused or neglected lives outside of Granville County, then the report shall be made to Child Protective Services in the county where the child can be located.
- If possible, the employee that suspected previous or current abuse or neglect of the resident shall be included in initial contact to Child Protective Services to answer questions and provide details. If not possible, the employee that reported the allegations shall notify the employee that sought assistance that this report has been made. The reporter shall also inform the employee that sought assistance that DSS may need to meet with him or her to clarify information or gain additional information to aid them in making a decision regarding the allegations.
- Employees shall comply with all directives and requests from DSS, law enforcement, or medical professionals during the investigation with direction from the Administrator or Program Director.
- Employees shall document the initial disclosure in writing on a [PQI Incident Report Form within twenty four \(24\) hours](#), quoting everything that is said or done regarding the disclosure, dates and times of the disclosure and reporting process, observations of the resident's behavior, and conversations with the resident, supervisors, officials, or peers, and actions and observations of the resident.
- If the resident is in DSS custody, the employee shall inform the county DSS worker.
- The Program Clinical Coordinator and/or the Program Director shall schedule a CFT meeting with any mental health professionals working with the resident to discuss his or her placement and develop a Safety Plan.
- During the investigation and assessment, the Administrator shall take precautions to ensure the resident's safety and safeguard resident and employee rights.
- The supervisor shall document all steps taken to include the details of each step and the names, positions, dates, and times of communication. The supervisor shall request follow up from DSS and other contacts at regular intervals until the case is closed. Updates shall be given to the Program Clinical Coordinator and Program Director when received and shall be documented on the original PQI Incident Report Form.
- Once the investigation or assessment is completed and MHCO is notified of the disposition, the Administrator shall debrief the incident with the PQI Core Group to identify any gaps in service or safety, to develop new procedures if needed, and to clarify or develop strategies to prevent future incidents.

If the person accused is an employee of MHCO, the resident may be put under great pressure to recant or deny accusations in the form of perceived threats of violence, attacks on credibility, withholding of appropriate affection, or rejection. The accused individual and resident shall not be allowed any contact after disclosure until the end of the DSS investigation. The employee shall be suspended with pay and remain off campus until the end of the investigation.

If the person accused is another resident, the Administrator shall ensure both residents' safety and not allow any contact after disclosure until the end of the DSS investigation.

If the person accused is a custodian or family member, the Administrator shall ensure the resident's safety by complying with the [Safety Plan](#) and visitation considerations developed by DSS.

The Program Clinical Coordinator and/or the Program Director shall provide debriefing for personnel, residents, or families involved in the incident as needed as soon as possible. On site counseling may be made available as needed.

If DSS screens out the report, a CIR does not need to be filed. However, all other documentation and notifications shall be completed as described above.

DEFINITIONS

Caretaker is defined as any person other than a parent or custodian who has responsibility for the health and welfare of a juvenile (i.e. less than eighteen (18) years of age) in a residential setting. A person responsible for a juvenile's health and welfare means a stepparent, foster parent, an adult member of the juvenile's household, an adult relative entrusted with the juvenile's care, any person such as a CCW who has primary responsibility for supervising a juvenile's health and welfare in a residential child care facility or residential educational facility, or any employee or volunteer of a division, institution, or school operated by the [Department of Health and Human Services](#). MHCO is considered a caretaker.

Abused juveniles are defined as any juvenile less than eighteen (18) years of age whose parent, custodian, or caretaker:

- inflicts or allows to be inflicted upon the juvenile a serious physical injury by other than accidental means,
- creates or allows to be created a substantial risk of serious physical injury to the juvenile by other than accidental means,
- uses or allows to be used upon the juvenile cruel or grossly inappropriate procedures or cruel or grossly inappropriate devices to modify behavior,
- creates or allows to be created serious emotional damage to the juvenile; serious emotional damage is evidenced by a juvenile's severe anxiety, depression, withdrawal, or aggressive behavior toward himself or others, or
- encourages, directs, or approves of delinquent acts involving moral turpitude committed by the juvenile.

Sexually abused juveniles are defined as a juvenile whose parent, custodian, or caretaker commits, permits, or encourages the commission of a violation of the following laws by, with, or upon the juvenile:

- first-degree rape
- second degree rape
- first-degree sexual offense
- second degree sexual offense
- sexual act by a custodian
- crime against nature
- incest
- preparation of obscene photographs, slides, or motion pictures of the juvenile
- employing or permitting the juvenile to assist in a violation of the obscenity laws
- dissemination of obscene material to the juvenile
- displaying or disseminating material harmful to the juvenile
- first and second-degree sexual exploitation of the juvenile
- promoting the prostitution of the juvenile
- taking indecent liberties with the juvenile

Unlike other types of abuse, sexual abuse in a residential setting need not be perpetrated by the caretaker, but may be perpetrated by another resident, depending upon the age of the resident and whether force was used.

Neglected juveniles are defined as a juvenile who:

- does not receive proper care, supervision, or discipline from the juvenile's parent, custodian, or caretaker,

- has been abandoned,
- is not provided necessary medical care,
- is not provided necessary remedial care,
- lives in an environment injurious to the juvenile's welfare, or
- has been placed for care or adoption in violation of law.

Neglect may be when a child's parent or custodian, by reason of cruelty, mental incapacity, immorality, or depravity, is unfit to properly care for him or her, neglects or refuses to provide necessary physical or affectional, medical, surgical, or institutional care for him or her, or he or she is in such condition of want or suffering or is under such improper care or control as to endanger his or her morals or health.

DANGEROUS OR ENDANGERED RESIDENTS

If psychiatric intervention may be necessary and appropriate for suicidal or homicidal ideation or notice of intent, the focus shall be to explore and encourage discussion about the crisis with the person at risk. Personnel shall not make decisions regarding involuntary commitment proceedings, hospitalization, or comprehensive risk assessment for residents with suicidal or homicidal thoughts or plans at any time. Mental health professionals shall assess the risk of suicidal or homicidal behavior. If present, mental health professionals shall take appropriate action to get emergency help for the resident. The supervisor, Program Clinical Coordinator, Program Director, and the Administrator may be involved in determining immediate resources needed to help alleviate or prevent further feelings of despair conjointly with the mental health professionals conducting the assessment.

Personnel suspecting suicidal or homicidal ideation or notice of intent shall listen to the situation from the resident's perspective, engage him or her in conversation about any negative feelings, thoughts of despair and hopelessness, actions that may indicate thoughts of ending life, and a general sense of lack of care for self, others, or health. Employees shall document and quote statements or behaviors indicating:

- Stress – troubling experiences that challenge the resident's ability to cope
- Symptoms – reactions to stress that can be observed such as mood changes, thoughts that have slowed or extremes of thoughts, actions such as crying spells and withdrawal, physical changes such eating and sleeping patterns, and ineffective ways of coping such as substance use or an increase in substance use
- Feelings - feeling desperate, angry, guilty, worthless, lonely, sad, hopeless, or helpless
- Thoughts - "All of my problems will end soon"; "No one can do anything to help me now"; "I just can't take it any more"; "I wish I were dead"; "Everyone will be better off without me"; "I won't be needing these things anymore"; "I just can't keep my thoughts straight anymore"
- Actions - giving away possessions, withdrawal, loss of interest in hobbies, abuse of substances, reckless behavior, extreme behavior changes, impulsivity, self-mutilation
- Physical - lack of interest in appearance, disturbed sleep, change or loss of appetite, weight changes, physical health complaints
- Current suicidal or homicidal plan – the presences of a plan and any details of that plan
- Prior suicidal behavior – history of self-injury or thoughts
- Resources – absence of physical and emotional resources which the resident feels are helping, caring or supportive

If a resident indicates that he or she is having thoughts of killing or harming himself, herself, or another through information as described above, personnel shall:

- Take any comments regarding thoughts or plans of suicide or homicide seriously.
- Notify a supervisor, Program Clinical Coordinator, Program Director and Administrator to discuss the need.

- Notify [Daymark Recovery Services](#) emergency intake personnel to conduct an assessment of the ideation or behaviors or contact 911 to transport resident to the Emergency Room.
- Explain the reasons for the contact to the mental health professionals conducting assessment or Emergency Room personnel.
- Stay with the resident until appropriate action is taken. This may be several hours. Do not leave the resident unattended.
- Daymark Recovery Services mental health professionals will make decisions regarding calling 911 to activate law enforcement or emergency medical transportation to the appropriate crisis assessment center. [Daymark Recovery Services](#) counselors or Emergency Room personnel will follow through with appropriate legal action such as filing for Involuntary Commitment proceedings.
- Employees should not transport the resident to the crisis assessment center or to the hospital unless instructed by the Administrator.

The Program Director, Program Clinical Coordinator, or supervisor shall communicate and coordinate with the resident's legal custodian in all emergency situations in a timely manner. Notification of the legal custodian is not necessary to secure necessary assistance from law enforcement, medical, or mental health personnel. However, the legal custodian shall be notified for input and recommendations.

If the resident is in DSS custody, the employee shall inform the county DSS worker. CCWs shall keep a list of emergency notification numbers for residents in their care.

If a resident is in therapy or sees a psychologist or psychiatrist, supervisors or Resident Advisors shall notify the mental health professionals.

Supervisors shall notify the Program Clinical Coordinator and Program Director after they have conducted the appropriate notifications.

The Program Clinical Coordinator and/or the Program Director shall schedule a CFT meeting to discuss the appropriateness of continued placement, develop a plan for the resident, and discuss appropriate supports for the resident while hospitalized. The Program Director, Program Clinical Coordinator, or supervisor shall discuss appropriate supports for the resident while hospitalized with the doctor or crisis mental health professionals.

When the resident returns, staff shall welcome the resident back and to treat him or her with respect, tolerance, and understanding. The Program Director or Program Clinical Coordinator shall conduct a debriefing and reassessment with the resident upon return. Any [Safety Plan](#) information shall be shared with the resident.

The Program Clinical Coordinator and /or the Program Director shall provide debriefing for personnel, residents, and families involved in the incident as needed as soon as possible. On site counseling may be made available as needed.

If the resident was not deemed as dangerous or endangered per mental health professionals upon assessment, the Program Clinical Coordinator and/or the Program Director shall schedule a CFT meeting with any mental health professionals working with the resident to discuss his or her placement and develop a Safety Plan. The Safety Plan shall include information on what should happen if the resident threatens or attempts harm again. The Program Director, Program Clinical Coordinator, or supervisor shall communicate and coordinate with the resident's legal custodian in all emergency situations in a timely manner.

If the resident is in DSS custody, the employee shall inform the county DSS worker. CCWs shall keep a list of emergency notification numbers for residents in their care.

If a resident is in therapy or sees a psychologist or psychiatrist, supervisors or Resident Advisors shall notify the mental health professionals.

Supervisors shall notify the Program Clinical Coordinator and Program Director after they have conducted the appropriate notifications.

If the resident is not hospitalized for suicidal or homicidal ideation, a CIR does not need to be filed. However, all other documentation and notifications shall be completed as described above.

DIRECT CARE RESIDENT MISSING OR RUNAWAY LASTING MORE THAN TWENTY-FOUR (24) HOURS

Efforts shall be made to prevent resident instances of missing residents or runaways and identify risks or triggers that may indicate the likelihood of such instances. Employees shall inform the supervisor of residents under the age of eighteen (18) as soon as he or she realizes that the resident is missing.

The employee who identified the resident is missing shall contact the [Oxford Police Department](#). The supervisor shall notify the resident's legal custodian, Program Clinical Coordinator, Program Director, and Administrator.

Employees shall be prepared to inform the person taking the report the following information:

- Name and age of the resident
- Height and weight of the resident
- Any other physical descriptive information
- Clothes the resident was wearing when last seen
- Time the resident was last seen
- If the resident has a history of running away from placements or home
- County from which the resident was placed
- Home address and names of parents or custodian
- Employee's informed opinion as to the whereabouts of the missing resident or any reason the resident may run away
- Where other residents believe that the resident has gone
- Employee's name, address, and where to return the resident or instructions for them when and if they find him or her
- Other descriptive or identifying information that would assist law enforcement in efforts to find the resident

If the resident is in DSS custody, the supervisor shall inform the county DSS worker. CCWs shall keep a list of emergency notification numbers for residents in their care. If the supervisor cannot reach the DSS worker, he or she shall notify the Sheriffs' Department in the county where the resident was living immediately prior to placement.

For private placements, the supervisor shall notify the resident's legal custodian that the resident is missing. Family members shall be informed of all details of the event and encouraged to assist by notifying MHCO if the resident arrives at their home.

If the resident is still missing at the start of the next school day, the supervisor shall notify the resident's teachers and school administrators that he or she is missing, and that law enforcement and other authorities have been notified.

If the resident is in therapy or sees a psychologist or psychiatrist, the supervisor shall notify the mental health professionals.

If the resident returns within twenty-four (24) hours, the incident shall be documented per the [Non-Critical Incidents Procedure](#).

When the resident returns, staff shall welcome the resident back and treat him or her with respect, tolerance, and understanding. The supervisor shall notify all parties involved when and if the resident returns so that they may cease their efforts to find the resident.

The supervisor shall ensure that a medical screening is conducted within twenty-four (24) hours of entry back into care to treat any injury or illness. The Program Clinical Coordinator and/or the Program Director shall schedule a CFT meeting to discuss the appropriateness of continued placement or to develop a plan for the resident.

The Program Clinical Coordinator and/or the Program Director shall provide debriefing for personnel, residents, and families involved in the incident as needed as soon as possible. On site counseling may be made available as needed.

If the resident is missing for twenty-four (24) hours or more, the incident shall be documented as described above.

ARREST

If a resident is arrested, employees shall comply with law enforcement requests.

The Program Director or the Administrator shall be notified immediately whenever law enforcement is involved in an arrest of a resident.

The supervisor shall communicate and coordinate with a minor resident's legal custodian in all arrest situations in a timely manner.

If the resident is in DSS custody, the supervisor shall inform the county DSS worker. CCWs shall keep a list of emergency notification numbers for residents in their care.

If the resident is in therapy or sees a psychologist or psychiatrist, supervisors or Resident Advisors shall notify the mental health professionals.

Employees shall notify the supervisor, Program Clinical Coordinator, or Program Director after they have conducted the appropriate notifications.

When the resident returns, staff shall welcome the resident back and to treat him or her with respect, tolerance, and understanding.

The Program Clinical Coordinator and/or the Program Director shall conduct a debriefing and reassessment with the resident upon return. The supervisor shall ensure that a medical screening is conducted within twenty-four (24) hours of entry back into care to treat any injury or illness. The Program Clinical Coordinator and/or the Program Director shall schedule a CFT meeting to discuss the

appropriateness of continued placement or to develop a plan for the resident. Upon the return of the resident to campus, the resident, and legal custodian of a minor resident shall meet with the Administrator and Program Director to discuss the plan for continued placement.

The Program Clinical Coordinator and/or the Program Director shall provide debriefing for personnel, residents, and families involved in the incident as needed as soon as possible. On site counseling may be made available as needed.

The incident shall be documented as described above.

Authorizing Signatures

Administrator _____ Date _____

HR Specialist _____ Date _____

SECTION

V

Procedure Name:	Vehicle Use Procedure
Applies to:	Employees and Stakeholders
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/Vehicle Use Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/17; 8/10/18; 5/10/19; 5/8/20; 8/12/22; 11/10/23; 2/14/25
References:	COA Administration and Management Standards (ASE 4.02) 10A NCAC 70I .0918 NCGS 20-137.1 NCGS Chapter 20 NCGS Chapter 131D Article 1A Background Checks Policy Direct Care Daily Living ILP Daily Living Liability Release and Waiver Form Adult Supervisor of Practice Form
<p>MHCO provides vehicles for use by employees conducting official MHCO business. These vehicles should be used for the transaction of all MHCO business. MHCO vehicles may not be used for conducting personal business without the prior approval of the Administrator. Employees authorized to use vehicles for personal business must reimburse MHCO at the current rate of reimbursement. Employees authorized to use MHCO vehicles as terms of their employment offer are exempt from this requirement. The Chief Financial Officer or the Administrator shall authorize reimbursement for use of personal vehicles used for MHCO business if a vehicle is unavailable upon prior authorization from the immediate supervisor. The rate of reimbursement shall be the current rate established by the Chief Financial Officer based on the IRS published Annual Reimbursement Rate.</p> <p>All employees shall maintain a valid driver's license. Personnel who are new residents to NC must get a NC Driver's License and register their vehicles with the NC Division of Motor Vehicles within sixty (60) days of establishing a permanent residence, The HR Specialist shall review driver licenses records annually per the Background Checks Policy. Additionally, all drivers shall provide certification of personal automobile insurance with liability coverage amounts equal to or greater than \$100,000 bodily injury for each person and \$300,000 for each accident prior to transporting any resident in his or her personal vehicle. The HR Specialist shall review personnel insurance policies biennially. Employees should avoid transporting residents in personal vehicles unless an MHCO vehicle is unavailable and there are no other alternatives. Off duty employees may not transport residents in a personal vehicle, unless in an emergency situation or otherwise authorized by the Administrator.</p> <p>Collision, liability, and property damage insurance shall be provided by MHCO for all vehicles owned by MHCO. Insurance documents and vehicle identification certificates shall always be kept in each vehicle. The Maintenance Director shall ensure all MHCO vehicles have current inspections and registrations and are safe to operate.</p> <p>Family members of residents, approved visitors, and volunteers may be transported by employees in MHCO vehicles after a Liability Release and Waiver Form is completed by the passenger and his or her legal custodian if a minor. The supervisor shall ensure the Release of Liability Form is updated annually. Family members of employees or residents and other guests shall not be permitted to drive MHCO vehicles without written permission from the Administrator.</p>	

Citations issued for improper use of a vehicle or for failure to obey regulations shall be paid for by the individual driver and are not the responsibility of MHCO. Employees with knowledge of vehicles being operated in an unsafe manner or abusing driving privileges shall notify the Administrator immediately. Citations for unsafe operation of a vehicle while transporting residents shall be grounds for termination from employment.

Convictions arising out of a charge for Driving While Impaired, either occurring on or off duty, shall be grounds for immediate termination per the [Background Checks Policy](#). If a current employee, volunteer, or intern is arrested or under investigation for Driving While Impaired charges, he or she shall inform the Administrator or Board of Directors immediately. The Administrator or Board of Directors may place the individual on a suspension of duty with or without pay until resolution of the case. Driving privileges for MHCO vehicles or responsibilities of transportation shall be revoked until resolution of the case. Confirmation of mental health or substance abuse treatment completion may be requested for certain charges. If the individual is found guilty, he or she shall be terminated from employment. If the individual is found not guilty, he or she may be able to return to duty upon approval of the Administrator in consultation with the Policy and Personnel Committee of the Board of Directors. If a current employee, volunteer, or intern is found to have a new criminal conviction, arrest, or investigation upon regularly scheduled or random background check that was not previously disclosed, he or she shall be terminated from employment.

ACCIDENTS

Any resident or employee involved in an accident involving a MHCO vehicle, while transporting a resident, or while conducting MHCO business in a personal vehicle shall be responsible for notifying law enforcement officers immediately and obtaining a copy of the investigating officer's report. The driver shall provide information to law enforcement, exchange insurance information, and not admit to guilt or wrongdoing. Any accident occurring while transporting residents in personal vehicles may be covered, at least partially, by the individual's insurance policy. Employees or residents shall not leave the scene of the accident until an authorized law enforcement officer arrives and dismisses the parties.

Employees and residents who have been involved in an accident and are injured shall go to the hospital, urgent care, or doctor's office as soon as dismissed from the accident scene to be medically screened, treated, and cleared. If there are no injuries that require medical attention, employees involved in an accident shall consult with the supervisor concerning the need for medical clearance. Employees involved in an accident while driving a MHCO vehicle or while transporting residents shall submit a drug and alcohol screening immediately following the accident. Employees involved in an accident shall take pictures (either digital or on the disposable camera located in the glove compartment) and video if possible. Employees should take notes about who they spoke to with contact information and what was said. Upon return to the campus, or as soon after the accident as possible, the driver shall complete a [PQI Incident Report Form](#) documenting such information as other vehicles involved, injuries, insurance information, citations issued, disposition, whereabouts of MHCO vehicle(s), towing bills or receipts, and extent of damages with dollar amounts per the [Non-Critical Incidents Procedure](#). Pictures from the disposable camera shall be taken to a photo lab and attached to the report when processed. Copies of all reports shall be given to the Administrator, Chief Financial Officer, and Program Director promptly.

Car seats and booster seats in vehicles involved in moderate to severe accidents (even if the car seat was not in use at the time of the accident) must be disposed of and replaced per the manufacturer's instructions. For an accident to be considered minor (does not need to replace the car seat) all of the following criteria must be met:

- The vehicle was able to be driven away from the crash site. If the vehicle needed to be towed from the scene of the accident, the car seat should be replaced.
- The vehicle door closest to the car seat was not damaged. If the vehicle has a third row of seats and the car seat was installed there, the closest door is in the second row, or a back door.
- No one in the vehicle was injured in any way.

- None of the airbags in the vehicle deployed. This includes front airbags, side curtain airbags, seat belt airbags, seat side airbags, and knee bolster airbags.
- There is no visible damage to the car seat. There are no cracks, creases, stretched webbing, broken top tether stitching, stress marks, or broken pieces.

DRIVER SAFETY

All vehicle operators shall abide with all state and local laws, regulations, and speed limits ([NCGS Chapter 20](#)). MHCO drivers shall ensure that:

- residents do not ride on the outside of vehicles.
- vehicles deemed to be unsafe are not operated.
- engines are shut off before filling with fuel.
- no smoking occurs in MHCO vehicles at any time.
- vehicles are not left idling without the driver in the seat, including warming up the vehicle.
- cell phones are not used while driving. parking structures are avoided if possible.
- a pre-trip walk around visual inspection of the vehicle is completed after loading residents.
- the vehicle is turned off when loading or unloading residents.

Alcohol use, drug use, or driving while impaired is prohibited. Driving while using prescription, over the counter, herbal, or combinations of medications that cause reactions of sleepiness, blurred vision, dizziness, slowed movement, fainting, inability to focus or pay attention, or would otherwise affect the ability to drive safely is prohibited. Driving while using prescription, over the counter, herbal, or combinations of medications with a warning label or instructions that indicate caution when operating a car or dangerous machinery is prohibited. Personnel shall not operate vehicles when too tired or otherwise impaired.

MHCO drivers shall ensure that age appropriate seat restraints are in use at all times the vehicle is in operation for all passengers ([NCGS 20-137.1](#)), including driving on campus:

- Car seats shall remain rear facing until at least age two (2) and until they reach the highest weight and height allowed by their seat (typically forty (40) pounds). Once they are forward facing, children shall remain in car seats with a harness until they reach the height and weight limits for their seats (typically sixty five (65) pounds or more).
- For children in car seats, the top of the child's ears should be below the top of the car seat and the top tether strap should be hooked to a designated tether anchor and pulled snug to remove slack.
- Belt-positioning booster seats with lap and shoulder combination seat belts can be used for children that have exceeded the height and weight limits for forward facing car seats, have reached four (4) feet nine (9) inches in height, and are eight (8) to twelve (12) years old. A resident must remain in a booster seat until the seat belt fits properly and these specifications have been met.
- A properly fitted seat belt may be used for children or adults over the age of eight (8) or over eighty (80) pounds and exceed four (4) feet nine (9) inches in height. Properly fitted lap belts fit low and snug across the hips and should touch the upper thighs. Properly fitted shoulder belts must fit correctly across the collar bone and chest.
- Child restraints must be used correctly according to the manufacturer's instructions and meet federal standards for use in a motor vehicle. Child restraints should not be used if they have missing labels, are expired, have missing or broken parts, or have been involved in a severe crash.
- Child restraints should be checked by the fire department biannually. Car seats and booster seats should be checked by another employee other than the employee installing the car seat or booster seat for new residents, when changing car seats due to growth or expiration, when changing the car seat to another vehicle, and at other regular intervals. All children age thirteen (13) and under must ride in rear seat restraints appropriate for their age and size as above.

CAMPUS DRIVING AND PARKING

The speed limit is posted and should not exceed fifteen (15) mph on the main part of upper campus or ten (10) mph in all other areas of campus. All drivers should be observant of walkers, bike riders, and other campus activities. Guest activity participants (e.g. VGCC Culinary, , Karate, etc.) shall enter and exit behind the School of Graphic Arts. Vehicles shall be parked in designated parking spots only, not on campus roads. Driving or parking on the grass is prohibited except for maintenance. Cobb Center staff shall park in the area between SJAB and Cobb Center. SJAB staff shall park in the area near the American flag. Individuals parking on lower campus shall park along the drive closest to the freezer building if parking is not available at the cottage. Vehicles may be temporarily parked in front of buildings for deliveries, loading, and unloading. Guests may continue to park on campus roads. Pedestrians, bicyclists, and others using campus roads are requested to use sidewalks, cross walks, and look both ways before crossing the street.

GASOLINE

Before operating a vehicle, the driver should check with the Program Director or the Chief Financial Officer to arrange for a gasoline credit card. Gasoline, oil, and lubricants for MHCO vehicles may be charged to authorized gasoline credit cards at Speedway on Linden Avenue in Oxford or at participating Hess operations throughout the state. Use of gasoline credit cards requires entering the odometer reading of the vehicle and the operator identification code before a charge will be accepted. The driver shall turn in a receipt, which lists the cottage or department, to the Chief Financial Officer upon return. Gasoline may not be charged to MHCO for personal vehicles at any time unless authorized by the Administrator or Chief Financial Officer. Drivers shall ensure that vehicle fuel is kept above the half tank level when returning to campus. In the event of a potential gas shortage, gasoline tanks shall be filled when gas is available and travel shall be limited to essential trips only.

MAINTENANCE

Drivers shall maintain MHCO vehicles to include:

- safety of the vehicle and engine maintenance has occurred,
- vacuum and wash the vehicle they drive at least once per month,
- an annual inspection, and
- a stocked first aid kit is available for immediate use.

Drivers shall complete a travel log for each trip in an MHCO vehicle and submit the logs to the supervisor monthly. The supervisor shall check the logs to ensure trips are appropriate and resources are used wisely. The supervisor shall give the logs to the Chief Financial Officer for review..

Drivers shall email a Maintenance Request Form to the Maintenance Director for maintenance needs (i.e. regular service, oil change and tire rotation every five thousand (5,000) miles) on MHCO vehicles. . The Maintenance Director shall turn in the receipts to the Chief Financial Officer.

Drivers shall report problems that could affect passenger or driver safety or could lead to further major expenses in repair if not expediently corrected to the Maintenance Director immediately. The vehicle shall not be used until necessary repairs have been made. If a vehicle incurs a major maintenance problem while on the road away from the MHCO campus, the driver shall contact the supervisor to discuss attempts to correct the problem or projected expense. The driver shall give receipts related to the repair to the supervisor immediately upon return to campus.

The Maintenance Director shall maintain a log of all current vehicle registrations and annual inspection dates for monthly review. Cottage supervisors shall provide a monthly review and inspection of MHCO cottage vehicles to ascertain the general state of maintenance and safety of the vehicles and any specific corrective measures that need to be met. The Maintenance Director shall provide a review and inspection of all other

MHCO vehicles as needed. The Maintenance Director shall keep a separate vehicular log of outstanding maintenance and safety violations noted.

After the trip, employees should inspect the vehicle for maintenance issues and items left. Employees should dispose of trash and sanitize the door handles and steering wheel. Employees should wash their hands, ensure residents wash their hands, and sanitize door handles when returning to a cottage or campus building.

RESIDENT TRANSPORT

CCWs shall act as the primary providers of all Direct Care resident transportation needs. CCWs shall ensure that current Release for Medical Treatment, medical insurance information, and medical history accompany each Direct Care resident transported. Emergency medical information for each resident shall be kept in lock boxes in the vehicles that transport the resident. The assigned supervisor shall update the emergency medical information on the 15th of each month. If the resident medical information changes before updates occur in the lockboxes, CCWs shall transport resident white books in the lock boxes whenever the resident is being transported. Employees shall limit van use when not transporting residents.

Direct Care residents shall have at least one (1) thirty (30) minute rest stop for every four (4) hours of continuous travel and may not be transported for more than ten (10) hours in any twenty-four (24) hour period.

One-on-one transport is not preferred. Supervisors shall require grouping Direct Care residents from several cottages for transportation purposes whenever possible. Resident Advisors shall require grouping of ILP residents whenever possible. When one-on-one transportation is absolutely necessary, the employee should:

- note and communicate this situation to another CCW, Resident Advisor, or supervisor.
- record the time of departure and return.
- be the same gender as the rider if possible.
- note the specific reason for discrepancies in expected arrival times (e.g. traffic, weather conditions, unexpected restroom break, etc.). Pull over and call another CCW, Resident Advisor, or supervisor to inform them of the delay, their location, when they begin travelling again, and revised time of arrival. The supervisor shall document the information in Extended Reach [leidacare](#) upon return.

Direct Care residents shall not ride in vehicles with anyone other than MHCO employees or a licensed adult legal custodian or family member on the approved contact list without written permission of the parent or legal custodian.

Whenever residents who need accommodations are transported, drivers shall ensure that the vehicle is equipped with the appropriate adaptive equipment.

When residents will be transported by legal guardians or individuals on their visitation list, CCWs shall ensure appropriate and adequate child restraints for all children in the vehicle, the vehicle looks to be in safe condition, and the driver is not visibly impaired. Car seats and booster seats may be loaned to resident families in need of safe child restraint. CCWs shall ensure the seats are properly installed and all residents are safely restrained in the car before leaving campus. Transportation for residents may be provided for home visits if needed. CCWs shall collect the loaned child restraint upon return and keep it in the cottage. The CCW shall call the supervisor if there is an unresolved question about safety or driver impairment in resident transport.

RESIDENT DRIVING

Residents may have driving privileges and vehicles on campus (if over the age of eighteen (18)) per expectations outlined in [Direct Care Daily Living](#) or [ILP Daily Living](#). Residents may not transport other residents unless prior approval has been given by the Program Director.

Resident use of All-Terrain Vehicles shall be prohibited. Resident use of motorized vehicles such as go-carts, motorbikes, and mini-bikes is generally prohibited. In limited circumstances upon legal custodian permission or documented permission from the supervisor for specialized and supervised activities, the following conditions exist per [Reasonable and Prudent Parenting Standards](#):

- Jet ski – must be fifteen (15) years or older and maintain a boating safety certification.
- Motor Scooter or Moped – must be sixteen (16) years or older. MHCO recommends operator has a valid NC driver’s license.
- Go carts, utility vehicle, or lawn mower – must be twelve (12) years or older
- Motorcycle – must be sixteen (16) years or older and have a valid NC driver’s license or permit for motorcycles.

DRIVING INSTRUCTION PREPARATION PROGRAM

Residents may have instructional driving privileges for MHCO vehicles while under supervision from an approved employee if they hold a valid NC driver’s license or permit, demonstrate maturity and responsibility, and receive approval from administration. Driving practice shall be in compliance with current NC driving rules and regulations. Administration shall designate the vehicle used for practice.

Direct Care residents may participate in instructional driving the Driving Instruction Preparation Program vehicle if they are at least fifteen (15) years old, completed an approved driver’s education course at school, and are approved by the Program Clinical Coordinator and Program Director to practice driving with the assigned staff member. Direct Care residents under the age of eighteen (18) shall obtain permission from their parent or legal custodian of driving supervision by the assigned staff member on the [Adult Supervisor of Practice Form](#). The assigned staff member shall be licensed for at least five (5) years and must be seated next to the resident when supervising driving. The resident shall arrange for driving times to be scheduled in advance with the assigned staff member. The resident and assigned staff member shall comply with the [NC Department of Transportation](#) requirements and restrictions of graduated licensing of [a Limited Learner Permit](#). Residents shall not drive the Driving Instruction Preparation Program vehicle unsupervised. If a resident driving an MHCO vehicle is involved in an accident, the assigned staff member shall ensure the procedure above is followed in addition to contacting the resident’s supervisor. The supervisor shall notify the resident’s legal custodian if under the age of eighteen (18).

The MHCO Driving Instruction Preparation Program consists of both classroom and behind the wheel instruction designed to provide driver’s education to young adult residents over the age of eighteen (18). The assigned staff member shall provide individual or small group instruction consisting of a minimum of three (3) hours in the classroom to be utilized to provide coursework related to obtaining a learner’s permit or driver’s license. Assignments for the classroom portion include reading from the [NC Driver’s Handbook](#), interactive practice tests, and video, written, and online resources. Upon receiving a learner’s permit, residents will be eligible to enter the practice driving phase of at least six (6) hours behind the wheel instruction with the assigned staff member before attempting to acquire a driver’s license.

Authorizing Signatures

Administrator _____ Date _____

HR Specialist _____ Date _____

SECTION

VI

Policy Name:	Internal Financial Control Policy
Domain:	Financial Management
Applies to:	Employees
Policy Location:	Y:/Forms/Policies and Procedures/Policies/Internal Financial Control Policy.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017; 5/10/2019; 8/12/2022
References:	COA Administration and Management Standards (FIN 2; FIN 5) 10A NCAC 70I .0303
<p>It is the policy of MHCO's Board of Directors that MHCO shall promote ethical financial management through the use of internal controls for finances. The Board of Directors shall evaluate the Administrator's management of financial affairs and review and approve the IRS Form 990 annually. The Audit Committee of the Board of Directors shall oversee the integrity of MHCO's financial management system and reporting, ensure the annual audit is completed independently, and ensure practices to prevent or detect mismanagement or fraud. The Finance Committee of the Board of Directors shall monitor MHCO's financial status by reviewing and approving monthly financial reports, investments, accounting procedures, and the annual budget.</p> <p>The Chief Financial Officer shall coordinate with the Audit Committee of the Board of Directors to arrange for an annual audit of fiscal aspects of MHCO. The Chief Financial Officer shall make available all financial statements, records, files, books, account transactions, inventories, accounts, and internal control communications to the external auditors. The auditors shall examine finances, bookkeeping procedures, internal control procedures, revenues and expenditures, and general budgeting processes. The audit shall be used to determine patterns in expenditures and revenues, plan the budget, determine unit costs of care, establish a benchmark for setting fees, and ensure adequate internal fiscal controls. The report shall be accompanied by specific recommendations to correct any areas of concern, non-compliance, or internal control shortcomings.</p> <p>The Administrator, Chief Financial Officer, and Audit Committee of the Board of Directors shall review the annual audit upon completion. Once the review is complete, the Administrator and Chief Financial Officer shall be excused. The auditor and Audit Committee shall discuss the results and any findings from the audit in closed session. The Chief Financial Officer shall distribute the completed audit to various community associations and funding bodies, as appropriate. The Board of Directors shall ensure that necessary actions to remedy areas of concern or non-compliance take place.</p>	

Procedure Name:	Accounting Procedure
Applies to:	Employees and Stakeholders
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/Accounting Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017; 3/8/2018; 5/10/2019; 5/8/2020; 11/11/2022; 11/10/2023
References:	COA Administration and Management Standards (FIN 2, FIN 4.03, FIN 5, FIN 6, FIN 6.01, FIN 6.02, FIN 6.03, FIN 6.04) 10A NCAC 70I .0303 Title 2-Code of Federal Regulations Work Schedules, Workload, and Timesheets Kid\$Earn Weekly Time Card and Evaluation Form Kid\$Earn Application Form Request for Kid\$Earn Position Form
<p>The Finance Committee of the Board of Directors shall ensure that MHCO acts in compliance with all applicable laws and within accounting guidelines, to include compliance with Title 2-Code of Federal Regulations for any grant funds that are received. The Chief Financial Officer shall maintain up-to-date information using the cash method of accounting concerning all donations, reimbursements, and projections including journal entries, cost allocation plans, and fixed asset tracking. The Chief Financial Officer shall accrue any known expenses and revenue at year-end for an accurate accounting of each fiscal year. The Assistant Finance Officer shall maintain journal entries for transactions to be reviewed by the Chief Financial Officer.</p> <p>The Chief Financial Officer shall:</p> <ul style="list-style-type: none"> • prepare prompt, accurate, and complete financial statements complete with supporting documentation for presentation monthly to the Financial Management Team, PQI Subcommittee, Finance Committee of the Board of Directors, and quarterly Board of Directors meetings. • ensure that cash receipts and disbursements are posted promptly to the general ledger and all financial transactions are reconciled in a timely fashion. ensure that MHCO adheres to generally accepted accounting principles, procedures, and standards and that an external auditing firm approves these standards. • The Chief Financial Officer shall maintain manuals detailing the accounting and reports preparation procedures using Financial Edge, the automated financial accounting system used to maintain financial records, manage and prepare payroll, and keep track of associated filings and reports. • review financial statements, bank deposits, and withdrawals, bank reconciliation, bank account transfers, logbook entries, investment accounts, financial forecasts, payroll and timesheets, and other income related actions. • identify revenue probabilities and possibilities, based on previous years and on anticipated events, and take appropriate action to ensure attempts at procuring these funds. <p>The Administrator and Chief Financial Officer shall disseminate practical financial information to the community through the annual report, local newspaper notification, and copies of audits provided to appropriate government, accreditation, and association bodies. The Finance Committee of the Board of Directors shall review and approve unanticipated, significant financial transactions.</p> <p>Employees shall be cost conscious when purchasing. Employees shall be made aware of the budgeting process and the fiscal health of MHCO and discuss concerns and suggestions relating to fiscal</p>	

management to their immediate supervisor, the Program Director, the Administrator, or the Chief Financial Officer.

The Chief Financial Officer shall chair the Finance Management Team. Members of this committee shall include the Administrator, Program Director, Donor Relations Coordinator, Annual Giving Officer, Assistant Finance Officer, Maintenance Director, Vocational Counselor, and School of Graphic Arts Manager. The Chief Financial Officer and Finance Management Team shall:

- ensure that MHCO is providing the best possible care at the most economical balance between quality and efficiency.
- review accounting practices and procedures annually to include all aspects of the accounting and bookkeeping.
- ensure that personnel are trained to perform accounting procedures, such as payroll and end-of-month reports, in the absence of the Assistant Finance Officer. The Chief Financial Officer or other qualified employee shall replace the Assistant Finance Officer periodically and perform all accounting functions. In the event of an emergency when the Assistant Finance Officer, Chief Financial Officer, or other qualified employee is not available to fulfill the accounting role, the Administrator shall temporarily contract a qualified Financial Edge trainer or consultant to either train an employee or perform the financial accounting procedures in their absence.
- annually inventory MHCO property to include buildings, capital items, items of considerable worth, items easily pilferable, and stockpile items (e.g. janitorial supplies, food stores, etc.) for audit purposes. Items shall be counted by the department in control of the items. In addition to counting items, the Chief Financial Officer shall place a dollar value on each item or group of items and a cumulative total derived. The Chief Financial Officer presents results of the inventory to auditors as needed.
- review financial statements and identify revenue shortfalls, excess expenditures, and any discrepancies in bank reconciliation, deposits, transfers, or withdrawals monthly.
- discuss budget-planning sessions.
- review insurance coverage annually to include building insurance (i.e. fire, damage, etc.), general liability, special liability for recreation programs and facilities, Directors and Officers liability, Physical and Sexual Assault liability as part of the general liability, automobile insurance, Bonding/Crime and Employee Theft insurance, [Workers' Compensation](#) coverage, additional specialized insurance on office equipment, farm machinery, phone systems, computers, and an umbrella policy to cover underinsured areas. Following this review, a memorandum shall be drafted by the committee to employees and Board Members stating the insurance coverage offered by MHCO.

FEE FOR SERVICE

As a rule, MHCO does not charge a fee for service, but parents and legal custodians are encouraged to provide monthly contributions. Fees set for service are evaluated annually based on statistical data obtained from various sources including: Duke Endowment, North Carolina grant-in-aid program, U.S. Title IV-E program, and internal revenue sources. Agreements for monthly or periodic payments shall be arranged at the time of admission and will be reviewed at least annually with parents or legal custodians. MHCO receives monthly per diem payments for all residents who are in the custody of the Department of Social Services (DSS). The Assistant Financial Officer shall request appropriate per diem payments from DSS monthly. Applicants shall not be denied services solely based on lack of funding. The Program Assistant or admitting Supervisor/Clinician shall inform applicants how to receive services, costs of services, and assistance available to them in the event they cannot afford to pay. The Program Assistant or admitting Supervisor/Clinician shall inform applicants that any monies received from government support services or DSS are to be relinquished to MHCO and to consult a tax preparer as placement at MHCO may affect tax filing. Fees for service, if any, shall be established annually by the Board of Directors during budget preparation.

RESIDENT ACCOUNTS

Any monies received from parents, legal custodians, friends, family members, or donors that are designated for an individual resident shall be placed in his or her account or in the general operating fund and earmarked for use by the designated resident and intended purpose. Residents use funds from their individual account for individual specialty items not otherwise provided for by MHCO (e.g. specialty shoes, accessory items, video games, gifts for family members, manicures, etc.). Residents can designate a portion of their account for savings. Resident accounts do not accrue interest. The Chief Financial Officer shall keep comprehensive records of each residents' account as a part of the finance statements. The Chief Financial Officer shall maintain a separate accounting system to accommodate resident accounts. This system shall conform to local laws, state standards, and accreditation standards. Residents shall have access to the information about their assets upon demand and balances can be requested from the Finance Office. Resident accounts shall be closed upon discharge and any sums of money turned over to the resident or legal custodian of minor residents on the day of discharge. Resident assets for which MHCO employees have custody or information shall be held as confidential information.

The Chief Financial Officer shall require that written authorization is obtained from a resident prior to any deductions made from a personal fund account for any amount owed or alleged to be owed for damages done by the resident to the facility, an employee of MHCO, a visitor to MHCO, or another resident of MHCO. The notification from the resident ensures that he or she approves of the deduction from the account and is aware of the amount owed and amount of damages.

DIRECT CARE

Residents nine (9) years of age and younger will be given a \$2 per week allowance to spend in any appropriate manner they choose for completion of cottage chores.

Residents ages ten (10) and eleven (11) earn \$1 per week allowance for completion of cottage chores and may earn additional money by participating in the Kid\$Earn (Level I) program (i.e. \$2 per hour, up to four (4) hours weekly for chores in the cottage).

Residents over the age of twelve (12) are eligible to earn money by participating in the Kid\$Earn (Level II) program (i.e. starting at \$3 per hour for on campus employment and based on duties performed, experience in the position, and performance evaluation). Typically, Kid\$Earn (Level II) residents work four (4) or five (5) hours Monday through Thursday but may work more when on break from school. Residents shall apply for a work position by completing the [Kid\\$Earn Application Form](#) with the Vocational Counselor. Employees may request a Kid\$Earn position by completing a [Request for Kid\\$Earn Position Form](#) with the Vocational Counselor. The Vocational Counselor shall assign positions based on requests and applications biannually in the spring and fall. Supervisors of Kid\$Earn (Level II) residents shall attend an orientation and confirm with CCWs concerning missing work. Kid\$Earn residents shall be paid if they miss work to attend required MHCO activities, school obligations, tutoring, sick (two (2) days maximum), or medical appointments. Kid\$Earn residents shall not be paid if they miss work and do not call in, refuse to work, attend a sport, or are sick after two (2) days. The [Kid\\$Earn Weekly Time Card and Evaluation Form](#) for Kid\$Earn jobs shall be completed by the position supervisor and turned in to the Finance Office on Friday each week.

Residents who are working outside of MHCO shall not be eligible for allowance or Kid\$Earn.

Residents shall be allowed to keep approved spending money at the cottage or on their person. The Program Clinical Coordinator shall determine the allowable amount based upon the resident's age and development. All monies kept by the resident shall be at his or her own risk. CCWs shall submit a list of requested monies from Direct Care residents to the Assistant Finance Officer by Wednesday each week to be picked up Friday. This list shall include the resident's name and amount requested. If the resident has the amount in his or her account, the Assistant Financial Officer shall place the requested money in an individual envelope. If the

resident does not have the amount in his or her account, the Assistant Finance Officer will notify the CCW and give the amount that the resident has remaining in the account. The CCW shall sign a receipt and receive the money from the Assistant Finance Officer. The resident shall sign the envelope containing the money as a receipt acknowledging that he or she has received the money. These receipts (i.e. signed envelopes) shall be turned in to the Assistant Finance Officer weekly prior to receiving any additional funds.

Residents who are restricted from receiving allowance shall still earn allowance but will be constrained from withdrawing it from their account. Supervisors must approve any restrictions of allowance and place the reasons for the restriction in the resident's case file. Restrictions of allowances shall not exceed two (2) weeks and may only be administered once per quarter.

Residents above the age of sixteen (16) shall be encouraged to open an account at a local financial institution of his or her choosing to promote independent living skills. The employee assisting with opening the account shall determine and explain fees charged by financial institution applicable to the account to the resident.

INDEPENDENT LIVING PROGRAM

Independent Living Program residents are not eligible for Kid\$Earn. Independent Living Program residents applying for jobs may be able to complete jobs on campus for \$5 per hour to be deposited in their resident account in limited circumstances. The Chief Financial Officer shall provide an allowance to residents living at four-year colleges based upon their year in school. ILP residents living on campus are not eligible for allowance.

The Chief Financial Officer shall approve withdrawals from resident accounts. Residents shall be encouraged to keep monies in their personal account in the financial office. Residents may request that rent payments be automatically withdrawn from their personal account each month. Residents may request monies from their account at any time the financial office is open. Residents shall also be encouraged to open and maintain an account at a local financial institution of his or her choosing to promote independent living skills.

Residents receiving CARS payments from the Department of Social Services or Social Security income shall deposit all payments to the Cobb Center. Per the Agreements Regarding Admission Conditions Form, specified portions of the payments will be deposited into the residents' savings account, checking account, and utilized for their care during residency.

COTTAGE FUNDS

Any monies received from donors that are designated for an individual cottage shall be placed in a cottage fund or in the general operating fund and earmarked for use by the designated cottage and intended purpose. Cottages use funds from their cottage account for recreation or specialty items not otherwise provided for by MHCO that are approved by the supervisor (e.g. gaming systems, decorative items, going out to eat, bowling, summer trips, birthday gift for a resident, etc.). The Chief Financial Officer shall keep comprehensive records of each cottage fund as a part of the finance statements. The Chief Financial Officer shall maintain a separate accounting system in Financial Edge to accommodate cottage funds. This system shall conform to local laws, state standards, and accreditation standards.

Each Direct Care cottage may withdraw a specified, set amount monthly from the cottage fund, as determined by the Program Clinical Coordinator and the supervisor. Supervisors shall submit a purchase order for the set amount of monies, with an addition of monies for birthdays and/or other special events for that particular month, to the Assistant Finance Officer by the last Wednesday of the month to be picked up on the last Friday of the month. Resident Advisors shall submit a purchase order for a requested amount of monies for planned cottage activities, with an addition of monies for birthdays and/or other special events for that particular month, to the Assistant Finance Officer by the last Wednesday of the month to be picked up on the last Friday of the month. Purchase orders shall include the cottage names and amount requested. If the

cottage does not have the amount in the fund, the Assistant Finance Officer will notify the CCW or Resident Advisor and give the amount that the cottage has remaining in the fund. If the cottage has the amount in the fund, the Assistant Financial Officer shall place the requested money in an individual envelope. The CCW or Resident Advisor shall sign a receipt and receive the money from the Assistant Finance Officer.

CCWs and Resident Advisors are responsible for the monies and returning receipts. CCWs and Resident Advisors balance the unused monies and receipts and turn them in to their supervisor by the first (1st) business day of the month following the month that the funds were used. Supervisors or the Program Director shall review the use of funds, balance the unused monies and receipts, and turn them into the Assistant Finance Officer by the fifth (5th) day of the month. The Assistant Finance Officer balances the unused monies and the receipts. He or she shall deposit unused monies back into the specific cottage fund.

PAYROLL

MHCO uses ADP as an automated payroll system. This system requires that all employees maintain an open bank account. Pay shall be computed monthly and deposited electronically on the last working day prior to the twenty-eighth (28th) of each month. Employees shall keep an accurate record of time worked on timesheets marked electronically by time clock or manually. Timesheets shall be required to receive pay from any given period of time worked. Employees shall present timesheets to supervisors for approval. Supervisors shall submit the timecards to the Finance Office on the last working day prior to the twenty-first (21st) of each month, or earlier if requested.

Paid employees wishing to work as a CCW when emergency coverage is requested by the Program Clinical Coordinator shall receive pay in accordance with the published scale for emergency childcare coverage. Providing emergency coverage shall be additional to the employee's regular job.

The Chief Financial Officer shall propose changes to pay to the Administrator and Board of Directors during the budgeting process. Once approved by the Board of Directors, the Assistant Finance Officer shall make the changes in ADP. The Chief Financial Officer shall verify the changes.

Employees other than CCWs or Resident Advisors shall work forty (40) hours weekly. Any time worked in excess of forty (40) hours by employees other than administration must have written approval from the Administrator. MHCO does not recognize compensatory time and employees are encouraged to schedule time so as not to exceed authorized hours worked. Supervisors who detect that an employee is working hours in excess of those authorized shall discuss the issue with the employee and advise him or her that working in excess of forty (40) hours without Administrator approval may result in termination from employment. Supervisors or the Chief Financial Officer shall inform the Administrator of violations.

MHCO is required by law to accept and comply with legal attachments and garnishments. The Chief Financial Officer may charge an administrative fee to employees who require repeated processing of legal attachments and garnishments.

Payroll settlement after ending employment shall be made on the regular monthly pay schedule after vacating employee housing, turning in all keys, turning all case files and records to the supervisor, and completing other financial and administrative responsibilities. The Chief Financial Officer shall compute monetary adjustments or reimbursements.

RECORDS

The following paper or electronic records and similar documents shall be retained permanently by the Chief Financial Officer:

- Articles of Incorporation
- Board of Directors Bylaws
- Board meeting and committee minutes collected by the Administrative Assistant or other personnel
- Board policies and resolutions
- Construction documents
- Fixed asset records and appraisals
- IRS tax-exempt status determination letter
- Annual audits and financial statements
- IRS 990 tax returns
- Liability insurance policies
- Real estate documents
- Stocks and bond records
- General ledgers
- Check registers
- Payroll registers
- State unemployment tax records

The following paper or electronic records and similar documents will be retained for a period of seven (7) years, or longer if required:

- Expired contracts
- Expense records
- IRS 1099s
- Journal entries
- Invoices
- Bank deposit slips
- Bank statements and reconciliations
- Electronic fund transfer documents
- Earnings records
- Garnishment records
- Payroll tax records
- W-2 statements
- Donor records and acknowledgment letters

The following paper or electronic records and similar documents will be retained for a period of five (5) years, or longer if required:

- Accident reports
- [Workers' Compensation records](#)
- Salary schedules
- Grant applications and associated contracts
- OSHA documents

The following paper or electronic records and similar documents will be retained for a period of three (3) years, or longer if required:

- General correspondence

- Petty cash vouchers
- Purchase orders
- Cash receipts
- Credit card receipts
- I-9 forms after termination or resignation
- Vacation and sick leave records
- Timesheets
- General contracts

MHCO records shall be stored in a safe, secure, and accessible manner. Permanent records shall be retained in the fireproof vault with access limited to key employees as listed on the vault door who may need to refer to the records. Documents and financial files that are essential to keeping MHCO operational in an emergency will be duplicated or backed up at least weekly and maintained off site. Electronic financial accounting and donation systems shall be managed separately from MHCO network server off site, with regular backup performed by the off-site provider.

The Chief Financial Officer, Program Director, and HR Specialist shall regularly review the files, identify which files have met the required retention limit and oversee the destruction or archival of the files. Eligible financial and personnel-related documents shall be destroyed by shredding. Document destruction shall be suspended immediately if an official investigation or lawsuit involving MHCO is filed or appears imminent. Destruction shall be resumed once the investigation is completed or if the investigatory body determines the documents are not required. Failure to comply with these procedures can result in possible civil and criminal sanctions.

Authorizing Signatures

Administrator _____ Date _____

HR Specialist _____ Date _____

	Purchase Orders
Domain:	Financial Management
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017; 5/10/2019; 8/12/2022
References:	Purchase Order Form
<p>The Chief Financial Officer and department heads shall be authorized to approve purchase orders. Approving authorities shall determine items to be purchased in advance. MHCO uses electronic purchase orders or paper purchase orders that have an original and carbon copy. Original paper purchase orders shall be returned to the Chief Financial Officer with the receipt for the purchases attached within three (3) working days after purchase. The employee shall keep the carbon copy. Electronic Purchase Order Forms shall be completed and emailed to the Chief Financial Officer.</p> <p>If a vendor is needed for the purchase, the purchase order number shall be provided to the vendor. The Chief Financial Officer shall indicate to which account or department the purchase should be charged. The Chief Financial Officer shall pay financial obligations in a timely manner.</p> <p>Employees shall not make purchases for residents or MHCO with personal funds unless the supervisor approves the purchase in advance. Employees wishing to receive reimbursements for authorized items shall submit requests to the Finance Office.</p> <p>Supervisors approving purchases shall ensure that MHCO does not have like items in storage. Purchase orders for resident purchases shall be clearly marked with the resident's complete name and the amount to be reimbursed by the legal custodian if the resident is a minor or the resident if over the age of eighteen (18). Purchase orders for resident recreational items (e.g. school sport fees, sporting equipment, uniforms, etc.) shall be submitted to the Recreation Director or Supervisor. Purchase orders for resident educational items (e.g. field trips, school supplies, club dues, prom fees, graduation fees, cap and gown, etc.) shall be submitted to the Education Coordinator. A clothing allotment of money shall be given to CCWs to purchase clothing (e.g. underwear, shoes, occasion appropriate attire, etc.) for each resident twice yearly. Requests for other clothing needs throughout the year (e.g. newly admitted residents, prom, etc.) shall be submitted to the Chief Financial Officer.</p> <p>Employees may use MHCO credit cards for specific purchases under direction of the Chief Financial Officer. Receipts and the credit card shall be hand-delivered to Chief Financial Officer immediately on the first (1st) working day upon return.</p> <p>The Chief Financial Officer shall establish a petty cash fund to be administered for general office use for emergency purchases. Petty cash purchases require accurate and detailed accounting. The amount and usage of petty cash shall be closely monitored, verified, and reconciled monthly by the Chief Financial Officer. Reconciliation shall be verified by an employee other than the employee who manages the fund.</p>	

Procedure Name:	Budget Procedure
Applies to:	Employees
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/Budget Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017; 8/10/2018;
References:	COA Administration and Management Standards (FIN 1, FIN 2) 10A NCAC 70I .0303 Strategic Plan
<p>The Chief Financial Officer assisted by the Administrator, the Treasurer of the Board of Directors, and Finance Committee of the Board of Directors shall prepare an annual budget to be used as a plan for managing financial resources.</p> <p>Prior to the preparation of the budget, the Chief Financial Officer shall conduct an analysis of projected revenues and actual service delivery costs on a department or per unit of service basis. The Chief Financial Officer shall involve key stakeholders in budget preparation for the upcoming fiscal year. The budget shall consider all projected revenues, direct and indirect operating expenditures, contractual requirements, changing costs and conditions, and growth in programs necessary to operate MHCO in a proficient, efficient, and fiscally sound manner. The Chief Financial Officer shall utilize a budget that provides for strategic plan initiatives and financial goals of MHCO. Efforts shall be made to allocate resources responsibly while supporting long-term financial sustainability. The Administrator and the Chief Financial Officer shall prepare and present recommended employee pay and benefits adjustments to the Board of Directors as part of the budget plan.</p> <p>The Chief Financial Officer and the Administrator shall present the prepared projected budget to the Finance Committee of the Board of Directors for input and revision prior to the November board meeting. The Chief Financial Officer and the Administrator shall present the finalized budget for approval by the Board of Directors in November of the year prior to the budget taking effect.</p> <p>The Chief Financial Officer shall prepare and present regular periodic reports concerning deviations from the budget to the Financial Management Committee, PQI Subcommittee, and Finance Committee of the Board of Directors.</p> <p>The Administrator may modify the budget in a manner conducive to the orderly flow of business. The Board of Directors shall approve any significant changes to the budget. The Administrator shall present the finalized accounting of the budget to the Audit Committee and at the next regularly scheduled meeting of the Board of Directors or Executive Committee after receiving the report from the auditor.</p>	

Policy Name:	Operating Reserves Policy
Domain:	Financial Management
Applies to:	Employees
Policy Location:	Y:/Forms/Policies and Procedures/Policies/Operating Reserves Policy.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	5/9/2017; 8/10/2018
References:	COA Administration and Management Standards (FIN 4, FIN 4.03)
<p>It is the policy of MHC0's Board of Directors that MHC0 maintain one (1) year of operating reserves in the investment account with the North Carolina Masonic Foundation, Inc. (NCMF). MHC0 strives to operate annually on donations received in the current year. The annual budget of MHC0 includes a quarterly transfer from its investments with NCMF. The amount of the quarterly transfer shall be determined by the Board of Directors annually as part of the annual budget approval process using a percentage of the rolling balance of the funds. If additional operating funds are needed, the Chief Financial Officer shall request the Board of Directors or the Executive Committee of the Board of Directors to transfer funds from the investment account with the NCMF to MHC0's general operating account. Donations received in excess of current operating expense needs shall be invested in MHC0's investment account with the NCMF. The Financial Management Committee of the Board of Directors shall annually review the Operating Reserves Policy.</p>	

Policy Name:	Investments Policy
Domain:	Financial Management
Applies to:	Employees
Policy Location:	Y:/Forms/Policies and Procedures/Policies/Investments Policy.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017; 8/10/2018; 5/10/2019; 5/8/2020; 8/12/2022
References:	COA Administration and Management Standards (FIN 3) Investment Policy
<p>It is the policy of MHCO's Board of Directors that investments are diversified, within acceptable levels of risk, and practices conform to applicable legal and regulatory requirements. The Board of Directors shall review the Investment Policy (appendix) biennially or more often to determine acceptable levels of risk, criteria for contracting with investment advisors, and protocols for making investment decisions. The Finance Committee of the Board of Directors shall review investments annually with the upcoming budget proposal. Invested funds shall be diversified and secure. The Administrator and Chief Financial Officer shall report investment activity to the Board of Directors quarterly.</p> <p>North Carolina Masonic Foundation, Inc. (NCMF), shall manage most MHCO investments. The NCMF has an independent Board of Directors that is self-perpetuating, holds regular meetings, and oversees fund investment by its officers. The Administrator and Chief Financial Officer shall monitor investments of MHCO funds by the NCMF. The Administrator, designated representative, or a member of the Board of Directors shall attend scheduled meetings of the NCMF Board of Directors to provide instructions and oversight.</p> <p>MHCO shall also maintain investments with a local investment manager and/or in certificates of deposit with a local bank. The local investments shall be primarily designated funds with donor restrictions. The investments with the local investment manager shall be diversified in mutual funds which re-allocate automatically.</p> <p>The Administrator and Chief Financial Officer shall take immediate corrective actions on any matters where MHCO protocol regarding investments is breached or where it is determined that investors have transcended acceptable levels of risk. The Chief Financial Officer shall ensure that the annual audit includes investment accounts. The Chairman of the Board of Directors, assisted by the Treasurer, or the Administrator shall provide oversight and review of matters related to real property sale or purchase, sale of securities, and other significant investment transactions in consultation with the Chief Financial Officer.</p>	
Authorizing Signatures	
Chairman, Board of Directors _____	Date _____
Administrator _____	Date _____

	School of Graphic Arts
Domain:	Financial Management
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017; 11/9/2018
References:	School of Graphic Arts Operations Manual
<p>The School of Graphic Arts (SGA) shall operate on campus under the tax identification number of MHCO. SGA shall file a separate tax return from MHCO and pay income tax on any unrelated business income. SGA shall maintain a separate budget for revenue and expenses from MHCO prepared by the Chief Financial Officer and SGA Manager. SGA printing is restricted to under \$500,000 for general public (i.e. non-Masonic related) printing. Revenue and expenses of SGA shall be accounted for separately in the Financial Edge software used by MHCO. The SGA budget shall be reviewed by the Finance Committee of the Board of Directors and approved by the Board of Directors at the November board meeting. The Chief Financial Officer shall prepare monthly reports for review by the Finance Committee. These reports shall be reviewed by the Finance Committee of the Board of Directors monthly and the Board of Directors quarterly.</p> <p>The School of Graphic Arts will provide personal printing services of any type up to a total value of \$50 for MHCO employees with an additional \$50 for any non-profit printing service (e.g. church, civic group, etc.). All additional employee printing services that exceed these amounts will be done at a 10% discount.</p>	

Policy Name:	Fundraising Policy
Domain:	Financial Management
Applies to:	Employees
Policy Location:	Y:/Forms/Policies and Procedures/Policies/Fundraising Policy.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017; 11/9/2018; 5/10/2019; 5/8/2020; 11/11/2022
References:	COA Administration and Management Standards (FIN 7, FIN 7.01, FIN 7.02) Donor Bill of Rights and Ethical Fundraising Practice Standards National Association of Fundraising Professionals
<p>It is the policy of MHCO's Board of Directors that the Administrator, Chief Financial Officer, Program Director, department heads, and Board of Directors shall prepare a financial plan complete with goals and objectives sufficient to meet the needs of MHCO and any current or projected programs in an ethical, fiscally responsible manner. Additionally, these individuals shall prepare plans to meet capital improvements, projected growth, and development to meet any anticipated needs. Fundraising activities shall be directed by the Administrator, assisted by Financial Development personnel. MHCO shall raise funds in accordance with all applicable local, state, and federal laws as adopted by the National Association of Fundraising Professionals or by a similarly recognized organization.</p> <p>MHCO shall solicit funds only under the legal auspices of its status as a federally registered 501(c)(3) non-profit corporation, and maintain a current and registered License of Solicitation with the NC Secretary of State and with any other state required by law. Whenever financial consultants, contractors, or outside fundraising organizations are used by MHCO, the Administrator and the Board of Directors shall ensure that the following safeguards are met, if direct solicitation is part of the contract:</p> <ul style="list-style-type: none"> • The professional must provide proof of a current NC solicitation license. • The professional must provide references, both personal and professional, regarding credibility. • The Board of Directors shall have the final approval of the consulting agreement. • The professional must have prior approval by the NC Department of Human Resources, Solicitation Licensing Branch. • The agreement shall contain safeguards for ethical conduct as determined by MHCO. • The agreement must contain a vehicle or mechanism for terminating activities immediately in the event of violations of ethical standards. <p>A cost-benefit analysis shall be conducted for each fundraising activity by the Administrator and Chief Financial Officer. Before beginning any fundraising effort, the Chief Financial Officer, Administrator, and other personnel as needed shall make every effort to ascertain the costs involved in raising the monies to assure good stewardship of funds when entering the venture. While the cost of fundraising may vary from project to project, the rule of expense-to-gain shall be applied to keep the overall costs of raising the funds below 20% of the total raised. Fundraising events with costs expected to exceed 20% must have prior board approval. High-cost endeavors such as donor acquisition and capital campaign start-up costs shall be spread across the entire life of the program with approval of the Board of Directors.</p> <p>Funds generated or raised shall be spent entirely for the purpose for which they were raised. Public relations literature related to fundraising activities shall accurately and truly depict the programs and practices of MHCO. Careful record-keeping practices shall be kept for all funds raised. Additionally, funds raised for anything other than operating funds or restricted funds shall be kept separate to clearly represent the specified purpose. Information regarding costs of fundraising, either for specific activities or for the annual operating fund, shall be made available upon request to any requesting donor or organization.</p>	

Authorizing Signatures

Chairman, Board of Directors _____ Date _____

Administrator _____ Date _____

Policy Name:	Donation Policy
Domain:	Financial Management
Applies to:	Employees
Policy Location:	Y:/Forms/Policies and Procedures/Policies/Confidentiality of Donors Policy.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017; 11/9/2018; 5/10/2019; 5/8/2020; 11/11/2022; 11/10/2023
References:	COA Administration and Management Standards (FIN 3.01) Activity Planning Form In-Kind Gift Form Donor Bill of Rights and Ethical Fundraising Practice Standards Confidentiality Policy and Procedure
<p>It is the policy of MHCO's Board of Directors that stable, predictable sources of revenue through diversification and balance in funding streams are pursued as much as is possible. Funding streams shall be consistent with the mission of MHCO. MHCO shall pursue Masonic and planned giving as its two largest sources of revenue. In-kind gifts shall be defined as tangible and intangible assets and property including all material goods, property, notes, royalties, copyright interests, physical assets, material assets, or services that represent value to MHCO. Monetary donations, stock, real estate, and similar donations shall be recorded at actual value or current fair market value. MHCO staff may donate to MHCO with monetary and in-kind donations. Monetary donations may be made through payroll deduction. All donations and donor information shall be confidential unless the donor specifically permits public disclosure.</p> <p>All donations received by MHCO personnel shall be documented by receipt at each stage of the transfer of the gift. Donations shall be recorded and documented using an automated donor database program, Raiser's Edge, and recorded in the general ledger using the Financial Edge accounting program. MHCO prohibits staff members from requesting donations or gifts for personal use by themselves, their children, or their guests.</p> <p>All MHCO mail containing checks, money orders, or cash shall be opened by two (2) employees who shall add the checks and money orders for deposit. The deposit shall be given to the Chief Financial Officer (CFO) who shall re-add the checks and money orders and deposit the funds electronically through remote deposit. The CFO shall print a copy of the electronic remote deposit and give the copy to the Donor Relations Coordinator for entry into Raiser's Edge. The Financial Assistant shall add cash donations twice and take cash to the bank for deposit.</p> <p>After donations are entered into Raiser's Edge by the Donor Relations Coordinator, the Financial Development Assistant shall send receipts/thank you letters to the donors. Electronic copies of the receipts/letters are maintained by MHCO. The Financial Development Assistant shall ensure that all gifts are properly acknowledged personally or in writing. These acknowledgements shall be given to the Administrator for signature and approval. For those cases where an individual should be thanked personally, a separate note may be affixed to the letter, or a separate letter may be sent. The Administrator shall personally thank the donor of all major gifts over \$5,000 and document the personal action taken. Acknowledgments shall be made within three (3) working days from receipt of the gift. Memorial gifts shall be given priority.</p> <p>Donors giving clothing, supplies, and other in-kind gifts shall assign an estimated value of the gift. When possible, individuals or groups wishing to donate should contact Financial Development personnel prior to delivering the gift. Financial Development personnel shall determine whether the gift will be useful to MHCO or if its sale, with the donor's permission, could produce funds to benefit MHCO. All proposed in-kind gifts with an apparent value of \$5,000 or greater shall be reviewed by the Administrator and the Chief</p>	

Financial Officer. The employee obtaining the gift shall thank the giver personally and ensure an [In-Kind Gift Form](#) is completed. All donors shall be treated with the same amount of courtesy and gratitude, regardless of the size of the gift. Gifts shall be turned over to the In-Kind Donation Coordinator at the start of the next working day with the [In-Kind Gift Form](#) completed to include the donor's name, address, and phone number, signature and printed name of the person who delivered the gift, a summary of the donation, and condition of the donation.

Restricted gifts from individuals or granting institutions that may not support the mission of MHCO must be approved by the Administrator or the Board of Directors prior to acceptance. The Administrator shall determine which gifts need approval of the Board of Directors prior to acceptance and seek such approval when necessary. MHCO shall adhere to the following guidelines regarding evaluation, acceptance, denial, or reevaluation of prospective gifts, with exceptions made through approval of the Board of Directors:

- Gifts will not be accepted if there is no charitable intent on the part of the donor.
- MHCO will not assume indebtedness connected with any gift.
- If a donated property is encumbered by indebtedness, the donor will be requested to provide payment for the carrying cost until the property is liquidated.
- Gifts will not be accepted whereby MHCO would be exposed to any type of liability as owners of the property. Specifically, MHCO will not accept property which has suspected or proven environmental contamination, is deemed a flood hazard, or contains other hazards or conditions that prohibit, restrict, or limit the use or sale of the property.
- MHCO will not enter into any Limited Partnership Agreements.
- MHCO will not accept contributions to MHCO that contain burdensome, unusual, or questionable restrictions as determined by the Administrator or Chief Financial Officer.
- Gifts will not be accepted whereby MHCO would be subjected to tax on unrelated business expenses or debt financed income.
- Donors determine the value of the gift. Donors of property gifts estimated at over \$5,000, except gifts of publicly traded stock, must obtain an appraisal by an independent, third party, licensed appraiser in accordance with the current tax law requirements regarding tax deductions.
- Associated expenses with the conveyance of a gift are to be borne by the donor.
- Gifts of life insurance to MHCO cannot be made or accepted without signed approval of the Chief Financial Officer, following a review of the policy agreement and MHCO responsibility to that policy.
- MHCO does not offer legal advice regarding planned giving, tax deductions, or any other aspects of charitable giving. Information is given strictly as a guideline. MHCO assumes that donors will rely upon their own advisors regarding matters such as taxes, legal, financial, or other gifting decisions. MHCO may require a letter of understanding regarding gifts, as proof of outside advice from qualified council, prior to acceptance.
- Gifts to MHCO must contribute to the overall mission. All donations given must be used within the guidelines of its 501(c)(3) status and must benefit its residents.

LODGE SPONSORSHIP

Masonic Lodges sometimes seek to sponsor residents or cottages to support, encourage, and teach. A key to success of any sponsorship is appropriate and timely communication between the residents and the sponsoring Lodge.

All Lodges have a Secretary for official communication. The Secretary and Lodge email account will be the method for most communication. Both the Secretary and Master of the Lodge are approved contacts. Contacts change on January first (1st) each year when a new Secretary and Master of the Lodge are installed. Email communications from residents or personnel shall be sent to the In-Kind Donation Coordinator for review. The In-Kind Donation Coordinator will then forward the email to the Lodge contact. The resident

may send thank you cards and letters to the Lodge via the Secretary after approval by the In-Kind Donation Coordinator. The email and phone number of the cottage, resident's MHCO supervisor, and the In-Kind Donation Coordinator are the only approved contact methods for communication between Lodges and residents and their family members. Personal phone calls, emails, or other types of communication are prohibited between Lodges and residents and their family members.

Sponsored residents shall prepare an email quarterly to the Lodge describing school, work, Kid\$Earn, and other activities. CCWs and the In-Kind Donation Coordinator shall preview the email to ensure nothing too personal or confidential is shared. For example, the resident should not go into detail about family issues. The In-Kind Donation Coordinator shall subsequently forward appropriate emails to the Lodges. Items received from Lodges shall be processed by providing the nature of the gift, the Lodge, and the date of acceptance to the Financial Development Assistant and the In-Kind Donation Coordinator. The resident shall write a thank you note in a timely manner and in good format, coordinated through the In-Kind Donation Coordinator. Half of all money donated to sponsored residents by a Lodge sponsor shall be placed in the resident's savings account.

Sponsored residents may participate in Lodge events and fundraisers. The resident may engage with the Lodge to his or her comfort level. The resident shall not be "put on display" for fundraising or marketing but may help behind the scenes. Lodges may invite the entire cottage of the sponsored resident to participate. The supervisor shall approve Lodge event participation and the CCW shall coordinate and supervise the event. If Lodges are invited to a campus event, coordination shall be approved by the Program Director and coordinated by Financial Development personnel.

Images of residents shall only be created or published in accordance with the Confidentiality Policy and Procedure. A general account of resident participation in events may be mentioned in publications such as Lodge newsletters, as long as the resident has a valid Consent for Image Creation and Use on file. For example, "the Lodge held a fundraiser for our sponsored child at the Home. It was a great success. Their entire cottage was able to help serve meals. They were a big help and made the day better by seeing their smiles." Names and images of residents shall not be included.

The Donor Relations Coordinator shall inform the Lodge if the resident has been discharged and attempt to transfer sponsorship to another resident.

SPONSORED EVENTS

Groups sometimes seek to sponsor an event on or off campus. Employees approached about an event shall direct the group to Financial Development personnel to discuss the interest. The Financial Development Assistant shall contact the group and get details, possible schedule, and logistic needs for the event. A Point of Contact for the event shall be identified and confirmed by the Financial Development Assistant. The Financial Development Assistant shall gather and distribute information to relevant departments, personnel, and cottages on an [Activity Planning Form](#). The information shall be returned to the Financial Development Assistant within five (5) business days and copied to:

- Program Clinical Coordinator to coordinate cottage participation, CCW supports, and ensure completion of any waivers
- Resident Advisors to coordinate Independent Living Program resident participation
- Recreation Director to take the lead in set up of areas, gather supplies from Food Service, the In-Kind Donation Coordinator, and decorations, lead any games scheduled, organize take down and clean up by leaving area in as good as or better condition as was prior to event, and work with Program Clinical Coordinator to estimate and finalize numbers attending
- Maintenance and support services to assist in set up or use a facility
- MHCO Point of Contact for the event to ensure set up in timely manner, meet the group at the beginning of the event, share any pertinent information such as, schedule, changes, plans, or rules,

gather supplies on emergency basis (e.g. utensils, food, paper supplies, etc.), address any questions or concerns, support official and unofficial thank-yous from MHCO at the event, and ensure the event is cleaned up and the area is ready for next event

- Financial Development Assistant to communicate with all parties as to their responsibilities, set deadlines for gathering supplies, waivers, and attendance counts, share preparation information and paperwork with all parties in meetings, identify and communicate with the event's MHCO Point of Contact, provide an outline of event schedule and responsibilities, follow up with parties to conduct after action meeting, and support the event marketed in our newsletters and social media
- In-Kind Donation Coordinator to provide necessary supplies if available and lead resident thank you process

Authorizing Signatures

Chairman, Board of Directors _____ Date _____

Administrator _____ Date _____

SECTION VII

Policy Name:	Recruitment and Selection Policy
Domain:	Human Resources
Applies to:	Employees
Policy Location:	Y:/Forms/Policies and Procedures/Policies/Recruitment and Selection Policy.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017; 10/11/2018; 8/12/2022
References:	COA Administration and Management Standards (HR 1, HR 2, HR 2.02, HR 2.04) 10A NCAC 701.400 Recruitment and Selection Procedure
<p>It is the policy of MHCO's Board of Directors that employees meet qualification standards and there are enough employees to meet the demand for services and resident needs. Recruiting personnel shall reflect the population served, community, and needs of the residents. The safety of residents and personnel is paramount in decisions regarding selection. The recruitment and selection process shall be nondiscriminatory, consistently applied, and promote open and fair competition and hiring of a diverse workforce. The HR Specialist shall ensure that applicants selected for employment are qualified for the position applied by education, training, experience, model of care, and licensure. The Chief Financial Officer shall ensure that all independent contractors, volunteers, and part-time or temporary employees are hired and employed in accordance with existing laws and regulations. The Chief Financial Officer shall annually review personnel for legal status and ensure that MHCO is operating within the spirit and intent of the law.</p>	

Procedure Name:	Recruitment and Selection Procedure
Applies to:	Employees
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/Recruitment and Selection Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017; 2/9/2018; 5/10/2019; 5/8/2020; 8/12/2022
References:	COA Administration and Management and Service Delivery Administration Standards (HR 1, HR 2, HR 2.02, HR 2.04) 10A NCAC 70I .0400 Background Checks Policy Employment Application Form Job Assignment Form Job Description Medical Evaluation Form
<p>Recruitment and selection shall be the responsibility of the HR Specialist, department head of the position, and the Administrator. Vacant positions shall be posted on campus and public advertisement for interested employees and applicants. Supervisors shall notify current personnel of job vacancies. Qualified former residents are encouraged to apply for job vacancies. Applicants shall be provided with a Job Description indicating the qualifications, job expectations, essential functions, and responsibilities of the position to enable them to assess fitness for the position. Revision of Job Descriptions shall be conducted prior to the time of job posting and at least every three (3) years thereafter to make changes compliant with current state and federal laws, accreditation standards, best practice, qualifications, expectations, responsibilities, workload, and MHCO goals. Revised Job Descriptions shall be approved by the Policy and Personnel Committee and the Board of Directors prior to implementation. Vacancy announcements shall include the job title, essential functions, knowledge and skill requirements, minimum training and experience standards, and application period.</p> <p>Individuals applying for a position must submit a complete application package by the posted deadline to the HR Specialist. The HR Specialist shall conduct a review of the applicant's information by verifying qualifications, formal education status, training, licensure, certifications, relevant experience, state-mandated registrations, and requirements from state or national professional organizations for the position in which the individual is applying. Similar verification shall be obtained for all contractors, consultants, volunteers, and interns providing direct care services or working with sensitive or confidential information. Legal custodians of volunteers under the age of eighteen (18) shall sign a consent and release of liability for the minor volunteer.</p> <p>Applicants must possess the necessary education, experience, and training as established in the specifications and requirements for the job for which they are applying. Applicants must possess sound physical and mental health, good character, and personal qualities that will allow them to work with personnel, children, families, referral sources, and the general public who are involved in MHCO programs. Applicants with prior criminal convictions that adversely affect their ability to provide quality care for the position sought shall not offered employment by MHCO per the Background Checks Policy.</p> <p>In the absence of qualified applicants, the Administrator may alter job requirements if agreements and arrangements are made to increase direct supervision and ensure that the individual is working diligently toward reaching full employment qualifications. Personnel shall inform the HR Specialist of all changes in qualifications, credentials, and privileges.</p> <p>The HR Specialist shall present a completed application package to the Administrator including:</p>	

- a completed [Employment Application Form](#),
- recommendations from former employers and peers working within the field,
- verification of past employment,
- verification of personal and professional references,
- verification of dependent children status and marriage for CCW positions,
- verification of education,
- verification of citizenship,
- verification of minimum age requirements for the position,
- results of security and credit checks,
- results of driving record checks and verification of valid driver's license,
- histories of past criminal activity,
- results of any civil or criminal adjudication of aggressive or assaultive behaviors including child, elder or spousal physical or sexual abuse (i.e. domestic violence charges, indictments, or convictions),
- copies of college transcripts, degrees achieved, courses attended/completed,
- verification of credentials including certifications, licensure, and authorizations to practice,
- results of any state-mandated medical examinations and mental health screening, and
- results of pre-employment drug testing.

Qualified applicants shall be interviewed prior to hiring using a standardized interview form. Interviews shall attempt to gauge the applicant's knowledge of the position, mission of MHCO, experience with like or similar positions, willingness to serve, knowledge of MHCO's philosophy, ethical standards, policies, procedures, and requirements for employment. The interview shall also attempt to determine the ability to work in collaboration with others, willingness to work with families of residents, cultural competence of the applicant, and ability to work with residents from diverse cultures. Applicants shall be sought whom best represent the cultural identity of the population intended to be served and can assist MHCO in creating and maintaining a climate of cultural diversity within MHCO and the department to which the applicant is applying. Applicants shall be given an opportunity to speak with employees holding similar positions with MHCO as to determine the scope and demands of the position. Applicants for employment in direct care positions shall be given an opportunity to interact with current residents.

After the interview, prospective employees must satisfactorily pass an independently administered drug test and a physical examination with special emphasis on communicable diseases and mental health screenings documented on a [Medical Evaluation Form](#). MHCO shall pay for any required medical examinations and may require that applicants use a specified physician's offices or other facilities for such examinations.

The HR Specialist shall contact the three most current prospective employee's employment references available to verify:

- dates of service,
- position,
- strengths and challenges, and
- if the employer would rehire the prospective employee.

The HR Specialist shall gather feedback from the interviewers and present a final recommendation for hire or deferral to the Administrator or Board of Directors. The Administrator or Board of Directors shall make an offer of employment to the selected applicant and send an offer letter setting forth the terms and conditions of the position. The applicant becomes an official employee and gains employment status when the Chief Financial Officer receives a signed Job Assignment Form agreeing to all the terms and

conditions specified therein. On the date of hire, a medical history form and fingerprinting shall be completed by the employee.

MHCO may reimburse the cost of a moving truck for newly hired CCW couples living at least 100 miles from campus, up to \$2000.

Applicants not chosen for employment shall be sent a deferral letter by the HR Specialist after the selection process ends. Records of all applications for employment shall be kept for two (2) years following receipt of the application packet. Deferred applications shall then be destroyed in-house if there are no investigations or grievances filed related to the application. The application shall be kept permanently if there is an investigation or grievance filed related to the application.

EMPLOYMENT QUALIFICATIONS

Personnel must possess the necessary education, experience, and training as established in the most current Job Description of specifications and requirements for the job for which they are employed. The HR Specialist shall conduct a review of personnel by verifying qualifications, formal education status, training, licensure, certifications, relevant experience, state-mandated registrations, and requirements from state or national professional organizations for the current standards of the position in which the individual is employed biannually and when the Job Description is updated. Similar verification shall be obtained for all contractors, consultants, volunteers, and interns providing direct care services or working with sensitive or confidential information.

Employees must continue to possess sound physical and mental health, good character, and personal qualities that will allow them to work with personnel, children, families, referral sources, and the general public. Personnel are subject to periodic or random background checks, drug testing, physicals, and mental health screening to maintain employment. Personnel with criminal convictions that adversely affect their ability to provide quality care for the position sought shall not be able to remain employed per the [Background Checks Policy](#). Employees must satisfactorily pass an independently administered drug test upon request of the Administrator. A physical examination with special emphasis on communicable diseases and mental health screenings to include a negative tuberculosis test shall be required annually to remain eligible to work and documented on a [Medical Evaluation Form](#). MHCO shall pay for any required medical examinations and may require that applicants use a specified physician's offices or other facilities for such examinations.

The Administrator must meet the requirements of Social Services Program Administrator I as defined by NC Office of State Human Resources per 10A NCAC 70I. The Job Description for the Administrator states qualifications as:

- attaining at least an advanced degree in a human service or management field from an accredited college or university,
- at least five (5) years of successful work experience in human services, business and personnel management, or a related field with two (2) years of in a supervisory capacity in that field and experience in residential group care as desirable,
- training and experience related to management of human resources and financial planning and management,
- the ability to project MHCO mission statement and vision to the public, and
- the ability to generate the revenue necessary to operate the programs of MHCO and to keep pace with community needs and projected growth.

The Job Description for Program Director, Program Clinical Coordinator, and supervisors' states qualifications as:

- attaining at least an advanced degree from an accredited college or university in a field related to MHCO's services or area of specialty,
- at least five (5) years of experience in a related field,
- assessed competence in the role, and
- some formal training or on-the-job orientation for a specified period to prepare them for management responsibilities.

Direct Care supervisors shall be trained in the science of counseling. Supervisors shall support, teach, educate, and provide back-up for CCWs when needed.

CCWs must be at least twenty-one (21) years of age and able to:

- read, write, and follow instructions in the English language,
- meet the minimum level of education, competency, work experience, skills, and other appropriate qualifications for the position,
- present the personal characteristics and experiential background to provide appropriate care to residents,
- gain respect,
- guide residents in development,
- manage a home effectively,
- participate in the overall program,
- present an emotional stability necessary to work with residents, and
- provide services in a culturally and linguistically competent manner.

CPR certification must be obtained within thirty (30) days of employment per [10A NCAC 70I .0405](#) if not already currently certified with a valid Red Cross certification card. CCWs must be certified by a national certification board in child care within two (2) years of employment, and have current training in First Aid, CPR, de-escalation, and identification of medical needs. Direct Care staff must obtain CPI certification within ninety (90) days of employment if not already currently certified with a valid CPI certification card. CCWs shall monitor residents, ensure residents follow rules, follow protocol at all times, and report safety concerns immediately to a supervisor. Marriage of at least one (1) year is preferable.

Overnight or emergency alternate employees providing direct care must meet the criteria for the position they are filling and work under the direct supervision of a fully qualified professional.

Authorizing Signatures

Administrator _____ Date _____

HR Specialist _____ Date _____

Policy Name:	Background Checks Policy
Domain:	Human Resources
Applies to:	Employees
Policy Location:	Y:/Forms/Policies and Procedures/Policies/Background Checks Policy.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017; 2/9/2018; 5/10/2019; 5/8/2020; 8/12/2022
References:	COA Administration and Management Standards (HR 2.03) Recruitment and Selection Procedure Vehicle Use Procedure 10A NCAC 70I .0302
<p>It is the policy of MHCO's Board of Directors that screening of applicants, employees, contractors, consultants, and interns include appropriate, legally permissible, and mandated reviews of criminal history records, driving records, credit reports, fingerprinting through the national database, sex offender registries, and child abuse and neglect registries. Driving records shall be checked to ensure insurability for MHCO vehicle use per the Vehicle Use Procedure. Personnel and applicants must possess sound physical and mental health, good character, and personal qualities that will allow them to work with personnel, children, families, referral sources, and the general public. Volunteers and guests of personnel staying overnight shall be screened using the Responsible Individuals List and sex offender registry.</p> <p>Applicants who are considered dangerous to residents or who have a prior criminal conviction arising out of a charge of child or elder abuse, crime against children, rape, sexual assault, homicide, domestic violence, or other offenses are prohibited from employment. Applicants who have a prior criminal conviction arising out of a charge of driving under the influence, assault, battery, drug-related offense, or other offenses over seven (7) years from the date of application may be considered for employment. Applicants shall sign a statement that they do not have a criminal, social, or medical history that will adversely affect capacity to work with children, families, personnel, referral sources, and the general public prior to employment.</p> <p>Personnel shall sign a statement that they do not have a criminal, social, or medical history that will adversely affect capacity to work with children, families, personnel, referral sources, and the general public annually. The HR s Specialist shall conduct reviews of criminal history records, Responsible Individuals List, and sex offender registry biennially or more often. The HR Specialist shall conduct reviews of driving records annually or more often. If a current employee, volunteer, or intern is arrested or under investigation for criminal charges, he or she shall inform the Administrator or Board of Directors immediately. The Administrator or Board of Directors may place the individual on a suspension of duty with or without pay until resolution of the case. Confirmation of mental health or substance abuse treatment completion may be requested for certain charges. If the individual is found guilty, he or she may be terminated from employment. If the individual is found not guilty, he or she may be able to return to duty upon approval of the Administrator in consultation with the Policy and Personnel Committee of the Board of Directors. If a current employee, volunteer, or intern is found to have a new criminal conviction, arrest, or investigation upon regularly scheduled or random background check that was not previously disclosed, he or she shall be terminated from employment. The Administrator shall comply with the criminal history requirements of the Executive Director as described in 10A NCAC 70I .0302.</p>	
Authorizing Signatures	
Chairman, Board of Directors _____	Date _____
Administrator _____	Date _____

	Employee Orientation
Domain:	Human Resources
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/2017; 2/9/2018; 5/10/2019; 5/8/2020; 8/12/2022; 11/10/2023
References:	Agreement of Compliance to Policies and Procedures Key Policy and Procedure Agreement Form Maintenance Key Issue Log Performance Evaluation 10A NCAC 70I .0405
<p>Each supervisor shall ensure that newly hired employees and those returning to work following an extended leave receive a comprehensive orientation on MHCO policies, procedures, Job Description, and any other directives that apply to employment and service delivery. Following orientation and training on these directives, the employee will sign an Agreement of Compliance to Policies and Procedures attesting that they are familiar with, understand, and shall comply with directives and MHCO policies and procedures. The signed form shall be given to the HR Specialist to place in the employee's personnel file.</p> <p>All employees are subject to a six (6) month orientation period. This period is used as a time wherein the employee has an opportunity to demonstrate his or her capabilities in the position. At the end of the first ninety (90) days, the supervisor shall complete a performance appraisal with the employee, and the employee shall be eligible to enroll in insurance coverage and earn leave. At the end of the six (6) month orientation period, the employee and MHCO shall decide whether they wish to continue or discontinue employment. The orientation period may be extended by the Administrator in a written statement to the employee specifying the duration of the extension, not to exceed ninety (90) days. Following the orientation period, the working relationship will continue as at-will employment.</p> <p>MHCO offers a 401(k)-approved retirement plan. MHCO matches 1% for every 1% each employee contributes to their 401(k) up to 6%, with a vesting schedule as defined in the 401(k) plan. After ten (10) years of employment, MHCO will put in 1.25% for every 1% employee contributes up to 6.0%(MHCO match will be up to 7.5%). After twenty (20) years of employment, MHCO will put in 1.5% for every 1% the employee contributes up to 6%MHCO match will be up to 9%). Full-time, permanent employees who have completed six (6) month orientation period are eligible to participate in this benefit, at the next open enrollment date of January 1st or July 1st each year. Employees may elect to contribute a portion of their salaries to this plan in an amount determined by the plan administrators and the law.</p> <p>An orientation training schedule shall be prepared for each new employee, approved by the HR Specialist, and followed without exception. Employees who do not believe that he or she has the necessary knowledge, skills, or abilities to perform their duties shall notify the supervisor promptly and request additional training or supervision. If an employee was not hired with a valid CPR certification, the employee shall obtain CPR certification within thirty (30) days of hire per 10A NCAC 70I .0405.</p> <p>Specific items for orientation include, but are not limited to:</p> <ul style="list-style-type: none"> • Mission, vision, and philosophy • Current goals and objectives • Policies and procedures • Licensing standards for the department to which the employee will be assigned • Resources available to the employee in conducting their job • Laws regarding reporting of child abuse and neglect • Authorized behavior support and management procedures 	

- Expectations for professional standards of conduct and code of ethics
- Job Description and employment requirements
- Organizational structure
- Grievance procedures and protections
- Residents' rights
- Resident confidentiality and privacy requirements
- Performance appraisal procedures
- Cultural and socioeconomic characteristics of resident population
- PQI program
- Fraternalization policies
- Procedures for work with special needs populations (i.e. language, hearing, sight, cultural, etc.)
- Conflict of interest policy

During orientation, CCWs shall demonstrate knowledge, skills, and abilities required to serve residents based on [Individualized Service Plans](#). Direct Care staff must obtain CPI certification within ninety (90) days of employment if not already currently certified with a valid CPI certification card. Supervisors shall complete a professional development course in supervision.

KEYS

The Maintenance Director shall coordinate and issue all keys for security and inventory. During orientation, new and returning employees shall be issued keys necessary to grant access to facilities necessary to accomplish job related responsibilities. The HR Specialist shall submit a new employee's name, job assignment, and first day of employment to the Maintenance Director. Prior to receiving keys, each employee shall sign a [Key Policy and Procedure Agreement Form](#) with the Maintenance Director. The HR Specialist shall keep the form in the employee's file.

Keys remain the property of MHCO and are to be used by the employee only while employed by MHCO. Employees shall not reproduce keys or obtain keys from any other source without the expressed, written permission of the Administrator. Other than CCWs at changeover, employees shall not transfer keys to another individual. The employee shall notify his or her supervisor and Maintenance Director of all keys that are lost or missing and may be charged a \$25 key fee. Employees may be charged up to \$150 for subsequent instances of lost keys or re-keying a lock.

The following guidelines shall be observed when handling keys for MHCO property:

- Keys shall not be loaned to anyone, even other personnel
- If an employee unlocks a door, he or she shall lock it once entered and not allow unauthorized individuals to follow into the area
- Never unlock a door for anyone unless authorized by the supervisor
- Never let anyone without a key follow into a locked room that was unlocked unless he or she is accompanying you
- Master keys shall not be utilized to gain entry to a building unless in an emergency or with authorization

The following employees have master keys and are fully authorized to enter all buildings and doors with master locks:

- Administrator
- Program Director
- HR Specialist
- Chief Financial Officer

- Program Clinical Coordinator
- Maintenance personnel
- Campus Resource Officer
- Housekeeping personnel
- PQI

The following employees have master keys and are partially authorized to enter all buildings and doors with master locks:

- Vocational Counselor
- Supervisors
- Donor Relations Coordinator
- Financial Development Assistant

The following employees have submaster keys and are authorized to enter doors on select buildings:

- Resident Advisors (Bemis and Flowers)
- CCWs (assigned buildings)
- Recreation (gymnasium)
- Program Assistant (food service areas)

ILP residents have apartment keys to gain access to select buildings and apartments. ILP residents shall notify the Resident Advisor if a key is lost and shall be charged a \$25 key fee. ILP residents may be charged up to \$150 for subsequent instances of lost keys or rekeying a lock.

Primary CCWs shall be issued one cottage key for each CCW. Both cottage keys shall be exchanged with Alternate CCWs at changeover.

The Maintenance Director shall keep spare keys, blanks, and key codes in the Maintenance Department key office. The Maintenance Director shall maintain an up to date [Maintenance Key Issue Log](#) to track keys, lock changes, codes, key cabinets, and other facility information. The Maintenance Director shall complete all lock changes. Med cart keys shall be returned to the supervisor and HR Specialist upon ending employment. All other keys shall be returned to the Maintenance Director immediately upon leaving employment and signing a receipt. Misuse, failure to return, or loss of keys shall result in appropriate disciplinary action and be charged for any needed lock changes.

	Work Schedules, Workload, and Timesheets
Domain:	Human Resources
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/2017; 5/11/2018; 5/10/2019; 5/8/2020; 8/12/2022; 11/10/2023
References:	<p>Timesheet</p> <p>Safety Procedure</p> <p>Conflict of Interest Policy</p> <p>Critical Incidents Procedure</p> <p>Non-Critical Incidents Procedure</p> <p>Organizational Chart</p>
<p>The working schedule for full-time employees other than CCWs will be five (5) days on with two (2) days off. Recreational and educational employees are expected to adjust their work schedules to be available to the residents at times convenient to the residents' schedules. Clerical personnel and general full-time employees will work forty (40) hours per week. The Administrator has the authority to adjust work schedules as necessary to provide the best possible care or treatment of the residents. Support personnel and other non-exempt employees shall adhere to work schedules as outlined in their Job Descriptions. Supervisors should not directly supervise more than eight (8) employees. Supervisors conducting MHCO business after hours shall adjust schedules to ensure that they are able to conduct regularly assigned duties and are not exceeding work expectations. Periodic work schedule or location adjustments for full time, exempt employees other than CCWs and Resident Advisors may be available upon supervisory approval.</p> <p>CCWs work a rotating schedule of twenty and one half (20 ½) days, twenty-four (24) hours per day on duty, followed by nine and one half (9 ½) days off duty. Work schedules for CCWs shall be prepared by the Program Clinical Coordinator and approved by the Program Director. The Chief Financial Officer shall maintain an official file copy of these schedules for the annual audit. Changes to schedules must be approved and initialed by the supervisor. Caseloads for CCWs should not exceed eight (8) residents. All employees, respective of their job classifications, may be required to work as CCWs in a cottage to provide additional coverage.</p> <p>Resident Advisors work a schedule of five (5) days, twenty-four (24) hours per day on duty, followed by two (2) days off duty. Work schedules for Resident Advisors shall be prepared by the Program Director. The Chief Financial Officer shall maintain an official file copy of these schedules for the annual audit. Changes to schedules must be approved and initialed by the Supervisor. Caseloads for Resident Advisors should not exceed ten (10) residents.</p> <p>Department heads shall annually review workloads to include time needed for effective supervision, case management, and collateral duties and shall make recommendations for changes to the Administrator for action. The HR Specialist shall conduct an annual review of the MHCO's organizational structure to ensure compliance with by-laws, state licensing standards, national accreditation standards, policies, procedures and other directives, and scrutiny of staffing patterns for efficiency and proficiency regarding MHCO's stated goals and mission. The Administrator shall conduct a review of the Organizational Chart with attention to staff efficiency and productivity with respect to MHCO's goals. The HR Specialist shall conduct an annual evaluation of the human resource needs and projections for the coming year in August. The report shall include a review of Job Descriptions, annual and initial Job Assignment Forms, any changes in Job Descriptions, projected needs and trends that may affect staffing, and areas for staff additions, adjustments, or reductions.</p>	

Employees shall complete timesheets monthly, noting leave taken and projected through the end of the month. The supervisor shall initial the timesheet and turn it in to the Assistant Finance Officer on the last working day prior to the twenty-first(21st) of each month, or earlier if requested, projected through the end of the month. Employees who are required to use a time clock shall make similar notations on timesheets and have them verified.

Employees may engage in secondary employment unless there is a direct or indirect conflict of interest, otherwise impairs the ability to perform all expected duties, to make decisions and carry out in an objective fashion the responsibilities of the position or interferes with MHCO business. CCWs may not engage in secondary employment while on duty. Employees with questions concerning secondary employment conflicts of interest should consult with the supervisor.

AFTER HOURS ON-CALL

All directors and supervisors are considered to have seven (7) -days-a-week, twenty-four (24) hours per day on-call availability if needed for informing, evaluating, and responding to program issues, crises, and decision-making events after hours. Resident Advisors and CCWs requiring support for resident issues should contact their supervisor first. Situations requiring additional information or support shall be processed with the Financial Development or an identified event point of contact as necessary. The employee addressing an after-hours issue shall communicate the incident to the most appropriate individual and provide documentation relating to the situation on the next business day. Supervisors shall document afterhours situations with residents on their caseloads in Kaleidacare.

The Program Clinical Coordinator, Program Director, or Administrator shall be contacted per the Safety Procedure, Critical Incidents Procedure, or Non-Critical Incidents Procedure in the event of an emergency after hours. Legal custodians shall be given access to the cell phone number if needed.

	Communication
Domain:	Human Resources
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/2017; 2/9/2018; 5/10/2019; 5/8/2020; 8/12/2022; 11/10/2023
References:	Prevent Child Abuse NC Benchmarks
<p>MHCO promotes open communication among all departments and related external social services agencies. Employees are also encouraged to participate and provide leadership in all associations to which MHCO is a member. In addition to the meetings listed below, employees are encouraged to attend and participate in:</p> <ul style="list-style-type: none"> • MHCO committees, councils, or teams, • local, state, and national child and family advocacy groups, • Prevent Child Abuse NC, and • Benchmarks. <p>Employees shall be responsible for the information discussed in meetings for which they are scheduled to attend. If the employee is not able to attend a meeting, they shall read the meeting minutes or discuss the topics with the meeting chairperson. Agendas for every meeting shall be distributed to those involved in the meeting beforehand. If desired, employees, residents, and volunteers shall furnish potential agenda items to the meeting chairperson the Friday before the next scheduled meeting. Residents, employees, or volunteers who have made formal suggestions or recommendations at any staff meeting or official meeting of MHCO shall have their suggestions or recommendations answered by the individual chairing the meeting in writing. A copy of the response shall be forwarded to PQI for review with the PQI Subcommittee and action recommendations. If deemed necessary, the suggestion or recommendation may be taken to the next quarterly meeting of the Board of Directors or the appropriate board committee meeting. Minutes shall be prepared for every meeting and shall be distributed to those involved in the meeting before the next scheduled meeting.</p> <p>The Administrator shall chair a department head meeting to discuss agenda items for each department. Individuals attending include the Program Director, Maintenance Director, School of Graphic Arts Manager, Chief Financial Officer, Vocational Counselor, Administrative Assistant, Program Clinical Coordinator, Financial Development and Communications Coordinator, and HR Specialist.</p> <p>The Administrator shall chair a monthly Executive administrative meeting with the Program Director and Chief Financial Officer to discuss campus agenda items.</p> <p>The Administrator shall chair a biweekly administrative team meeting to discuss agenda items for each department. Individuals attending include the Program Director, Chief Financial Officer, Vocational Counselor, Administrative Assistant, Program Clinical Coordinator and HR Specialist.</p> <p>The Administrator shall chair a quarterly meeting for all staff held on changeover day to discuss agenda items and information pertaining to all employees.</p> <p>Department heads shall hold regularly scheduled meetings with the group they supervise (e.g. monthly ILP program meeting, ILP interim meeting, Direct Care Program Team meeting, Direct Care staffing, monthly recreation meeting, etc.).</p> <p>A Staff Advisory Council shall meet quarterly to provide support staff with an opportunity to process issues, make suggestions, ask questions, and voice concerns and appreciation in a collective anonymous manner. The council shall be composed of non-supervisory staff (e.g. CCWs, Resident Advisors, Campus</p>	

Chaplain, Food Service, Maintenance Worker, School of Graphic Arts staff, In-Kind Gift Coordinator, Education Coordinator, Program Assistant, Assistant Finance Officer, Financial Development Assistant and Database Manager, Housekeeping, Museum Director, etc.). Facilitators shall report anonymous recommendations to the Administrator and PQI for submission and review by the Policy and Personnel Committee of the Board of Directors and PQI Subcommittee. PQI shall provide PQI Subcommittee action recommendations to the Administrator. The Administrator shall provide Policy and Personnel Committee of the Board of Directors action recommendations. The Administrator shall provide the Staff Advisory Council feedback based on the action recommendations of these committees.

Supervisors and CCWs shall hold cottage meetings with Direct Care residents conducive to the group's schedule. Resident Advisors shall hold cottage meetings with ILP residents. CCWs and Resident Advisors shall inform residents as to ways they can influence decisions and how to communicate feedback. Specific issues to be addressed shall come from the participants prior to or during the meeting and may include topics such as:

- activity planning
- chores
- social issues
- common living problems
- behavior support and management approaches

The Administrator, Program Director, or other department heads may issue memorandums. Memorandums by employees other than department heads shall be approved by the supervisor. A daily memorandum communicating important reminders and the upcoming week's schedule shall be prepared and emailed by the Administrative Assistant. Employees shall be responsible for the information contained in all memorandums.

Email is the preferred communication system at MHCO. Employees shall check and respond to email communication at least twice daily (i.e. beginning and end of the workday) while on duty. Employees shall respond to emails verifying receipt or by providing information requested if they were directly sent the email. Employees are not required to respond to emails in which they were named in the CC email line only.

Employees shall be responsive to phone calls throughout the workday. Employees shall check and respond to voicemail communication at least twice daily (i.e. beginning and end of the workday) while on duty. Employees shall change voice mail messages to reflect extended stays out of the office to include a forwarding phone number and supervisor contact information. Employees are encouraged to forward office phone calls to their cell phone if they will be away from the office.

There is an official bulletin board located in St. John's Administration building adjacent to the mailboxes. All employees are encouraged to read this bulletin board daily. Department heads, CCWs, supervisors, Recreation Director, or food service employees may post notices regarding their specific areas of responsibility. Information relevant to most employees, job vacancies, or official notices shall be posted on the official bulletin board.

	Mail
Domain:	Human Resources
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/2017; 8/10/2018; 5/10/2019; 8/12/2022
<p>Personnel and department mailboxes are located in the St. John's Administration Building. Only employees are authorized to pick up or deliver mail. Employees have an assigned mailbox. Memos and MHCO communications are often distributed by hard copy and delivered to mailboxes. Mailboxes are private and may contain confidential and sensitive information. At no time shall residents, members of a resident's family, guests, or employees' children or spouses be permitted access to mailboxes for any purpose. CCWs and Resident Advisors shall collect resident mail placed in the cottage mailbox and distribute the mail to residents. Residents eighteen (18) years and older may pick up mail addressed to them from the Administrative Assistant at the front desk in SJAB. Mail for previous residents shall be forwarded to the resident's new address or returned to the sender by the Administrative Assistant or Program Assistant.</p> <p>Former residents and staff must provide a forwarding address to MHCO and change their address with all businesses and contacts from which they receive mail. After residents and staff leave, the Administrative Assistant shall forward mail or return it to the sender if a forwarding address is not provided. The Administrative Assistant shall shred the mail if the individual has been gone for more than a year.</p>	

	Wages and Compensation
Domain:	Human Resources
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/2017; 5/11/2018; 5/10/2019; 8/12/2022
References:	NC Department of Labor Fair Labor Standards Act Minor Volunteer Parental/Guardian Consent Form
<p>A salary range shall be established in accordance with prevailing rates for similar work and commensurate with the duties and responsibilities of the employee position. A determination of the starting salary for new employees shall be made based on the employee’s qualifications, education, and experience as they relate to the position being filled. All part-time and non-exempt employees shall be compensated at a rate not less than established by NC Department of Labor or the Federal minimum wage, whichever is greater. The Chief Financial Officer and HR Specialist review salary ranges annually to ensure MHCO is competitive in the job market and benefits and salaries are commensurate with tasks assigned prior to determining the budget.</p> <p>The term personnel refer to both full-time and part-time (paid) employees as well as volunteers (unpaid non-employees). Hours of employment, holidays, vacation, sick leave, and salary shall be established by the Administrator on an individual basis and stated on the Job Assignment Form. Full-time employees are those who are scheduled to work thirty (30) hours or more per week.</p> <p>Part-time employees are those who are scheduled to work less than thirty (30) hours per week. Employees engaged on a part-time basis will receive, as compensation, a straight hourly rate established for the work to be done. Part-time employees are not granted paid sick leave, paid vacation, MHCO provided medical insurance, or holiday pay.</p> <p>On-call employees are those called to work as needed and are considered a category of part-time employees.</p> <p>Temporary employment is interpreted to mean full-time or part-time work for MHCO for a specified position not considered permanent.</p> <p>Exempt employees are defined as “employees, who because of their positional duties and responsibilities and level of decision-making authority are exempt from the overtime provisions of the Fair Labor Standards Act (Fair Labor Standards Act).” Non-Exempt employees are defined as “employees, who because of types of duties performed, the usual level of decision-making authority and the method of compensation, are subject to all Fair Labor Standards Act provisions including overtime. Non-Exempt employees are normally required to account for hours and fractional hours worked (Fair Labor Standards Act).”</p> <p style="text-align: center;">VOLUNTEERS AND INTERNS</p> <p>Volunteers are herein defined as those individuals working either full or part-time for MHCO who receive no compensation for their labors, including interns fulfilling internships. Volunteers, other than those serving on the Board of Directors, shall be subject to the same employment qualifications and scrutiny as employees. MHCO shall not utilize volunteers that are required for court ordered community service. Volunteers are divided into two categories:</p> <ul style="list-style-type: none"> • groups or individuals who come to campus and work with residents and employees less than once per month, and • groups or individuals who visit campus monthly or follow a set schedule. 	

Volunteers shall not be used in a direct care capacity and shall not have MHCO driving authorization. Volunteers are bound by the same policies, procedures, laws, and regulations as govern and direct compensated employees. A personnel file shall be kept on each volunteer that visits campus at least monthly or follows a set schedule s to include background check, agreements and compliances, performance evaluations, training, and orientation. Volunteers shall report to their immediate supervisor, the supervisors of the department in which they are completing duties, and the HR Specialist. Parents of volunteers who are under the age of eighteen (18) shall sign all forms to include the Minor Volunteer Parental/Guardian Consent Form. The background check of volunteers who are under the age of eighteen (18) shall include the sex offender registry check only.

MHCO works with several universities, colleges, and community colleges to provide field placements and internships for students. The HR Specialist shall ensure that the individual is qualified to work on campus by meeting all the criteria for employment as well as all the criteria for the school they are attending. Interns may be used in a direct care capacity and shall not have MHCO driving authorization. Interns are bound by the same policies, procedures, laws, and regulations as govern and direct compensated employees. A personnel file shall be maintained on all interns to include background check, job descriptions, agreements and compliances, school required evaluations, training, orientation, and medical information. The department head shall work directly with the school liaison to complete all necessary performance evaluations and accountability standards. Interns shall report to their immediate supervisor, the supervisors of the department in which they are completing duties, and the HR Specialist.

	Insurance
Domain:	Human Resources
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/2017; 10/11/2018; 5/10/2019; 5/8/2020; 11/11/2022; 11/10/2023
References:	Non-Critical Incidents Procedure Vehicle Use Procedure
<p>All insurance coverage begins immediately following a full ninety (90) days after the date of employment.</p> <p>MHCO shall provide and pay for 85% of the premium of medical and dental coverage as part of the group plan for all full-time, permanent employees. Employees have the option of adding coverage for their spouse or children at their own expense through payroll deduction. MHCO shall pay for 10% of the premium of dependent medical and dental coverage. Employees have the option to upgrade dental coverage at their own expense through payroll deduction.</p> <p>MHCO shall provide and pay for group life and accidental death and dismemberment coverage for full-time, permanent employees at no expense to the employee.</p> <p>MHCO shall provide and pay for unemployment insurance as required by NC law at no expense to the employee.</p> <p>MHCO does not provide insurance for any employee's personal property (e.g. storm, fire, vandalism, auto, theft, etc.). Employees shall assume responsibility for their own property whether they live on or off campus. Renter's insurance is strongly recommended as MHCO does not provide coverage for personal possessions in staff residences.</p> <p>MHCO does not offer paid long-term disability other than the coverage provided under Workers' Compensation.</p> <p>MHCO offers the following to employees to purchase at their own expense through payroll deduction</p> <ul style="list-style-type: none"> • Aflac short term disability insurance, cancer protection assurance, accident advantage, and plus rider • VSP vision coverage • ID Shield identify theft and legal shield coverage <p>MHCO shall provide adequate professional or officer's and director's liability insurance and protection for all employees, volunteers, interns, Board Members, and residents. Personnel and Board Members shall be bonded against theft and misappropriation.</p> <p>MHCO shall provide adequate automobile insurance to cover drivers of MHCO vehicles. All drivers shall provide certification of personal automobile insurance with liability coverage amounts equal to or greater than the amounts required by NC law. In rare instances in which an employee must transport a resident or conduct MHCO business in his or her personal vehicle, MHCO requires automobile insurance minimums of \$100,000 bodily injury per person/\$300,000 each accident/\$100,000 property damage each accident. Employees shall follow directives per the Vehicle Use Procedure.</p> <p>Other adequate insurance policies shall be obtained for disability, fire, theft, medical, indemnification, property, cyber security, and casualty. An umbrella insurance policy shall be provided to cover additional risks not covered under other insurance policies such as cybersecurity. Additionally, some professional</p>	

associations provide coverage for members in good standing. Board Members and personnel shall be notified annually of insurance coverage related to the scope of their activities performed for MHCO at orientation and at the time of insurance renewal.

Insurance paid by MHCO ends on the last day of employment.

WORKERS' COMPENSATION

MHCO shall provide adequate [Workers' Compensation](#) insurance. This insurance applies to bodily injury by accident or by disease and includes bodily injury resulting in death. The covered bodily injury must occur during the policy period of that carrier and MHCO and the injuries must occur or be aggravated by the conditions of employment. The insurance does not include:

- injuries that result from a violation of the law,
- bodily injury intentionally caused or aggravated by the employee,
- injury occurring outside the United States of America
- fines or penalties imposed for violations of law, or
- accidents or injuries that occur while on time off.

Other conditions may apply and the claimant should familiarize him or herself with these limitations and laws. Additionally, injured employees must abide by several specific guidelines if they are to remain eligible for this benefit. Failure to comply with the provisions of this directive and the insurance carrier will result in the loss of benefits. The following are included:

- Provide for immediate medical and other services required by the workman's compensation law.
- Report with written documentation the accident to the claims representative (i.e. Chief Financial Officer) immediately following the injury.
- Promptly surrender all notices, demands and legal papers related to the injury, claims, proceeding, or suit.
- Cooperate with the insurance carrier representatives in their requests for information.
- Do nothing to hamper the insurance carrier's investigation.
- Do not voluntarily make payments, assume obligations, or incur expenses, except at personal cost.

All employees that are injured on the job, regardless of severity, are required to submit to a post-accident drug test within twenty-four (24) hours of the incident when sent to the physician's office per the [Non-Critical Incidents Procedure](#). The injured employee shall arrange for testing. Failure to comply will be grounds for denial of benefits. A drug test form may be obtained from the HR Specialist. If a drug test form cannot be obtained, the employee shall request the doctor administer a drug test with results forwarded to MHCO. All employees must agree to adhere to the directives of the medical care provider of the [Workers' Compensation](#) insurance carrier's choosing. Employees shall follow other directives per the Non-Critical Incidents Procedure. Nothing herein should be deemed to abrogate any employees' right to independent counsel.

Policy Name:	Leave								
Domain:	Human Resources								
Effective Date:	2/2/2009								
Date(s) of Revision:	5/12/2017; 11/9/2018; 5/10/2019; 5/8/2020; 11/11/2022; 11/10/2023								
References:	Family and Medical Leave Act Leave Request Form FMLA Request Form General Notice WH Publication 1420 WH-381 Form Notice of Eligibility Work Schedules, Workload, and Timesheets								
VACATION									
<p>Paid vacation days are provided for all permanent, full-time, administrative and support employees after completion of their ninety (90) day orientation period. Employees may carry over vacation days from year to year with a maximum accumulation of thirty (30) days as of the last day of the calendar year. CCWs and Resident Advisors are not entitled to vacation leave as they receive consecutive days off duty for each duty cycle per the Work Schedules, Workload, and Timesheets section.</p> <p>After the ninety (90) day orientation period, permanent employees will earn paid vacation time at the end of each month employed at an accrual rate in accordance with the following schedule:</p> <table> <tr> <td>Employment at MHCO</td> <td>Monthly Accrual Number of Vacation Days</td> </tr> <tr> <td>90 days – 5 years</td> <td>0.83 days/month 10 days/year (prorated the first year)</td> </tr> <tr> <td>6 – 10 years</td> <td>1.25 days/month 15 days/year</td> </tr> <tr> <td>11 + years</td> <td>1.67 days/month 20 days/year</td> </tr> </table> <p>The number of vacation days earned each year will be based on the number of years of service completed on the last day of the preceding calendar year.</p> <p>Vacation leave must be scheduled and approved by the employee’s direct supervisor. The minimum amount of vacation time that may be taken is one-half (1/2) day. If a holiday falls during the vacation period, the employee will not be charged a vacation day for that day. However, no allowance is made for sickness or other incapacity occurring during a vacation period.</p> <p>Permanent, full-time, administrative and support employees required to work the Masonic Homecoming Festival may choose another workday to be off duty as approved by their supervisor. The workday should be taken after the Masonic Homecoming Festival through March 31 of the following year. Part-time employees shall put the hours worked on their timesheet for payment.</p> <p>Requests for vacation shall be submitted via official Request for Time Off Form at least two (2) weeks in advance and must be approved by the employee’s supervisor. Additional minor vacation leave requests are at the discretion of the supervisor.</p> <p>All employees shall work during regular working hours during inclement weather unless otherwise notified by their supervisor. If an employee deems the weather conditions to be unsafe for travel, the employee shall notify his or her supervisor and the absence will require use of the employee’s accrued vacation leave per the Safety Procedure.</p>		Employment at MHCO	Monthly Accrual Number of Vacation Days	90 days – 5 years	0.83 days/month 10 days/year (prorated the first year)	6 – 10 years	1.25 days/month 15 days/year	11 + years	1.67 days/month 20 days/year
Employment at MHCO	Monthly Accrual Number of Vacation Days								
90 days – 5 years	0.83 days/month 10 days/year (prorated the first year)								
6 – 10 years	1.25 days/month 15 days/year								
11 + years	1.67 days/month 20 days/year								

SICK

Sick leave is earned by permanent, full-time employees at the end of each month employed at a rate of eight (8) hours per month beginning after the ninety (90) day orientation period. Sick leave is intended to be used for personal illness of the employee, medical care, dental care, or funeral.

Sick leave may be taken in increments of one half (1/2) day or whole days. No less than one half (1/2) day may be deducted for any sick leave absence from duty. Sick leave may not be taken in conjunction with vacation leave. An employee's sick leave allowance begins with the first day of illness or injury provided the supervisor is notified prior to the regularly scheduled time the employee is to begin work. Sick leave continues if needed or until the employee's sick leave accrual is exhausted. MHCO may require documentation from a medical doctor to justify the employee's absence from work after three (3) days. If an employee has a medical appointment, he or she is expected to return to work after the appointment unless the doctor gives a written notice stating that the employee may not return to work, or the appointment ends after the end of the workday.

Employees may use sick days as personal days in cases where the employee needs time off for the sickness or incapacitation of a family member, and prior approval has been received from the supervisor. The employee shall ensure that his or her workload permits time off and make reasonable effort to provide his or her own replacement for workload coverage.

An employee may accumulate and carry forward a maximum of ninety (90) sick days or seven hundred and twenty (720) hours from year to year. If an employee is terminated or resigns, he or she will not be paid for any accrued sick leave.

The Administrator may advance sick leave to an employee that has exhausted his or her sick leave because of a major operation or illness. If the employee resigns or is terminated, prior to having worked the full amount of leave advance, he or she shall repay the remaining portion, which may be withheld from the final paycheck. Payment shall be based on the employee's daily pay rate.

The supervisor shall direct an employee to take sick leave if:

- the employee's presence at work might endanger his or her own health or that of other employees or residents,
- the employee has a fever over 100,
- the employee has to observe a voluntary or mandatory quarantine from any health authority,
- the employee is not fully able to perform his or her job satisfactorily due to health reasons, or
- the employee is tardy or leaves from work early without proper authority due to sickness.

Employees with a fever over 100 should inform their supervisor and not return to work until the fever is below that level and symptoms are gone after twenty-four (24) hours without the use of fever reducing medication.

BEREAVEMENT

Bereavement leave, of up to three (3) days, is provided for all full-time employees. If more than three (3) days are needed by an employee, the time off can be approved by the employee's supervisor and sick or vacation time may be used. Bereavement leave is intended to be used for grieving the loss, preparing for and attending a funeral, and/or attending to immediate post-death matters for an immediate family member. An immediate family member includes spouse, parents, children, grandparents, parents-in-law, siblings, and individuals who live in the same home.

RECOGNIZED HOLIDAYS

MHCO closes offices on the following holidays:

- New Year's Day
- Martin Luther King, Jr. Birthday
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving (Thursday & Friday)
- Christmas (December 24, 25, & 26)

Holidays that fall on Saturdays shall be observed on the preceding Friday. Holidays that fall on Sundays shall be observed on the following Monday.

Because of the responsibilities of operating a residential facility, MHCO is required to have staff coverage during all holidays. CCWs are not entitled to time off duty for holidays as they receive 9.5 consecutive days off duty each duty cycle and the nature of the scheduling ensures rotation and equality over an extended period of time. Holiday pay shall be granted for CCWs and Resident Advisors required to work on MHCO recognized holidays when the offices are closed as listed above. Holiday pay shall not be paid to any employee who is receiving sick leave or [Workers' Compensation](#) benefits for the day on which the holiday occurs. If an employee resigns from employment on a holiday, no payment will be added for the holiday.

PROFESSIONAL

Time to attend professional meetings, workshops, certificate training programs, or visits to other campuses shall be arranged without loss of pay at the discretion of the supervisor. Requests for leave to attend professional meetings must be submitted in writing to the supervisor at least two (2) weeks before such leave commences. Professional leave will be utilized in a pursuit supportive to the employee's position at MHCO or for enhancement of a promotion opportunity related to the purpose of MHCO.

MILITARY

Employees shall be granted time off for active duty in the uniformed services for a period not to exceed three (3) weeks annually. Employees are required to notify the supervisor as to the dates of the active duty period(s) as required by law. Special provisions of [FMLA](#), as amended by Section 585 of the National Defense Authorization Act for FY 2008, apply to all employees associated with the military. Specifically, MHCO recognizes rights and duties under the [Uniformed Services Employment and Reemployment Rights Act \(USERRA\)](#) provides employment and reemployment rights for members of the uniformed services, including veterans and members of the Reserve and National Guard. Under [USERRA](#), service members who leave civilian jobs for military service can perform duties with the knowledge that they will be able to return to their jobs with the same pay, benefits, and status they would have attained had they not been away on duty. [USERRA](#) also prohibits employers from discriminating against these individuals in employment because of service.

PERSONAL

MHCO shall provide paid personal leave for employees to take time off for small necessities (e.g. attending school functions, urgent personal or family matters, etc.). Personal leave is earned at the end of each month employed at a rate of two (2) hours of leave per month, with maximum accumulation of twenty-four (24) hours. A maximum of four (4) hours personal leave may be used at any one time, and a minimum of thirty (30) minutes of personal time will be charged with a qualified absence. Personal leave can be used only within the calendar year earned and cannot be carried over into the next year. An

employee's supervisor must approve all personal leave. Personal leave is not to be used in addition to or in conjunction with vacation leave.

Unforeseen instances of parenting responsibility also occur whereby a child of an employee might need to spend a limited time at the office (e.g. day care closing unexpectedly, the child is out of school, etc.) with supervisory approval. In isolated situations, the child may be in close proximity of his or her parent at the office with supervision. The child shall not remain in unsafe areas unsupervised (e.g. weight room, maintenance shop, etc.). The employee shall not request other employees to provide supervision. The employee shall assume all risk associated with his or her child on campus. An employee may not bring his or her sick child to work if the child is contagious or running a fever. Sick children of employees living on campus who are contagious or running a fever should avoid common areas and contact with MHCO residents.

COURT SERVICE

MHCO will authorize paid time off for employees called to jury duty or to appear as a witness in a court case. Employees may keep per diem received by the court system for serving on jury duty.

Employees shall not be compensated for time lost away from duties for:

- court appearance as a defendant,
- through legal actions brought about by the employee against others, or
- as a witness for a person or for an organization operated for profit.

FAMILY AND MEDICAL LEAVE ACT

MHCO will comply with the requirements of the [Family Medical Leave Act \(FMLA\)](#). In instances not covered by [FMLA](#), MHCO may, at its discretion, place the employee in his or her former job position, if upon return from extended leave, if available. If the position is not available, he or she may be placed in an equivalent position or placed in a preferential hiring status.

In the event future amendments to the [FMLA](#) policy conflict with the MHCO policy, provisions of enacted amendments to the [FMLA](#) policy shall supersede this policy. [FMLA](#) is intended to balance the demands of the workplace with the needs of families. MHCO's policy is intended to allow employees to take reasonable unpaid leave (up to 12 workweeks) for an employee's own serious health condition, for the birth or adoption of a child, for the placement of a child with an employee for foster care, or for care of a spouse or parent who has a serious health condition.

[FMLA](#) applies to all full-time employees of MHCO who have worked at least twelve (12) months with MHCO and who have worked a minimum of 1,250 hours during the twelve (12) months immediately preceding the start of the leave. Employees are eligible to take up to twelve (12) weeks leave at any time during a twelve (12) month period. MHCO utilizes a twelve (12) month rolling period to determine when the twelve (12) weeks of leave entitlement occurs. Under the rolling twelve (12) month period, each time an employee takes [FMLA](#) leave, remaining leave would be any balance of the twelve (12) weeks that has not been used during the immediately preceding twelve (12) months.

The HR Specialist shall give a copy of the [General Notice WH Publication 1420](#) to new employees during orientation. If the HR and Training Coordinator suspects an employee may need FMLA, he or she shall give a copy of a completed [WH-381 Form Notice of Eligibility](#) to the employee.

MHCO will grant eligible employees [FMLA](#) leave under the following conditions:

- a serious health condition of the employee,
- to care for the employee's spouse, child, or parent due to a serious health condition,
- birth or adoption of an employee's child, or

- placement of a child with the employee for foster care.

An employee and his or her spouse who are both eligible for [FMLA](#) and are both employed by MHCO are permitted to take only a combined total of twelve (12) weeks leave during a rolling twelve (12) month period if the leave is taken for:

- the birth or adoption of a child by the employees,
- placement of a child with the employees for foster care, or
- care of the employee's parent(s) due to health condition. (A serious health condition of a parent-in-law is not covered under [FMLA](#).)

An employee and his or her spouse who are both eligible for [FMLA](#) leave and are both employed by MHCO are permitted to take twelve (12) weeks of leave each during a twelve (12) month period if the leave is taken for:

- care of the spouse,
- a serious condition of the employee, or
- a serious health condition of a son or daughter.

An employee is eligible for [FMLA](#) leave for a qualifying exigency related to the active duty service by the employee's spouse, child, or parent who is a service member with the National Guard or Reserves. An employee is eligible for twenty-six (26) weeks of [FMLA](#) leave within a twelve (12) month period to care for a spouse, son, daughter, parent or next of kin who is a member of the armed forces with a serious injury or illness incurred while on active duty.

Spouse is defined as a husband or wife as defined in accordance with applicable state law, including common law marriages where recognized by the state of NC. Son or daughter is defined as a biological, adopted, foster child, stepchild, a legal ward, or a child of a person standing in loco parentis, who is either under the age of eighteen (18) years, or eighteen (18) years of age or older and "incapable of self-care because of physical or mental disability." Parent is defined as a biological parent of an employee or an individual who stands or stood in loco parentis to an employee when the employee was a child.

[Department of Labor](#) regulations state that parents-in-law are not parents for these purposes. "In loco parentis" includes those persons with day-to-day responsibilities to care for and financially support a child or, in the case of an employee, who had such responsibility for the employee when the employee was a child. A biological or legal relationship is not necessary. A serious health condition is defined as an illness, injury, impairment, or physical or mental condition that involves one of the following:

- Hospital Care: Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.
- Absence plus treatment: A period of incapacity of more than three (3) consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition) that also involves treatment two (2) or more times by a health care provider, by a nurse or physician's assistant under the direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by a health care provider, or treatments by a health care provider on at least one (1) occasion that result in a regimen of continuing treatment under the supervision of a health care provider.
- Pregnancy: Any period of incapacity due to pregnancy, or for prenatal care.
- Chronic Conditions Requiring Treatments: A chronic condition that requires periodic visits for treatment by a health care provider, or by a nurse or physician's assistant under the direct supervision of a health care provider, continues over an extended period of time (including recurring episodes of a single underlying condition) and, may cause episodic rather than continuing periods of incapacity (e.g., asthma, diabetes, epilepsy, etc.).

- Permanent/Long-term Conditions Requiring Supervision-period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.
- Multiple Treatments (Non-Chronic Conditions): Any period of absence to receive multiple treatments (including any period of recovery there from) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), or kidney disease (dialysis).
- Health care provider is defined as a Doctor of Medicine or osteopathy who is authorized to practice medicine or surgery by the state in which the doctor practices. Others capable of providing health care services include podiatrists, dentists, clinical psychologists, optometrists, chiropractors, nurse practitioners, nurse-midwives, and clinical Social Workers authorized to practice in the state and performing within the scope of their practice as defined by state law. A health care provider is any practitioner from whom an employer or the employer's group health plan's benefits manager will accept certification of the existence of a serious health condition to substantiate a claim for benefits.
- Authorized to practice in the state means that the provider must be authorized to diagnose and treat physical or mental health conditions without supervision by a doctor or other health care provider.

An employee may take [FMLA](#) leave in intermittent blocks of time due to treatment of a serious health condition of the employee, or a family member (child, spouse, or parent), or reduce his or her usual number of working hours per workweek/work period, or hours per workday. [FMLA](#) leave time must be taken in a minimum of one (1) hour increments. However, MHCO recommends that employees utilize [FMLA](#) leave time in half (1/2) day increments whenever possible. If this is not provided within thirty (30) days, additional certification may be necessary, as well as approval by the Administrator before [FMLA](#) is granted. An employee is required to provide a minimum of thirty (30) days written notice, when practical, of his or her intention to take [FMLA](#) leave. Adoption intentions should be reported to the employee's immediate supervisor as soon as reasonably possible. An employee will be required to provide MHCO with written certification from a qualifying agency, social services, and/or health care provider for the adoption of the employee's child, or the placement of a child with the employee for foster care on or before the date the [FMLA](#) leave is approved.

An employee is required to provide MHCO with written medical certification from a health care provider, on a form to be provided by MHCO, to support his or her [FMLA](#) leave request either to care for the employee's seriously ill family member, or for leave due to a serious health condition that makes the employee unable to perform the functions of his or her job. When the certification provides a minimum duration or more than thirty (30) days, MHCO may not obtain recertification until that minimum period has passed. However, for pregnancy, chronic, or permanent/long-term conditions covered by [FMLA](#), MHCO may request recertification as often as every thirty (30) days in connection with an absence of an employee. Recertification will be required whenever an employee requests an extension of leave, or there has been a significant change of circumstances since the previous certification (such as medical complications, or a change in the duration or nature of illness) or MHCO receives information that casts doubt upon the continuing validity of the previous certification. An employee is required to provide the medical certification at time of leave request or within fifteen (15) days of request for [FMLA](#) leave. MHCO may require a second medical opinion at its own expense.

MHCO will give notice to an employee that leave, paid or unpaid, is being counted as [FMLA](#) leave, when this has been established. In circumstances where there is a lack of sufficient information about the reason for an employee's use of [FMLA](#) leave, the HR Specialist may inquire further of an employee to ascertain whether the leave should be counted against the [FMLA](#) allotment. Once the HR Specialist has acquired knowledge that accrued paid leave is being taken for a [FMLA](#) purpose, the employee will be notified that the leave is being designated as [FMLA](#) leave. If it is learned that a leave is for [FMLA](#) purposes after the leave has begun, the entire or some portion of the leave may be retroactively counted as [FMLA](#) leave, to the extent it qualified. MHCO will notify the employee that leave is being designated as [FMLA](#) leave. [FMLA](#) leave is unpaid. MHCO may require use of vacation and or sick leave accrual for all or part of an employee's eligible [FMLA](#) leave. The use of vacation days does not extend [FMLA](#) leave period beyond the maximum twelve (12) weeks. When an employee's serious health condition prompts the leave, and it is work-related, it will be a paid leave under [Workers' Compensation](#), if the requirements for [Workers' Compensation](#) benefit payments are met. The [FMLA](#) leave will run concurrently with [Workers' Compensation](#). If an employee is considered a "key employee" as defined by [FMLA](#), they may be denied restoration of employment following [FMLA](#) leave, due to substantial and grievous economic injury to the employer as result of their absence. An employee may be required to submit periodic reports via phone or in writing, standard or electronic, regarding status and intent to return to work, for predetermined intervals. If these are not provided, any paid leave being used may be denied. If an employee returns to work earlier than the date indicated on the approved [FMLA](#) leave paperwork, the employee must provide written notice two (2) days prior to the date the employee intends to return to work. In cases of medical leave, the employee may be required to submit written authorization to return to work from a health care provider. If a holiday occurs during a week when a full week of [FMLA](#) leave is taken, the holiday is counted against the employee's [FMLA](#) entitlement.

During [FMLA](#) leave, MHCO will maintain the same health benefits (i.e. medical and prescription) on behalf of an employee that were provided prior to taking [FMLA](#) leave. If MHCO provides a new health plan or changes benefits or plans while an employee is on [FMLA](#) leave, the employee is entitled to the new or changed plan and benefits to the same extent as if the employee were not on leave. MHCO will provide notice of any opportunity to change plans or benefits to an employee on [FMLA](#) leave. Coverage will continue for Accidental Death and Dismemberment. MHCO will pay the full premium for up to twelve (12) weeks of [FMLA](#) leave. If an employee had previously elected Basic Group Term Life Supplemental Life, Personal Accident Insurance, & Portable Term Life Insurance, he or she may continue coverage during [FMLA](#) leave as long as he or she pays the employee share of the premium. Any portion of benefits premiums that had been paid by MHCO prior to [FMLA](#) leave will continue to be paid by MHCO during the [FMLA](#) leave period. Any portion of benefits premiums that had been paid by the employee prior to [FMLA](#) leave must continue to be paid by the employee during the [FMLA](#) leave period. If premiums are raised or lowered, the employee would be required to pay the new premium rates. An employee, who leaves to perform military service, may elect to continue existing employer-based health plan coverage for him or herself and dependents for up to twenty-four (24) months while in the service. An employee shall be reinstated in MHCO's health plan when reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries. If an employee is receiving an MHCO paycheck while on [FMLA](#) leave, his or her portion of premiums will be paid by the normal method of payroll deduction. When [FMLA](#) leave is unpaid, an employee may pay his or her premiums by submitting a check made payable to MHCO to the CFO for the total amount of the premiums that would be due during the entire [FMLA](#) leave, in advance of taking the leave, or a monthly check made payable to MHCO to the CFO in the amount of the monthly premiums paid by an employee prior to the [FMLA](#) leave. An employee has an obligation to pay his or her share of the premium payment. If an employee misses payment, the CFO, as a reminder of missed payment, will send a certified letter to the employee. MHCO's obligation to maintain coverage ceases if an employee's premium payment is more than thirty (30) days late. MHCO will provide fifteen (15) days written notice

that premium payment has not been received before ceasing coverage. If coverage of any employee-paid benefit lapses due to non-payment of the premium by the employee, coverage will be reinstated upon return to active status without the requirement to provide evidence of insurability, to meet pre-existing condition limitations, or to satisfy a waiting period. An employee is considered on inactive status while on [FMLA](#) leave and will not accrue vacation time or personal time. Sick time will continue to accrue at the regular rate during the [FMLA](#) leave period for eligible employee.

An employee returning from [FMLA](#) leave must notify his or her supervisor and the HR Specialist of his or her intent to return to work at least two (2) weeks prior to the return date. The Program Director will notify the CFO to return the employee to active status upon his or her actual return. An employee whose [FMLA](#) leave occurred because his or her own serious health condition is required to provide certification from a health care provider that he or she is fit to return to work. This certification is for the health condition that caused the employee's need for [FMLA](#) leave. An employee who fails to provide such certification will not be able to return to work. Upon return to work from [FMLA](#) leave, an employee is entitled to be returned to the same or equivalent position with equivalent pay, benefits and working conditions of employment. Equivalent is defined as the same paying position, benefits, and working conditions, including privileges, perquisites, and status. It must involve the same or substantially similar duties and responsibilities, which require equivalent skill, effort, responsibility, and authority. If an employee fails to return to work on the designated [FMLA](#) leave return date or notify MHCO of his or her intent regarding return to work, the employee will be deemed to have resigned from MHCO as of the [FMLA](#) leave return date and all benefits will cease.

A "key employee" for the purposes of this policy, is a salaried [FMLA](#) leave eligible employee who is among the highest paid ten percent (10%) of employees employed by MHCO. Key employees of MHCO are eligible to take [FMLA](#) leave; however, MHCO may deny restoration of position to any employee who has key employee status if necessary to prevent substantial or grievous economic injury to the operations of MHCO. MHCO will consider its ability to replace, on a temporary basis, or temporarily do without the employee on [FMLA](#) leave. If permanent replacement is unavoidable, the cost of reinstating the employee would be considered in evaluating whether substantial and grievous economic injury will occur from restoration. A key employee who requests [FMLA](#) leave will be notified in writing by his or her supervisor at the time of the request of his or her status as a key employee and that reinstatement may be denied upon return to work from [FMLA](#) leave.

Employees not eligible for leave under [FMLA](#) may be allowed a leave of absence not to exceed six (6) weeks with no salary paid upon prior approval by the Administrator and CFO. MHCO provided insurance may continue with MHCO paying the cost of the insurance as normal, not to exceed the six-(6) week period of leave. The employee may return to work as permanent employment in his or her previous job position, if available. The employee must present the HR Specialist with a medical release stating that he or she is physically able to return to work on a full-time basis. If the employee does not return to work on the date of the end of leave without notifying the supervisor, he or she shall be considered as having resigned employment without notice as of the date such leave was originally granted. The employee must remit their monthly portion of the insurance premium by the 28th of the month to the CFO.

Policy Name:	Ending Employment
Domain:	Human Resources
Effective Date:	2/2/2009
Date(s) of Revision:	5/10/2019; 5/8/2020; 8/12/2022; 11/10/2023
References:	Consolidated Omnibus Budget Reconciliation Act (COBRA) Organizational Chart Information Technology Policy

Employees will be entitled to payment of unused vacation earned but not taken by the date employment ends. MHCO does not pay out accrued sick time at the end of employment, unless included in a retirement package. Insurance paid by MHCO ends on the last day of work. Employees shall return all MHCO-provided supplies, property, and computer equipment, including software, hardware or computer accessories to the supervisor on or before the last day of work. Employees shall return all case files and records to the supervisor on or before the last day of work. The IT Point of Contact shall change access rights to MHCO computer software and records sites, remove contact information from internal publication, and take the employee out of the CodeRed notification system on the last day of work.

Employees living in MHCO owned property must arrange for a final inspection of the property and inventory through the Chief Financial Officer upon departure per the Facility Use Procedure. Employees shall vacate these facilities by the end of the day on the date employment ends directly after inspection unless specific approval for up to an additional two (2) weeks is authorized in writing by the Administrator upon resignation but not termination. Any keys assigned to the employee shall be returned to the Maintenance Director on or before the last day of work or move out. The Chief Financial Officer shall compute monetary adjustments or reimbursements for deposits or damages as part of the final payroll settlement. The final paycheck will be direct-deposited in the employee's bank account and a check stub will be sent to the forwarding address. Employees may choose to continue health benefits under the Consolidated Omnibus Budget Reconciliation Act (COBRA).

The HR Specialist shall arrange for an exit interview with all employees ending employment on or before the last day of work. The HR Specialist shall forward a copy of the results of exit interviews to the Administrator and employee's department head for review. The HR Specialist shall forward results of exit interviews to PQI for aggregated review with the PQI Subcommittee and action recommendations.

The HR Specialist will provide dates of employment and last position held to references upon request.

RESIGNATION

Employees wishing to resign shall submit a notice of intent at least ten (10) working days prior to the effective date with forwarding address. The Administrator and department heads shall submit a thirty (30) day notice prior to resignation. Resignation is effective the last day the employee worked. Any employee who is absent for three (3) consecutive working days without reasonable cause or proper notification will be considered as having resigned effective at the close of the last full day the employee worked. Employees who resign may visit campus upon approval by the Administrator.

RETIREMENT (EFFECTIVE 1/1/2021)

MHCO offers a 401(k)-approved retirement plan. MHCO matches 1% for every 1% each employee contributes to their 401(k) up to 6%, with a vesting schedule as defined in the 401(k) plan. After ten (10) years of employment, MHCO will put in 1.25% for every 1% employee contributes up to 6% (MHCO match will be up to 7.5%). After twenty (20) years of employment, MHCO will put in 1.5% for every 1% the employee contributes up to 6% (MHCO match will be up to 9%). Full-time, permanent employees who have completed a six (6) month orientation period are eligible to participate in this benefit at the next

open enrollment date of January 1st or July 1st each year. Employees may elect to contribute a portion of their salaries to this plan in an amount determined by the plan administrators and the law.

Full time employees qualify for retirement when they meet all of the following:

- over the age of sixty-two (62),
- over ten (10) years of tenure, and
- the sum of age and tenure must be equal to or greater than eighty (80) for employees other than CCWs, and one hundred sixty (160) for CCW couples.

Age and tenure may be calculated each half year. CCWs may qualify if one (1) of the couple meets both criteria and the sum of age and tenure for both of the couple is equal to or greater than one hundred sixty (160). Employees who qualify for retirement will be offered a retirement package at the time they earn qualification, age sixty-two (62), age sixty-five (65), and age sixty-seven (67). The Chief Financial Officer shall contact the employee for a meeting to discuss the offering with specifics before the qualification period. At each offering, the employee will have three (3) months from the time of the offer to consider the package and accept or deny the package. If the employee accepts the package, the retirement date will be set for one (1) month after the date of acceptance. Key employee retirement dates will be set for three (3) months after the date of acceptance. CCW retirement dates will be set for the last day of the twenty (20) day cycle after the date of acceptance. If the employee denies the package, he or she will not be eligible for the package until the next offering. The final offering will occur at age sixty-seven (67) or upon qualification, whichever comes later. If the employee denies the final offering, he or she will be entitled to unused vacation earned but not taken by the date employment ends only.

The retirement package will include the following paid on a monthly payroll schedule through direct deposit until completion of the package payments:

- Accrued vacation leave up to thirty (30) days
- 50% of sick time accrued not to exceed sixty (60) days total
- Three (3) months of salary for ten (10) to twenty (20) years of service or four (4) months of salary twenty (20) years of service or more

Benefits and leave accrual will end on the last day of work. The salary amount will be calculated based upon the last day of work and will not include bonuses or raises given after the last day of work. Payments will cease upon the untimely death of the retiree during the retirement package payments. Retirement is effective the last day the employee worked. Employees who retire may visit campus upon approval by the Administrator.

TERMINATION

An employee may be terminated at any time if his or her performance continually fails to meet minimum performance standards. Employment of an individual at MHCO is "at-will" and of indefinite duration. MHCO may terminate employment at any time, with or without notice and for any cause unless there is a specific law to protect employees or there is an employment contract providing otherwise. Certain actions, among others, which shall lead to immediate termination to include, but not limited to:

- Verbal, physical, or sexual abuse of residents or employees
- Use of alcohol or drugs while on the job, while operating MHCO vehicles, or reporting to work under the influence of such or with the odor of alcohol on his or her breath
- Bringing alcoholic beverages, illegal drugs, or other intoxicants on campus or while conducting MHCO business
- Fighting or attempting bodily injury to any person on MHCO property
- Engaging in any conduct violating common decency or morality
- Any conduct deemed to be grossly unprofessional

- Conviction of any felony
- Citations for unsafe operation of a vehicle while transporting residents
- Sexual harassment or discrimination
- Sexual relations between employees and MHCO residents, residents' family members, or other current or previous stakeholders, except in cases of sexual relations for married couples
- Fraternalization between employees and MHCO residents, residents' family members, or other current or previous stakeholders except in cases of fraternalization for married couples
- Commission by the employee of any act of moral turpitude

Certain actions, among others, which may lead to termination to include, but not limited to:

- Absence from work without proper authorization
- Excessive absenteeism or tardiness
- Working in excess of forty (40) hours per week without Administrator approval for employees other than CCWs and Resident Advisors
- Insubordination
- Any action or behavior which jeopardizes the safety of a resident or employee
- Violations of confidentiality of residents, their families, or employees
- Theft or misappropriation of any property or funds of MHCO, a resident, or employee
- Any conduct or behavior deemed to impact negatively on the program image, staff morale, or funding constituency
- Any willful falsification or misrepresentation of MHCO forms, case records, official documents or reports completed as an applicant or employee
- Continued apathy and open display of disinterest relating to assigned job
- Failure to follow MHCO directives including, but not limited to, approved policy, procedures, or Job Description
- Failure to follow the authorized chain of authority, Job Description, [Organizational Chart](#), or other directives
- Failure to follow policies related to the filing of grievances (e.g. making false reports, retaliation for reporting, etc.)
- Failure to follow policies related to human subjects research
- Misuse of power by any employee with the intention of interfering with the legitimate reporting of suspected sexual abuse or exploitation
- Noncompliance with the MHCO Information Technology Policy
- Restricting family contact and visitation or threats of restricting contact as a means of punishment

The Administrator shall conduct an investigation of a substantiated claim and determine if the actions listed above are terminable, as defined by the Department of Social Services, state law, policies or procedures, or other commonly acknowledged definitions. Actual termination of an employee is at the discretion of the Administrator. This responsibility is not delegated. In the absence of the Administrator, the Program Director may act to suspend an employee with pay pending the return of the Administrator and any subsequent action.

Terminated employees may not visit campus upon termination.

REDUCTION IN FORCE

When a position is eliminated or a lay-off is required, the employee in that position will be given a minimum of thirty (30) days' notice. Retrenchment is defined as the recall of employees who have been officially laid off. Upon retrenchment following any lay-off period, the individual will be afforded the opportunity to reclaim his or her position with priority and accrued sick leave shall be reinstated. Every

effort shall be made to return the retrenched employee to a position and salary comparable to the position he or she held immediately prior to the lay-off. Earning leave shall recommence from the date of retrenchment.

Policy Name:	Employee Retention
Domain:	Human Resources
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/2017; 8/10/2018; 8/12/2022
<p>MHCO strives to minimize personnel turnover rates and maintain a workplace environment that is enjoyable and professional. Input from all levels of operations including residents, their families, employees, volunteers, and other stakeholders shall be requested in the following ways:</p> <ul style="list-style-type: none"> • Open door policies by management and supervisors • Open meetings for interested parties • Allowing employees and volunteers to add items to the agendas of staff meetings • A grievance procedure that protects those wishing to voice complaints • Allowing personnel at all levels to participate in decision-making • Periodic measuring of the work climate through surveys and questionnaires • Feedback to those presenting suggestions, recommendations, or grievances. <p>The Administrator, Program Director, HR Specialist, and Chief Financial Officer shall review pay and benefits to enhance the retention of qualified personnel annually. These reviews shall be based on information and data provided by national associations such as Child Welfare League of America, Alliance for Strong Families and Communities, Benchmarks, and any other association or agency that provides labor statistics.</p>	

Policy Name:	Promotions
Domain:	Human Resources
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/2017; 11/9/2018; 5/10/2019; 5/8/2020; 8/12/2022
<p>Promotions and advancements to other positions within MHCO will be based on qualifications, ability to meet job requirements, and merit. MHCO will give first consideration to promotion of qualified employees in filling vacancies. Promotions will be based on the employee's capacity for the vacant position and upon an evaluation of his or her past job performance. When all factors are relatively equal for two or more employees seeking advancement, the basis for selection shall be made based upon seniority. Seniority is interpreted to mean the length of time an employee has been employed continuously at MHCO. MHCO does not recognize a tenure program.</p> <p>If an employee changes job position or status, he or she will be eligible for benefits afforded to that job position or status. An orientation period of ninety (90) days following any promotion shall be used as a time wherein the employee has an opportunity to demonstrate his or her capabilities in the position. At the end of the orientation period, the employee and MHCO shall decide whether they wish to continue employment in the position or return to the former position or one comparable to it, if a suitable vacancy exists. Benefits withheld during initial orientation periods following hiring will not be in effect for employees being promoted or transferred. The HR Specialist shall inform employees if vacancies and opportunities for advancement exist. Employees who aspire to fill leadership roles should take steps to develop the education, experience, and knowledge necessary for advancement. The Board of Directors and the Administrator desire to maintain continuity in operations and prefer to promote qualified employees from within to fill leadership vacancies. Key employees who demonstrate leadership potential will be encouraged to pursue the education and training required for the position.</p>	

Procedure Name:	Succession Planning Policy
Applies to:	Employees and Interns
Procedure Location:	
Effective Date:	May 9, 2025
Date(s) of Revision:	
References:	COA Governance Standard 5.04
<p>MHCO strives to promote and provide advancement opportunities for employees and plan for anticipated departures of key employees. MHCO recognizes key positions for consideration to include the Administrator, Program Director, Chief Finance Officer, SGA Print Shop Manager, Maintenance Director, and the Program Clinical Coordinator. Some MHCO departments have possible career paths within their own department and several support roles are staffed by only one employee. In all cases MHCO seeks to offer the opportunity for employees to share their interest in advancing within their department or changing their role. During the Staff Qualification and Workload reporting process and through regular supervision opportunities to have employees indicate their intention to change their role are offered.</p> <p>MHCO offers support for additional training and continuing education as agreed for succession planning and career development. The regular supervision process provides opportunities for direct training, processing, and delegation of tasks to support readiness. Competencies necessary for each role relate to the Job Description</p> <p>Interim authority for key roles relates primarily to the Organizational Chart to include subordinates and supervisors to assume interim leadership. In the case of the Administrator's unexpected departure the Chairman of the Board would coordinate in tandem with the Program Director and Chief Finance Officer to delegate authority for specific actions and tasks. The Program Director's position would delegate interim authority to the Program Clinical Coordinator. The Chief Finance Officer's position would delegate interim authority to the Administrator with support from the Treasurer of the MHCO Board. The SGA Print Shop Manager's and Maintenance Director's positions would delegate interim authority to the Chief Finance Officer unless an employee within those departments has been identified and prepared to assume the duties in coordination with the CFO. The Program Clinical Coordinator's position would delegate interim authority to the Program Director unless a Supervisor/Clinician has been identified and prepared to assume the duties in coordination with the Program Director. In all situations, the authority is balanced by regular supervisory sessions to process important decisions especially related to residents and service recipients, employees, and financial matters.</p> <p>Authorizing Signatures</p> <p>Administrator _____ Date _____</p> <p>HR and Training Coordinator _____ Date _____</p>	

Procedure Name:	Succession Planning Procedure
Applies to:	Employees and Interns
Procedure Location:	
Effective Date:	May 9, 2025
Date(s) of Revision:	
References:	COA Governance Standard 5.04
<p>MHCO incorporates Succession Planning principles with the goal of recruiting, developing, and maintaining employees. MHCO's vast history, unique structure within the Child Welfare Industry, and reliance on the continued support of stakeholders necessitates the sharing of agency information, organizational structures, collaborative relationships with various groups, and skill sets related to departmental requirements such as Program, Finance, Financial Development, Marketing, and others to employees advancing in their job assignments at MHCO.</p> <p>The practice of Succession Planning includes recruitment of employees, ongoing performance appraisal, two-way dialogue between the employee and their supervisor, recognition of an employee's intention to advance, planned development of skills and competencies, and identification of key positions to emphasize succession. Employees are selected and hired based on their skills, education, experience, and attitude related to their job assignment. Initial discussion in the hiring process can include potential for advancement in their department or across departments as possible. Ongoing supervisory sessions and official performance appraisal and feedback provide opportunities for supervisors and employees to discuss the possibility and potential for advancement. These sessions are important for the expected job skill development, honest feedback, recommendations for employee work task completion, and official planning to help the employee obtain the skills, knowledge, and attitude to be successful in their current position and in an advanced role. Performance appraisals should contain opportunities for continued knowledge development, assignment to growth and development projects, feedback on established and agreed goals, and time frames for various components of the Succession Development plans.</p> <p>While Succession Planning could be a component of each position at MHCO, emphasis is placed on key positions and established departments. Some support services operate within the team, but do not traditionally have a supervisory chain that would more efficiently support a succession process. Other departments have several related positions or a more defined chain of command that builds on developed skill sets. The Program Department is a good example of levels of advancement that could be developed to lead to the next level as prepared, established, agreed upon, and available. In addition, while supervision, development, and training are offered and exist, the intention of the employee to seek advancement should be discussed and established. Recognition should be maintained that an employee's intention to advance may change over the course of their career at MHCO. It must also be understood by all parties that development of an employee for advancing is not an absolute that the rising employee would be ready, interested, or pre-selected for that role when it becomes available.</p> <p>Departments that have a clearer path for advancement include, Program, Finance, School of Graphic Arts, and Maintenance. Support service employees can be included based on the employee's intentions and the supervisor's assessment that the employee's skills and abilities could transfer. Key employees</p>	

where Succession Planning should exist include the Administrator, Program Director, Chief Finance Officer, SGA Manager, and Program Clinical Coordinator.

Upon official determination of an employee's interest and supervisor's confirmation of a succession path, planned goals are to be included to help the employee learn pertinent skills, continue their education, participate in related tasks through shadowing, assisting, mentoring, assigned projects, and a plan for replacing any vacated position due to advancement. Depending on the advancement path employees may require crosstraining, supervisory sessions with additional managers, and additional assignments to their current duties. Plans should be developed individually between the employee, their supervisor, and other managers to facilitate the future advancement or determine whether this option is best for all involved and the organization.

The Staff Qualifications and Workload Report completed annually by Department Heads and Human Resources is a good process to determine what advancement channels exist, who on the current staff should be approached and considered, and what skill developments should be put in place for current employees and new hires.

Succession Planning provides the Home with a variety of benefits including, maintaining specific knowledge, incorporation of new perspectives and skills, support in completing challenging projects, improved morale, and increased motivation for all involved. Succession Planning supports a continuity of service, inclusion of new ideas, stability for stakeholders, and ease of transition.

Authorizing Signatures

Administrator _____ Date _____

HR and Training Coordinator _____ Date _____

Policy Name:	Professional Development
Domain:	Human Resources
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/2017; 5/11/2018; 5/10/2019; 5/8/2020; 8/12/2022
References:	Training Calendar Higher Education Course Reimbursement Agreement
<p>All employees shall remain informed and up-to-date regarding their own areas of responsibility, attend pre-service and in-service training, and attend various seminars and courses to improve or acquire skills. The employee shall maintain training required for his or her Job Description. Supervisors and department heads shall demonstrate a willingness to continue their professional development through formal education, field-related training, and willingness to train supervisees.</p> <p>The HR Specialist shall conduct an annual review of the training and professional development needs and requirements of MHCO personnel and develop a training plan to meet needs.</p> <p>Training topics include, but are not limited to, the following areas for all staff:</p> <ul style="list-style-type: none"> • MHCO Mission, Vision, and Philosophy • Ethical and professional behavior standards • Confidentiality, privacy, and release of information • Bloodborne pathogens • Behavior support and management techniques • First Aid and CPR • Reporting abuse and neglect • Information technology • FMLA • Receiving gifts and donations • Safety procedures • Resident rights • Employee rights • Cultural competence, sensitivity, and diversity <p>Training topics include, but are not limited to, the following areas for direct care personnel:</p> <ul style="list-style-type: none"> • Individualized Service Plans and progress reporting • Administration of medication • Resident advocacy • Community resources • Normal and abnormal development • Body rights • Defensive driving • Employee relationships • Needs of special populations • Empowerment, mainstreaming, and normalization • Food handling procedures • Protocol for notifying custodians and next-of-kin in emergencies <p>The training calendar shall include specific training opportunities for administrative, support, and maintenance employees such as off-campus seminars, college courses, graduate studies, and self-study</p>	

geared to provide the opportunity to advance within their profession and within MHCO. Attendance at these offerings will be dependent upon needs of the employee and MHCO and financial resources available. Employees wishing to attend training at their own expense shall inform their supervisor. The supervisor may authorize time off with pay for job related training.

The HR Specialist shall take attendance at each training, maintain certificates of completion in the employee file, and maintain a spreadsheet of attended and required trainings per employee. The HR Specialist shall provide makeup training opportunities for all employees absent from mandatory training. Employees needing or desiring instruction offered by another department shall request attendance approval from their supervisor. Supervisors shall incorporate professional development in each employee's annual performance appraisal and update progress at performance reviews.

Full time, permanent employees may be permitted to attend higher education courses at the discretion of the Administrator and based on the following conditions:

- the courses are directly related to the Job Description and needed to maintain or enhance current skills or develop new skills for career development within MHCO as determined by the supervisor and the Administrator,
- plans are fully discussed and approved by the supervisor before each term registration outlined on a Higher Education Course Reimbursement Agreement
- attendance shall be during the regular school year,
- the course must provide academic credit, be listed in the course catalog, and charge tuition,
- the program is through an accredited college or university recognized by the US Department of Education toward a degree or certificate,
- the course and degree must benefit MHCO,
- schedules are arranged so as not to conflict with normal duties, job performance, and standards of care, and
- training missed must be made up immediately.

Higher education courses will not be reimbursed for temporary, part time, and employees in an orientation or probationary period. CCWs shall not attend courses when residents are out of school for summer break and only one (1) CCW per couple may be enrolled at any given time. Coursework and assignments for an approved course should be taken on the employee's own time. If a course can be taken only during working hours, eligible employees must request leave prior to the beginning of the course.

MHCO may pay for or share the cost of courses if resources are available. The employee must sign a Higher Education Reimbursement Agreement with the Chief Financial Officer and Administrator before enrollment. The employee must agree to work for MHCO for at least a year following reimbursement of the course on the Higher Education Reimbursement Agreement. If the employee does not work for at least a year following reimbursement, the employee must pay back the reimbursement before the last paycheck is due for deposit or the amount will be deducted from the last paycheck.

Requests for reimbursement must be initiated by the employee to the supervisor and Chief Financial Officer within thirty (30) days of completion of the course or receipt of the grade. Reimbursement requires successful course completion and satisfactory attendance. Payment arrangements should be made through the supervisor and Chief Financial Officer. The same course or course equivalent will only be reimbursed once. Reimbursement requires a statement written on school letterhead verifying the employee attended at least 85% of the scheduled class meetings during the academic term and a passing score of C or better, satisfactory, or pass as verified by an official transcript. Reimbursement is authorized for certification or licensing only if the certification or license is attained via academic coursework. Eligible employees may be reimbursed academic costs charged by the college or university at which the employee is enrolled. Academic

costs are defined as charges assessed by an academic source to every person enrolling for the course to include in-state tuition, fees, and itemized course/lab fees as verified by a statement from the school. The amount of reimbursement shall not exceed \$3500 per semester. Reimbursement shall not be made for charges specifically related to processing or receiving continuing education units (CEUs); application, examination, and graduation fees; transportation costs; and textbooks and supplies. Financial assistance from any other financial aid program shall not be duplicated. Employees that end employment before completion of the course will not be granted reimbursement. A maximum of nine (9) academic credit hours for job-related thesis/dissertation research courses are allowed per employee.

Supervisors may require employees to attend courses to ensure employees have mandated licensure or certification, address a shortage of skilled workers in specific classifications, build specific high priority skills, or address performance expectations of the employee as specified in a performance improvement plan. MHCO shall pay for the costs of required courses, fees, and books during enrollment.

Policy Name:	Performance Appraisal Procedure
Domain:	Human Resources
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/Performance Appraisal Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/2017; 8/10/2018; 5/10/2019; 8/12/2022
References:	COA Administration and Management Standards (HR 4, HR 4.01, HR 4.02, HR 4.03) Professional Development Plan Performance Evaluation
<p>Performance appraisals are an important part of the professional development of all employees and volunteers. MHCO holds personnel accountable for work performance. Each employee and volunteer otherwise filling a paid position shall have his or her performance appraised annually by the individual's supervisor. Supervisors shall also evaluate job performance of each employee informally between annual appraisals. Supervisors shall document unsatisfactory or exceptional performance in writing. Additionally, employees shall have a performance appraisal provided by their supervisor at the end of the orientation period and at the end of any corrective probationary period to help determine whether the individual shall remain employed by MHCO. Supervisors shall evaluate each CCW separately. The Administrator shall report aggregated results to the Policy and Personnel Committee of the Board of Directors for action prior to the November meeting.</p> <p>Appraisals for part-time and full-time employees shall be conducted in person with the individual being evaluated. Appraisals shall be documented using a standardized Performance Evaluation based upon the individual's Job Description and other applicable directives. Appraisals shall be fair, equitable, and reasonable. Supervisors shall complete performance appraisals in September of each year and submit a draft to the Administrator for review with remarks concerning deficiencies discussed in previous supervisory sessions. The Administrator shall return the draft to the supervisor with any revisions. Employees shall receive advanced notice of evaluation dates from the supervisor after the Administrator completes revisions. Performance appraisals shall contain:</p> <ul style="list-style-type: none"> • an assessment of the job performance in relation to the expectations defined in the Job Description, organization expectations, and other applicable directives. • objectives, accomplishments, and challenges established in the most recent review. • clearly defined objectives for future performance. • performance ratings on key personnel concepts, skills, competencies, and challenges. • an assessment of knowledge related to the characteristics and needs of residents, if applicable. • recommendations for further training or education. • a Professional Development Plan to include specific, measurable, attainable, relevant, and timely goals and reviews from the February supervisory session with comments and parties' initials. • the signature of the person being evaluated. • any written rebuttal or comments that the individual desires to attach to the appraisal. • the signature of the reviewing authority. <p>Employees shall provide feedback about the performance appraisal ratings and comments. Employees and supervisors shall jointly develop the upcoming year's Professional Development Plan. The supervisor and employee shall sign the appraisal and plan to indicate participation in the process and verify the information presented on the date recorded. Signing the documents does not imply consent or agreement to the appraisal. Employees that disagree with the appraisal may affix or attach any written rebuttal or comments to the appraisal within thirty (30) days of the appraisal meeting. He or she may submit a</p>	

response to the appraisal or plan in writing within ten (10) days of the supervisory session to include as part of the official documentation in the personnel file. If the employee refuses to sign the paperwork, the supervisor or the Administrator shall document the employee refusal, indicate that the supervisory session took place, and record the employee's reasons for refusal. The original appraisal and any supplemental documentation shall be given to the Administrator to review feedback and revisions. The Administrator shall sign the appraisal and submit it and the previous and upcoming [Professional Development Plans](#) to the HR Specialist to place in the individual's personnel file. The HR Specialist shall give a copy of the signed document to the supervisor. The supervisor shall give a copy of the signed document to the employee.

Policy Name:	Supervision Policy
Domain:	Human Resources
Applies to:	Employees
Policy Location:	Y:/Forms/Policies and Procedures/Policies/Supervision Policy.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/17; 2/9/18; 5/10/19; 8/12/22; 2/14/25
References:	COA Service Delivery Administration Standards (TS 3) Supervision Procedure Training Calendar
<p>It is the policy of MHCO's Board of Directors that all personnel are supervised to provide support and promote competence. Supervisors are required to demonstrate that they have skills in leadership and human or material resource management. The HR Specialist shall make arrangements for supervisors to receive training in supervision upon hire or promotion and as needed.</p>	

Procedure Name:	Supervision Procedure
Applies to:	Employees
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/Supervision Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/17; 8/10/18; 5/10/19; 8/12/22; 2/14/25
References:	COA Service Delivery Administration Standards (TS 3) Organizational Chart Professional Development Plan Performance Appraisal Procedure
<p>All supervisors must be able to provide positive professional leadership to those they supervise. Supervision will be assigned per the Organizational Chart developed by the Administrator. The Administrator shall assign supervisory duties based on qualifications of the worker and supervisor, complexity and intensity of job responsibilities, and organizational responsibilities.</p> <p>A regularly scheduled department/program meeting, an official face-to-face meeting between the department head and personnel, shall be held at least monthly to increase communication, supervision, and teamwork. The meeting session shall be planned, scheduled, and documented with an agenda for the meeting and signed attendance sheet. The meeting session documents shall be submitted to the HR Specialist by the due date.</p> <p>A regularly scheduled supervisory session, an official face-to-face meeting between the employee and the supervisor, shall be held at least quarterly with each employee and monthly with each childcare worker to include activities such as:</p> <ul style="list-style-type: none"> • an official review of organizational goals, • a review of accomplishments and acknowledgement of work well done • a review of tasks and initiatives, • a progress evaluation of the employee's Professional Development Plan, • a review of CARE training modules and concepts • a review of training needs and employee suggestions for training • addressing any issues or concerns, and (if applicable) • development of plans of corrective action or improvement, • updating progress from previous plans of corrective action or improvement <p>The supervisory session shall be planned, scheduled, and documented with an agenda for the session and notes as to what took place in the session. Sessions are intended to be positive and open. The supervisory session document(s) shall be submitted to the HR Specialist by the due date and be placed in the personnel file.</p> <p>The September supervisory session shall include specific discussion, observation, and feedback related to the development of the employee's performance goals and objectives for the upcoming year. Performance goals shall be evaluated at the September supervisory session per the Performance Appraisal Procedure. The February supervisory session shall include specific discussion, observation, and feedback related to the employee's goals identified at the September supervisory session. Initial goals and progress shall be documented by the supervisor on the Professional Development Plan at the September and February supervisory sessions. The form shall be initialed by the employee and supervisor and shall be included with the employee's annual performance appraisal documentation when forwarded to the Administrator.</p>	

Employees shall direct questions and concerns to their immediate supervisor before consultation with other employees. The immediate supervisor shall consult with his or her supervisor to discuss the issue and the process shall continue until an answer to the question or concern can be achieved.

Supervisors shall address employee issues directly. Supervisors are expected to be experts in their own field and should be able to relay the technical skills necessary to supervisees. Supervisors must be able to teach supervisees time management, organizational, conflict management, and communication skills for working with residents and as a member of a team. Supervisors shall demonstrate an ability to cultivate individual abilities and motivate and empower supervisees. Supervisors may be asked to take part in employment interviews and training new employees. In this capacity, they must demonstrate skills in assessing strengths of applicants, knowledge of legal, lawful, and ethical requirements for employees, and determining applicants' ability to work effectively with residents of diverse cultures. Supervisors shall discuss what will require supervisory approval with the employee.

Generally, all supervisory and managerial personnel shall have a degree in a field related to that of the individuals for supervisees. In some cases, a supervisor may have the same degree as those he or she supervises and instead have experience and seniority. There are several points of general philosophy for leadership at MHCO including:

- assuming that all employees want to do a good job,
- leadership is synonymous with encouragement,
- good leaders motivate and encourage employees to do a good job,
- good leaders do not do the job for supervisees but provide them with the tools to do the job themselves.

All supervisors are expected to be skilled in:

- assuming professional responsibility for work completed by supervisees,
- assuming professional responsibility for delegating tasks and for ensuring that the tasks have been completed in a professional manner and up to standards,
- assisting with in-service training,
- providing on-call services,
- being able to articulate the Mission, Vision, and Philosophy to guests and stakeholders,
- completing performance appraisals,
- holding supervisory meetings and documenting these meetings through taking of notes or minutes,
- assessing the needs of residents and employees,
- assuming all counseling and coaching responsibilities associated with the job, and
- assuming the role of the next highest-level supervisor or leader in the administrative organization by training, experience, and education.

Supervisors of direct care personnel shall not supervise more than eight (8) individuals or four (4) CCW couples. Supervisors who provide direct care services in addition to supervisory tasks shall take measures to ensure the capability of doing both tasks in accordance with standards for quality and best practices. Supervisors of CCWs or other direct care service providers must be able to demonstrate skills and performance in tracking and monitoring progress notes, appropriate interventions, family progress, and development and review of [Individualized Service Plans](#). Further, they must demonstrate competence in application of skills, making referrals; providing case consultation, providing supervision, and instruction and follow through of authorized interventions for use with residents.

Some professions and certification bodies may require professional supervision from an external consultant. Whenever possible MHCO will assist with the costs under the following conditions:

- that the employee is required to have the supervision by his or her license,

- that the employee pays first and is later reimbursed,
- that the supervision cannot be provided in-house,
- that the individual receiving the service provide documentation that the service is provided,
- that the provider is certified and authorized by the professional governing body, and
- that the employee signs an agreement to remain in our employ for a specified period of time following receipt of the service.

Policy Name:	Employee Satisfaction Surveys
Domain:	Human Resources
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/2017; 8/10/2018; 8/12/2022
References:	COA Administration and Management Standards (HR 3, HR 3.01)
<p>The HR Specialist and PQI shall distribute various employee satisfaction surveys and workplace climate inventories annually. PQI shall publish the results of the surveys in the PQI Quarterly Report for goal development and improvement recommendations. Items to be measured on satisfaction surveys will include, but not be limited to, the following:</p> <ul style="list-style-type: none"> • Leadership, supervision, and management • Personnel development, recognition, and career opportunities • Quality of the workplace environment • Adequacy of compensation and benefits • Interdepartmental communication • Revisions to policies and procedures • Communication and opportunities for input in decision-making • Living environment • Recreational opportunities • Food service • Programs and service delivery • Gaps in services • Ways to improve • Staff retention 	

Policy Name:	Employee Rights Policy
Domain:	Human Resources
Applies to:	Employees
Policy Location:	Y:/Forms/Polices and Procedures/Policies/Employee Rights Policy.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017; 10/11/2018; 5/10/2019; 5/8/2020; 8/12/2022; 11/10/23
References:	Employee Grievance Policy Employee Grievance Procedure Behavior Support and Management Policy Behavior Support and Management Procedure Harassment Policy Fair and Equitable Treatment Policy Prohibition of Preferential Treatment Policy Protection of Suspected Misconduct Reporting Policy Employee Records Access Procedure Supervision Policy Supervision Procedure Performance Appraisal Procedure
<p>It is the policy of MHCO's Board of Directors that MHCO shall respect the rights and dignity of all personnel and endeavors to guarantee these rights through a policy of advocacy, enforcement, and espousal. No MHCO personnel shall restrict or deny any of these rights or protections except with the expressed, written approval of the Policy and Personnel Committee of the Board of Directors. The PQI Committee shall review employee rights annually. Employees shall be afforded the following rights:</p> <ul style="list-style-type: none"> • To respect • To humane treatment • To freedom from harassment, including sexual harassment • To access the court system in matters regarding infringements of their personal rights by residents, personnel, or MHCO • To prompt notification of any formal allegations brought against them • To prompt investigation of allegations and to knowledge of those findings • To supervisory and administrative support relating to the job, including an annual performance appraisal • To have false charges retracted in writing • To have written rebuttals to formal allegations, letters of reprimand, and appraisals placed in the employee file • To be made knowledgeable of residents who MHCO has specific reason to believe may present imminent danger to employees or other residents • To in-service training and staff development • To rights as described in applicable state and federal wage, hour, and employment law • To file a written grievance with the supervisor, the Administrator, or Chairman of the Board of Directors as directed in the Employee Grievance Policy and Procedure without fear of termination or other reprisal, if the employee reasonably believes that some policy, practice, or activity is in violation of law. 	

Authorizing Signatures

Chairman, Board of Directors _____ Date _____

Administrator _____ Date _____

Policy Name:	Employee Grievance Policy
Domain:	Human Resources
Applies to:	Employees
Policy Location:	Y:/Forms/Policies and Procedures/Policies/Employee Grievance Policy.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	11/11/16; 3/9/17; 2/9/18; 8/12/22; 11/10/23; 2/14/25
References:	COA Administration and Management Standards (GOV 8, HR 3.02, HR 3.03) Employee Grievance Procedure Employee Grievance Flowcharts Grievance Form Grievance Appeal Form Fair and Equitable Treatment Policy Harassment Policy Employee Rights Policy Disciplinary Action Procedure Protection of Suspected Misconduct Reporting Policy
<p>It is the policy of MHCO's Board of Directors that each employee has the right to file any grievances connected with his or her employment and shall be allowed to exercise this right without fear of retaliation. An employee complaint is defined as "an expression of verbal dissatisfaction that can include, but is not limited to, services, manner of treatment, outcomes, or experiences. For employees, interns, or volunteers, dissatisfaction can include personnel matters such as supervision, evaluations, promotions or demotions, the work environment, and overall treatment (Council on Accreditation, 2008)." An employee grievance is defined as a written complaint submitted and investigated through a formal procedure. Not every complaint necessitates a grievance. MHCO encourages open and honest discussion between personnel and expects that most grievances can be addressed satisfactorily through such discussions. MHCO's employee grievance policy aims to promote the resolution of appropriate concerns lodged in good faith. If at any time an employee of MHCO believes that he or she has been unfairly evaluated, unjustly accused, or that a practice, philosophy, breach of policy, inappropriate behavior, or action of an individual or individuals is not in the best interest of service recipients, including the residents in care or has a detrimental effect on an individual or his or her work environment, that employee should follow the Employee Grievance Procedure.</p> <p>Supervisors, the Program Clinical Coordinator, the HR Specialist, the Program Director, and the Administrator shall be responsible for responding to grievances in a professional, sensitive, and timely manner, and ensuring that parties involved in a grievance shall be informed of the process and protected from harassment, bullying, discrimination, victimization, or retaliation. Employees shall be responsible for cooperating and participating in attempts to resolve grievances. Employees shall be made aware of the grievance policy and procedure by the HR Specialist during orientation and when there are noteworthy changes to the policy.</p> <p>The Grievance Form can be accessed from the Forms computer drive or in the St. John's Administration Building. Reports must include a complete and factual description of the behavior or event in question including dates, times, and sequences of events. Reports must also include how the decision, action, policy, or procedure has been detrimental to an individual's employment or care of residents and the action or remedy being sought. Grievances must be submitted within twenty (20) working days from the event that necessitated the grievance or the employee became aware of the issue.</p>	

Employee grievances submitted to external regulatory or statutory authorities such as the Department of Social Services, Equal Employment Opportunity Commission, Human Rights and Equal Opportunity Commission, Industrial Relations Commission, or a law enforcement agency may not be deemed appropriate to be resolved through the MHCO employee grievance procedure. All parties named in a grievance are entitled to be informed of all allegations made against them and have the right to respond to those allegations.

All parties involved in a grievance must maintain confidentiality about the grievance unless supervisors, the Program Director, the Administrator, or the Board of Directors are discussing the matter for resolution with appropriate personnel or for legal advice or counsel. Employees who do not feel comfortable discussing a grievance without an advocate unaffiliated with MHCO shall be encouraged by supervisors to discuss the matter with legal counsel or another advocate. This advocate may accompany the employee or may be an unaccompanied voice for the employee when discussing the grievance. Nothing shall discourage an employee from discussing a grievance or knowledge pertinent to a grievance with a supervisor, nor shall an employee be discriminated against for exercising this right.

Employees who submit a grievance can express intent to withdraw the grievance at any time in writing to the supervisor who received the grievance. A grievance that is subject to an internal or external investigation can only be withdrawn after conclusion of the investigation. However, the written intent to withdraw the grievance shall be noted and reported to the parties investigating the grievance. All parties involved in the grievance shall be informed of the withdrawal and closure of the grievance by the supervisor.

Authorizing Signatures

Administrator _____ Date _____

HR Specialist _____ Date _____

Procedure Name:	Employee Grievance Procedure
Applies to:	Employees
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/Employee Grievance Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	11/11/16; 3/9/17; 11/9/18; 5/10/19; 5/8/20; 11/10/23; 2/14/25
References:	COA Administration and Management Standards (GOV 8, HR 3.02, HR3.03) Employee Grievance Policy Employee Grievance Flowcharts Grievance Form Grievance Appeal Form Fair and Equitable Treatment Policy Harassment Policy Employee Rights Policy Disciplinary Action Procedure Protection of Suspected Misconduct Reporting Policy Critical Incidents Procedure Non-Critical Incidents Procedure
EMPLOYEE GRIEVANCES CONCERNING OTHER EMPLOYEES OR EMPLOYMENT CONDITIONS	
<p>Employees who have complaints concerning other employees or issues with employment conditions should discuss the issue verbally or file a written grievance using the appropriate Grievance Form with his or her immediate supervisor. The immediate supervisor shall determine if the grievance is warranted and open an internal or external investigation (i.e. raises reasonable questions about the care of residents or the condition of employment that could possibly be a violation of one or more policies or procedures) or if the grievance is unfounded. If a grievance is warranted based on the content of a verbal complaint, the immediate supervisor shall ensure that the grievance is submitted using the appropriate Grievance Form. If a grievance relates to unlawful activity or behavior, MHCO personnel may be obligated to open an external investigation using the procedure described in the Grievances Involving Unlawful Activity or Behavior section below. If an internal investigation is opened, the immediate supervisor shall have two (2) working days to gather all the facts, interview the parties involved and witnesses, review MHCO policy, discuss the matter with his or her supervisor and appropriate personnel, analyze the situation, and come to a resolution or refer the grievance in writing to the Administrator. The immediate supervisor shall maintain a detailed record of all meetings. Employees with knowledge pertinent to the grievance shall make an appointment to discuss his or her knowledge with the supervisor within two (2) working days. If the immediate supervisor determines that a grievance is unfounded (i.e. lacks evidence or does not raise reasonable questions about the care of residents of the condition of employment), he or she will close the grievance as unfounded. If a resolution has been made or the grievance was determined to be unfounded, the immediate supervisor shall notify the parties involved in writing of the resolution or closure and appeal procedure within two (2) working days.</p> <p>If the grievance was referred to the Administrator, he or she shall determine if the grievance is warranted and open an internal or external investigation (i.e. raises reasonable questions about the care of residents or the condition of employment that could possibly be a violation of one or more policies) or if the grievance is unfounded. If the grievance is warranted, the Administrator shall have ten (10) working days to gather all the facts, interview the parties involved and witnesses, review MHCO policy, discuss the matter with appropriate personnel, analyze the situation, and come to a resolution. The Administrator shall maintain a detailed record of all meetings. If the Administrator determines that a grievance is unfounded (i.e. lacks evidence or does not raise reasonable questions about the care of residents of the</p>	

condition of employment), he or she will close the grievance as unfounded. When a resolution has been made or the grievance was determined to be unfounded, the Administrator shall notify the parties involved in writing of the resolution or closure within ten (10) working days.

If the employee wishes to appeal the immediate supervisor's decision with the Administrator, he or she may do so using a [Grievance Appeal Form](#) given to the Administrator within ten (10) days of the notification of resolution. If an investigation is warranted or if the employee appeals the supervisor's resolution, the Administrator shall refer the complaint via written grievance using the appropriate [Grievance Appeal Form](#), gathered facts, and documentation to the Administrator and notify the parties involved in writing within two (2) working days. The Administrator shall act promptly to gather all the facts, interview the parties involved and witnesses, review MHCO policy, discuss the matter with appropriate personnel, analyze the situation, and come to a resolution. The Administrator shall maintain a detailed record of all meetings. The Administrator shall notify the parties involved, in writing, of the resolution within ten (10) working days. The decision of the Administrator shall be final for employee grievances concerning other employees or employment conditions.

The immediate supervisor or the Administrator shall supply copies of the documentation to the HR Specialist to be filed in the parties' personnel files and notify the PQI Coordinator who shall log the grievance in the tracking system at each stage (i.e. grievance received, pending results of internal investigation, pending results of external investigation, closed as unfounded, closed as substantiated, pending appeal).

If an employee with access to personnel files is the subject of a grievance and the employee submitting the grievance has requested anonymity, a separate, sealed file shall be maintained by the Administrator containing all documentation. A note shall be included in the personnel file indicating that results of the grievance have been kept by the Administrator.

If an employee with access to PQI files is the subject of a grievance and the employee submitting the grievance has requested anonymity, the Administrator shall review the grievance through PQI and keep a summary of the review in a separate, sealed file. A note shall be included in the PQI tracking system indicating that the results of the review have been kept by the Administrator.

EMPLOYEE GRIEVANCES CONCERNING SUPERVISORS, STAKEHOLDERS, VOLUNTEERS, OR GUESTS

Employees who have complaints concerning their immediate supervisor, stakeholder, volunteer, or guest or former employees who have grievances should discuss the issue verbally or file a written grievance using the appropriate [Grievance Form](#) with the Administrator. The Administrator shall determine if the grievance is warranted and open an internal or external investigation (i.e. raises reasonable questions about the care of residents or the condition of employment that could possibly be a violation of one or more policies) or if the grievance is unfounded. If a grievance is warranted based on the content of a verbal complaint, the Administrator shall ensure that the grievance is submitted using the appropriate [Grievance Form](#). If a grievance relates to unlawful activity or behavior, MHCO personnel may be obligated to open an external investigation using the procedure described in the Grievances Involving Unlawful Activity or Behavior section below. If an internal investigation is opened, the Administrator shall have ten (10) working days to gather all the facts, interview the parties involved and witnesses, review MHCO policy, discuss the matter with appropriate personnel, analyze the situation, and come to a resolution. The Administrator shall maintain a detailed record of all meetings. If the Administrator determines that a grievance is unfounded (i.e. lacks evidence or does not raise reasonable questions about the care of residents or the condition of employment), he or she will close the grievance as unfounded. If the Administrator determines that a grievance is substantiated against a guest or related volunteer of an employee, the employee shall be held responsible for the guest's actions. The Administrator shall notify

the parties involved in writing of the resolution or closure of the grievance within ten (10) working days. The decision of the Administrator shall be final for employee grievances concerning supervisors, stakeholders, volunteers, or guests. The Administrator shall supply copies of the documentation to the HR Specialist to be filed in the parties' personnel files and notify the PQI Coordinator who shall log the grievance in the tracking system at each stage (i.e. grievance received, pending results of internal investigation, pending results of external investigation, closed as unfounded, closed as substantiated, pending appeal).

If an employee with access to personnel files is the subject of a grievance and the employee submitting the grievance has requested anonymity, a separate, sealed file shall be maintained by the Administrator containing all documentation. A note shall be included in the personnel file indicating that results of the grievance have been kept by the Administrator.

If an employee with access to PQI files is the subject of a grievance and the employee submitting the grievance has requested anonymity, the Administrator shall review the grievance through PQI and keep a summary of the review in a separate, sealed file. A note shall be included in the PQI tracking system indicating that the results of the review have been kept by the Administrator.

EMPLOYEE GRIEVANCES CONCERNING THE ADMINISTRATOR

Employees or former employees who have complaints concerning the Administrator should file a written grievance using the appropriate [Grievance Form](#) with Policy and Personnel Committee of the Board of Directors. The Committee representatives shall determine if the grievance is warranted and open an internal or external investigation (i.e. raises reasonable questions about the care of residents or the condition of employment that could possibly be a violation of one or more policies) or if the grievance is unfounded. If a grievance relates to unlawful activity or behavior, Committee representatives may be obligated to open an external investigation using the procedure described in the Grievances Involving Unlawful Activity or Behavior section below. If an internal investigation is opened, Committee representatives shall act promptly to gather all the facts, interview the parties involved and witnesses, review MHCO policy, discuss the matter with appropriate personnel, analyze the situation, and come to a resolution. The Committee representatives shall maintain a detailed record of all meetings. If the Committee representatives determine that a grievance is unfounded (i.e. lacks evidence or does not raise reasonable questions about the care of residents or the condition of employment), they will close the grievance as unfounded. The Committee representatives shall notify the parties involved in writing of the resolution or closure after the next board meeting. The decision of the Board of Directors shall be final for employees or former employee grievances concerning the Administrator. The Committee representatives shall supply copies of the documentation to the HR Specialist to be filed in the parties' personnel files and notify the PQI Coordinator who shall log the grievance in the tracking system at each stage (i.e. grievance received, pending results of internal investigation, pending results of external investigation, closed as unfounded, closed as substantiated, pending appeal).

GRIEVANCES INVOLVING UNLAWFUL ACTIVITY OR BEHAVIOR

If a grievance relates to unlawful activity or behavior, MHCO personnel may be obligated to call an appropriate external regulatory or statutory authority such as the [Department of Social Services](#), [Equal Employment Opportunity Commission](#), or law enforcement agency for investigation per the [Critical Incidents Procedure](#) or [Non-Critical Incidents Procedure](#). In all matters involving abuse or neglect of a resident, employees of MHCO are required by law to report the concerns to the [Department of Social Services](#) where the individual resides or is found. For reported abuse or neglect complaints that allegedly occur on the MHCO campus, the complaint or grievance shall be referred to the [Granville County Department of Social Services](#) by the Administrator. The Administrator shall determine if the employee will be placed on a suspension of duty with or without pay during an external investigation for unlawful activity or behavior. The Administrator shall notify the parties involved that a referral has been made to an agency,

determine a resolution based on the findings and determinations of the agency, and notify the parties involved of the resolution in writing. The Administrator shall monitor the implementation of the resolution. The Administrator shall supply copies of the documentation to the HR Specialist to be filed in the parties' personnel files and notify the PQI Coordinator who shall log the grievance in the tracking system at each stage (i.e. grievance received, pending results of internal investigation, pending results of external investigation, closed as unfounded, closed as substantiated, pending appeal).

If an employee with access to personnel files is the subject of a grievance and the employee submitting the grievance has requested anonymity, a separate, sealed file shall be maintained by the Administrator containing all documentation. A note shall be included in the personnel file indicating that the results of the grievance have been kept by the Administrator.

If an employee with access to PQI files is the subject of a grievance and the employee submitting the grievance has requested anonymity, the Administrator shall review the grievance through PQI and keep a summary of the review in a separate, sealed file. A note shall be included in the PQI tracking system indicating that the results of the review have been kept by the Administrator.

GUIDELINES FOR CONDUCTING INTERNAL INVESTIGATIONS

DEFINITION OF EVIDENCE

Evidence means testimony, writings, material objects, or other things presented to the senses that may prove the existence or nonexistence of a fact. Evidence can be direct, circumstantial, or hearsay. Direct evidence directly proves a fact without an inference or presumption. The direct evidence of one credible witness is sufficient for proof of any fact. Circumstantial evidence means indirect evidence that paints a picture around an event which leads to the logical inference or conclusion that the event occurred. Hearsay evidence is a statement made by someone other than the witness offering information to prove the truth of the matter that was not perceived with his or her own senses. Evidence can come from several sources (e.g. statement of witnesses, facility records, police reports, court documents, abuse reports, photographs, declarations, incident reports, fire inspector reports, building and code enforcement records, previous complaints or grievances, etc.).

INTERVIEW GUIDELINES

An interview is a meeting at which information is obtained from a person, and usually involves two people engaged in a conversation. Interviewing should be non-accusatory in design and nature. If an individual begins to disclose abuse of any kind, stop the interview and contact a supervisor for guidance about reporting procedures.

The interviewer should:

- be objective, nonjudgmental, and open minded
- review all existing information before interviewing the individuals
- determine the purpose of the interview and role of the person to be interviewed (i.e. victim, eye witness, expert, suspect)
- plan and prepare for the interview carefully to include a setting that is free from distraction and private
- determine the functional and developmental level of the person to be interviewed
- review the existing evidence
- interview parties separately
- get information from the individual and not give information
- establish rapport
- use open-ended questions that require a narrative response and will give an overview
- ask the individual what happened and why

- ask the individual about anything that was not asked of them that he or she thinks is relevant
- obtain good contact information for future use
- ask only one question at a time and wait for it to be answered
- wait for the answer to a question before asking follow-up questions
- expect to have to repeat questions
- try to determine what concerns the individual may have which could prevent or hinder disclosure
- take breaks
- monitor body language to avoid visibly reacting to an individual's responses
- document soon after the interview to include the demeanor of the individual, the questions, the individual's response, and interviewer responses

The interviewer should avoid:

- double negatives and hypothetical questions
- interviewing the individual in the presence of anyone who may influence the interview one way or another
- interviewing the individual for a period of time longer than his or her attention span.
- rushing the interview to get finished or ask leading and suggestive questions
- asking "why" questions as they can have a tendency to infer guilt or responsibility
- prompts and reinforcements such as "good job" or "I'm so happy that you told me about this"
- bribing the individual with food, toys, or other improper rewards for a disclosure
- making promises that may not be able to be kept
- allowing the individual to feel that he or she is "in trouble" or "at fault"

DETERMINING IF THE GRIEVANCE IS UNFOUNDED, INCONCLUSIVE, OR SUBSTANTIATED

Arriving at a finding of unfounded, inconclusive, or substantiated rests on a careful assessment of the quantity, quality, and context of the evidence. As a general matter, confidence in the evidence to arrive at a finding grows as both the quantity and quality of the evidence grows. However, quantity of evidence alone is not a satisfactory basis for decision-making. In any given case, two or three items of evidence may provide sufficient proof of a grievance while, in another case, ten items of evidence may fail to persuade. In evaluating evidence regarding grievances, the evaluator must balance the statements of individuals and consider the evidence without bias. Factors to consider when weighing the statements of individuals include the extent of the individual's capacity to perceive, recollect, or communicate, the extent of the individual's opportunity to perceive the matter, the content and the character of the individual statement, the existence or nonexistence of a bias, interest or other motive, the individual's character for honesty or lack thereof, a statement previously made by the individual that is inconsistent with any part of subsequent statements, a person's failure to explain or willful suppression of evidence, or the individual's admission of untruthfulness. Factors to consider in evaluating the credibility of a victim's statement include physical evidence, psychological reports, cognitive development, consistency, language, behavior, age, details, motives, history, and credibility. After evaluating the parties' statements, look to all the evidence and weigh both the statements and other circumstantial evidence. Look again at the grievance to ensure that the evidence substantiates the complaint.

RESOLUTIONS

When a grievance is investigated, MHCO employees strive for consistent and fair decision-making procedures that provide for resolutions that treat individuals equally, provide an opportunity to respond to claims, and protect open communication, the provision of adequate resources, and the right to be informed on some aspects of the grievance that respect the confidentiality of the reporter. Once the evidence has been evaluated and weighed, the supervisor conducting the investigation should be prepared to offer an opinion as to whether the grievance is unfounded, inconclusive, or substantiated. A finding

that the grievance is unfounded means that the allegation is false (i.e. evidence was fabricated), could not have happened, or is without a reasonable basis. A finding that the complaint is inconclusive means that although the allegation may have happened or is valid, there is not a preponderance of evidence to prove that the alleged grievance occurred. Inconclusive findings should be discussed with a supervisor before a grievance is closed. The standard of proof for grievances at MHCO is to use the “clear and convincing” evidentiary standard. If the evidence is clear and convincing to a reasonable party, then the grievance is deemed substantiated. and a resolution must be enforced. If reasonable people could disagree as to whether the allegation happened, or if it is likely to have happened but sufficient evidence cannot be provided, then the grievance is inconclusive.

There are several resolution options for substantiated grievances. The supervisor, the Administrator, or the Policy and Personnel Committee of the Board of Directors shall determine which resolution is warranted for a substantiated grievance after investigation based on severity of the offense. If an employee has been determined to be at fault for a substantiated grievance, disciplinary action may be taken, up to and including termination from employment.

Authorizing Signatures

Administrator _____ Date _____

HR Specialist _____ Date _____

Policy Name:	Ethical and Professional Standards of Conduct
Domain:	Human Resources
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/17; 11/9/18; 5/10/19; 5/8/20; 8/12/22; 11/10/23; 2/14/25
References:	<p>National Association of Social Workers Code of Ethics American Psychological Association Code of Ethics American Counseling Association Code of Ethics Forester-Miller, H. & Davis, T. (1996). <i>A practitioner's guide to ethical decision making</i>. American Counseling Association.</p> <p>Kitchener, K. S. (1984). Institution, critical evaluation and ethical principles: The foundation for ethical decisions in counseling psychology. <i>Counseling Psychologist</i>, 12(3), 43-55.</p> <p>Stadler, H. A. (1986). Making hard choices: Clarifying controversial ethical issues. <i>Counseling & Human Development</i>, 19, 1-10.</p>
<p>MHCO, by virtue of its affiliations with several state and national professional organizations, is committed to the adherence to a professional code of ethics and rules for professional conduct. Professional employees may be bound by the ethical codes of their personal affiliations and licensing or credentialing boards. Conflicts between various codes of ethics should be brought to the attention of the Administrator for resolution or appropriate action.</p> <p>Employees are always expected to conduct themselves in a professional manner and should be aware that they are ambassadors of MHCO both during working and non-working hours., to include, but not be limited to:</p> <ul style="list-style-type: none"> • Consumption of intoxicants or alcoholic beverages shall not be permitted at any time during working hours or for a period of eight (8) hours prior to working. Alcoholic beverages or intoxicants shall not be permitted on campus or in the presence of any resident. • The use of illegal drugs or the abuse of over-the-counter drugs is prohibited. • Cohabitation of unmarried MHCO employees on campus is prohibited. • Family members, visitors, and dependent children of employees are expected to conduct themselves in a responsible manner while on campus or at MHCO events off campus. When family members, visitors, and dependent children of employees attend events, the employee shall be responsible for paying for the guest and ensure that the guest does not accept donor gifts. The Administrator shall terminate visiting privileges for employee family members or visitors who abuse privileges or conduct themselves irresponsibly, to include denial of housing or meal privileges. • Employees, volunteers, interns, community partners, donors, consultants, advisory groups, and board members shall receive no preferential consideration regarding application for services or for MHCO purchases of goods or services. • Employees and paid consultants shall not be permitted to make or accept payments or other favorable considerations in exchange for referrals to MHCO or for referring service recipients, including residents, to other agencies. • MHCO prohibits actively and exclusively steering or directing referrals to private practices in which BOD members, personnel, consultants, or their immediate families are engaged. Such persons may be included on referral lists along with other private practitioners, but their relationship with MHCO must be clarified in writing. Only with the Administrator's and the Board of Directors' permission shall an employee engage in professional private practice (i.e. social work, medical, mental health, etc.) on the premises or in the facilities of MHCO, and the 	

service recipient shall receive information clarifying the relationship between the private practitioner and MHCO.

- Employees who receive honorariums for services that require use of their expertise and skills are required to turn these fees and compensations for services over to MHCO. Employees not acting as representatives of MHCO may retain any honorarium fees or compensations. The Administrator shall determine the status of any honorarium fee or compensation in question.
- Employees shall use the IT systems and network appropriately.
- Profanity by personnel, particularly in the presence of or directed to residents, is prohibited.
- Disparaging or adverse comments shall not be made regarding residents or their family. Employees must take precautions to ensure that they do not place themselves in compromising situations or in situations that could be misinterpreted by either residents or other stakeholders.
- Sexual relations between employees and MHCO residents, residents' family members, or other current or previous stakeholders are prohibited and constitute grounds for immediate termination and probable criminal prosecution, except in cases of sexual relations for married couples.
- Fraternalization between employees and MHCO residents, residents' family members, or other current or previous stakeholders is prohibited and constitute grounds for immediate termination and probable criminal prosecution, except in cases of fraternization for married couples.

Supervisors and administrators shall endeavor to monitor all past employees of MHCO to ensure that no ethical violations occur with stakeholders of MHCO. Violations may be reported to the professional's governing board, law enforcement, or other party appropriate for the allegation.

CODE OF ETHICS

The Board of Directors shall annually review the code of ethics for alignment with the MHCO mission and values. The MHCO Code of Ethics states:

- We will utilize our professional skills in striving to obtain for each resident the permanence of a family life, preferably with his or her own family.
- We will protect residents for whom we are responsible from abuse or maltreatment, experimentation, economic exploitation, malnutrition, and unsafe environments; and provide the best care possible.
- We will obtain or provide for residents the best therapeutic care available.
- We will provide every opportunity for residents to develop their intellectual abilities and talents.
- We will respect the uniqueness of each resident's family, race, culture, and religion while attempting to instill a sense of self-worth, individuality, and the responsibilities and privileges of American citizenship.
- We will maintain confidentiality in all matters concerning the residents and families we serve regarding current laws and regulations.
- We will nurture in each resident the spiritual ethic appropriate to his or her background and religious heritage.
- We will serve families and residents without discrimination based on race, color, national origin, religion, sex, ancestry, disability, sexual orientation, or any other protected status.
- We will serve only those families and residents for whom our services are appropriate and will plan carefully and realistically with, and for, each individual within the context of the family.
- We will strive to enhance the knowledge, skills, and compassion of adults in our employ.
- We will use our knowledge and influence as advocates for families and residents to bring about positive change, develop resources, and strengthen family life.
- We will constantly review our services for relevance and effectiveness and will strive to provide services appropriate to the needs of family, community, and society.
- We will represent our services and intentions honestly and openly.
- We will manage all fiscal resources as required by good stewardship and sound business practices.

- We will not exploit the plight of residents and families we serve for financial gain.
- We will operate in an open and transparent manner in accordance with applicable legal requirements and use assets exclusively and effectively to serve the mission.
- We will enforce the conflict-of-interest policy consistent with state and federal laws and regulations to prevent abuse and disclose potential conflicts of interest.
- We will carry out fundraising efforts ethically and in a fiscally responsible manner.
- We will comply with all state and federal laws and regulations related to generally accepted accounting principles and annual auditing requirements.

ETHICAL DECISION MAKING

MHCO ascribes to a system of moral principles, duty, and character that promotes the ideal end of all our human action and behavior, answerable to a higher authority, and as is commonly regarded as ethics. This sense of moral obligation informs every decision when dealing with others. Ethics implies doing the right thing because it is the right thing to do, uninfluenced by threat, force, intimidation, greed, or expediency. Decisions to discharge a resident from a program, admit a resident into care, defer an application, recommend psychiatric hospitalization for a resident, or determine what to report or withhold from a progress summary, are all issues that require ethical decision making. Ethics and morality are interpretative regarding perspective. Different people view situations differently and a sense of ethical obligation of any given decision may vary widely from that of others. The Administrator, directors, supervisors, employees, and residents must seek means whereas they can reach consensus and agreement. To assist in this effort, MHCO has adapted the [Practitioner's Guide to Ethical Decision Making model developed by Forester-Miller and Davis \(1996\)](#) for use in ethical dilemmas.

There are five (5) moral principles that are identified as the root of ethical decision making (Kitchener, 1984). These principles include:

- Autonomy- “allowing an individual the freedom of choice and action... helping the client to understand how their decisions and their values may or may not be received within the context of the society in which they live, and how they may impinge on the rights of others... ability to make sound and rational decisions (Forester-Miller & Davis, 1996).”
- Nonmaleficence- “not causing harm to others (Forester-Miller & Davis, 1996).”
- Beneficence- “contribute to the welfare of the client (Forester-Miller & Davis, 1996).”
- Justice- “being able to offer a rationale that explains the necessity and appropriateness of treating an individual differently (Forester-Miller & Davis, 1996).”
- Fidelity- “loyalty, faithfulness, and honoring commitments (Forester-Miller & Davis, 1996).”

There are seven basic steps to applying the ethical decision-making model:

- Identify the problem-gather information and separate assumptions or suspicions, ask “is it an ethical, legal, professional, or clinical problem? ... Is the issue related to me and what I am or am not doing?... Is it related to the agency and their policies and procedures? ([Forester-Miller & Davis, 1996](#))”
- Apply the Code of Ethics-refer to the MHCO Code of Ethics above and various professional codes of ethics to see if the issue is addressed.
- Consider the moral principles (i.e. autonomy, nonmaleficence, beneficence, justice, and fidelity)-determine which principles apply and which takes priority, consult with supervisors.
- Determine potential actions- “brainstorm as many possible courses of action as possible. Be creative and consider all options ([Forester-Miller & Davis, 1996](#)).”
- Consider potential consequences of each option and choose the most appropriate- “ponder the implications of each course of action for the client, for others who will be affected, and for yourself... Eliminate the options that clearly do not give the desired results or cause even more problematic consequences. Review the remaining options to determine which option or combination

of options best fits the situation and addresses the priorities you have identified ([Forester-Miller & Davis, 1996](#)).”

- Evaluate the chosen action- “Review the selected course of action to see if it presents any new ethical considerations. Stadler (1986) suggests applying three simple tests to the selected course of action to ensure that it is appropriate. In applying the test of justice, assess your own sense of fairness by determining whether you would treat others the same in this situation. For the test of publicity, ask yourself whether you would want your behavior reported in the press. The test of universality asks you to assess whether you could recommend the same course of action to another... If the course of action you have selected seems to present new ethical issues, then you’ll need to go back to the beginning and reevaluate each step... If you can answer in the affirmative to each of the questions... you are ready to move on to implementation ([Forester-Miller & Davis, 1996](#)).”
- Implementation- implement the action and “follow up on the situation to assess whether your actions had the anticipated effect and consequences ([Forester-Miller & Davis, 1996](#)).”

DRESS CODE

MHCO strives to maintain a professional workplace environment. Appearance creates a positive or negative impression that reflects on MHCO. Thus, employees should keep in mind that appearance matters when representing MHCO in front of residents, visitors, and other stakeholders while on and off campus. MHCO recognizes the importance of an individual’s held religious beliefs and ethnicity. Grooming and dress dictated by individual employees’ religion and ethnicity shall be respected and accommodated unless the accommodation creates undue hardship or safety concerns. All employees shall be neat, clean, and well-groomed. The following guidelines may assist MHCO personnel in determining the appropriateness of appearance in carrying out daily tasks. Personnel shall use their professional judgment or ask a supervisor about the appropriateness of appearance as written guidelines do not cover all situations.

MHCO’s official dress code is business casual. All clothing must be appropriate, conservative, and project professionalism per the individual’s job description. In all cases, MHCO employees should dress based on their duties that day.

Footwear and jewelry should be selected per the type of work performed, keeping safety, comfort, and professional appearance in mind. Hair and fingernails must be clean and groomed.

Clothing that is too revealing, inappropriate, or offensive is prohibited. Clothing typically worn during workouts, at the beach, or while performing outdoor activities is prohibited for administrative employees, unless such activities are planned and approved by the employee’s supervisor in advance. Undergarments should be worn but not visible. Headwear is generally not allowed.

MHCO gear is encouraged for events that do not require more formal attire. Uniforms or protective clothing may be required for certain positions and will be provided to employees by MHCO.

The dress code may be changed for special events upon supervisory approval. For example, semi-formal attire for special events may be requested. Employees may wear jeans, tennis shoes, MHCO apparel, or other approved attire if there are no special events or public interaction requiring business casual or other attire. Supervisors shall ask employees to return home to change if considered in violation of the dress code.

Procedure Name:	Disciplinary Action Procedure
Applies to:	Employees
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/Disciplinary Action Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017; 11/9/2018; 5/10/2019; 11/10/2023
References:	Employee Grievance Policy and Procedure Stakeholder Grievance Policy and Procedure Background Checks Policy
<p>The purpose of progressive discipline is to protect residents, families, employees, and other stakeholders from negligence and improper performance of duties. Disciplinary action should be constructive, specific, and timely. When an employee is alleged to have violated policy or procedure of MHCO, the matter shall be investigated by the supervisor or the Administrator. MHCO employees strive for consistent and fair decision-making procedures that provide for resolutions that treat individuals equally, provide an opportunity to respond to claims, and protect open communication. Personnel have right to be informed on aspects of the alleged violation that do not violate confidentiality, rights of other employees or residents, or applicable laws. An investigation should begin, either internally or externally, immediately to collect and examine evidence.</p> <p style="text-align: center;">EXTERNAL INVESTIGATION OF UNLAWFUL ACTIVITY OR BEHAVIOR</p> <p>If an alleged violation relates to unlawful activity or behavior, MHCO personnel may be obligated to call an appropriate external regulatory or statutory authority such as the Department of Social Services, Equal Employment Opportunity Commission, or law enforcement for investigation. For reported abuse or neglect complaints that allegedly occur on the MHCO campus, the information shall be referred to the Granville County Department of Social Services by the Administrator. The Administrator or Board of Directors shall place the employee on a suspension of duty with or without pay until resolution of the case. If the employee is found guilty, he or she will be terminated from employment. If the employee is found not guilty, he or she may be able to return to duty. The Administrator shall notify the parties involved that a referral has been made to an agency, determine a resolution based on the findings and determinations of the agency, and notify the parties involved in writing of the resolution. The Administrator shall monitor the implementation of the resolution. The Administrator shall supply copies of the documentation to the HR Specialist to be filed in the parties' personnel files.</p> <p style="text-align: center;">GUIDELINES FOR CONDUCTING INTERNAL INVESTIGATIONS</p> <p>DEFINITION OF EVIDENCE</p> <p>Evidence means testimony, writings, material objects, or other things presented to the senses that may prove the existence or nonexistence of a fact. Evidence can be direct, circumstantial, or hearsay. Direct evidence directly proves a fact without an inference or presumption. The direct evidence of one credible witness is sufficient for proof of any fact. Circumstantial evidence means indirect evidence that paints a picture around an event which leads to the logical inference or conclusion that the event occurred. Hearsay evidence is a statement made by someone other than the witness offering information to prove the truth of the matter that was not perceived with his or her own senses. Evidence can come from several sources (e.g. statement of witnesses, facility records, police reports, court documents, abuse reports, photographs, declarations, incident reports, fire inspector reports, building and code enforcement records, previous complaints or grievances, etc.).</p> <p>INTERVIEW GUIDELINES</p> <p>An interview is a meeting at which information is obtained from a person, and usually involves two people engaged in a conversation. Interviewing should be non-accusatory in design and nature.</p>	

The interviewer should:

- be objective, nonjudgmental, and open minded
- review all existing information before interviewing the individuals
- determine the purpose of the interview and role of the person to be interviewed (i.e. victim, eye witness, expert, suspect)
- plan and prepare for the interview carefully to include a setting that is free from distraction and private
- determine the functional and developmental level of the person to be interviewed
- review the existing evidence
- interview parties separately
- get information from the individual and not give information
- establish rapport
- use open-ended questions that require a narrative response and will give an overview
- ask the individual what happened and why
- ask the individual about anything that was not asked of them that he or she thinks is relevant
- obtain good contact information for future use
- ask only one question at a time and wait for it to be answered
- wait for the answer to a question before asking follow-up questions
- expect to have to repeat questions
- try to determine what concerns the individual may have which could prevent or hinder disclosure
- take breaks
- monitor body language to avoid visibly reacting to an individual's responses
- document soon after the interview to include the demeanor of the individual, the questions, the individual's response, and interviewer responses

The interviewer should avoid:

- double negatives and hypothetical questions
- interviewing the individual in the presence of anyone who may influence the interview one way or another
- interviewing the individual for a period of time longer than his or her attention span
- rushing the interview to get finished or ask leading and suggestive questions
- asking "why" questions as they can tend to infer guilt or responsibility
- prompts and reinforcements such as "good job" or "I'm so happy that you told me about this"
- bribing the individual with food, toys, or other improper rewards for a disclosure
- making promises that may not be able to be kept
- allowing the individual to feel that he or she is "in trouble" or "at fault"

DETERMINING IF THE ALLEGATION IS UNFOUNDED, INCONCLUSIVE, OR SUBSTANTIATED

Once the evidence has been evaluated and weighed, the supervisor conducting the investigation should be prepared to offer an opinion as to whether the violation is unfounded, inconclusive, or substantiated. Arriving at a finding of unfounded, inconclusive, or substantiated rests on a careful assessment of the quantity, quality, and context of the evidence. As a general matter, confidence in the evidence to arrive at a finding grows as both the quantity and quality of the evidence grows. However, quantity of evidence alone is not a satisfactory basis for decision-making. In any given case, two or three items of evidence may provide sufficient proof of a violation while, in another case, ten items of evidence may fail to persuade. In evaluating evidence regarding violation allegations, the evaluator must balance the

statements of individuals and consider the evidence without bias. Factors to consider when weighing the statements of individuals include:

- the extent of the individual’s capacity to perceive, recollect, or communicate,
- the extent of the individual’s opportunity to perceive the matter,
- the content and the character of the individual statement,
- the existence or nonexistence of a bias, interest or other motive,
- the individual’s character for honesty or lack thereof,
- a statement previously made by the individual that is inconsistent with any part of subsequent statements,
- a person’s failure to explain or willful suppression of evidence, or
- the individual’s admission of untruthfulness.

After evaluating the parties’ statements, look to all the evidence and weigh both the statements and other circumstantial evidence.

A finding that the violation allegation is unfounded means that the allegation is false (i.e. evidence was fabricated), could not have happened, or is without a reasonable basis. A finding that the violation allegation is inconclusive means that although the violation may have happened or is valid, there is not a preponderance of evidence to prove that the alleged violation occurred. Inconclusive findings should be discussed with a supervisor before a violation allegation is closed. The standard of proof for violations of policy or procedure at MHCO is to use the “clear and convincing” evidentiary standard. If the evidence is clear and convincing to a reasonable party, then the violation is deemed substantiated, and a resolution must be enforced. If reasonable people could disagree as to whether the allegation happened, or if it is likely to have happened but sufficient evidence cannot be provided, then the violation is inconclusive.

SUPERVISORY SESSION

In all disciplinary action supervisory sessions of substantiated violations after investigation, the immediate supervisor’s supervisor shall participate in the discussion and witness the supervisory session. The immediate supervisor shall develop and lead the supervisory session with support and guidance from his or her supervisor or the Administrator, except in cases where there may be conflict of interest or due to the seriousness of the issue. Disciplinary action supervisory sessions shall take place within two (2) business days of the supervisor’s determination that the violation is substantiated, or within two (2) business days of return from time off. For offenses that result in termination of employment, disciplinary action supervisory sessions shall take place immediately upon the supervisor’s or external investigator’s determination that the allegation is substantiated. The employee shall be notified of the need to meet and address an employment performance issue by the supervisor at least twenty-four (24) hours before the meeting. An agenda shall be created by the supervisor and shared with the employee discussing the issue to be addressed and who shall attend the supervisory session. The employee may request the HR Specialist to attend the supervisory session to serve as his or her witness of the session and remain an impartial and objective observer of the proceedings.

RESOLUTIONS

There are several resolution options for substantiated violations of MHCO policy or procedure. The supervisor, the Administrator, or the Policy and Personnel Committee of the Board of Directors shall determine which resolution is warranted for a substantiated violation after investigation based on severity of the offense, with assistance from his or her supervisor. If an employee has been determined to be at fault for a substantiated violation, disciplinary action shall be taken, up to and including termination from employment. Resolutions for substantiated employee violations of policy or procedure shall be determined by the supervisor or the Administrator. The immediate supervisor shall monitor implementation of the resolution to ensure correction within a specified time frame for resolutions other

than termination. If timely corrections have not taken place or multiple infractions of unacceptable behavior occur, the substantiated violation shall be moved to the next level for resolution. The supervisor, the Administrator, or the Policy and Personnel Committee of the Board of Directors shall determine which level the resolution shall begin based on severity of the offense, safety of other employees and residents, previous substantiated behavior of the employee, and similar substantiated violations that set resolution precedence.

Level 1: Supervision

The supervisor or the Administrator shall discuss the issue in supervision with the employee following investigation and substantiation of a violation. During supervision, a verbal plan to correct the deficiency or behavior shall be made. The supervisor shall document the plan on a supervision agenda.

Level 2: Counseling Statement with Corrective Action Plan

The supervisor or the Administrator shall counsel the employee following investigation and substantiation of a violation. The supervisor shall document a plan to correct the deficiency or behavior on a Corrective Action Plan with an associated counseling statement documenting the nature of the deficiency or behavior, relevant policy or procedure, previous discussion in supervisory sessions, previous training received, times and dates of previous discussion about the issue, and specific follow up plans to remediate. The supervisor and employee shall sign the plan and statement to indicate participation in the process and verify the information presented on the date recorded. Signing the documents does not imply consent or agreement to the deficiency or behavior. Employees that disagree with the resolution may check the box on the Corrective Action Plan to indicate disagreement. He or she may submit a response to the statement or plan in writing within ten (10) days of the supervisory session to include as part of the official documentation in the personnel file. If the employee refuses to sign the paperwork, the supervisor or the Administrator shall document the employee refusal, indicate that the supervisory session took place, and record the employee's reasons for refusal. Disagreement with the resolution or refusal to sign the paperwork does not excuse the employee from following the Corrective Action Plan. Follow up should be documented on the Corrective Action Plan when completed and signed by the supervisor and employee with an indication if the issue was satisfactorily managed or resolved. If issues are not satisfactorily managed or resolved at follow up, further disciplinary action may occur.

Level 3: Reprimand with Corrective Action Plan

The Administrator or Policy and Personnel Committee of the Board of Directors shall reprimand the employee following investigation and substantiation of a violation to address serious, critical, or on-going performance issues and clarify expected performance goals. The supervisor shall document a plan to correct the deficiency or behavior on a Corrective Action Plan with an associated reprimand statement documenting the nature of the deficiency or behavior, relevant policy or procedure, previous discussion in supervisory sessions, previous training received, times and dates of previous discussion about the issue, and specific follow up plans to remediate. The supervisor and employee shall sign the plan and statement to indicate participation in the process and verify the information presented on the date recorded. Signing the documents does not imply consent or agreement to the deficiency or behavior. Employees that disagree with the resolution may check the box on the Corrective Action Plan to indicate disagreement. He or she may submit a response to the statement or plan in writing within ten (10) days of the supervisory session to include as part of the official documentation in the personnel file. If the employee refuses to sign the paperwork, the supervisor or the Administrator shall document the employee refusal, indicate that the supervisory session took place, and record the employee's reasons for refusal. Disagreement with the resolution or refusal to sign the paperwork does not excuse the employee from following the Corrective Action Plan. Follow up should be documented on the Corrective Action Plan when completed and signed by the supervisor and employee with an indication if the issue was satisfactorily managed or resolved. If issues are not satisfactorily managed or resolved at follow up, further disciplinary action may occur.

Level 4: Probation Letter with Corrective Action Plan

The Administrator or Policy and Personnel Committee of the Board of Directors shall place the party determined to be at fault following investigation and substantiation of a violation on probation for a period not to exceed ninety (90) days in a letter describing the behavior and reason for probation. The supervisor shall document a plan to correct the deficiency or behavior on a Corrective Action Plan with an associated counseling statement documenting the nature of the deficiency or behavior, relevant policy or procedure, previous discussion in supervisory sessions, previous training received, times and dates of previous discussion about the issue, and specific follow up plans to remediate. The supervisor and employee shall sign the plan and statement to indicate participation in the process and verify the information presented on the date recorded. Signing the documents does not imply consent or agreement to the deficiency or behavior. Employees that disagree with the resolution may check the box on the Corrective Action Plan to indicate disagreement. He or she may submit a response to the statement or plan in writing within ten (10) days of the supervisory session to include as part of the official documentation in the personnel file. If the employee refuses to sign the paperwork, the supervisor or the Administrator shall document the employee refusal, indicate that the supervisory session took place, and record the employee's reasons for refusal. Disagreement with the resolution or refusal to sign the paperwork does not excuse the employee from following the Corrective Action Plan. Employees shall meet at least every fourteen (14) days with their supervisor to discuss progress toward the issues and further clarify expectations. Follow up should be documented on the Corrective Action Plan when completed and signed by the supervisor and employee with an indication if the issue was satisfactorily managed or resolved. If issues are not satisfactorily managed or resolved at follow up, further disciplinary action may occur.

Level 5: Termination

The Administrator or Policy and Personnel Committee of the Board of Directors shall terminate employment following investigation and substantiation of a violation by giving the employee a letter describing the behavior and reason for termination. The Administrator or Policy and Personnel Committee of the Board of Directors may terminate employment at any time and for any reason. The Administrator shall document the termination.

Procedure Name:	Employee Records Access Procedure
Applies to:	Employees
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/Employee Records Access Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017; 11/9/2018; 5/10/2019; 5/8/2020; 8/12/2022
References:	COA Administration and Management Standards (HR 7.03, RPM 6.01) 10A NCAC 70I .0403
<p>The HR Specialist shall maintain a record for each employee, volunteer, or deferred applicant. Employee records shall be maintained during his or her period of employment and for a prescribed period of time following termination, resignation, or retirement (i.e. three (3) years paper copies of personnel records, thirty (30) years paper copies for medical or legal action contained in personnel records, and electronic copies thereafter). Volunteer records shall be maintained during his or her period of volunteer work and for a prescribed period of time following dismissal or ending the volunteer work (i.e. three (3) years paper copies of personnel records, thirty (30) years paper copies for medical or legal action contained in personnel records, and electronic copies thereafter). Deferred applicant records shall be maintained for a prescribed period of time following the close of the application period (i.e. three (3) years paper copies of records, thirty (30) years paper copies for medical or legal action contained in records, and electronic copies thereafter).</p> <p>Personnel and previous personnel shall have access to information contained in their individual personnel file except for confidential letters of reference and confidential notes of interviews. Access to records shall be granted upon written request in the presence of the Administrator or his or her designated representative. Employees must report any change of address, telephone number, marital status, number of dependents, or the emergency contact to their supervisor immediately. Personnel files are kept confidential, and access is limited to the Administrator, Chief Financial Officer, HR Specialist, Program Director, DHHS licensing consultants, accreditation reviewers, authorized financial auditors, and supervisors on a limited basis. Each employee is responsible for ensuring the accuracy and content of records. All personnel files shall be kept in accordance with existing law and in accordance with state licensing and accreditation standards. Personnel files are secured in a locked, fireproof filing cabinet in the HR office and shall include:</p> <ul style="list-style-type: none"> • Employment Application Form, • other hiring materials including resumes, letters of employment, letters of reference, and notes from interviews held regarding references, etc., • Job Descriptions, • annual performance evaluations, • documentation of professional certificates or licensure, • documentation of disciplinary actions, • documentation of awards and commendations, • training certificates and records, • copies of diplomas and degrees from formal education, • verification of college/university attendance, transcripts, internships, and verification that the college is accredited, • letters of resignation, retirement, or termination, • copies of all security checks, • verification of all background investigations, • verification of drivers' licenses and driving records, • signed copy of applicable policies and procedures, and 	

- any additional requirements of licensure or accreditation.

A separate employee medical file shall be maintained by the HR Specialist for medical records, drug screens, and verification of physical examinations and immunizations. A separate file for I-9s shall be maintained by the HR Specialist. A separate payroll file shall be maintained by the Chief Financial Officer that includes pay records, W-4s, records of time and days worked, insurance selections, benefit options, and other payroll related items and records.

Federal and state regulations make it illegal to alter, cover up, falsify, or destroy any document with the intent of impeding or obstructing any official proceeding to include systematic review, retention, and destruction of documents received or created by MHCO in the course of official business of the organization. These regulations apply to all records and documents regardless of physical form and prescribe guidelines for how long documents should be retained and how the records should be destroyed. Documents that may be required for pending or ongoing investigation or litigation will be retained until officially released from the proceedings, even if they otherwise would be eligible for destruction during the period required.

The HR Specialist shall conduct an annual review of personnel records and record-keeping practices. Results of the review shall be reported to PQI for review and with the PQI Subcommittee if action is needed. The review shall include:

- policies and procedures for safeguarding confidentiality,
- Job Assignment forms,
- annual records of physical examinations to include medical recommendation follow-through,
- biennial verification of background investigations,
- annual verification of drivers' licenses and driving records,
- completeness of records and the purging of unnecessary information from records,
- signed copies of latest revision of job description and performance evaluations, and
- accuracy of educational, certification, and qualification status of employees.

Authorizing Signatures

Administrator _____ Date _____

HR Specialist _____ Date _____

Policy Name:	Legal Assistance Policy
Domain:	Human Resources
Applies to:	Employees
Policy Location:	Y:/Forms/Policies and Procedures/Policies/Legal Assistance Policy.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017; 5/11/2018
References:	COA Administration and Management Standards (RPM 3.02) Disciplinary Action Procedure
<p>It is the policy of MHCO's Board of Directors that MHCO shall assume the cost of legal assistance to personnel in which legal claims are made related to conducting official MHCO business in a lawful, authorized manner within the course and scope of the individual's duties.</p> <p>No discussion concerning accusations against MHCO or involving court cases shall be made without specific approval from the Administrator or the Chairman of the Board of Directors who shall consult with legal counsel prior to making any statements. Attorney or court inquiries shall be directed to the Administrator. The Administrator shall ensure that legal assistance is provided to personnel representing MHCO in attorney or court inquiries. Employees violating the terms of this policy may be subject to action per the Disciplinary Action Procedure.</p>	

Policy Name:	Contracting Policy
Domain:	Human Resources
Applies to:	Employees and Board of Directors
Policy Location:	Y:/Forms/Policies and Procedures/Policies/Contracting Policy.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017;8/12/2022
References:	COA Administration and Management Standards (GOV 5.05, HR 7, RPM 6) Contracting Procedure
<p>It is the policy of MHCO's Board of Directors that MHCO may enter contracts and service agreements with outside agencies in response to specific mission-related requirements which cannot be met within existing capabilities as a purchaser of service. MHCO shall not enter contractual relationships or agreements as a vendor.</p>	

Procedure Name:	Contracting Procedure
Applies to:	Employees
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/Contracting Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/2017; 11/9/2018; 5/10/2019; 8/12/2022; 11/10/23
References:	COA Administration and Management Standards (GOV 5.05, HR 7, RPM 6)
<p>The Board of Directors shall review requirements for unfulfilled service delivery needs. Independent contractors must present verification of liability and malpractice insurance whenever applicable. Written documentation must be kept as long as the provider is contracted to MHCO for service delivery. The Chief Financial Officer shall ensure that all information is clarified with contractors, including:</p> <ul style="list-style-type: none"> • roles and responsibilities of all parties • services to be provided • service authorization including eligibility criteria • provisions for training and technical support as necessary • target population defined • duration of obligations/contract • policies and procedures for sharing information • methods for resolving disputes • plan for timely payment and consequences for non-payment • documentation requirements • accounting principles are being adhered to • the contract is legal and meets accreditation, licensing, and other regulatory standards and requirements, • confidentiality, professional practices, and other policies and procedures are being adhered to appropriately • conditions for termination of the contract are written into the agreement • expected outcomes of the agreement <p style="text-align: center;">CONTRACT MONITORING</p> <p>The Chief Financial Officer shall oversee the progress of independent contractors. The Chief Financial Officer shall receive input from MHCO employees directly involved in the management of contractors undertaking the task. Comments shall be reported to the PQI Committee for review. The Chief Financial Officer shall ensure that all services provided by independent contractors meet quality control and assurance criteria in existence for MHCO personnel.</p>	

SECTION

VIII

Procedure Name:	Performance and Quality Improvement Operational Procedure
Domain:	Performance and Quality Improvement
Applies to:	Employees
Procedure Location:	Y:/Forms/Policies and Procedures/Procedure/Operational Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/17; 11/9/18; 5/10/19; 5/8/20; 2/14/25
References:	COA Administration and Management Standards (PQI 1, PQI 2, PQI 2.02, PQI 3, PQI 3.01, PQI 3.03, PQI 3.04) PQI Plan
<p>MHCO strives to develop a culture of improvement to identify agency and program specific issues. Performance measurement shall be designed to provide evidence for improvement plan implementation toward efficiency and delivery of effective services. Data measurements shall be identified using logic modeling to determine specific indicators for MHCO's inputs, activities, outputs, and outcomes. Data shall be collected in a manner that respects resident and employee confidentiality and rights.</p> <p>The Performance and Quality Improvement (PQI) structure at MHCO shall include representation from various stakeholders and departments. There shall be three main PQI groups: PQI Core Group, PQI Subcommittee, and PQI Committee.</p> <p>The PQI Core Group (i.e. the PQI Incident Review team) consists of the Administrator, HR Specialist, Program Director, Program Clinical Coordinator, PQI Coordinator, Chief Financial Officer, , the HR Specialist, representatives of residential programs (a supervisor, a childcare worker, a Residential Advisor), the representative of the Resident Advisory Council (RAC), and the representative of the Staff Advisory Council (SAC). This group reviews incidents, grievances, searches and seizures, minutes from the RAC and SAC, and provides recommendations for improvement and implementation of feasible improvement plans.</p> <p>The PQI Subcommittee shall consists of the Administrator, HR Specialist, PQI Coordinator, Program Clinical Coordinator, Program Director, Chief Financial Officer, and Education Coordinator/Vocational Counselor, and additional personnel as needed. This group shall meet quarterly before each board meeting to review the quarterly data collected in the PQI database for the PQI Report, identify trends in aggregated data reports, monitor outcomes and goal/target progress, develop improvement plans,, and discuss aggregated survey results. Plans for improvement shall be developed based on the evidence collected using a Plan-Do-Check-Act model of change. A PQI Report shall be developed quarterly for the BOD Committee and Board of Directors to review. This report shall include information about trends identified in data, goal progress, recognition, improvement recommendations, plans toward outcome achievement, and future goals to be developed.</p> <p>The PQI Committee consist of the same group of personnel and Board members as the Program Planning Committee and conducts business during the same session. This group meets quarterly before each board meeting to review the PQI Quarterly Report and make additional recommendations or changes. The PQI Committee shall provide the information to the Board of Directors for review and distribution to interested parties. Yearly aggregated PQI information shall be reported through the MHCO Annual Report and distributed to stakeholders including community partners, residents, resident families, alumni, employees, interns, volunteers, and Board members. There shall be an agenda to guide the orderly, scheduled business of the committee, a review of the minutes of the previous meeting, and opportunities to discuss old and new business.</p>	

The PQI Coordinator shall provide annual and as needed training on using data collection tools and forms and how to interpret and use data to improve performance.

Authorizing Signatures

Administrator _____ Date _____

HR and Training Coordinator _____ Date _____

Procedure Name:	Data Management Procedure
Domain:	Performance and Quality Improvement
Applies to:	Employees
Procedure Location:	Y:/Forms/Policies and Procedures/Procedure/Data Management Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/17; 5/10/19; 8/12/22; 11/10/23; 2/14/25
References:	COA Administration and Management Standards (PQI 2, PQI 5, PQI 5.01 PQI 5.02) PQI Plan Strategic Plan

REVIEWING AND AGGREGATING DATA

Data regarding programs, services, incidents, and grievances shall be collected by PQI monthly from stakeholders including Board Members, all service recipients, residents, resident families, administration, employees, interns, volunteers, donors, alumni, and community partners. Individual data shall be aggregated and cleaned to remove identifying information and ensure data integrity including accuracy, completeness, timeliness, uniqueness, and outliers. Residential programmatic data collected includes current census and demographics of residents, referrals, deferrals, admissions, discharges, average length of stay, cottage moves, resident workshop participation, educational progress, vocational activities, requisitions, medication administration compliance, timeliness of assessment and service planning activities and documentation, recreation and wellness activities, spiritual development, and resident satisfaction. Community outreach programmatic data collected includes service recipient needs, number of community members served, linkages to resources, referral sources, counties served, events arranged through the program (e.g. classes, groups, training sessions), outreach activities. Other departmental data includes financial security and development, human resources census and demographics, personnel training, tenure, employee satisfaction, retention, information technology, maintenance, and housekeeping.

Surveys of residents and families shall be conducted by PQI regularly during service delivery and at follow-up to include satisfaction with services, interventions, administration support, and basic demographic data. Satisfaction surveys of Board Members, service recipients, residents, families and guardians, employees, and other stakeholders shall be conducted at various times annually by the PQI Coordinator.

PQI shall collect and analyze measured quantitative and qualitative data to track and monitor identified measures, identify patterns and trends, compare performance over time, and mitigate risks in such areas as:

- outreach,
- intake,
- assessment,
- service delivery,
- barriers to service,
- opportunities for services,
- human resource deployment and utilization,
- training, education, and professional development,
- health, welfare, and safety,
- impact of service on residents,
- quality of life for personnel and residents,
- achievement of goals,
- internal and external communication, and
- qualified supervision and leadership.

PQI shall develop outcome measures and program evaluation activities that include measurable goals and objectives using data collected as evidence for needed improvement. The Program Director shall develop outcome measures for individual residents or families including, but not limited to, the use of:

- standardized tests and measurements,
- functional status changes and comparisons of individual,
- permanency of life situation,
- life skills assessment,
- academic performance,
- vocational performance,
- human development, and
- mood, affect, coping mechanisms, and self-esteem.

Program evaluation using results from data evidence will form the basis for comparison against other programs or previous service delivery methods and will be incorporated into strategic planning, annual planning, and employee work plans for improvement. The dissemination of feedback and results of PQI activities and recommendations shall be in timeframes and formats that facilitate review, analysis, interpretation, and timely corrective action, and language free from jargon and technical allusion to the point that it is capable of interpretation and readability by the all service recipients. Feedback and results of PQI activities and recommendations shall include aggregated data free from identifying information. The results of data collected, actions recommended for improvement, results of advisory group information, and goal progress toward outcome measures shall be made known to the community and other stakeholders (including board members, personnel, and service recipients) through various methods including:

- Annual Report,
- board newsletter,
- board committee meetings,
- quarterly board meetings,
- strategic planning sessions,
- direct mail,
- website, and
- quarterly and annual PQI reports.

MANAGING DATA INTERRUPTIONS

MHCO utilizes an Information Technology vendor, [TenPlus Systems](#), to manage networks and servers with the SJAB Administrative Assistant that serves as the Information Technology Point of Contact. The vendor shall limit disruption to operations and service delivery backing up electronic data regularly with copies maintained off premises and regularly testing informational back up plans and data restoration processes. The Information Technology Point of Contact shall give advanced notice to personnel of any periods of data interruption and maintain alternative methods of communication with personnel and stakeholders during periods of disruption.

INFORMATION MANAGEMENT

Compilation of data derived from standardized tests shall be used to compare results of individual progress with aggregated internal results and external organization benchmarks for thorough program evaluation. Aggregate data shall be collected from [Extended Reach](#), [Ansell Casey Life Skills Assessment](#), survey collection tools, and other management information systems. Other data collected shall be aggregated in information management tools such as Excel or SPSS for accurate data analysis.

Procedure Name:	Case Record Review Procedure
Domain:	Performance and Quality Improvement
Applies to:	Employees
Procedure Location:	Y:/Forms/Policies and Procedures/Procedure/Case Record Review Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017; 11/9/2018; 5/10/2019; 5/8/2020; 8/12/2022; 11/10/2023
References:	COA Administration and Management Standards (PQI 4, PQI 4.01, PQI 4.02) Case Review Form File Review Notice of Correction Letter File Review Tracking Log
<p>The Program Director shall conduct quarterly reviews of a sampling of resident records (i.e. all admissions and discharges in the current quarter and a sampling of other open and closed) for completeness, accuracy, timeliness, comprehensiveness, and quality with a team including supervisors, the Program Assistant, Resident Advisors, and Program Clinical Coordinator. Supervisors shall check Kaleidacare files for residents on their caseload monthly to ensure the record is complete and accurate including a progress note from CCWs every ten (10) days.</p> <p>For a service population of seventy-five (75) open cases or fewer, at least fourteen (14) open case files and two (2) closed case files, to include all admitted or discharged residents in the current quarter, shall be examined for a confidence level of 95% and confidence interval of + or – 5%. A research sampling randomizer shall be utilized to determine which case files will be examined. All current resident records shall be reviewed at least annually. A Case Review Form shall be completed, signed, and dated for each record reviewed with deficiencies noted. The Program Director shall evaluate the appropriateness of the services in accordance with applicable guidelines and license to serve residents. Resident records shall be evaluated for quality assurance to include:</p> <ul style="list-style-type: none"> • Presence of all required documentation • Overall clarity and organization • Current educational assessments • Current behavioral assessments • Current medical examinations and records of prophylactic immunization maintenance • Legal consent releases and releases of information forms • Monthly reports to external agencies and legal custodians • Case notes • Relevant signatures • Individualized Service Plans with specific outcome objectives, timelines, and achievement • Visitation Contact Agreements • Aftercare plans and subsequent actions taken with follow-up • Length of care • Discharge plan • Status changes of residents or legal custodians • Need for continued or additional services <p>Deficiencies in resident records shall be recorded on a File Review Notice of Correction Letter and tracked on the File Review Tracking Log. The Program Clinical Coordinator shall ensure that Direct Care and ILP resident records found to have deficiencies shall be corrected by the supervisor or Resident Advisor and submitted with corrections for review. The Program Clinical Coordinator shall submit the</p>	

completed Notice of Correction Letter to the Program Director. The Program Director shall track corrections on the File Review Tracking Log.

The Program Director shall ensure that resident record reviews are conducted in a manner to eliminate presenter bias. Personnel shall only review resident records for which they are minimally involved. The Program Director shall forward a written report of aggregated review findings to PQI for inclusion in PQI reports. Results of any external reviews shall be considered in the review process and included in the written PQI case record review findings report.

Team supervision meetings with the supervisor and CCWs are conducted weekly. The supervisor and CCWs process a variety of topics including individual resident case review, consistent structure and supervision of the cottage, cottage management, and group dynamics.

Resident Individualized Service Plan goal progress is reviewed in team supervision meetings and ILP program team meetings. Overall resident progress is determined to be "Goal Achieved," "Minimal Progress", "Significant Progress", or "No Progress" related to their behaviors, efforts, age, and level of development. Each supervisor shall record the achievement level for each resident on his or her caseload. For goals deemed "No Progress," the Child and Family Team (CFT) shall meet to address supports or interventions that can be implemented and discuss whether the level of placement is appropriate. The Program Clinical Coordinator shall collect the supervisors' data and submit it monthly to the Program Director. The Program Director shall forward a written report of aggregated review findings to PQI for inclusion in PQI reports.

Authorizing Signatures

Administrator _____ Date _____

HR Specialist _____ Date _____

Procedure Name:	Risk Prevention and Management Procedure
Domain:	Performance and Quality Improvement
Applies to:	Employees
Procedure Location:	Y:/Forms/Policies and Procedures/Procedure/Risk Prevention and Management Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/17; 2/9/18; 5/10/19; 11/11/22; 2/14/25
References:	COA Administration and Management Standards (RPM 2, RPM 2.01, RPM 2.02) 10A NCAC 70I .0303
<p>MHCO strives to continually assess, prevent, and manage risk. All personnel shall be conscious of and take measures to eliminate or minimize risk. Risk management issues shall be assessed through stakeholder input received from program and support services, finance, human resources, facilities management, financial development, Community Communications Committee, Staff Advisory Council, Resident Advisory Council, and Performance and Quality Improvement groups. These groups shall forward risk management issues and recommendations to the quarterly Risk Management Committee for discussion and implementation.</p> <p>The Board of Directors, with input from both internal and external stakeholders, reviews financial risk, ability to pursue strategic goals, and other risk management needs annually and keep records of their findings. Ongoing reviews and reports of identified or potential risk issues are reported at the quarterly board meetings and monthly Executive Committee meetings.</p> <p>MHCO annually assesses areas of potential risk, including management of:</p> <ul style="list-style-type: none"> • legal requirements, • information technology, • insurance and liability, • health and safety, • human resources, • contracting, • resident rights and confidentiality, • finances, • public relations, branding, and reputation, and • conflicts of interest. <p>Checklists shall be completed twice annually in June and December to reflect each department's risk management review within the scope of supervision or operational duties. The Risk Management Committee shall assess areas of potential risk to include the departmental checklists, resident rights, confidentiality, and conflicts of interest annually. Individuals with duties that present a potential conflict of interest in the assessment shall recuse themselves from the respective portion. Critical Incident Reports, grievances, reports of physical or sexual abuse filed by residents, accidents or incidents involving residents or personnel, medication dispensation and distribution, errors in drug administration, adverse drug reactions, refusals for medication and treatment, or reports of personnel whose behaviors may present a danger shall be reviewed monthly by the PQI Incident Review team per the PQI Operational Procedure.</p>	

Other areas of review shall include regular reporting requirements to the state and federal government, licensing, accreditation, and any research involving human subjects conducted with residents or residents' families. External consultants such as insurance carriers, fire marshals, health inspectors, tradesmen, and other professionals shall be asked to provide expertise. Reports received from external reviewing bodies such as audits, licensing reports, accreditation reports, risk management reports from insurance underwriters, and safety reports shall be forwarded to the respective department. If a risk management issue is highlighted in the report, then a Corrective Action Plan shall be submitted by the respective department head to the Administrator for approval and implementation. A summary of the report, action plans, and progress reports on implementation from external risk reviews shall be presented to the Risk Management Committee for review and improvement recommendations.

The Maintenance Director shall submit departmental checklists, external review reports, and results from the risk management assessments to the Administrator. The Administrator shall discuss risk management assessment results with the Executive Committee of the Board of Directors quarterly. The Board Chairman shall report findings risk management assessment results with the Board of Directors quarterly. Feedback from the Board of Directors shall be solicited to further address or prevent risk, safety, and security issues. Recommendations from the Board Members shall be submitted for inclusion in the budget preparations as appropriate.

Training recommendations shall be presented to the HR Specialist to assist personnel in maintaining a safe and secure residential and work environment. Training topics provided to employees and residents include, but are not limited to:

- confidentiality,
- conflict of interest,
- cyber bullying and security,
- bloodborne pathogen awareness,
- resident and employment rights,
- human trafficking prevention,
- social media safety, and
- suicide prevention.

INSURANCE

MHCO shall provide adequate insurance protection for all MHCO owned property as well as the standard liability coverage to protect employees, volunteers, interns, Board Members, and residents per the Insurance section. An umbrella policy shall also be utilized to provide additional protection over and above the primary liability policies. In addition, staff and Board Members shall be bonded against theft and misappropriation of funds. Board Members and personnel shall be notified annually of insurance coverage related to the scope of their activities performed for MHCO at orientation and at the time of insurance renewal.

SECTION

IX

Procedure Name:	Referrals for Family Support Services Procedure
Applies to:	Employees and Stakeholders
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/Referrals for Family Support Services Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/2017; 8/10/2018; 5/8/2020; 8/12/2022
References:	Direct Care Admissions, Deferrals, and Intake Procedure ILP Admissions, Deferrals, and Intake Procedure NCCARE360
<p>Referrals that are received by MHCO are evaluated for appropriateness for the program per the Direct Care or ILP Admissions, Deferrals, and Intake Procedures. Deferred applicants shall be referred to an appropriate agency or service and shall be given assistance in locating and contacting that service by the Program Assistant. NCCARE360 should be utilized to access services in the individual's location.</p> <p>Coordination of services with other service providers for residents shall be managed by supervisors or Resident Advisors with authorized consent for release of information. Employees shall coordinate with the resident and other individuals involved in his or her care to access services through referrals, using NCCARE360 when possible.</p> <p>With authorized consent for release of information, coordination of services with other service providers for discharged residents receiving aftercare services shall be managed by supervisors or Resident Advisors, using NCCARE360 when possible.</p> <p>Parents or legal custodians of residents or discharged residents receiving aftercare services may be referred to an appropriate agency or service and shall be given assistance in locating and contacting that service by supervisors or the Program Assistant using NCCARE360 when possible.</p> <p>Data regarding referrals given to individuals shall be forwarded to PQI for review with the PQI Subcommittee and action recommendations.</p>	
Authorizing Signatures	
Administrator _____ Date _____	
HR Specialist _____ Date _____	

Policy Name:	Resident Rights Policy
Domain:	Service Planning and Delivery
Applies to:	Employees and Stakeholders
Policy Location:	Y:/Forms/Policies and Procedures/Policies/Resident Rights Policy.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/17; 2/9/18; 5/10/19; 8/12/22; 11/10/23; 2/14/25
References:	COA Service Delivery Administration Standards (CR 1, CR 1.01, CR 1.02, CR 1.03, CR 1.04) 10A NCAC 70I .0306 G.S. 31D-10.2A Conflict of Interest Policy Harassment Policy Fair and Equitable Treatment Policy Nepotism Policy Prohibition of Preferential Treatment Policy Protection of Suspected Misconduct Reporting Policy Resident Rights Procedure Direct Care Daily Living
<p>It is the policy of MHCO's Board of Directors that MHCO should respect the rights and dignity of all residents. No MHCO personnel shall restrict or deny any of these rights or protections except with the expressed, written approval of the Administrator. Within the limits of the law and safety, residents shall be afforded the right to:</p> <ul style="list-style-type: none"> • privacy and confidentiality. • not be identified as a resident in care in any way • decline participation in activities that identify them as living at MHCO or as a foster child in any way. • be provided with food, clothing, and shelter that is sufficient and appropriate to the individual resident. • have access to family time and have telephone conversations with family members, when not contraindicated in the visitation and contact plan. • have personal property and a space for storage. • express opinions on issues concerning his or her care or treatment individually or with an advocate of his or her choice. • be free from coercion with regard to religious decisions and be assured that, whenever practical, the wishes of the parents or guardians with regard to a child's religious participation are ascertained and followed. • not be forced to acknowledge dependency on or gratitude to MHCO. • participate in extracurricular, enrichment, cultural, and social activities as appropriate and in accordance with N.C.G.S. 31D-10.2A. • review their records with personnel present, unless the Administrator or Program Director deems that it would be extremely harmful to them. • decline participation in research projects. • refuse medication and medical treatment but be informed of the consequences if they refuse any treatment(s) to include prompt discussion with the prescribing physician or representative. • be free from any form of harassment, including sexual harassment or exposure to other sexual advances or offenses. 	

- not be punished by any of the following methods: corporal punishment, physical punishment, verbal abuse, humiliating acts, punishment by another resident, denial of meals, clothing, or shelter, denial of appropriate affection and nurturing, denial of family contact, extremely hard work or exercise, group punishment, or secluded or locked time-out.
- file grievances per the [Stakeholder Grievance Policy and Procedure](#) without fear of discharge or other reprisal, if the stakeholder reasonably believes that some policy, practice, or activity is in violation of the law.
- not be discriminated against for race, ethnicity, religious affiliation, color, gender, creed, national origin, handicapping condition, sexual orientation, political belief, ancestry, or age.
- protection from physical or mental harm, intimidation, and restraint.
- living accommodations that are reasonably quiet and secure with appropriate places for sleep, study, or meditation.
- space for bathing and caring for their health and hygiene needs.
- hire attorneys or medical specialists at their own expense.
- receive care and services that are respectful of and responsive to their culture, ethnicity, and differences in racial, cultural, linguistic, religious upbringing, and heritage.
- not fear or be threatened with unwarranted discharge.

Procedure Name:	Resident Rights Procedure
Applies to:	Employees and Stakeholders
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/Resident Rights Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/17; 8/10/18; 5/10/19; 8/12/22; 2/14/25
References:	COA Service Delivery Administration Standards (CR 1, CR 1.01, CR 1.02, CR1.03, CR 1.04) Stakeholder Grievance Policy and Procedure Resident Rights Policy Resident Handbook Resident Health Services, Wellness, and Medication Management Procedure
<p>Residents shall receive a copy of their rights upon intake and request. Resident rights shall be reviewed at intake, annually, and when revised with the resident and legal custodian if the resident is under eighteen (18) years of age. Resident rights shall be posted in cottages, buildings, and supervisor offices. Resident rights shall be included in the Resident Handbook. The Program Assistant and supervisor shall ensure that the resident receives the rights and that they are explained to them in language that the resident can understand. Residents who feel their rights as stated in the Resident Rights Policy have been violated shall be encouraged to submit a grievance per the Stakeholder Grievance Policy and Procedure.</p> <p>If a resident exercises his or her right to decline participation in activities that identify them as living at MHCO or as a foster child in any way, the resident shall discuss the refusal with his or her supervisor. The supervisor will assist in finding alternate supervision for the resident during the event. The resident's concerns will be followed up in a Child and Family Team meeting with the resident.</p> <p>If a resident exercises his or her right to refuse medication and medical treatment, staff shall follow directives outlined in the Resident Health Services, Wellness, and Medication Management Procedure.</p> <p>Residents shall be given the opportunity to voice concerns, discuss program issues, make suggestions, and provide feedback at biannual Resident Advisory Council meetings, and more often as needed. The Resident Advisory Council is open to all residents and is facilitated by assigned personnel who are not part of residential programs and services or involved in the resident's care, such as childcare workers and supervisors. No other personnel shall be present. Discussion and debate shall be solution based, be conducted respectfully, and honor anonymity. Facilitators shall prepare agendas and minutes for each meeting. Facilitators shall report anonymous recommendations through meeting minutes to the Administrator and Program Director for submission, evaluation, and review by the Program Planning Committee of the Board of Directors and PQI Incident Review team. The Administrator shall provide minutes and recommendations for feedback and action plan recommendations to the Program Planning Committee of the Board of Directors. The Administrator shall provide feedback to the Resident Advisory Council based on the recommendations of these committees.</p>	

Policy Name:	Stakeholder Grievance Policy
Domain:	Service Planning and Delivery
Applies to:	Stakeholders
Policy Location:	Y:/Forms/Policies and Procedures/Policies/Stakeholder Grievance Policy.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	11/11/16; 3/9/17; 5/10/19; 8/12/22; 11/10/23; 2/14/25
References:	COA Administration and Management Standards (CR 1.02, CR 1.05) Stakeholder Grievance Procedure Stakeholder Grievance Flowcharts Grievance Form Grievance Appeal Form Fair and Equitable Treatment Policy Harassment Policy Resident Rights Policy and Procedure Protection of Suspected Misconduct Reporting Policy

This policy refers to stakeholders such as service recipients – including residents-, former residents, applicants, custodians, parents, significant others of residents, community members, and other stakeholders. Please refer to the “Employee Grievance Policy” to review the grievance policy for employees, interns, volunteers, etc. It is the policy of MHCO’s Board of Directors that stakeholders) shall have the right to express, file, and resolve any grievances connected with their services or care at MHCO and shall be allowed to exercise this right without fear of interference or retaliation. A stakeholder complaint is defined as “an expression of verbal dissatisfaction that can include, but is not limited to, services, manner of treatment, outcomes, or experiences ([Council on Accreditation](#), 2008).” A stakeholder grievance is defined as a written complaint submitted and investigated through a formal procedure. Not every complaint necessitates a grievance. MHCO encourages open and honest discussions between stakeholders and staff and expects that most grievances can be addressed satisfactorily through such discussions. MHCO’s [Stakeholder Grievance Policy and Procedure](#) aims to promote the resolution of appropriate concerns lodged in good faith. If at any time a stakeholder believes that a practice, philosophy, or action of an individual or individuals is not in his or her best interest or in the best interest of other residents, that stakeholder should follow the [Stakeholder Grievance Procedure](#).

Copies of the [Stakeholder Grievance Policy and Procedure](#) shall be provided to all stakeholders upon request. Residential services recipients shall be given at intake or orientation, and in their admission packet. The [Grievance Form](#) can be accessed from program staff or in SJAB. Forms must include a complete and factual description of the behavior or event in question including dates, times, and sequences of events; how the decision, action, policy, or procedure has been detrimental to the stakeholder; and the action or remedy being sought. Grievances must be submitted within twenty (20) working days from the day of the event that necessitated the grievance or the stakeholder became aware of the issue. Stakeholder grievances submitted to external regulatory or statutory authorities such as the [Department of Social Services](#), [Equal Employment Opportunity Commission](#), or a law enforcement agency may not be deemed appropriate to be resolved through the MHCO [Stakeholder Grievance Procedure](#). All parties named in a grievance shall be entitled to be informed of all allegations made against them and have the right to respond to those allegations. All parties involved in a grievance must maintain confidentiality about the grievance unless supervisors, the Program Director, the Administrator, or the Board of Directors are discussing the matter for resolution with appropriate staff, or the parties involved are discussing the matter for legal advice or counsel. A stakeholder who does not feel comfortable discussing a grievance without an advocate unaffiliated with MHCO shall be encouraged by MHCO staff to discuss the matter with his or her legal counsel, legal custodian, or a child advocate requested through a supervisor. This advocate may accompany the stakeholder or may be an unaccompanied voice for

the stakeholder when discussing the grievance.

Nothing shall discourage a stakeholder from discussing a grievance or knowledge pertinent to a grievance with a supervisor, nor shall a stakeholder be discriminated against for exercising this right.

Stakeholders who submit a grievance can express intent to withdraw the grievance at any time, in writing, to the employee who received the grievance or the Administrator. A grievance that is subject to an internal or external investigation can only be withdrawn after the conclusion of the investigation. However, the written intent to withdraw the grievance shall be noted and reported to the parties investigating the grievance. In residential programs, the supervisor shall inform all parties involved in the grievance about the withdrawal and closure of the grievance.

Documentation related to the grievance shall be stored securely and retained for seven (7) years after action is completed. Supervisors, the Program Director, and the Administrator shall be responsible for responding to grievances professionally, sensitively, timely, and ensuring that the parties involved in a grievance shall be informed of the process and protected from harassment, bullying, discrimination, victimization, or retaliation. Stakeholders shall be responsible for cooperating and participating in attempts to resolve grievances. Residential stakeholders shall be made aware of the grievance policy and procedure during intake or orientation and when there are significant changes to the policy and/or procedure.

Procedure Name:	Stakeholder Grievance Procedure
Applies to:	Stakeholders
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/Stakeholder Grievance Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	11/11/16; 3/9/17; 11/9/18; 5/10/19; 11/10/23; 2/14/25
References:	COA Administration and Management and Service Delivery Administration Standards (CR 1.02, CR 1.05) Stakeholder Grievance Policy Stakeholder Grievance Flowcharts Grievance Form Grievance Appeal Form Protection of Suspected Misconduct Reporting Policy Critical Incidents Procedure Non-Critical Incidents Procedure

STAKEHOLDER GRIEVANCES CONCERNING EMPLOYEES, OTHER SERVICE RECIPIENTS, INTERNS, VOLUNTEERS, GUESTS, ANY OTHER STAKEHOLDER, SERVICES, OR RESIDENTIAL CONDITIONS

This procedure refers to stakeholders such as all service recipients -including residents-, former residents, applicants, custodians, parents, significant others of residents, community members, and other stakeholders. Please refer to the “Employee Grievance Procedure” to review the grievance procedure for employees, interns, volunteers, etc. Stakeholders who have complaints concerning employees, other service recipients, interns, volunteers, guests, any other stakeholder, services, or residential conditions should discuss the grievance verbally or file a written grievance using the appropriate [Grievance Form](#) with an employee with whom they feel most comfortable. In residential programs, the employee receiving the grievance shall discuss the matter with the Program Clinical Coordinator unless the Program Clinical Coordinator is the subject of the grievance. If the subject of the grievance is the Program Clinical Coordinator, the employee shall discuss the matter with the Program Director. The Program Clinical Coordinator shall inform the parent or custodian of a resident filing a grievance and the Program Director. The Program Clinical Coordinator or Program Director shall determine if the grievance is warranted and open an internal or external investigation (i.e. raises reasonable questions about the care of residents or residential conditions that could possibly be a violation of one or more policies) or if the grievance is unfounded. If a grievance investigation is warranted based on the content of a verbal complaint, the immediate supervisor shall ensure that the grievance is submitted using the appropriate [Grievance Form](#). If a grievance relates to unlawful activity or behavior, MHCO staff may be obligated to open an external investigation using the procedure described in the Grievances Involving Unlawful Activity or Behavior section below. If an internal investigation is opened, the immediate supervisor shall act promptly to gather all the facts, interview the parties involved and witnesses, review MHCO policy, discuss the matter with his or her supervisor and appropriate staff, analyze the situation, and come to a resolution or refer the grievance, in writing, to the Administrator. The Program Clinical Coordinator or Program Director shall maintain a detailed record of all meetings. An employee with knowledge pertinent to the grievance shall make an appointment to discuss his or her knowledge with the supervisor within two (2) working days. If the Program Clinical Coordinator or Program Director determines that a grievance is unfounded (i.e. lacks evidence or does not raise reasonable questions about the care of residents), he or she will close the grievance as unfounded. If the Administrator determines that a grievance is substantiated against a guest or volunteer related to an employee, the employee shall be held responsible for the guest’s or volunteer’s actions. If a resolution has been made or the grievance was determined to be unfounded, the immediate supervisor shall notify the parties involved, in writing, of the resolution and appeal procedure within two (2) working days. The Program Clinical Coordinator or Program Director shall monitor the implementation of the resolution.

If the stakeholder wishes to appeal the decision with the Administrator, he or she may do so using a [Grievance Appeal Form](#) given to the Administrator within ten (10) days of the notification of the

resolution. If an investigation is warranted or if the stakeholder appeals the supervisor's resolution, the Program Director shall refer the complaint via written grievance using the appropriate [Grievance Form](#), gathered facts, and documentation to the Administrator and notify the parties involved, in writing, within two (2) working days. The Administrator shall have ten (10) days to gather all the facts, interview the parties involved and witnesses, review MHCO policy, discuss the matter with appropriate staff, analyze the situation, and come to a resolution. The Administrator shall maintain a detailed record of all meetings. The Administrator shall notify the parties involved, in writing, of the resolution within ten (10) working days. The decision of the Administrator shall be final for stakeholder grievances concerning service recipients, employees, interns, volunteers, guests, other stakeholders, services, or residential conditions. The Administrator shall monitor the implementation of the resolution.

The immediate supervisor or the Administrator shall supply copies of the documentation to the HR Specialist to be filed in the parties' personnel files and notify the PQI Coordinator who shall log the grievance in the tracking system at each stage (i.e. grievance received, pending results of internal investigation, pending results of external investigation, closed as unfounded, closed as substantiated, pending appeal).

If an employee with access to personnel files is the subject of a grievance and the stakeholder submitting the grievance has requested anonymity, the Administrator shall maintain a separate and sealed file that contains all documentation. A note shall be included in the personnel file indicating that the results of the grievance have been kept by the Administrator.

If an employee with access to PQI files is the subject of a grievance and the stakeholder submitting the grievance has requested anonymity, the Administrator shall review the grievance through PQI and keep a summary of the review in a separate and sealed file. A note shall be included in the PQI tracking system indicating that the results of the review have been kept by the Administrator.

STAKEHOLDER GRIEVANCES CONCERNING THE ADMINISTRATOR

Stakeholders (e.g. service recipients -including residents-, former residents, applicants, custodians, parents, significant others of residents, other stakeholders) who have complaints concerning the Administrator should file a written grievance using the appropriate [Grievance Form](#) with the Policy and Personnel Committee of the Board of Directors. The Committee representatives shall inform the parent or custodian of a resident filing a grievance. The Committee representatives shall determine if a grievance is warranted and open an internal or external investigation (e.g. raises reasonable questions about services in all programs, the care of residents, or residential conditions that could possibly be a violation of one or more policies) or if the grievance is unfounded. If a grievance relates to unlawful activity or behavior, Committee representatives may be obligated to open an external investigation using the procedure described in the Grievances Involving Unlawful Activity or Behavior section below. If an internal investigation is opened, the Committee representatives shall act promptly to gather all the facts, interview the parties involved and witnesses, review MHCO policy, discuss the matter with appropriate staff, analyze the situation, and come to a resolution. The Committee representatives shall maintain a detailed record of all meetings. If the Committee representatives determine that a grievance is unfounded (i.e. lacks evidence or does not raise reasonable questions about services in all programs, the care of residents, or residential conditions), they will close the grievance as unfounded. The Committee representatives shall notify the parties involved, in writing, of the resolution or closure of the grievance after the next board meeting. The decision of the Board of Directors shall be final for stakeholder grievances concerning the Administrator. The Policy and Personnel Committee of the Board of Directors shall monitor the implementation of the resolution. The Committee representatives shall supply copies of the documentation to the HR Specialist to be filed in the Administrator's personnel file and notify the PQI Coordinator who shall log the grievance in the tracking system at each stage.

GRIEVANCES INVOLVING UNLAWFUL ACTIVITY OR BEHAVIOR

If a grievance relates to unlawful activity or behavior, MHCO staff may be obligated to call an appropriate external regulatory or statutory authority such as the [Department of Social Services](#), [Equal Employment Opportunity Commission](#), or law enforcement agency for investigation per the [Critical Incidents Procedure](#) or the [Non-Critical Incidents Procedure](#). In all matters involving abuse or neglect of a resident, employees of MHCO are required by law to report the concerns to the Department of Social Services where the individual resides or is found. For reported abuse or neglect complaints that allegedly occur on the MHCO campus, the complaint or grievance shall be referred to the [Granville County Department of Social Services](#) by the Administrator. The Administrator shall determine if the employee will be placed on a suspension of duty with or without pay during an external investigation for unlawful activity or behavior. The Administrator shall notify the parties involved that a referral has been made to an agency, determine a resolution based on the findings and determinations of the agency, and notify the parties involved, in writing, of the resolution. The Administrator shall monitor the implementation of the resolution. The Administrator shall supply copies of the documentation to the HR Specialist to be filed in the parties' personnel files and notify the PQI Coordinator who shall log the grievance in the tracking system at each stage.

If an employee with access to personnel files is the subject of a grievance and the stakeholder submitting the grievance has requested anonymity, the Administrator shall maintain a separate and sealed file that contains all documentation. A note shall be included in the personnel file indicating that the results of the grievance have been kept by the Administrator.

If an employee with access to PQI files is the subject of a grievance and the stakeholder submitting the grievance has requested anonymity, the Administrator shall review the grievance through PQI and keep a summary of the review in a separate and sealed file. A note shall be included in the PQI tracking system indicating that the results of the review have been kept by the Administrator.

Policy Name:	Resident Records Access Policy
Domain:	Service Planning and Delivery
Applies to:	Employees and Stakeholders
Policy Location:	Y:/Forms/Policies and Procedures/Policies/Resident Records Access Policy.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017; 5/10/2019; 5/8/2020; 8/12/2022
References:	COA Administration and Management Standards (RPM 4, PRG 2, PRG 2.01, PRG 2.02, PRG 2.03) 10A NCAC 70I .0305 Resident Records Access Procedure
<p>It is the policy of MHCO's Board of Directors that current or former residents and legal custodians of minor residents shall have the right to review part or all their records with the Program Clinical Coordinator, Program Director, or Administrator present, unless the Administrator deems that it would be extremely harmful to them. All resident records including, but not limited to, Medical Administration Records (MARs) and progress notes are the property of The Masonic Home for Children, Inc. Requests for records access shall be handled and documented per the Resident Records Access Procedure.</p> <p>Resident records shall be confidential and only released under specific circumstances. Personnel authorized to access specific confidential information shall have access to resident records. Auditors and licensing or accreditation personnel shall have access to current resident records and former resident records of the past three (3) years after signing a Confidentiality Agreement Form. Agencies with active, external legal investigations concerning child abuse or neglect involving a current or former resident shall have access to records if available.</p> <p>Upon notarized request, admission, discharge, and public records may be provided to individuals seeking information. Otherwise, those seeking documentation not related to public records must have requests reviewed by MHCO and legal counsel per the Resident Records Access Procedure. Expenses associated with the search, retrieval, procurement, or other legally dictated actions associated with release of records may be at the expense of the party requesting the records.</p>	
Authorizing Signatures	
Chairman, Board of Directors _____ Date _____	
Administrator _____ Date _____	

Procedure Name:	Resident Records Access Procedure
Applies to:	Employees and Stakeholders
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/Resident Records Access Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017; 2/9/2018; 5/10/2019; 5/8/2020; 8/12/2022
References:	COA Administration and Management Standards (PRG 2, PRG 2.01, PRG 2.02, PRG 2.03) 10A NCAC 70I .0305 Resident Records Access Policy Consent to Release and Exchange Confidential Information Form Authorization to Transfer/Archive Records Form
<p>MHCO shall maintain records on residents admitted and applicants deferred for services containing information necessary to ensure quality care, comply with legal requirements, and document services provided.</p> <p>Resident records shall be stored in fireproof safes behind two (2) locked doors. Access to resident records is limited to authorized personnel. The Intake Coordinator shall ensure that authorized personnel have access to resident records. Names of authorized personnel (i.e. supervisors, Resident Advisors, Program Assistant, Program Clinical Coordinator, and Program Director) allowed access to resident records shall be maintained on the exterior of the safe doors. The Program Assistant shall maintain inventory and accountability of all resident records and ensure that resident records are safeguarded against tampering, defacement, or access by unauthorized persons. Files shall not be removed from the office area where stored except by a supervisor or in the case of an approved legal counsel. Files stored electronically shall be protected by limited access security codes (i.e. password protected). Supervisors, Resident Advisors, Program Assistant, Program Clinical Coordinator, and Program Director shall be authorized to add documentation to resident records. CCW notes and incident reports may be added to official documentation after approval and signature by the supervisor of a Direct Care resident. All entries in resident records, including progress notes, medical orders, and incident reports, shall be signed and dated by the person providing the service. All documentation should be scanned into the electronic file in the KaleidaCare software system. Some documents should be put into the physical file.</p> <p>Current resident records shall contain, but not be limited to:</p> <ul style="list-style-type: none"> • A Face Sheet/Emergency Contact Form that includes first, middle, and last name, record number, social security number, date of birth, race, gender, marital status, admission date, discharge date, and emergency contact information • Copies of birth certificate and identifying documents in both electronic and physical file • Documentation of screenings and assessments • Documentation of informed consent regarding placement and intervention options • Individualized Service Plans and reviews of progress towards goals • Progress notes- electronic file only • Permission to receive emergency medical care from a hospital or physician • Copies of signed consent forms consents for release of information • Court reports • Information about services provided by other organizations or service providers • Discharge, aftercare, and follow-up information 	

Records may be transported by authorized personnel in a locked file box in the trunk of a vehicle with the permission of the Administrator. Physical resident records may be removed from the facility and shared with proper release of information documentation under the following conditions:

- In accordance with a subpoena “deucum tecum” to produce documents when needed for court hearings.
- In accordance with a judge’s court order when needed for court hearings
- If the documents are needed for treatment or audit purposes.
- In situations where it is not practical or feasible to copy the resident record or portions thereof, records may be transported to a health care provider if the record remains in the custody of an MHCO employee at all times.
- If MHCO ceases to exist and archival must occur.

RELEASE OF INFORMATION

No employee, volunteer, intern, or Board Member may release or disclose information about a current or former resident or applicant, his or her family, identify a current or former resident or applicant, or otherwise verify knowledge of residency or application unless there is an imminent danger to the life of an individual, in response to a court order, or a valid [Release of Confidential Information Form](#) has been obtained that is specific to that resident and the information to be disclosed. Release of information shall be discussed and verified with the Program Director. Persons that may give consent and sign a [Release of Confidential Information Form](#) include:

- a competent adult resident,
- an adult former resident,
- an adult applicant,
- a legal custodian of a minor resident, former resident, or applicant,
- a minor resident seeking services for mental health, substance abuse, or family planning services,
- an emancipated minor resident, or
- a legal representative of a deceased resident if the estate is being settled or next of kin if the estate has been settled.

Consent may be revoked at any time and shall be updated at least annually. The identity of the individual and Consent to Release and Exchange Confidential Information Form shall be verified before disclosure.

MHCO may release specific information contained in resident records to other professionals and individuals under specific circumstances or upon legally authorized request. Requests must be made in writing and specify what information shall be forwarded. The Program Director shall obtain consent for the request and complete a time-limited [Release of Confidential Information Form](#) stating the specific information to be released or disclosed with signatures from the legal custodian of a minor or by the resident if over the age of eighteen (18). Documents created and shared by health care providers, educational providers, or other agencies are the property of the creating agency and cannot be shared by MHCO. The Program Director shall conduct a review of record content for potential for harm to an individual or confidentiality breach as described below. The Program Director shall ensure that the release of information is documented in the record to include the specific information released, to whom it was released, who released the information, method of transferring information, and date and time of release with signatures.

RECORD REVIEW

The Program Director shall make elements of a resident’s record accessible to the parties indicated below after screening the records for potential of harm to an individual or confidentiality breach of information regarding others (i.e. other family members and statements that may refer to other residents). If after

review the Program Director determines that there is no potential for harm to an individual or confidentiality breach upon release of the information, he or she shall arrange for the individual to review the record under supervision.

If after review the Program Director determines that there is a potential for harm to an individual or confidentiality breach upon release of the information, he or she shall make a recommendation to the Administrator about the content. If the Administrator determines that a review of the records would be harmful to an individual's physical or mental well-being, he or she shall notify the resident in writing of the decision and propose alternatives available to the resident. In this case, one possible alternative may be for arrangements may be made for the resident to choose a qualified physician or psychologist to review records on the his or her behalf. The attending physician of the practice chosen shall sign a statement of non-disclosure about information contained in the record, unless notification is essential to the life or health of a minor. The Administrator shall document refusal of record access and attempts for alternatives. After release of information occurs, the Program Director shall ensure that the release of information or record access is documented in the record.

CURRENT MINOR RESIDENTS UNDER THE AGE OF TWELVE (12)

Legal custodians of residents under the age of twelve (12) shall be able to access records on file for the purposes of review, correction, or addition. Legal custodians of minor residents shall have the right to review part or all the resident's records with staff present. Residents under the age of twelve (12) shall be able to access records on file with legal custodian consent and supervision.

Legal custodians of residents under the age of twelve (12) may contest the accuracy, completeness, or relevancy of information included the record and may request an alteration. When an alteration is justified as determined by the Program Director, the employee assisting the review shall create an addendum to notate the contestation and new information in the record. The original portion of the record shall remain intact with a notation that there is an addendum. Whenever the Program Director does not concur that alteration is justified, he or she shall create an addendum to notate the contestation and justification for not changing information in the record. The original portion of the record shall remain intact with a notation that there is an addendum. Addenda shall be made a permanent part of the record and shall be released or disclosed along with the contested portion of the record.

CURRENT MINOR RESIDENTS OVER THE AGE OF TWELVE (12)

Residents over the age of twelve (12) or legal custodians of residents that are currently under the age of eighteen (18) shall be able to access records on file for the purposes of review, correction, or addition. Legal custodians of minor residents and residents over the age of twelve (12) shall have the right to review part or all their records with staff present. Residents over the age of twelve (12) shall be able to access records on file without legal custodian consent.

Residents over the age of twelve (12) or legal custodians of residents that are currently under the age of eighteen (18) may contest the accuracy, completeness, or relevancy of information included the record and may request an alteration. When an alteration is justified as determined by the Program Director, the employee assisting the review shall create an addendum to notate the contestation and new information in the record. The original portion of the record shall remain intact with a notation that there is an addendum. Whenever the Program Director does not concur that alteration is justified, he or she shall create an addendum to notate the contestation and justification for not changing information in the record. The original portion of the record shall remain intact with a notation that there is an addendum. Addenda shall be made a permanent part of the record and shall be released or disclosed along with the contested portion of the record.

CURRENT RESIDENTS OVER THE AGE OF EIGHTEEN (18) OR EMANCIPATED MINOR RESIDENTS

Residents that are currently over the age of eighteen (18) or emancipated minor residents shall be able to access records on file for the purposes of review, correction, or addition. Residents that are currently over the age of eighteen (18) or emancipated minor residents shall have the right to review part or all their records with staff present.

Residents that are currently over the age of eighteen (18) or emancipated minor residents may contest the accuracy, completeness, or relevancy of information included the record and may request an alteration. When an alteration is justified as determined by the Program Director, the employee assisting the review shall create an addendum to notate the contestation and new information in the record. The original portion of the record shall remain intact with a notation that there is an addendum. Whenever the Program Director does not concur that alteration is justified, he or she shall create an addendum to notate the contestation and justification for not changing information in the record. The original portion of the record shall remain intact with a notation that there is an addendum. Addenda shall be made a permanent part of the record and shall be released or disclosed along with the contested portion of the record.

NONARCHIVAL RECORDS OF MINOR FORMER RESIDENTS

Former residents over the age of twelve (12) or legal custodians of former residents that are currently under the age of eighteen (18) shall be able to access nonarchival records on file for the purposes of review, correction, or addition per the procedure described above. Legal custodians of minor former residents and former residents shall have the right to review part or all their nonarchival records with staff present. Former residents over the age of (12) shall be able to access nonarchival records on file without legal custodian consent. Former residents under the age of (12) shall be able to access nonarchival records on file with legal custodian consent and supervision.

Former residents over the age of twelve (12) or legal custodians of former residents that are currently under the age of eighteen (18) may contest the accuracy, completeness, or relevancy of information included the nonarchival record and may request an alteration. When an alteration is justified as determined by the Program Director, the employee assisting the review shall create an addendum to notate the contestation and new information in the record. The original portion of the record shall remain intact with a notation that there is an addendum. Whenever the Program Director does not concur that alteration is justified, he or she shall create an addendum to notate the contestation and justification for not changing information in the record. The original portion of the record shall remain intact with a notation that there is an addendum. Addenda shall be made a permanent part of the record and shall be released or disclosed along with the contested portion of the record.

NONARCHIVAL RECORDS OF FORMER RESIDENTS OVER THE AGE OF EIGHTEEN (18) OR EMANCIPATED MINOR FORMER RESIDENTS

Former residents that are currently over the age of eighteen (18) or emancipated minor former residents shall be able to access nonarchival records on file for the purposes of review, correction, or addition per the procedure described above. Former residents that are currently over the age of eighteen (18) or emancipated minor former residents shall have the right to review part or all their nonarchival records with staff present.

Former residents that are currently over the age of eighteen (18) or emancipated minor former residents may contest the accuracy, completeness, or relevancy of information included the nonarchival record and may request an alteration. When an alteration is justified as determined by the Program Director, the employee assisting the review shall create an addendum to notate the contestation and new information in the record. The original portion of the record shall remain intact with a notation that there is an addendum. Whenever the Program Director does not concur that alteration is justified, he or she shall create an addendum to notate the contestation and justification for not changing information in the record. The

original portion of the record shall remain intact with a notation that there is an addendum. Addenda shall be made a permanent part of the record and shall be released or disclosed along with the contested portion of the record.

NONARCHIVAL RECORDS OF DECEASED MINOR FORMER RESIDENTS

Requests for nonarchival records of deceased former residents under the age of eighteen (18) must be made by a legal representative of the individual if the estate is being settled or next of kin if the estate is not being settled and shall be granted access to nonarchival records on file depending upon legal requirements, file availability, and legal custodian consent.

Legal representatives of the individual if the estate is being settled or next of kin if the estate is not being settled of deceased former residents under the age of eighteen (18) may contest the accuracy, completeness, or relevancy of information included the nonarchival record and may request an alteration. When an alteration is justified as determined by the Program Director, the employee assisting the review shall create an addendum to notate the contestation and new information in the record. The original portion of the record shall remain intact with a notation that there is an addendum. Whenever the Program Director does not concur that alteration is justified, he or she shall create an addendum to notate the contestation and justification for not changing information in the record. The original portion of the record shall remain intact with a notation that there is an addendum. Addenda shall be made a permanent part of the record and shall be released or disclosed along with the contested portion of the record.

NONARCHIVAL RECORDS OF DECEASED FORMER RESIDENTS OVER THE AGE OF EIGHTEEN (18)

Requests for nonarchival records of deceased former residents over the age of eighteen (18) must be made by a legal representative of the individual if the estate is being settled or next of kin if the estate is not being settled and shall be granted access to nonarchival records on file depending upon legal requirements and file availability.

A legal representative of the deceased former resident over the age of eighteen (18) if the estate is being settled or next of kin if the estate is not being settled may contest the accuracy, completeness, or relevancy of information included the nonarchival record and may request an alteration. When an alteration is justified as determined by the Program Director, the employee assisting the review shall create an addendum to notate the contestation and new information in the record. The original portion of the record shall remain intact with a notation that there is an addendum. Whenever the Program Director does not concur that alteration is justified, he or she shall create an addendum to notate the contestation and justification for not changing information in the record. The original portion of the record shall remain intact with a notation that there is an addendum. Addenda shall be made a permanent part of the record and shall be released or disclosed along with the contested portion of the record.

NONARCHIVAL RECORDS OF MINOR APPLICANTS

Applicants over the age of twelve (12) or legal custodians of applicants that are currently under the age of eighteen (18) shall be able to access records on file for the purposes of review, correction, or addition depending upon legal requirements and file availability. Legal custodians of minor applicants and applicants over the age of twelve (12) shall have the right to review part or all their records with staff present. Applicants over the age of twelve (12) shall be able to access records on file without legal custodian consent.

Applicants over the age of twelve (12) or legal custodians of applicants that are currently under the age of eighteen (18) may contest the accuracy, completeness, or relevancy of information included the record and may request an alteration. When an alteration is justified as determined by the Program Director, the employee assisting the review shall create an addendum to notate the contestation and new information in

the record. The original portion of the record shall remain intact with a notation that there is an addendum. Whenever the Program Director does not concur that alteration is justified, he or she shall create an addendum to notate the contestation and justification for not changing information in the record. The original portion of the record shall remain intact with a notation that there is an addendum. Addenda shall be made a permanent part of the record and shall be released or disclosed along with the contested portion of the record.

NONARCHIVAL RECORDS OF APPLICANTS OVER THE AGE OF EIGHTEEN (18) OR EMANCIPATED MINOR APPLICANTS

Applicants over the age of eighteen (18) or emancipated minor applicants shall be able to access records on file for the purposes of review, correction, or addition depending upon legal requirements and file availability.

Applicants over the age of eighteen (18) or emancipated minor applicants may contest the accuracy, completeness, or relevancy of information included the record and may request an alteration. When an alteration is justified as determined by the Program Director, the employee assisting the review shall create an addendum to notate the contestation and new information in the record. The original portion of the record shall remain intact with a notation that there is an addendum. Whenever the Program Director does not concur that alteration is justified, he or she shall create an addendum to notate the contestation and justification for not changing information in the record. The original portion of the record shall remain intact with a notation that there is an addendum. Addenda shall be made a permanent part of the record and shall be released or disclosed along with the contested portion of the record.

RECORD REDUCTION

Records of former residents shall remain in the custody of the Program Assistant in a designated secure location for a period of seven (7) years. Records of former residents over the age of twenty-one (21) years old who have been discharged for seven (7) years may be reduced unless the record is part of an ongoing investigation or unresolved audit. Records of former residents under the age of eighteen (18) at the time of discharge who have been discharged may be reduced seven (7) years after the former resident turns twenty-one (21) years old unless the record is part of an ongoing investigation or unresolved audit.

Records and files on prospective residents and deferred applicants for which no services were provided shall be maintained in a safe and secure location for a period of eighteen (18) months. These records shall contain the specific reasons why services were not rendered and may be reduced at the end of eighteen (18) months by the Program Assistant with the approval of the Program Director unless the record is part of an ongoing investigation or unresolved audit.

Documents created and shared by health care providers, educational providers, or other agencies are the property of the creating agency and shall be distributed to the creating agency for archival or disposal.

Items to be kept in a physical file after reduction include:

- signed application,
- referral screening form with signatures,
- birth certificate,
- social security card,
- immunization records,
- custody papers,
- last psychological exam,
- last insurance card,
- admission physical,

- first and last [Individualized Service Plans](#),
- first and last assessment,
- satisfaction survey results,
- last report card,
- stakeholder grievance information, and
- discharge paperwork (i.e. plan, summary, release forms, and medical).

RECORD ARCHIVAL

Records of former residents shall remain in the custody of the Program Assistant in a designated secure location for a period of seven (7) years after completion of the reduction process. After the seven (7) year period, records shall be transferred to the Sallie Mae Ligon Archives for historical reference. All requests for archived records shall be processed per the [Collections Management Policy and Procedure Manual](#) in the [Appendices](#).

RECORD DISPOSAL OR ARCHIVAL UPON AGENCY CLOSING

In the event that MHCO ceases to exist, all resident and personnel records, paper and electronic, shall be transferred to the [NC Department of Historical Archives](#) in Raleigh, NC for proper disposal or archival. The Administrator or Board of Directors designee shall complete an [Authorization to Transfer/Archive Records Form](#) with cover letter stating to whom the records were sent, the number of records sent, the need for a notarized receipt of records to be certified mailed to the Administrator or Board of Directors designee, and contact information (i.e. name, address, and phone number) of the Board of Directors chairperson. The Board of Directors chairperson shall maintain a copy of the form, cover letter, and received notarized receipt of records letter and forward a copy to the licensing authority.

Authorizing Signatures

Administrator _____ Date _____

HR Specialist _____ Date _____

Procedure Name:	Resident Health Services, Wellness, and Medication Management Procedure
Applies to:	Employees and Stakeholders
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/Resident Health Services, Wellness, and Medication Management Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017; 2/9/2018; 5/10/2019; 5/8/2020; 8/12/2022; 11/10/2023
References:	COA Administration and Management Standards (RPM 1) NC Controlled Substances Act (NCGS 90, Article 5) G.S. 131D-10.2A 10A NCAC 70I.0506 Consent for Medical Treatment Form Consent to Release and Exchange Confidential Information Form Medical Administration Record Medication Return Form Independent Carry and Use of Medication Form Controlled Substance Form Pharmacy Delivery Sheet Medical Requisition Form Medical Report for Oxford Family Physicians Orthodontic Progress Report Off-Campus Appointments Form Excuse for School Absence Off Campus Medication Record Appointment Needed Form OTC Consent Form Direct Care Admissions, Deferrals, and Intake Procedure ILP Admissions, Deferrals, and Intake Procedure Direct Care Assessment and Service Planning Procedure ILP Assessment and Service Planning Procedure Direct Care Daily Living Direct Care Discharge Procedure Critical Incidents Procedure Non-Critical Incidents Procedure
<p>MHCO is committed to the health and wellness of residents to include maintaining a healthy lifestyle, building lifelong communication skills, social acceptance, teamwork, and motivation.</p> <p style="text-align: center;">INJURY OR ILLNESS</p> <p>The Childcare Worker and Supervisory team shall coordinate and manage the physical health of residents when injured or during illness. Personnel shall communicate resident medical concerns, illnesses, changes in appointments, and all other medically related information to their assigned supervisor.</p> <p>At intake, the Supervisor/Clinician shall:</p> <ul style="list-style-type: none"> • obtain a health history for the resident, • ensure signature of Consent for Medical Treatment Form from the legal custodian, or resident if over the age of eighteen (18), ensure signature of Consent to Release and Exchange Confidential Information Forms from the legal custodian, or resident if over the age of eighteen (18), for each medical provider involved in the care of the resident, 	

- assist the CCW with scheduling a physical within twenty-four (24) hours to be attended by the CCW and supervisor if possible, or ensure a physical was completed within the previous ninety (90) days,
- assist the CCW with scheduling a tuberculosis skin test within twenty-four (24) hours, and
- assist the CCW with scheduling a dental checkup within thirty (30) days.

The Supervisor/Clinician shall ensure that a Consent to [Release and Exchange Confidential Information Form](#) is signed by the legal custodian, or resident if over the age of eighteen (18), at least annually for each medical provider involved in the care of the resident while in residency. The Supervisor/Clinician shall ensure that all residents obtain annual physicals and annual tuberculosis skin tests. The Supervisor/Clinician shall ensure that all Direct Care residents receive biannual dental hygiene exams and ILP residents are referred for recommended biannual dental hygiene exams.

The Supervisor/Clinician shall maintain medical documentation in each resident's Medical Administration Record (MAR) and medical record located in a locked cabinet the file room and the cottage office.

The Chief Financial Officer shall work with [Duke billing](#) and other resources to pay for medical needs not covered by [Medicaid](#) or insurance, whenever possible. The Program Clinical Coordinator shall assist Independent Living Program residents with finding insurance through school, [Medicaid](#), and private insurance companies.

In the event of a resident injury or illness, CCWs or Resident Advisors Supervisor, Program Clinical Coordinator and/or Program Director for consultation, contact the doctor for an appointment, call 911 (or if on a campus phone, 911), or go to the emergency room. CCWs shall contact the supervisor to inform them of an injury or serious illness including hospitalization as soon as possible and proceed per the [Critical Incidents Procedure](#) or [Non-Critical Incidents Procedure](#). The supervisor shall contact the legal custodian of the resident and proceed per [Critical Incidents Procedure](#) or [Non-Critical Incidents Procedure](#).

CCWs shall try to schedule appointments after school or on days off school whenever possible.

CCWs will scan all medical paperwork into Extended Reach then turn the medical paperwork, and copies of all prescriptions to the Supervisor/Clinician the same day of the appointment. If medical paperwork is unable to be obtained, CCWs shall ensure the Off-Campus Appointments Form is completed and returned to the Supervisor/Clinician within twenty-four (24) hours. The Supervisor/Clinician and/or the CCW should follow up with the doctor's office to obtain the records. CCWs shall ensure the Orthodontic Progress Report has been completed by the orthodontist's office and returned to the Supervisor/Clinician by the end of the month.

Referrals made to specialists (e.g. allergist, chiropractor, etc.) for Direct Care residents shall be made upon recommendation by his or her physician. The CCW and/or the Supervisor/Clinician shall ensure that the specialist appointment is scheduled and attended.

Transportation to and from medical appointments shall be provided by the CCW, Resident Advisor, legal custodian if the resident is a minor, or the resident if he or she has a valid driver's license and a car. CCWs and Resident Advisors can request over the counter medical supplies and medications by completing the Medical Requisition Form or send an email to the Supervisor/Clinician. CCWs will share appointments, medication changes, or medications requested from from the Supervisor/Clinicians and are not ready for pick on changeover notes.

REFUSAL OF MEDICAL CARE

Residents have the right to refuse medical treatment, medication, behavioral modification, or psychological treatment unless these rights have been limited or restricted by law, court order, or legal custodian if the resident is a minor. Residents have the right to be informed of the consequences of their refusal (e.g. continuation of the illness or symptoms of the illness, possible worsening of the condition, possible discharge from the program of care, etc.). Residents shall be encouraged to comply with the recommended regimen.

If a resident refuses assessment, treatment, or testing recommended or required to continue participation in the program, the resident shall meet with their Supervisor/Clinician to discuss his or her concerns. The Supervisor/Clinician shall discuss the issue with the Program Clinical Coordinator and the Program Director. The Program Director and Program Clinical Coordinator shall schedule a CFT meeting to discuss the situation and alternatives. The refusal should be documented in Extended Reach.

If a resident refuses medication, the employee shall make a second attempt to administer the medication within thirty (30) minutes of the refusal. If the resident refuses a second time, the employee shall notify the Supervisor/Clinician immediately. The Supervisor/Clinician shall meet with the resident and notify the health care provider that prescribed the medication immediately. The supervisor shall contact the legal custodian when a resident under the age of eighteen (18) refuses medication. Personnel shall document the refusal on the resident's MAR and note the date and time they contacted the Supervisor/Clinician. Personnel shall also complete an Incident Report to document the refusal of psychiatric medication and submit it to the Supervisor/Clinician.

RESIDENT COUNSELING NEEDS AND SUSPECTED DRUG USE

Psychiatric and Counseling needs of residents shall be referred to a licensed treatment provider by the Program Clinical Coordinator, supervisor, or Resident Advisor. Residents shall have a psychiatric or psychological examination or both when indicated by the needs of the resident, and treatment when recommended by the psychiatrist or psychologist. The CCW and/or supervisor shall attend all appointments for residents at FastBrain to ensure accurate sharing of information. Any counselor or psychiatrist that is utilized for treatment services is not a representative of MHCO and will bill for their services to the resident's insurance or Medicaid.

Per the Critical Incidents Procedure, personnel shall call the supervisor, Program Clinical Coordinator, or the Program Director in the event of a psychiatric crisis (e.g. suicidal or homicidal ideation, attempting or planning self-harm, extreme rage or outbursts, behavior that is out of control, etc.). In the event of immediate danger, personnel shall call 911 (or if on a campus phone, 9911). Personnel shall call the Daymark Mobile Crisis number to obtain an emergency crisis assessment by a trained professional. The Daymark therapist will come to the cottage. The Daymark therapist will make a recommendation for hospitalization or treatment based on the assessment findings.

In the event of suspected resident drug usage, the Program Director or Program Clinical Coordinator shall discuss decisions concerning drug testing with the CFT. In the event of a positive test result or disclosure, the resident shall be referred for a substance abuse assessment with legal custodian consent if a minor, to determine any need for treatment.

HEALTH EDUCATION

The Program Director and the HR Specialist will arrange for health education to be provided to personnel and residents on topics such as sexual issues, substance abuse, medication, bloodborne and airborne pathogens, and other requested information.

DIRECT CARE MEDICATION ADMINISTRATION

A board-certified psychiatrist or physician shall prescribe all medication. Dispensation of sample prescription medication is prohibited. The Program Clinical Coordinator and/or assigned Supervisor/Clinician shall submit the prescription to the contract pharmacy who shall deliver medications by the next business day. Faxed prescriptions from a physician's office shall be faxed to Southern Pharmacy in Pink Hill. The pharmacy delivers the medications to the locked box in front of the St. Johns's Administrative Building. The Program Supervisory team will retrieve the medication from the locked box and will contact CCWs when prescriptions are ready for pick up from the St. John's Administration Building. CCWs shall inform the Supervisor/Clinician for same day medication needs. Medications needing to be administered the same day shall be called into the local pharmacy by the contract pharmacy and/or the prescribing doctor to be picked up by the CCW. the. Refill medication requests shall be submitted to the Supervisor/Clinician with the date the medication will run out. Medications shall be properly labeled and packaged with the resident's name, prescribing physician's name, the name of medication, dosage, administration frequency, and expiration date. Labels shall not be altered by anyone except pharmacy staff. Medication shall be maintained in the pharmacy's original packaging.

Use of prescribed medication shall be documented in the resident's MAR by the employee administering the medications. Each medication order shall specify the resident's name, time and date ordered including year, name of the medication, dosage, and route of administration, frequency and duration of administration, physician's signature, and any as needed directions. A code of 1 (off campus), 2 (refused), or 3 (other) shall be recorded on the front of the MAR for each day the CCW does not administer medication to a resident. If the CCW recorded a 1 code, he or she shall write "off campus" on the back of the MAR and indicate the whereabouts of the resident. If the CCW recorded a 2 code, he or she shall write "refused" on the back of the MAR and indicate the explanation for the refusal. If the CCW recorded a 3 code, he or she shall write an explanation of why the medication was not taken on the back of the MAR. MARs shall be turned in to the Supervisor/Clinician for review by the first day of each month. The supervisor shall monitor and review MARs during cottage visits.

Residents shall report individually to the office or the designated area to receive their medication. The employee shall remove the medication from the locked medication storage cart. The employee shall identify the resident by name, verify the resident's name on the MAR, verify the type of medication, dosage, and time to be given per the MAR. The employee shall ask the resident to identify the medication he or she is to receive at this specific time. The employee shall put the medication the resident is to receive in a medication cup and hand it to the resident. The resident shall take the medication with water in the presence of the employee who shall ensure the resident has swallowed the medication. Immediately after the resident has taken the medication, the employee shall document medication administration by signing the administering staff initials on the MAR. Once the medication has been taken and the employee has documented the administration, the staff shall return additional medication to proper storage and re-lock the medication storage cart.

Orders to change dosage of prescription medication must be written on an approved prescription and placed in resident's medical file. Upon receipt of written change order, the Supervisor/Clinician shall communicate changes to applicable personnel. Employees who receive notification of medication changes shall discontinue the previous order immediately or per prescribing physician's orders and document the medication change order. At the time of medication prescription or change in dosage, the prescribing physician shall inform the resident of the name and purpose of the medication, benefits of taking the medication, risks of taking or not taking the medication, possible side effects of the medication if taken, steps to be taken if side effects occur when taking the medication, and alternatives to taking the medication. If the resident consents to taking the medication and is a minor, the Supervisor/Clinician shall obtain signed informed consent from the legal custodian after discussing the name and purpose of the

medication, benefits of taking the medication, risks of taking or not taking the medication, possible side effects of the medication if taken, steps to be taken if side effects occur when taking the medication, and alternatives to taking the medication. The signed informed consent will be uploaded to Extended Reach with the new prescription information and the new OTC medication form then given to the Supervisor/Clinician to be placed in the medical file. All psychotropic, behavioral, and mood-altering medication prescribed to a minor resident requires a signed consent from legal custodian prior to onset of administration. The Supervisor/Clinician will complete a new MAR sheet to add the new medication for the resident.

Lists of possible medication side effects printed by the pharmacy shall be kept in the MAR in the cottage office. The employee receiving the prescription medication shall insert the side effect sheet in the MAR immediately upon receipt. Primary CCWs shall inform alternate CCWs about new medications, medication changes, and possible side effects during the changeover meeting. CCWs shall document changes in the changeover notes. CCWs shall review the written side effects information located in MAR before administration of new medication or changed dosage. Personnel observing unusual behavior or symptoms after a medication change, should contact the Doctor and supervisor immediately upon observation. The Supervisor/Clinician shall document the unusual behavior or symptoms in the resident's MAR upon notification or following necessary medical response.

Administration of over the counter (OTC) medication must be approved by the primary care physician per [10A NCAC 701 .0506](#). A list of OTC medications approved for each resident shall be maintained in the resident's MAR. OTC medications may not be administered without prior approval. If there is a need for an OTC medication for which administration approval has not been granted, employees shall contact the Supervisor/Clinician to determine a course of action. Whenever a new medication is prescribed as part of a medical appointment, employees accompanying the resident to the appointment shall request that the physician review the OTC list and revise if necessary by completing the [OTC Consent Form](#). CCWs shall take the [OTC Consent Form](#) to each medical appointment and should submit with paperwork in Extended Reach and given to the Supervisor/Clinician for the medical file. Containers of OTC medications shall remain in the manufacturers, tamper-resistant package with label affixed and expiration dates clearly visible.

Residents may self-administer medications only upon the written authorization by the physician. Medications shall be kept secured at all times by the resident following approved storage guidelines. The Supervisor/Clinician or CCW shall ensure the provider has signed the [Independent Carry and Use of Medication Form](#) verifying authorization.

Personnel authorized to administer medication shall be trained annually. Only personnel authorized and current in medication administration training may administer medication to residents. Before administering prescribed medication, employees shall review the medication to ensure that it is the right medication and the right dose is administered to the right person, at the right time, by the right route. Training shall include proper techniques to administer medication, the usage and side effects of the medication received by the resident, controlled substances, medication disposal, medication storage, documentation of medication administration, and medication incident or error reporting and documentation using the state-developed curriculum for medication administration training of non-medical personnel. The Program Director and Program Clinical Coordinator will provide training annually to ensure understanding and proper medication administration. In cases of substantiated improper medication administration or documentation, the Program Clinical Coordinator shall provide additional training prior to any further medication administration by the employee.

If a resident is off campus for a home visit, the CCW shall fill out an Off-Campus Medication Record and send the legal custodian a carbon copy of the form with the resident's medication. The CCW shall sign

the form and ensure the legal custodian signs the form when medications are distributed. If the resident is transported by another CCW to the home visit (i.e. in case of sibling transports), the CCW driving the van will also sign the form prepared by the resident's CCW verifying receipt of the medications and then have the legal custodian sign the form when arriving at the residence or meeting place. The CCW shall return the signed forms to the Supervisor/Clinician by the last day of each month. The Supervisor/Clinician shall ensure that medications are given to the legal custodian, or resident if over the age of eighteen (18), and all parties sign the MAR verifying transfer of medication per the [Direct Care Discharge Procedure](#).

ILP MEDICATION ADMINISTRATION

ILP residents are responsible for self-administration of medications. However, residents who have controlled and/or psychotropic medications will consent for Resident Advisors and Transitional CCWS to have medications locked in the Medication Cart in the cottage. Resident Advisors and Transitional CCWS will be available to unlock the cabinet and provide the resident with their medications at the prescribed times. Residents shall report individually to the office or designated area to receive their medication. Personnel shall remove the medication from the locked medication storage cart. Personnel shall identify the resident by name, verify the resident's name on the MAR, verify the type of medication, dosage, and time to be given per the MAR. Personnel shall ask the resident to identify the medication he or she is to receive at this specific time. Personnel shall put the medication the resident is to receive in a medication cup and hand it to the resident. The resident shall take the medication with water in the presence of the employee who shall ensure the resident has swallowed the medication. Immediately after the resident has taken the medication, the employee shall document medication administration by signing the administering staff initials on the MAR. Once the medication has been taken and the employee has documented the administration, the staff shall return additional medication to proper storage and re-lock the medication storage cart.

Residents who will be gone for weekends or approved extended periods of time will need to sign out their medications on the Off-Campus Medication Record and the Resident Advisor or Transitional CCW will make a note in the MAR book. Residents who refuse to take their medications will meet with the Program Clinical Coordinator to discuss the purpose of the medications and the risks associated with not taking them. The Resident Advisor, Transitional CCW and Supervisor/Clinician will monitor the resident's medications, medication usage, and follow up to ensure refills are ordered and picked up.

MEDICATION STORAGE

Locked medication storage carts shall be utilized for storage of medication, medical supplies, and MARs in Direct Care and ILP cottages. Medication storage carts shall remain locked, and keys shall remain on the CCWs' and Resident Advisors' person at all times. Prescription medications shall be stored in the second drawer of the storage cart and separated by dividers labeled with the resident's name. Controlled substances shall be double locked in the second drawer of the storage cart, separated by resident. Topical medications shall be stored separately in a divided section of the drawer of the medication storage cart. Prescription medications requiring refrigeration shall be stored in a locked container in the cottage refrigerator or separate medication refrigerator. MHCO shall not store more than a thirty-seven (37) day supply of any medication for which there is a thirty (30) day prescription or more than a ninety-seven (97) day supply of any medication for which there is a ninety (90) day prescription on site. CCWs and Resident Advisors shall submit a medication count sheet for each resident for all prescribed medications to the Supervisor/Clinician to monitor medication use and the need for refills. A two (2) person count of all controlled substances shall be conducted at each changeover and documented by both CCW couples on the Controlled Substance Form in the MAR. If the count is not correct, CCWs shall notify the supervisor immediately.

MEDICATION DISPOSAL

Federal and state laws, Federal Drug Administration guidelines, and OSHA standards for all prescription, controlled, and OTC medication disposal procedures shall be followed for medications that are no longer needed by the resident as determined by the physician, have been discontinued, received approved refusal, discharge, or expiration. Controlled substances shall be disposed of in accordance with the [NC Controlled Substances Act \(NCGS 90, Article 5\)](#). The CCW shall transfer unused medications from discharged residents to the Supervisor/Clinician for disposal no more than fifteen (15) days after the recorded date of discharge. The Supervisor/Clinician shall return all prescription, nonprescription, and OTC medication to the pharmacy for disposal. Prescription medication disposal shall be recorded on the Medication Return Form in triplicate and include the name of the medication to be disposed, prescription number, dosage, number of pills or amount being disposed, reason for disposal, and signature of the Supervisor/Clinician. The Supervisor/Clinician shall keep the pink copy in the Pharmacy Delivery Sheet Binder. The white and yellow copies shall be returned to the pharmacy with the medications for disposal. The yellow copy shall be signed by the pharmacist for controlled medications and returned to the Program Clinical Coordinator. The Supervisor/Clinician shall file the yellow copy in the Pharmacy Delivery Sheet binder.

MEDICATION ERRORS

Any preventable event that may cause or lead to inappropriate medication use or resident harm while using medication is considered a medication error. Medication errors include medication administered to the wrong individual, missing medication, administering the wrong medication, administering medication at the wrong time, administering the wrong dosage, administering via the wrong route, or not administering the medication. CCWs shall contact the Supervisor Clinician regarding medication errors immediately. The [Critical Incident Procedure](#) shall be followed for medication administration errors or adverse drug reactions.

DIRECT CARE WELLNESS PROGRAM

CCWs and the Recreation Director shall offer indoor and outdoor, individual and group recreational opportunities with adult supervision, appropriate to the age, interests, needs, and abilities of each resident in accordance with the reasonable and prudent parent standard ([G.S. 131D-10.2A](#)) that promote wellness to residents of all ages and genders in cottages, at other campus facilities, or off campus. Activities may be individualized for the resident, the cottage group, or the campus as a whole. CCWs and supervisors shall encourage residents to join extracurricular activities through school programs and community organizations to promote recreation and wellness. The Recreation Director will assist with obtaining all athletic equipment for residents and signing them up for activities.

The Recreation Director shall discuss wellness activities with the Program Director to ensure cultural diversity and relevance in consultation with the Museum Director when relevant. The Recreation Director shall develop short term and long term physical and emotional wellness goals for each resident as part of their [Individualized Service Plan](#) (ISP) and provide input at team staffing meetings. Residents shall be given opportunities to discuss wellness activity preferences at cottage meetings, with supervisors, with the Recreation Director, or in the Resident Advisory Council.

Wellness for residents shall meet at least once weekly in addition to other activities planned by the Recreation Director and CCW staff. Wellness shall focus on healthy lifestyles (e.g. weight training, meal selection and preparation, trail walks, personal coaching, reading and understanding food labels, making healthy lifestyle choices, substance use prevention, etc.). The Recreation Director and supervisors shall sponsor various parties, dances, and trips to social activities. Activities shall be planned in advance to allow time for preparation and schedule adjustment. CCWs and supervisors shall assist and encourage participation and provide supervision for activities.

The Recreation Director shall:

- meet monthly with the Program Director to review recent and upcoming events and activities
- set up and cleanup wellness activities
- track attendance and rate participation and goal progress
- send tracking data to the PQI Coordinator monthly.

ANIMAL ASSISTED THERAPY

Residents shall have the opportunity to participate in animal assisted therapy programs provided by a partnering community organization upon recommendation from a therapist or psychiatrist. The Program Clinical Coordinator will assist with referral and making arrangements for the resident with the CCW and supervisor.

NUTRITION

The Program Director shall ensure that menus are developed by registered dieticians or nutritionists per current recommended daily guidelines. The Food Service Manager shall ensure that food products are available to CCWs to prepare health and nutritious meals based on the prepared menus, feedback about resident preference, and culture of the residents. CCWs shall be trained at employee orientation and annually in safety and sanitation standards. Personnel preparing food to be served to residents or employees shall not handle or prepare food if they have or present symptoms of an acute illness or have any open, untreated wound.

CCWs shall prepare meals for residents and staff eating in the cottage. The CCWs may be assisted by other staff or residents when appropriate. Residents assisting in meal preparation shall be directly supervised by CCWs to ensure sanitation and food safety standards. Personnel and residents preparing food shall follow all hand washing and food preparation sanitation guidelines developed by ServSafe. Other food service guidelines shall be followed per Food Service in the Direct Care Daily Living section of this manual.

Authorizing Signatures

Administrator _____ Date _____

HR Specialist _____ Date _____

Policy Name:	Behavior Support and Management Policy
Domain:	Service Planning and Delivery
Applies to:	Employees and Stakeholders
Policy Location:	Y:/Forms/Policies and Procedures/Policies/Behavior Support and Management Policy.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/17; 5/16/17; 2/9/18; 5/10/19; 5/8/20; 1/31/21; 8/12/22; 11/10/22; 2/14/25
References:	COA Service Delivery Administration and Service Standards (BSM 1, BSM 2, BSM 3, BSM 4, BSM 5, BSM 6) 10A NCAC 70I .0613 Behavior Support and Management Procedure Critical Incidents Procedure
<p>It is the policy of the MHCO Board of Directors that behavior support and management should be used to provide a means for teaching appropriate and acceptable behaviors and to ensure that the safety of the resident and other stakeholders is guaranteed while using the least amount of intervention possible. Employees shall be trained in utilizing methods for promoting respect, supporting positive behavior, de-escalating volatile situations, promoting a safe work and service environment, reducing emergency situations, reducing distress, and applying behavior management interventions. The administration of behavior support and management techniques shall not be delegated to untrained individuals or stakeholders either by commission, omission, or by default. Expectations and standards for resident behavior must be reasonable, within his or her ability to achieve, and appropriate for his or her age, intelligence, emotional makeup, and past experiences. Behavior support and Management procedures are provided to legal guardians in the Behavior Support and Management Policy Acknowledgement form that is included in the intake and annual consent packets.</p> <p>Behavior Support Management policies are monitored by the Department of Health and Human Services as established in Administrative Rule 10A NCAC 70I .0613 which includes using approved behavior management. The following forms of discipline are strictly prohibited:</p> <ul style="list-style-type: none"> • corporal physical punishment inflicted in any manner on a resident's body, • cruel, severe, or humiliating acts as established in G.S. 7B-101(1) and (15), • verbal abuse, threats, ridicule, or humiliating remarks about himself or herself or his or her family, • punishment of one resident by another resident or anyone besides the trained employee, • denial of meals, sleep, clothing, or shelter, • denial of appropriate nurturing or affection, • denial of approved family contact, • assignment of extremely strenuous work or exercise, • group punishment for actions of individual(s), • chemical, mechanical, protective restraints, and • use of isolation time-out, seclusion, or locked rooms. 	

Procedure Name:	Behavior Support and Management Procedure
Applies to:	Employees
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/Behavior Support and Management Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/17; 2/9/18; 5/10/19; 5/8/20; 1/31/21; 11/10/23; 2/14/25
References:	COA Service Delivery Administration and Service Standards (BSM 1, BSM 2, BSM 3, BSM 4, BSM 5, BSM 6) 10A NCAC 701.0613 Behavior Support and Management Policy Safety Plan Systematic Training for Effective Parenting Residential Child and Youth Care Professional CARE Children and Residential Experiences
<p>Personnel shall use a method of behavior support and management as assessed as appropriate for the resident's age, development, behavior, intelligence, emotional makeup, and past experiences. The Program Director shall ensure that employees are trained in behavior support and management techniques that are evidence based and accepted as best practice (i.e. Systematic Training for Effective Parenting, Residential Child and Youth Care Professional, and Children and Residential Experiences). Time-out, Natural and Logical Consequences, work detail, and response meetings are the approved interventions of behavior support and management. Personnel institute a form of behavior support and management shall communicate, counsel, and process with residents after use of the intervention to explain the technique and why the management tool was necessary. Personnel not comfortable in handling any behavioral situation to the best interest of the resident shall seek supervisor assistance. Behavior support and management interventions are documented in Progress Logs, case notes, team staffing reports, and Incident reports. Behaviors and interventions are discussed with team members including legal guardians and debriefed with residents after incidents for ongoing behavior management planning.</p> <p style="text-align: center;">TIME-OUT</p> <p>Non-isolation time-out is defined as the removal of a resident to a separate, unlocked room or other identified location from which the resident is not physically prevented from leaving. The location shall be within hearing distance and in sight of personnel instituting the time out. Personnel instituting the time-out shall not leave the resident alone but remain nearby and continually check on him or her. This behavior support and management technique shall be used for residents up to the age of ten (10). Residents should only be in time-out for a period appropriate to his or her age and development (i.e. one minute per year of age). Time-out should be utilized to give the resident time and space from a situation to decrease frustration, process choices, and reset behavior.</p> <p>Personnel instituting the time-out shall inform the resident of logistics such as:</p> <ul style="list-style-type: none"> • location, • time limit, • behavior that necessitated the use of time-out, and • consequences of noncompliance. <p>In the event of a tantrum or outburst, personnel instituting the time-out shall not leave the resident alone but stay and observe the resident to ensure his or her safety.</p>	

Personnel other than CCWs shall discuss time-out given with the resident's CCWs. CCWs shall document each incident of time-out given to a resident instituted by themselves or other personnel in a Progress Log in ExtendedReach and Behavior Logs as assigned by the supervisor. CCWs shall discuss any series of three (3) or more time-out sessions given to a resident in a standard day with the supervisor within twenty-four (24) hours. The supervisor shall review the series and discuss ways to de-escalate and prevent behaviors indicating the use of time-out with the CCW.

NATURAL AND LOGICAL CONSEQUENCES

The Program Director shall ensure that supervisors and CCWs are trained and demonstrate understanding of using Natural and Logical Consequences as a behavior support and management intervention based upon the [Systematic Training for Effective Parenting](#) program. Natural and Logical Consequences shall be utilized to assist residents in analyzing the benefits of choosing appropriate behaviors and understanding how choices impact their lives. A natural consequence results from going against the natural order of events that exist in life. A logical consequence represents a violation of the social order or what it takes to live together cooperatively. For example, if a resident misses the school bus, a logical consequence will be that the resident is late for school and will face a consequence at school such as missing class or social time. The resident learns a lesson without any additional consequences imposed by the CCW.

WORK DETAIL

Work detail requests shall be made in writing on the Campus Work Detail form and submitted to the Program Clinical Coordinator for approval. Residents assigned to work detail must be supervised by the personnel or department that has agreed to provide a work assignment. The Program Clinical Coordinator shall assess the number of work detail hours based on the offense (e.g. property damage shall be assessed based upon the value of the damage to be worked off at \$5 per hour). The Program Clinical Coordinator shall match the nature of the offense, and the age, maturity, and ability of the resident to the type of work assigned. Residents shall not earn money while completing work detail. Prior to work detail, supervisors shall discuss the behavior leading to work detail with the resident. After work detail, supervisors shall debrief how to eliminate future behaviors and reduce the recurrence of the incident with the resident.

RESPONSE MEETING

Employees shall protect residents from harm, abuse, neglect, and exploitation. If a situation between residents demonstrates bullying or harassment, the CCW shall arrange for an immediate response meeting with the resident, supervisor, and his or her family. The CCW shall assist the resident in developing an anti-bullying [Safety Plan](#), attending additional campus training, attending conflict resolution or anger management class, or participating in other interventions. If the behavior is exacerbated, the supervisor shall arrange for a CFT meeting to determine continued placement and assess the need for a higher level of care.

DE-ESCALATION TECHNIQUES

Employees shall use non-physical intervention techniques to de-escalate or diffuse crisis situations. Staff are trauma informed and are trained in the CARE model from Cornell University. Training and coaching is provided by the Program Director, Program Clinical Coordinator and the Supervisor/Clinicians in recognizing trauma and pain based behaviors and how to effectively address them. The emphasis is placed on intervening appropriately when a change in behavior is first noticed to avoid an escalation. Staff are trained in recognizing behavior changes that may reflect but not be inclusive of anxiety, anger, frustration, sadness, grief, and depression to focus on what is causing the behavior versus the actual behavior. Additionally, training is completed with staff and the residents on the differences between rules (not flexible for safety) and expectations (which are individualized per resident and can be adjusted). Each resident's behavior plan should match their ability and willingness to comply with expectations and rules. Each resident's team meets to discuss their needs and to review interventions.

Implementing proactive teaching techniques, allows for the development of functional, adaptive, and productive communication that will maximize the growth and development of the person. Proactive teaching techniques can be demonstrated by teaching skills of independence and interdependence to include developing personal abilities in all areas of daily living, providing a variety of living and work alternatives that provide full, active lifestyles and choices, ensuring opportunities for full participation in all areas of life, encouraging opportunities to develop and sustain relationships with family, friends, coworkers, and acquaintances, validating success through seeking opportunities, encouraging people to be proud of their accomplishments and to build upon success, and utilizing positive approaches through reviewing what happened.

Authorizing Signatures

Administrator _____ Date _____

HR Specialist _____ Date _____

Procedure Name:	Direct Care Admissions, Deferrals, and Intake Procedure
Applies to:	Employees and Stakeholders
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/Direct Care Admissions, Deferrals, and Intake Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/17; 2/9/218; 5/10/19; 5/8/20; 8/12/22; 11/10/23; 2/14/25
References:	10A NCAC 70I .0500 10A NCAC 70I .0600 Title VI, Civil Rights Act of 1964 Section 504, Rehabilitation Act of 1973 Multiethnic Placement Act of 1994 Application for Service/Intake Study Form Referral Information Form Visitation Contact Agreement Form Behavior Support and Management Policy Informed Consent Form Resident Rights Policy Acknowledgement Form Stakeholder Grievance Policy Acknowledgment Form Inspection and Search of Resident's Possessions Form Agreement Regarding Admission Conditions Form Consent for Medical Treatment Form Consent for Travel Form Consent for Image Creation and Use Form Consent to Release and Exchange Confidential Information Form Parent Handbook
	<p>Criteria for admission to the MHCO Direct Care program includes youth in North Carolina from birth up to age nineteen (19) who need placement, have been determined to be low to moderate risk level, and are capable of functioning in the public-school setting. Youth over the age of eighteen (18) may still be in high school to be admitted into the Direct Care program. Residents must attend public school while in care. MHCO does not accept applicants who are perpetrators of violent crime, sex offenders, have a history of setting fires, actively using substances, pregnant or parenting, actively involved in the criminal justice system, cannot verify identity, or deemed a danger to themselves or others. MHCO does not discriminate based on race, creed, sex, disability, or religion.</p> <p>Referrals can be received from social service agencies, parents, legal custodians, Masonic Lodges, school systems, and concerned citizens. All referrals shall be sent to the Intake Coordinator. The Program Assistant shall log the information and call the referral source within one (1) business day to gather information about the referred youth. The Program Assistant or Supervisor shall send or arrange for the referral source to receive an Application for Service/Intake Study Form requesting the following information:</p> <ul style="list-style-type: none"> • Family of the child such as biological parents and legal custodians • Social workers or other adults working with the youth • Siblings and other relatives • Medical information including current medications, dentist, physicians, and any mental, physical, or developmental conditions • Educational information • A social history including significant events in the youth's life, the youth and family's strength and challenges, services and supports in place, number of out-of-home placements, and current needs

- Goals and plans including permanency planning

The Supervisor or Program Assistant shall complete a [Referral Information Form](#) to summarize information received on the [Application for Service/Intake Study Form](#). The [Referral Information Form](#) shall then be circulated to the program team for review and initial determination of appropriateness for the program. Applicants for admission shall be screened by the MHCO program team (i.e. supervisors, Education Coordinator, Program Clinical Coordinator, Program Director, and/or the Administrator) to determine eligibility and appropriateness for the program. The [Referral Information Form](#) shall be returned to the Program Assistant after review from all parties. If the applicant is initially deemed appropriate for the program, the Supervisor shall contact the parent or legal custodian of the applicant, or the applicant if over the age of eighteen (18), to schedule a PPA (Pre-Placement Appointment) interview, preferably within twenty-four (24) hours. If the applicant is deemed inappropriate for the program, the Supervisor shall contact the parent or legal custodian of the applicant, or the applicant if over the age of eighteen (18), by mail of the decision to defer the application with referrals to other appropriate resources and appeal or reapplication information.

At the PPA interview, the applicant and family or legal custodian shall meet with the Program Director, Program Clinical Coordinator, supervisor, Education Coordinator (if age appropriate), and Childcare Worker from the potential cottage to discuss needs, assess the applicant for appropriateness to the program, fitness with the current residential population, and provide additional information about the program and life on campus. The applicant and family or legal custodian shall be given a tour of the cottage and campus by the Supervisor if requested. The program team shall discuss program policies with the applicant and family or legal custodian including family time, mail, gifts, personal possessions, money, telephone calls and any restrictions, discipline and behavior management, search and seizure, religious programming, educational resources, off campus trips, use of volunteers, resident rights, grievance procedures, daily schedules, and reasonable and prudent parenting standards. The parent or legal custodian shall be given a copy of the Parent Handbook outlining all discussion points and sign an acknowledgement form of receipt.

After the interview, the program team shall meet to decide appropriateness for admission to the program. . In emergency cases, the program team can decide at the PPA. If the applicant has been deemed appropriate for the program, the Supervisor from the assigned Cottage shall call the applicant and family or legal custodian, or the applicant if over the age of eighteen (18) to offer a placement and schedule an intake appointment. If the applicant is deemed inappropriate for the program, the Supervisor shall contact the parent or legal custodian of the applicant, or the applicant if over the age of eighteen (18), by mail of the decision to defer the application with referrals to other appropriate resources and appeal or reapplication information.

Documentation shall be collected at the intake appointment by the Supervisor and Program Assistant. The Program Assistant shall assist in obtaining documentation when necessary. The following documents are required:

- Birth certificate
- Social security card
- Immunization record
- Medical insurance card: The supervisor shall ask the parent or legal custodian of a minor resident to have the Medicaid transferred to Granville County within one (1) month of admission if applicable. The supervisor will assist with paperwork if needed.
- Current legal custody paperwork in cases of guardianship or if both parents on the birth certificate are not available. The Intake Coordinator shall conduct a search for the most current legal

custody paperwork with the Clerk of Superior Court in the county from which the custody agreement took place.

- Unexpired photographic identification (i.e. NC Driver's License or US Passport) of a minor resident's parent or legal custodian
- Recent report card (if available)
- Over the Counter Medication Form: listing of all over the counter medications taken to include side effects and clearance from the physician if taking prescribed medications. The supervisor shall ensure that this form is signed by the resident and parent or legal custodian of minor residents annually and if changes occur.
- [Visitation Contact Agreement Form](#): listing of all persons allowed to visit on or off campus or otherwise have contact with the resident and persons restricted from contact with the resident. The supervisor shall ensure that this form is signed by the resident and parent or legal custodian of minor residents annually and if changes occur.
- [Behavior Support and Management Policy Informed Consent Form](#): description of MHCO behavior support and management policy and procedure including time-out, natural and logical consequences, and non-violent crisis intervention. The supervisor shall ensure that this form is signed by the resident and parent or legal custodian of minor residents annually and if changes occur.
- [Resident Rights Policy Acknowledgement Form](#): outlines the rights of all residents. The supervisor shall ensure that this form is signed by the resident and parent or legal custodian of minor residents annually and if changes occur.
- [Stakeholder Grievance Policy Acknowledgment Form](#): describes the rights of residents to file a grievance and instructions for filing grievances. The supervisor shall ensure that this form is signed by the resident and parent or legal custodian of minor residents annually and if changes occur.
- [Inspection and Search of Resident's Possessions Form](#): addresses the policy regarding searches and seizures of the resident's room and property. The supervisor shall ensure that this form is signed by the resident and parent or legal custodian of minor residents annually and if changes occur.
- [Agreement Regarding Admission Conditions Form](#): official agreement to allow the resident to be admitted to MCHO, cooperate with the program, circumstances for discharge, serves as a contract between the resident and MHCO regarding payment and timeframes for making payments, releases MHCO of liability if the resident leaves campus without permission, and acknowledges receipt of the Parent Handbook. The supervisor shall ensure that this form is signed by the resident and parent or legal custodian of minor residents annually and if changes occur.
- [Consent for Medical Treatment Form](#): authorizes MHCO to seek and obtain medical treatment for the resident. The supervisor shall ensure that this form is signed by the resident and parent or legal custodian of minor residents annually and if changes occur.
- [Consent for Travel Form](#): grants permission for MHCO to authorize the resident to attend activities off campus. The supervisor shall ensure that this form is signed by the resident and parent or legal custodian of minor residents annually and if changes occur.
- [Consent for Image Creation and Use Form](#): authorizes or declines the resident to be recorded or photographed. The supervisor shall ensure that this form is signed by the resident and parent or legal custodian of minor residents annually and if changes occur.
- [Consent to Release and Exchange Confidential Information Forms](#): grants permission for MHCO to release and/or obtain information with specified individuals or agencies. The supervisor shall ensure that this form is signed by the resident and parent or legal custodian of minor residents annually and if changes occur.

Applicants who are eighteen (18) years or older and not under DSS guardianship shall complete and sign the admission and intake paperwork individually. Applicants who are eighteen (18) years or older and under Department of Social Services (DSS) guardianship shall complete and sign the admission paperwork conjointly with the DSS representative. Residents who are still in high school and turn eighteen (18) years old while in the Direct Care program shall be discharged from the program and may readmit to the program by completing and signing the admission and intake paperwork individually.

After completion of intake paperwork, the supervisor shall meet with the resident and family or legal custodian for orientation and cottage move in. The Program Assistant shall create a new resident record and input demographic information into Extended Reach. The supervisor and/or another employee will visually inspect all the resident's belongings in the presence of the legal custodian and resident to inventory items, verify possessions, identify safety concerns, and determine needs. Legal, prohibited items will be given to the legal custodian. If illegal items are recovered, the supervisor shall proceed per the [Non-Critical Incidents Procedure](#).

In the event of an emergency placement for homelessness or immediate danger, efforts shall be made to accommodate youth as quickly as possible after the [Application for Service/Intake Study Form](#) is received. Information and documentation shall be gathered and the PPA interview scheduled. Emergency placements are on a case-by-case basis and require program team consultation for appropriateness to the program.

Procedure Name:	Direct Care Resident Orientation Procedure
Applies to:	Employees and Stakeholders
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/Direct Care Resident Orientation Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/2017; 8/10/2018; 5/10/2019; 5/8/2020; 8/12/2022
References:	10A NCAC 70I .0504 Direct Care Admissions, Deferrals, and Intake Procedure Behavior Support and Management Policy and Procedure Stakeholder Grievance Policy and Procedure Direct Care Discharge Procedure Direct Care Assessment and Service Planning Procedure Orientation Checklist Direct Care Resident Handbook
<p>After completion of the admission process per the Direct Care Admissions, Deferrals, and Intake Procedure, the resident shall complete an orientation to the program. Program staff shall discuss program policies and provide a Direct Care Resident Handbook to the resident and legal custodian if the resident is under eighteen (18) years of age. Topics for discussion include, but are not limited to:</p> <ul style="list-style-type: none"> • family time • mail • gifts • personal possessions • money • telephone calls and any restrictions that may be imposed • Behavior Support and Management Policy and Procedure • room and possession searches • program of religious training and practices • educational resources • trips away from the facility • use of volunteers • Resident Rights Policy and Procedure • Stakeholder Grievance Policy and Procedure • daily and seasonal schedules • Direct Care Assessment and Service Planning Procedure • Direct Care Discharge Procedure • safety precautions (e.g. lockdown, fire, weather, etc.) • visitation agreements regarding contact with family, friends, or other persons on the campus <p>The CCW shall introduce the new resident to an assigned resident sponsor of similar age, grade level, and interests on move in day. The resident sponsor shall introduce the new resident to other residents and assist in providing a tour of campus facilities.</p> <p>The CCW shall complete an Orientation Checklist with the resident within one (1) week of admission to the program to include signatures and dates for receipt or completion of:</p> <ul style="list-style-type: none"> • campus tour, • cottage rules and routines discussion, • Direct Care Resident Handbook, 	

- bedding,
- personal hygiene products,
- clothing, and
- school supplies.

The CCW shall submit the completed Orientation Checklist to the supervisor. The supervisor shall place the Orientation Checklist in the resident's file.

The Education Coordinator shall complete a school packet to determine where the resident will attend school. The resident shall remain in the school to which they were attending if possible. If the resident was not local or unable to attend the same school for other reasons, the Education Coordinator shall enroll the resident in school and discuss records with the school to determine coursework. New residents shall attend school within one (1) to two (2) days of admission. The CCW shall meet the resident's teacher(s) and ensure enrollment. The Education Coordinator shall maintain contact with the school and ensure resident needs are met.

Procedure Name:	Direct Care Assessment and Service Planning Procedure
Applies to:	Employees and Stakeholders
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/Direct Care Assessment and Service Planning Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/17; 2/9/18; 5/10/19; 5/8/20; 8/12/22; 11/10/23; 2/14/25
References:	COA Service Delivery Administration Standards (PRG 5.01) Resident Assessment Form Ansell-Casey Life Skills Assessment Direct Care Admissions, Deferrals, and Intake Procedure Direct Care Daily Living 10A NCAC 70I .0308 10A NCAC 70I .0504 G.S. 131D-10.2A
<p>Supervisors shall assess all Direct Care residents to determine current needs to be addressed during residency. The supervisor shall gather information for a Resident Assessment Form at intake (per the Direct Care Admissions, Deferrals, and Intake Procedure) during an interview with the legal custodian and resident, or resident only if over the age of eighteen (18).</p> <p>The Resident Assessment Form contains a child and adolescent history detailing the following:</p> <ul style="list-style-type: none"> • demographics • presenting needs and goals • general, problem, and developmental behaviors • family cultural information and medical history • religious and spiritual preferences • social, recreational, and sexual information • adolescent work history • legal information • significant life events, abuse history, trauma screening • family or resident past or current psychiatric issues and substance use <p>The Resident Assessment Form shall be signed by the legal custodian if the resident is a minor, the resident if twelve (12) years of age or older, and the supervisor. The supervisor shall input the Resident Assessment Form into Extended Reach and upload the signature page. The supervisor shall update the assessment annually or more often for residents under the age of fourteen (14).</p> <p>The supervisor will screen all new residents age ten (10) or older using the Adverse Childhood Experiences (ACEs) tool within thirty (30) days of admission. Supervisors will screen all residents who turn ten (10) while in care using the ACEs tool within thirty (30) days after their birthday. The results of the ACEs will be submitted to the Program Director for tracking. Any concerns identified in the assessment will be incorporated into the assessment and Individualized Service Planning process.</p> <p>The Education Coordinator shall review all school reports and Individualized Education Plans for all residents and conduct educational assessments for residents in need of academic assistance. Educational assessments shall be used to track deficiencies and improvements of resident competencies. . The supervisor shall make referrals for residents to be evaluated by a local therapist or psychiatrist if there is an indication of a history of trauma, mental health concern, or substance use.</p>	

INDIVIDUALIZED SERVICE PLAN

Supervisors shall develop an [ISP](#) with each resident based on the needs identified in the assessments and expressed by the resident and legal custodian of minor residents. The ISP shall serve as the Out of Home Family Services Agreement. The supervisor shall create and update ISPs in Extended Reach. The [ISP](#) shall be developed with collaboration from individuals during a Child and Family Team (CFT) meeting. (i.e. the resident, legal custodian if the resident is a minor, collaborative sources, supervisor, CCW, Education Coordinator, and Program Clinical Coordinator). CFT meetings shall be scheduled thirty (30) days before an ISP is due to allow the team to review the current ISP and develop a new ISP. Accommodations shall be made by MHCO to ensure that the legal custodian and family members can participate in the CFT meetings by offering transportation, phone conferencing, or other options.

Goals developed for the ISP shall be specific, measurable, attainable, realistic, timely, and understandable to the resident and legal custodian, or resident only if over the age of eighteen (18). Goals should be appropriate for the resident's age, intelligence, emotional makeup, and past experiences. [ISPs](#) shall include the resident's individual goals for permanency, education, spiritual development, recreation and wellness, and individual needs. The permanency plan is the anticipated outcome for the resident upon discharge. If the resident is in the custody of the [Department of Social Services \(DSS\)](#), the permanency plan shall follow the objectives established by the courts. The educational plan shall be developmentally appropriate and based on the assessment conducted by the Education Coordinator to include a review of school records, current Individual Educational Plan, and any assessments obtained. The spiritual development plan shall be based on the needs and desires of the resident and legal custodian, or resident only if over the age of eighteen (18). The recreation and wellness plan identifies goals to improve or maintain the resident's overall wellbeing.

The initial [ISP](#) shall be completed within thirty (30) days of admission. The initial PPA counts as the CFT of the resident and some initial goals should be developed at the intake meeting based on the Resident Assessment completed with the legal custodian and with input of the resident when age appropriate. The [ISP](#) shall be regularly evaluated by direct care staff to measure the progress the resident has made in their goals and objectives. During the review, the CFT shall determine whether the goals need to be revised, discontinued, or if new goals and objectives need to be added. Progress toward meeting identified issues, any new needs identified since the previous review, behaviorally specific strategies to meet needs, instructions to personnel, an updated estimate of length of stay, and discharge plan shall be included in each ISP review. The first [ISP](#) review shall be conducted within sixty (60) days of admission (i.e. thirty (30) days from the initial [ISP](#)). The second [ISP](#) review shall be conducted within ninety (90) days of the initial [ISP](#) (i.e. one hundred twenty (120) days from admission). [ISP](#) reviews shall be conducted every six (6) months after the second [ISP](#) review while the resident is in care. After an [ISP](#) has been developed, reviewed, or revised, the CFT meeting members shall sign the signature page acknowledging the plan. A copy shall be provided to parents or legal custodian. Each resident shall receive a version that is appropriate for his or her age, intelligence, emotional makeup, and past experiences.

If the legal custodian is a county DSS, MHCO shall jointly develop the ISP with the DSS worker, parents or legal custodian of minor residents, other service providers, and the resident. MHCO shall attend court reviews, CFTs, and permanency planning action team meetings.

The Program Clinical Coordinator shall monitor implementation of all [ISPs](#) for appropriateness of interventions, accuracy, completeness of data, goals, objectives, and progress notes. The Program Clinical Coordinator shall meet with the supervisors to review resident cases. The supervisors shall meet with CCWs to review resident cases. Case supervision meetings shall address issues and needs of the resident, frequency and intensity of the services being provided, and frequency of contact with informal caregivers

and cooperating providers. Case supervision shall be documented, signed by the supervisor, and kept in the Program Clinical Coordinator's office.

The Program Director, Program Clinical Coordinator, supervisor, Education Coordinator, Vocational Counselor, Recreation Director, Chaplain, and the assigned Childcare Workers for the cottages shall hold a monthly Direct Care team staffing meeting to share progress on each resident, discuss needs, and make team decisions. Each resident will be reviewed monthly by the team unless more frequent staffing is needed.

Per [10A NCAC 70I.0308](#), MHCO shall utilize Reasonable and Prudent Parent Standards (RPPS) established in G.S. 131D-10.2A when determining whether to allow a resident to participate in extracurricular, enrichment, cultural, and social activities per the Daily Living section. The Program Clinical Coordinator shall document RPPS decisions, train Direct Care staff in standards, and supervise and support staff in implementing standards.

	Direct Care Daily Living
Domain:	Service Planning and Delivery
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/17; 11/9/18; 5/10/19; 5/8/20; 8/12/22; 11/10/23; 2/14/25
References:	10A NCAC 70I .0600 NCGS 131D Article 1A Accounting Procedure Resident Health Services, Wellness, and Medication Management Procedure Direct Care Discharge Procedure Cottage Meeting Form PQI Incident Report Form Direct Care Resident Handbook Harassment Policy Fair and Equitable Treatment Policy Prohibition of Preferential Treatment Policy
<p>After admission, residents shall be assigned to a cottage based on the following criteria:</p> <ul style="list-style-type: none"> • needs and safety of the resident to include appropriate licensing regulations for the particular cottage, • needs and safety of the other residents, and • ability of the cottage CCWs to meet the needs of the resident. <p>Siblings shall be kept together when appropriate and if possible. Movement between cottages shall be minimal but are necessary at times due to aging, behavior or unavoidable program needs. Room assignments within cottages are at the discretion of the CCWs and supervisor and shall be assigned based on space and resident needs. Cottages on lower campus have seven (7) rooms that can accommodate one (1) resident each. Cottages on upper campus have eight (8) rooms that can accommodate one (1) resident each.</p> <p>CCWs shall ensure that residents receive the amount of direct supervision that they need. If the situation demands, CCWs are expected to provide nighttime oversight and care.</p> <p>Residents shall be provided with an environment that is reasonably quiet, secure, and conducive to sleep, study, and living. Residents shall be provided with bathing and other facilities and accommodations conducive to the maintenance of good health and hygiene. Cottages have locked external doors and CCWs shall ensure external doors remain locked and the buildings are secured. Laundry facilities are available in the cottage for use. Cottages have kitchen and dining areas and common areas for individual and group living activities equipped with a stove, refrigerator, and microwave. Each cottage shall maintain a locked office space in all cottages where residents obtain medications and may meet individually with personnel. Computer and study areas are available in the cottages for resident use. Furnishings shall reflect resident diversity and must never project an atmosphere that is offensive to people of different races, genders, cultures, or religious backgrounds. Residents shall have input into the décor of the common living areas. The CCW shall determine what is and is not appropriate.</p> <p>Room size for bedrooms shall meet or exceed licensing standards with a minimum of 80-100 square feet per individual. Residents shall be given an individual twin size bed, bedding, and linens. Residents are required to sleep in their own bed. CCWs shall ensure that bedding is washed at least weekly and that rooms are kept clean and neat. Infant and toddler rooms shall be equipped with cribs until over two (2) years old. CCWs shall allow residents to decorate their immediate surroundings in a manner that they</p>	

chose so long as the material and décor is not offensive, sexually graphic or explicit, and does not promote illegal activities.

Residents share a bathroom with either one other resident if in a lower campus cottage or multiple residents if in an upper campus cottage. CCWs in cottages with younger residents shall not expect residents to be solely responsible for cleaning bathrooms. Residents and personnel shall not use the same toilet facilities. Guests and visitors of a cottage shall use guest or personnel bathrooms that are located in the common areas of the cottages.

CCWs have apartments or separate living spaces in each cottage specifically designated for their use. They have separate bedrooms and separate beds. These spaces are for the private use by employees and are not intended for use by residents. Residents are not allowed in staff living spaces. Staff children are not allowed in residents' rooms. Residents are not allowed to be left alone to care for staff children. Staff bears the responsibility for allowing the residents to hold, carry, or otherwise play with their own children and should take all precautions and considerations regarding safety and risk when doing so. Staff who fail to follow these guidelines will face consequences.

Residents cannot store items in bags and boxes in their rooms due to the potential for bugs. Residents may store shoeboxes for athletic shoes if kept on the shelves above hanging clothes in closets. Residents can be provided with plastic storage boxes upon request.

DOCUMENTATION

CCWs shall maintain documentation for all the residents regarding care and progress in the [Individualized Service Plan](#) (ISP). CCWs shall document a Progress Note for each resident during a ten (10) day shift in Extended Reach Kaleidacare. The Progress Note is due the evening before changeover day. The Progress Note should reflect the resident's progress in the program and [ISP](#) during the shift in the areas of daily living skills, education, and general behaviors; and the summary section should note any visits that occurred, medical appointments or illness, and any other pertinent information that should be documented for the ten (10) day shift. Information from Progress Notes is included in ISP reviews by the supervisor. CCWs can also submit casenotes for documentation throughout their shift.

CCWs shall complete a Changeover Form at each changeover documenting upcoming appointments, areas of concerns, scheduled visitations, and any other changes or information that needs to be shared with the incoming CCWs. At changeover, the exiting CCWs shall give the incoming CCWs the cottage money envelope and each set shall count and sign the envelope to verify that the amount stated was the amount received. CCWs shall complete a Changeover Form and give the signature page to the supervisor. The supervisor shall upload the signature page to Extended Reach. The supervisor shall review the forms during cottage inspections.

CCWs shall document any incidents such as injuries, medication errors, behaviors, and any other extraordinary event on a [PQI Incident Report Form](#) and submit to the supervisor and Program Clinical Coordinator per the [Non-Critical Incidents Procedure](#) or [Critical Incidents Procedure](#).

CCWs shall hold weekly cottage meetings with residents in the cottage. CCWs shall document the date and time of the meeting, who attended, and the content on the Cottage Meeting Form which is located on the Y:drive. Topics for the meetings include information that needs to be shared with the residents as well as topics that are requested by the residents prior to or during the meeting which could include: activity planning, school, chores, resident living problems, social issues, behavior support and management. CCWs shall complete a Cottage Meeting Form in Extended Reach and upload the signature page. The supervisor shall review the forms during cottage inspections. Supervisors also attend cottage meetings as needed and upon request.

CCWs shall obtain medical documentation from any medical appointments per the Resident Health Services, Wellness, and Medication Management Procedure. CCWS should upload the documentation to the resident's digital file in Extended Reach then turn the originals in to their supervisor. CCWs shall maintain contact with service providers such as counselors, therapists, tutors, mentors, teachers, and legal custodians. CCWs shall share information received from these contacts with the supervisor and Education Coordinator, when appropriate.

CCWs shall complete a CCW/RA Cottage Inspections Checklist Form in Extended Reach monthly. Inspections should include the following:

- Biohazard Kit/First Aid Kit/Emergency Kit/CPR Mask
- Filter check and replacement if necessary
- Out of date over the counter medication
- Van First Aid Kit/Biohazard Kit/Medication Administration Record/CPR Mask Kit
- Cottage file review (quarterly)
- Fire drill

Fire Drills are to be completed monthly in the cottages and an overnight or sleeping fire drill must occur quarterly per the Safety Procedure. Overnight Fire drills are required quarterly. Overnight fire drills should occur from 12:01 am to 5:59 am.

CCWs shall complete a CCW/RA Cottage Fire Alarm in Extended Reach every time there is a fire alarm or a new resident admission to the cottage. Supervisors should ensure that that CCWs have completed the required monthly fire drills, inspections, and other required paperwork by monitoring Extended Reach. The information from the reports are shared with PQI for tracking purposes.

CCWs shall participate in individual and team supervision with the assigned supervisor for the cottage. CCWs should come prepared to discuss any concerns, questions, or coverage needs regarding the cottage or the residents. Supervisors shall schedule and document the supervision. Supervisors shall maintain supervision documentation in their offices.

Supervisors shall be present in the cottages a minimum of three (3) times per week in order to provide support, assistance in meeting [ISP](#) goals, and maintain relationships with residents and CCWs. Supervisors shall document a minimum of two (2) Case Notes per month with residents on their caseloads concerning the resident's [ISP](#) progress. Supervisors shall contact legal custodians a minimum of one (1) time monthly and document the contact in a Case Note to reflect the purpose of the contact, the content of the discussion, and results of the contact. All case documentation should be written in a professional manner, avoid slang terms and jargon, should state the facts, and be submitted by the required due dates.

TRAUMA INFORMED ENVIRONMENT

MHCO has developed a Trauma Informed Model of Care from Cornell University across the organization. The model is founded on the following principles: developmentally focused, family involved, relationship based, competence centered, trauma informed, and ecologically oriented. The staff undergo extensive training and ongoing coaching to provide services and make decisions while incorporating trauma approaches to working with the residents and their families with an understanding of how trauma effects child development and behaviors.

The Developmentally focused approach assures that each child is assessed individually on ability and given tasks that challenge them but not overwhelm them. Staff are to provide opportunities to learn and develop their competencies through daily activities with assistance when needed and to promote success.

The Family involved approach recognizes the importance of family and family connections for the resident. The staff can promote the importance of family connections by helping the child and supporting the family in maintaining contact through phone calls, letters, sibling visits, and on/off campus visitation.

The Relationship based approach recognizes the importance of the staff developing and maintaining trusting relationships with the residents. Trusting relationships help the resident feel safe, develop healthy attachments, have positive interactions, and to learn how to overcome challenges.

The Competence centered approach recognizes that in order for the resident to be able to be competent in managing within their environments, then staff interactions need to be purposeful, and problem focused. Staff provide learning opportunities to help the resident develop new skills and increase motivation to be able to solve problems, develop flexibility, and resolving conflicts.

The Trauma informed approach recognizes the effects of trauma on children's development and behaviors. Staff design activities, routines, expectations, and interactions that take into account the impact of the stress and trauma on their development.

The Ecologically oriented approach recognizes the importance of a caring and supportive environment that is also matched to a child's needs. Staff evaluate and adapt the environment and activities to meet the child's capacity and to encourage learn, grow, and develop.

CULTURALLY COMPETENT ENVIRONMENT

MHCO seeks to provide services in a culturally competent service environment that recognizes, respects, and responds to the unique, culturally defined needs of residents. All employees shall address the cultural needs of the residents by:

- not using slang or other forms of communication that could be perceived as derogatory,
- providing furnishings that reflect diversity,
- not projecting an atmosphere that is offensive to people of different races, gender identities, cultures, sexual orientations, or religious backgrounds,
- allowing input for menu planning, social activities, hair care, church activities, and
- planning recreational events that consider the cultural preferences of residents.

Residents have opportunities to meet with their CCWs, supervisor, Program Clinical Coordinator, Program Director, Administrator and other staff to voice concerns about MHCO, personnel, other residents, their rights, or the program. Protection from harassment and discrimination shall be ensured per the [Harassment Policy](#), [Fair and Equitable Treatment Policy](#), and [Prohibition of Preferential Treatment Policy](#). Residents may voice concerns individually, at the Resident Advisory Council, or per the [Stakeholder Grievance Procedure](#).

PERSONAL POSSESSIONS AND MONEY

Residents shall have a space where they can secure valuables either in separate closet, footlocker, or chest upon request. Items may also be locked in the cottage office. Residents may have spending money on their person based on age. (i.e. residents under age twelve (12) can carry \$5.00, residents twelve (12)-eighteen (18) can carry \$15.00, and no limits for residents over the age of eighteen (18)). All residents are encouraged to keep their money secured. Except for approved spending money, all other monies should be submitted to Finance to place in resident's personal accounts per the [Accounting Procedure](#). MHCO is not responsible for lost or stolen money. Residents may earn an allowance or Kid\$Earn money per the [Accounting Procedure](#). CCWs shall request resident needs for items or services through a [Purchase Order](#), In-Kind Coordinator, Education Coordinator, or recreation per [Financial Management](#) section guidelines.

Residents may bring all personal possessions with the following exceptions:

- Weapons including guns, BB guns, air rifles, knives, crossbows, slingshots, martial arts weaponry, etc.
- Drugs, drug paraphernalia, alcoholic beverages, or controlled substances
- Pornographic material or magazines, to include sexually explicit books, pictures, clothing, etc.
- Motorized vehicles such as go-carts, motorbikes, mini-bikes, etc.
- Pets other than aquarium fish

Residents may not enter into loan contracts without prior approval of the Administrator and Program Director.

ELECTRONICS

Electronics shall be used per the Information Technology Policy. Residents may have tablets and Kindles with downloaded games and books, can access WiFi on the devices using WiFi passwords or cellular connections per the IT policy and with CCW supervision. Residents may have televisions, game systems, and DVD players with age appropriate movies and games in bedrooms. No cable connections are available in resident bedrooms. MHCO does not provide electronics for resident personal use.

Any electronic device that can be connected to the internet and game system cords shall be turned in each day at the time designated by CCWs and cottage rules. Any items turned in are secured in a designated area.

Any resident caught using electronics inappropriately (e.g. connecting to the internet, sharing with other residents, etc.) shall have the device confiscated and locked up by CCWs or given back to legal custodians. Residents shall not share personal electronics with other residents. In the event that unauthorized activity suspected, the CCW will contact the supervisor who can decide if a search is needed and call the legal custodian for permission.

Electronics provided by the school system for educational purposes shall be used for school work per the school's policy. Electronics provided by the school system shall be used in common areas of the cottages and turned in daily to the CCWs to be locked in the cottage office. CCWs will inform residents that school email accounts are monitored by the school and by the Education Coordinator, CCWs, and legal custodians during orientation.

CELL PHONES

Any high school resident in good standing will be allowed to have a cell phone. The resident must be meeting program expectations regarding school, cottage, and campus requirements. In order to be in good standing, the resident shall be:

- attending school,
- completing homework,
- passing all classes,
- complying with school rules,
- attending all required program requirement such as recreation, academic support, resident education, church services, donor and sponsored events,
- completing chores,
- practicing good hygiene,
- following cottage schedules, and
- maintaining good behaviors.

A resident who is not in good standing or who uses the phone inappropriately (e.g. not turning in the phone as requested, sending inappropriate pictures or messages, bullying, stealing, anything that could

result in criminal charges, etc.) will face consequences and the phone will be confiscated. If a phone is confiscated by the school, the resident will have to follow school procedures to have it returned. In the event that unauthorized activity suspected, the CCW will contact the supervisor who can decide if a search is needed and call the legal custodian for permission.

MHCO is not responsible for any fees associated with the resident's cell phone (e.g. phones, accessories, minutes, replacing missing, damaged, or stolen phones, etc.).

Residents under the age of eighteen (18) must have permission from their legal custodian to have a cellphone. Any resident with a cell phone must show proof of purchase (i.e. receipt or confirmation from the legal custodian) for the phone. Residents may not ask for cell phones or accessories from sponsors, donors, or on Christmas lists.

New residents who are of age to have a cell phone must be willing to have a two (2) week probationary period before being allowed to carry a cell phone. At the end of the probationary period the supervisor and CCWs will make the decision to allow the new resident to have a phone with the same expectations of any resident.

CCWs shall keep phones locked in the cottage offices during the following times:

- church
- recreation,
- resident education,
- academic support,
- Kid\$Earn,
- during study hours in cottages,
- during sponsored events,
- at bedtime, and
- when cell phone privileges have been removed.

Rising freshmen may have a cell phone in the summer after middle school concludes.

Cell phones must be turned in to the CCWs to be locked in the office at the following times:

Residents through age seventeen (17):

Sunday-Thursday - 9:00 pm

Friday & Saturday - 11:00 pm

Residents over age eighteen (18):

Sunday-Thursday - 10:00 pm

Weekends may keep phones

TELEPHONE

Residents have telephone privileges appropriate to their age and within the scope of their ISP per the [Resident Rights Policy](#) to individuals on their approved Visitation Contact Log. Residents are allowed privacy during phone calls, unless restricted by court order, [DSS](#) case plan, or legal custodian. The Program Director or Program Clinical Coordinator shall consider and authorize any telephone restrictions. Any restrictions shall be documented in [ISP](#) and reviewed weekly during supervision. Whenever telephone conversations are restricted in accordance with the [ISP](#), the CCW shall document the occurrence and review the outcome of any phone calls with his or her immediate supervisor the next working day. The supervisor shall initial the report and ensure follow through of appropriate action, including regular and periodic reviews. The supervisor shall file the report in the resident's record Any changes to the resident's telephone contact list must be authorized by the legal custodian and approved by the supervisor.

CCWs may establish times for telephone use in the cottage schedule. The resident shall pay long distance charges unless otherwise approved as part of the [ISP](#) and visitation plan. The CCWs and supervisor shall assist residents who are too young to locate or dial phone numbers with making calls.

Many CCWs use their cell phones to maintain contact with legal custodians. CCWs may make long distance calls to resident families when discussing concerns by using the calling card assigned to their cottage, available from the Cobb Center. CCWs shall pay for personal long distance calls on the employees' calling card and not charge calls to MHCO.

If a resident has contact with unauthorized individuals, a CFT meeting including the legal custodian for minor residents, to determine the course of action to be taken.

BICYCLES, SKATEBOARDS, AND SCOOTERS

Residents may have bicycles, skateboards, hoverboards, electronic scooters, and non-motorized scooters. Residents shall bring items to the cottage to be locked up safely within the sheds or cottage when not in use. Residents shall wear helmets when riding bicycles, skateboards, scooters, or any device with wheels. Residents are required to ride in safe areas, pay attention to surroundings, and watch for cars. Any resident who fails to follow rules may have the item confiscated and locked up by CCWs or given back to legal custodians.

VEHICLES

Direct Care residents are not allowed to have vehicles on campus unless they:

- Are over the age of eighteen (18) and in good standing at school (i.e. grades, behaviors, and on track to graduate in the current school year)
- Are in good standing in the Direct Care program (i.e. meeting program expectations in the cottage, being compliant with staff and procedures)
- Have a job
- Have a valid NC driver's license
- Pay for and maintain state required automobile insurance and registration
- Provide for and maintain the car properly (e.g. repairs, oil changes, etc.)
- Follow the rules of the road and will be held accountable for any legal charges or fines incurred for not complying and inform the CCW of such occurrences
- Follow all campus rules regarding driving and parking their vehicle on MCHO property (e.g. driving at a safe maximum speed of 10 m.p.h., be observant of any children playing or individuals walking on the campus roadways, parking in designated parking areas, etc.)
- May not leave vehicles idling without the driver in the seat, including warming up the vehicle

Residents who meet these conditions can petition the supervisor for approval of campus driving privileges. This petition would then be discussed in a Child and Family Team (CFT) (i.e. the resident, legal custodian if the resident is a minor, collaborative sources, CCWs, supervisor, Program Clinical Coordinator, Education Coordinator, and Program Director) meeting. The CFT shall make the determination to allow the petition to be sent to the Program Director and Administrator who shall make the final decision concerning campus driving privileges.

Residents with campus driving privileges shall:

- Not drive the vehicle anywhere except for work for the first thirty (30) days and on home visits if approved
- Complete any school vehicle requirements prior to driving the vehicle to school

- Not allow other residents to ride in the vehicle. Residents with younger siblings on campus may transport their siblings if approved by the CFT and with written approval of the legal custodian.

The privilege of maintaining and operating a motor vehicle on campus could be revoked if the resident fails to comply with the conditions above. A resident, and the legal custodian if the resident is a minor, losing campus driving privileges shall receive written and in person notification by the supervisor. The resident can petition the supervisor, Program Clinical Coordinator, or Program Director to reinstate campus driving privileges. The Program Director shall make a recommendation about reinstatement of campus driving privileges to the Administrator. The Administrator shall make the final decision concerning reinstatement of campus driving privileges.

SCHOOL FUNDRAISERS

Residents are prohibited from fundraiser participation except when it is mandatory for the school. In these circumstances, the residents are only allowed to sell to MHCO personnel. Monies collected should be collected, locked, and monitored by CCWs.

RESIDENT ACCOUNTS

Per the [Accounting Procedure](#), any monies received from legal custodians, friends, family members, or donors that are designated for an individual resident shall be placed in his or her account or in the general operating fund and earmarked for use by the designated resident and intended purpose. Residents use funds from their individual account for individual specialty items not otherwise provided for by MHCO (e.g. specialty shoes, accessory items, video games, gifts for family members, manicures, etc.). Residents can designate a portion of their account for savings. Resident accounts do not accrue interest. The Chief Financial Officer shall keep comprehensive records of each residents' account as a part of the finance statements. The Chief Financial Officer shall maintain a separate accounting system to accommodate resident accounts. This system shall conform to local laws, state standards, and accreditation standards. Residents shall have access to the information about their assets upon demand and balances can be requested from the Finance Office. Resident accounts shall be closed upon discharge and any sums of money turned over to the resident or legal custodian of minor residents on the day of discharge. Resident assets for which MHCO employees have custody or information shall be held as confidential information.

The Chief Financial Officer shall require that written authorization is obtained from a resident prior to any deductions made from a personal fund account for any amount owed or alleged to be owed for damages done by the resident to the facility, an employee of MHCO, a visitor to MHCO, or another resident of MHCO. The notification from the resident ensures that he or she approves of the deduction from the account and is aware of the amount owed and amount of damages.

ALLOWANCE AND KID\$EARN

Per the [Accounting Procedure](#), residents nine (9) years of age and younger will be given a \$2 per week allowance to spend in any appropriate manner they choose for completion of cottage chores.

Residents ages ten (10) and eleven (11) earn \$1 per week allowance for completion of cottage chores and may earn additional money by participating in the Kid\$Earn (Level I) program (i.e. \$1 per hour, up to four (4) hours weekly for chores in the cottage).

Residents over the age of twelve (12) are eligible to earn money by participating in the Kid\$Earn (Level II) program (i.e. starting at \$2 per hour for on campus employment and based on duties performed, experience in the position, and performance evaluation). Typically, Kid\$Earn (Level II) residents work four (4) or five (5) hours Monday through Thursday but may work more when on break from school. Residents shall apply for a work position by completing the Kid\$Earn Application Form . Employees may request a Kid\$Earn position by completing a Request for Kid\$Earn Position Form . Kid\$Earn residents shall not be paid if they miss work

and do not call in, refuse to work, attend a sport, or are sick after two (2) days. The [Kid\\$Earn Weekly Time Card and Evaluation Form](#) for Kid\$Earn jobs shall be completed by the position supervisor and turned in to the Finance Office on Friday each week. Residents who are working outside of MHCO are not eligible for allowance or Kid\$Earn.

Residents shall be allowed to keep approved spending money at the cottage or on their person. The Program Clinical Coordinator shall determine the allowable amount based upon the resident's age and development. All monies kept by the resident shall be at his or her own risk. CCWs shall submit a list of requested monies from Direct Care residents to the Assistant Finance Officer by Wednesday each week to be picked up Friday. This list shall include the resident's name and amount requested. If the resident has the amount in his or her account, the Assistant Financial Officer shall place the requested money in an individual envelope. If the resident does not have the amount in his or her account, the Assistant Finance Officer will notify the CCW and give the amount that the resident has remaining in the account. The CCW shall sign a receipt and receive the money from the Assistant Finance Officer. The resident shall sign the envelope containing the money as a receipt acknowledging that he or she has received the money. These receipts (i.e. signed envelopes) shall be turned in to the Assistant Finance Officer weekly prior to receiving any additional funds.

Residents who are restricted from receiving allowance shall still earn allowance but will be constrained from withdrawing it from their account. Supervisors must approve any restrictions of allowance and place the reasons for the restriction in the resident's case file. Restrictions of allowances shall not exceed two (2) weeks and may only be administered once per quarter.

Residents above the age of sixteen (16) shall be encouraged to open an account at a local financial institution of his or her choosing to promote independent living skills. The employee assisting with opening the account shall determine and explain fees charged by financial institution applicable to the account to the resident.

DAILY SUPERVISION

MHCO strives to provide a homelike environment. CCWs shall provide a model for running a household, address negative behaviors, and promote personal and group development. CCWs shall be diligent in providing appropriate supervision based on resident needs related to developmental level, maturity, and commitment to following rules, guidelines, and boundaries. On-duty CCWs are expected to spend as much time in the company of residents as possible.

Per licensing standards, residents are required to be provided adequate supervision. During waking hours, CCWs are required to provide a ratio of one (1) staff person per six (6) residents and during sleeping hours a ratio of one (1) staff person per eight (8) residents. Ratios include staff children.

The cottage structure and routine shall be scheduled, communicated, and reinforced daily. This structure shall establish expectations and understanding of who will be where and behavior during those times. In these meetings CCWs are encouraged to solicit the resident's understanding and commitment to the plans and roles or expectations.

Each cottage has established routines. All residents should have thirty (30) to forty-five (45) minutes of room time prior to lights out. During room time, residents can relax, read, play quietly if age appropriate, shower, and prepare for the following day. Staff shall be available in the hallways during room time and will make a final, in person check with each resident at lights out and do a final check before retiring to staff quarters. Other overnight checks may be necessary if a safety plan is in place, if a resident is ill, for new residents, or if a resident's behavioral situations that need monitored. CCWs may be assisted by other staff and supervisors in these circumstances or to provide relief the following day. Staff will ensure all windows and outer doors are locked and secured and the alarms are activated and functioning. Staff

should be awake and ready to interact with residents at least thirty (30) minutes prior to residents' wake up time in the morning to be able to prepare for the day.

Due to safety risks (e.g. busy roads, no sidewalks, distances, etc.), residents will not be forced to walk to school for missing the school bus. Residents who fail to manage their time appropriately and miss the school bus will be taken to school and consequences will be implemented. Consequences could include earlier bedtime, loss of privileges, work detail, and other reasonable forms of behavior modification discussed with the supervisor and CFT.

CCWs shall coordinate with the supervisor to establish appropriate protocol for residents walking to the York Rite Chapel, gymnasium, or academic support relevant to the developmental level of the group. A follow up call may be necessary to ensure safe arrival at the destination. CCWs or supervisors may establish limitations to this freedom due to safety or difficulty following directives. Line of sight supervision is appropriate for most age groups when playing outside. CCWs may sit on the porch and observe from afar as residents participate in unstructured play. When playing outside and in the gym, staff should maintain line of sight of residents in their care. Personnel should provide landmarks and boundaries for the residents outlining where they can play and monitor that residents remain within the boundaries. Residents should not play games that take them out of sight of staff. Any resident that is not visible to staff needs to be located immediately.

As residents mature and develop more independent living skills, they should have the opportunity to have time in unstructured situations and freedom to move about the campus with permission as determined by the program team during team staffing or CFT meeting. Residents shall ask permission from the CCW, or supervising employee if not in the presence of the CCW, before walking on campus without supervision.

Residents are not allowed to walk, run, jog, ride bicycles or be back on the farm or the farm roads without staff supervision. Seniors and residents aged seventeen (17) and over in good standing may earn off campus privileges. The resident must have written legal custodian permission on file. A resident with off campus privileges is allowed to walk downtown or to the Dollar General store with permission based on maturity and responsibility. No residents can walk off campus at night without adult supervision. Residents must carry a cell phone for emergency contact and return to campus within two (2) hours or earlier as mandated by CCWs or supervisor.

Residents aged seventeen (17) and up can stay in the cottage unsupervised for up to three (3) hours. Only one (1) resident can remain alone and unsupervised at a time in the cottage.

All employees are encouraged to observe, listen, and supervise residents by walking about the cottage, campus, and at events. If a resident's behavior needs to be addressed, the employee shall discuss the issue with the CCW or supervisor. There should be documentation in case notes, progress note, supervision notes, and/or PQI Incident reports of resident behaviors. Supervisors may request a written report from a staff member regarding behaviors they observed or of which they were informed. Any concerning behavior will be discussed by the Direct Care team during weekly staffing. The team will process the behaviors and determine appropriateness for continued placement.

The program team will meet with any resident suspected of substance use and his or her legal custodian will be notified per the Inspection, Search, and Seizure section below. If illegal substances are found or observed in a resident's room, cottage, or other building, the Oxford Police Department will be notified to remove the items. Residents who are using substances will be scheduled for a substance abuse assessment to determine any treatment recommendations. The CFT will meet to make a recommendation regarding the resident's continued placement at MHCO. The information will be shared with the Administrator who will have the final authority on continued placement.

SUPERVISION ON OVERNIGHT TRIPS

Residents attend trips with the cottage for summer and school breaks. Vacations shall be age appropriate and discussed in cottage meetings. CCWs are responsible for planning cottage vacations with resident input and shall utilize sponsors, deals, and cottage funds. Supervisors shall obtain consent for travel and specialized activities from legal custodians. Supervisors shall provide all vacation details, personnel phone numbers, and contact information with legal custodians.

On these trips, CCWs shall ensure that all residents have their own bed or place to sleep. CCWs must reside with the residents (i.e. not in a separate hotel room). CCWs must provide extra monitoring and supervision as the residents are in unfamiliar settings. Residents sharing rooms must keep the doors open with the only exception being when they are individually changing clothes or using the bathroom. During overnight hours, if residents are sharing rooms, the CCW must be keep doors open, check on the residents during the night, and separate any residents that there are any concerns.

CLOTHING AND DRESS CODE

Residents are provided approximately \$100 upon admission for the CCW to purchase clothing items. Residents are provided with a budgeted amount set by the Finance Department to purchase new clothing biannually, in the spring and fall. MHCO follows school dress code guidelines for attire and ensures that residents purchase appropriate clothing. Throughout the year, residents can utilize the campus clothing room for shoes and clothing that has been donated. Legal custodians, and cottage or resident sponsors may provide clothing or money for clothing.

Residents shall be allowed to choose their own clothing within the dress code. Residents will be encouraged to dress in conservative but stylish clothes. CCWs shall ensure residents do not purchase inappropriate clothing with MHCO money nor allow residents to leave the cottage dressed inappropriately. Inappropriate clothing shall not be worn on campus, school, chapel, or any MHCO off campus activity. All inappropriate clothing items shall be confiscated and returned to the legal custodian or put in storage. Clothes should be appropriate to the occasion, season, age, and maturity of the resident. Examples of inappropriate clothing:

- tight fitting or too small clothes
- low-cut or midriff baring shirts
- sagging pants and showing underwear/boxers
- jeans or pants with a lot of rips and holes
- shirts that display logos pertaining to alcohol, curse words, marijuana, drugs, or any offensive pictures or materials
- short shorts, miniskirts, dressers, rompers (the skirt must be past the middle finger)
- lounging clothing: pajamas, scrubs, tights, leggings, yoga pants (must wear a long shirt, dress, etc.)
- dark bra with a sheer shirt over it
- house slippers or barefoot outside of the cottage
- unwashed clothing

If desired, girls shall be taught to wear makeup appropriate to their age and maturity level. Elementary school-aged residents shall be discouraged from wearing make-up, middle school-aged residents may wear make-up in moderation, and high school-aged residents may wear make-up conservatively.

Residents will be expected to dress appropriately for Chapel services which would include not wearing t-shirts, hoodies, ripped and/or torn clothing. CCWs are responsible for ensuring residents are dressed appropriately prior to leaving cottages.

Earrings shall be limited to two (2) earrings per ear. Body piercing in all other body parts is prohibited.

Residents shall not be taken or encouraged to get tattoos. Residents with any tattoos done during a home visit will be asked to cover them during all campus and sponsored events.

Residents shall keep their hair neat, clean, and stylish. CCWs shall ensure that residents are able to get their hair cut or trimmed regularly. Residents are encouraged to choose from appropriate hairstyles. Residents under the age of eighteen (18) shall not use any hair color or chemical products that they purchase in the store (e.g. relaxers, perms, etc.). Legal custodians may sign for the resident to have relaxers, dyes, or perms done by professionals. Employees shall choose licensed barbers and cosmetologists to provide services. Any professional coming to the campus to provide services shall complete a background check through the HR Specialist, must have a tax ID number, and shall be paid by check from the Finance Department.

SOCIAL OPPORTUNITIES

MHCO strives for residents to have as many childhood experiences as possible as aligned with the [Reasonable and Prudent Parenting Standards \(NCGS 131D Article 1A\)](#). Experiences include providing opportunities for residents to join school clubs and other extracurricular activities, participate in community recreational activities, and attend church. CCWS shall provide opportunities for residents to attend movies, skating parties, church and school activities, and other social events together and with friends in the community. CCWs shall be responsible for ensuring the resident has transportation to practices, games, meetings, etc. No resident shall be denied opportunities to participate in activities based solely on the inability to pay. The Program Director will be the designated official to apply the RPPS to any decisions made regarding a resident's participation in an event and will ensure that the decision is documented in the case record. Any training regarding RPPS will be provided by the supervisory team.

Residents who wish to participate in school or extracurricular activities shall request participation from CCWs and the supervisor. The supervisor shall consider requests with consultation from the Program Clinical Coordinator and Program Director. The CFT shall discuss the resident's participation in social opportunities as part of the review of [ISP](#) progress. Residents participating in a school activity shall follow school guidelines. School personnel shall notify the resident and CCWs if the individual is ineligible to participate due to grades or behavior. Resident eligibility for participating in community athletic or other programs shall be determined by the guidelines set forth from the supervising organization (e.g. [City of Oxford Parks and Recreation](#), etc.). If there are serious concerns about participation, the CFT shall meet to determine if the resident should be allowed to continue to participate. Residents shall not be limited in how many social opportunities they participate in as long as they are maintaining program expectations at school and in the cottage. Participation should be in the resident's best interest and not interfere with their ability to maintain grades and health.

Residents shall have the opportunity to have social contacts, associates, and friends of from the community and on campus. CCWs shall promote healthy, normal, positive relationships with others. CCWs shall ensure residents have transportation and material needs for participation in events. CCWs shall not restrict residents by discouraging or forbidding them from normal relationships and interactions.

The CCW or supervisor must obtain consent from the legal custodian for overnight activities outside of the direct supervision for periods exceeding seventy-two (72) hours.

Residents shall be prohibited from visiting in homes off campus or riding in vehicles with anyone other than family or relatives on the approved contact list or authorized MHCO personnel without written permission from the legal custodian.

Residents may continue to have contact with discharged residents if:

- approved by the legal custodian,
- added to the visitation contact list, and
- the discharged resident left on good terms and has been given permission to return to the MHCO campus.

Residents can attend birthday parties of individuals on their approved visitation list. If the birthday party is for a classmate not on the visitation list but is in a public setting (e.g. McDonalds, movies, bowling, etc.) the resident may attend the party with permission of the CCW and supervisor. When a resident is with an employee at an event, the employee does not need to identify as being MHCO personnel.

DATING

Dating is defined as the activity of going out or being with someone on a regular basis as a social or romantic partner. Residents may have the opportunity to date as appropriate to their age and level of maturity. CCWs shall encourage normal relationships to include group activities in cottages, at various campus activities, through double dating, etc. Types of dates and social activities may be individualized based on age, level of maturity, and ability to accept responsibility. Decisions concerning dating shall be determined by the supervisor and will be based on resident(s) performance in school, at work, in the cottage, and compliance with the program. The legal custodian of minor residents may require more restrictions. While MHCO does not promote residents dating one another, residents may consider themselves as dating.

The following guidelines shall be followed:

- Legal custodians must agree to any dating arrangements for residents under eighteen (18) years old.
- Dating is allowed for residents aged fifteen (15) years and older only.
- Dating age range must be within one (1) year of each another. The Program Director may approve greater age differences up to two (2) years.
- ILP/Direct Care resident dating is prohibited except if the couple was dating in Direct Care when one (1) partner transitioned to ILP. The Direct Care resident would be prohibited from visiting in the ILP cottage.
- Communication is allowed through phone calls on cottage or cell phones and is limited to thirty (30) minutes once daily before 9:00 pm if the individual is on the resident's approved visitation list. Texting is allowed but will be restricted if deemed excessive by the CCWs or supervisor.
- Visitors on campus must be on the approved visitation list. Visitors may attend campus activities or visit the cottage if approved by the supervisor in advance and approval must be communicated to the resident(s) and CCW by the supervisor.
- Specific occasions and conditions of time together must be requested by the resident(s) at least a week in advance, approved by CCWs and the supervisor, and approval must be communicated to the resident(s) by the supervisor.
- Couples shall remain in close proximity and in line of sight of CCWs or conform to other supervision guidelines.
- Residents are prohibited from visiting their partners' houses off campus.
- Appropriate public displays of affection include sitting together at certain events, holding hands when walking, putting an arm around a shoulder, and a kiss on the cheek. Inappropriate public displays of affection include other methods of kissing, sitting on laps, and sitting very closely at events. If a CCW determines the public display of affection is inappropriate, the CCW shall address the behavior and the couple shall comply with directives.

If the couple does not follow the guidelines, the following restrictions shall be placed:

- The first offense will result in no contact for the remainder of the day and the following day.
- The second offense will result in no contact for one (1) week.
- The third offense will result in no contact for thirty (30) days.
- If the offense is egregious (e.g. purposely leaving line of sight supervision, engaging in inappropriate behaviors, etc.) the couple will be restricted from contact for thirty (30) days.

FAMILY VISITATION

MHCO seeks to co-parent with families of residents whenever possible. Maintaining contact between the resident and his or her family is encouraged except where expressly prohibited by court order or legal custodian per the Resident Rights Policy. Invitations to MHCO events, birthday parties, and other activities shall be considered and extended to families when feasible. Supervisors shall attempt to include the resident's family in decision making concerning service delivery. Restricting family contact and visitation or threats of restricting contact as a means of punishment is prohibited and may be grounds for termination of employment. Per the [Resident Health Services, Wellness, and Medication Management Procedure](#), a Visitation Medication Form must be completed when transferring medications to legal custodians to administer on overnight home visits.

Residents shall be able to communicate freely with their families by mail and by telephone. Residents shall be permitted to visit with their families per their ISP. In cases involving [Department of Social Services \(DSS\)](#) and court-ordered supervision, the [DSS](#) worker shall provide supervision for the family visit.

MHCO may assist the resident in maintaining contact with their families by providing transportation, food, or other items for home visits. The supervisor and the CCWs shall coordinate and schedule visitation with legal custodians. Families are encouraged to visit the resident on campus and may use guest facilities for overnight visits if available. The supervisor shall make a reservation for an apartment with the Financial Development Assistant. While on campus, families are allowed to spend time with the resident on and off campus if not prohibited by the [ISP](#). Residents are prohibited from spending the night in guest facilities. When legal custodians and family members are visiting on campus, they are required to behave appropriately and follow campus rules (e.g. no smoking in campus buildings or on the grounds, not having alcohol or any illegal substances on campus, following the campus speed limit, etc.). Staff who observe visitors engaging in any activity on campus that is concerning will need to notify the supervisor, Program Clinical Coordinator, Program Director, or Administrator immediately.

Residents are given opportunities for extended visitation with their families several times per year on breaks from school and holidays. Residents have two (2) weekends per month observed on the MHCO calendar with no scheduled activities to allow for weekend visitation with their families. CCWs are to contact the family and residents during extended breaks. Residents are expected to return to campus by 6:00 pm on Sunday evenings or by the designated end date of the visitation to prepare for school and the next days' schedule.

If the needs of the cottage limit sibling groups from residing with one another, visits and telephone calls among resident sibling or familial groups on campus shall be encouraged. CCWs and supervisors will arrange and conduct organized activities for sibling and familial groups. CCWs and supervisors shall encourage sibling and familial groups to share meals, spend free time, or plan other activities.

CCWs shall document all visitation and contacts in progress notes in Extended Reach. Supervisors shall document contacts made with legal custodians or other individuals pertaining to a resident in case notes in Kaleidacare.

If safety concerns are present when a legal custodian or approved person is transporting the resident for a home visit such as no car seat, suspected substance use, etc., the CCW should immediately notify the supervisor, Program Clinical Coordinator, or the Program Director to address the concern. In the event of no car seat, the CCW will provide a loaner car seat for the safety of the resident. A CFT meeting will be conducted to make decisions about the safest methods of transportation for home visits.

MAIL

Residents may receive mail and packages at the MHCO address (i.e. 600 College St, Oxford NC). The Administrative Assistant shall place mail and packages in the cottage mailbox to be picked up by CCWs. Resident mail and packages shall be opened in front of the CCW or supervisor. MHCO personnel shall not read resident mail unless sent from someone that is not on the approved visitation or contact log. If a package or mail is received from someone not on the approved [Visitation Contact Log](#) or if there is a suspicion about the contents of such, then the CCW shall call the legal custodian for approval prior to allowing the resident to receive it.

BIRTHDAYS

CCWs shall provide a party for each resident on the date of his or her birthday unless the resident and family have made other plans for the resident's birthday. Food and other suitable party snacks are available through food service for these special occasions. CCWs shall obtain a birthday bag from the In-Kind Coordinator. If the resident chooses, his or her birthday may be celebrated in conjunction with a recreation activity and involve other cottages. CCWs will receive a specified amount of cottage funds to procure a gift, pay for a party, or give to the resident to choose their own gift. CCWs may procure a gift from Critcher if the money is used to pay for a party. CCWs shall invite the family of the resident having a birthday to attend the event if not in violation of law or contraindicated by the [ISP](#).

Personnel shall honor resident requests to not to have a birthday celebration. The resident will still receive a gift.

Milestones will be celebrated per the resident's requests and preferences. Additional cottage funds may be utilized for milestone celebrations upon supervisory approval.

RECREATION

Residents shall have opportunities to participate in recreation and wellness per the [Resident Health Services, Wellness, and Medication Management Procedure](#) and per guidelines in [Facilities](#).

The Recreation Director shall discuss wellness activities with the Program Director, Program Clinical Coordinator, and Education Coordinator to ensure cultural diversity and relevance with consultation with the Museum Director when relevant. The Recreation Director shall develop short term and long term physical and emotional wellness goals for each resident as part of their ISP and provide input at team staffing meetings. Residents shall be given opportunities to discuss wellness activity preferences at cottage meetings, with supervisors, with the Recreation Director, or in the Resident Advisory Council. Wellness for residents shall meet at least once weekly in addition to other activities planned by the Recreation Director and CCW staff. Wellness shall focus on healthy lifestyles (e.g. weight training, meal selection and preparation, trail walks, personal coaching, reading and understanding food labels, making healthy lifestyle choices, substance use prevention, etc.). The Recreation Director and supervisors shall sponsor various parties, dances, and trips to social activities. Activities shall be planned in advance to allow time for preparation and schedule adjustment. CCWs and supervisors shall assist and encourage participation and provide supervision for activities. Residents will be encouraged to join extracurricular activities through school programs and community organizations to promote recreation and wellness. The Recreation Director will assist with obtaining all athletic equipment for residents and signing them up for activities.

Residents are prohibited from participating in any activity that can pose significant risks (e.g. horseback riding, extreme watersports, etc.). If a donor wishes to sponsor an activity or a request is made for a proposed activity that has associated risks, then the activity will be discussed by the program team with a recommendation to the Administrator who has final approval authority for the activity. All information would then need to be shared with legal custodians for written approval for the resident's participation in the activity.

The Recreation Director shall:

- meet monthly with the Program Director to review recent and upcoming events and activities,
- set up and cleanup of wellness activities,
- track attendance,
- rate participation and goal progress, and
- send tracking data to PQI monthly.

SCHOOL BREAK TRIPS

CCWs, supervisors, and the Recreation Director shall plan and coordinate trips for residents not in school. CCWs shall provide supervision at all trips with assistance of the Supervisors, the Recreation Director, and other employees on the trip. The Program Clinical Coordinator and supervisors will obtain necessary waivers or special permission including adventure-based activities. Trips and activities are funded by sponsors and the recreation budget.

EDUCATION

Residents shall be enrolled and participate in public school. MHCO strives to assist residents in academic achievement by promoting life-long learning, cultivating good study habits, and improving self-esteem and self-image with the support of the Granville County School system, donors, and various community organizations. Education is promoted through:

- campus academic support opportunities,
- incentive programs recognizing improvement and academic achievement,
- collaboration between schools, MHCO personnel, and resident families,
- participation in school extracurricular activities and clubs,
- participation in community programs,
- all school supplies are provided,
- fees for extracurriculars and other school needs are provided under certain circumstances,
- on-going skills retention activities and enrichment during the summer, and
- scholarships and financial aid assistance.

Residents are provided quiet, study time in the cottage every day to complete homework, skill build, or read. CCWs and the Education Coordinator have access to Parent Portal to monitor residents' grades, assignments, and school news. CCWs are requested to attend the Parent/Teacher conferences, attend Individualized Education Plan (IEP) and other meetings, and attend school and extracurricular events. Each spring, residents graduating from high school or college are honored and scholarships are awarded at the Baccalaureate church service and awards ceremony. Each quarter, residents receive recognition, encouragement, and incentives for academic achievement of GPA and honor roll at the Troutman Awards.

The Education Coordinator shall be active in the school district and community related activities to advocate for resident needs. The Education Coordinator shall meet with school and district level administrators to discuss learning opportunities for residents.

The Education Coordinator shall work with the residents, school staff, MHCO personnel, volunteers, tutors, and legal custodians in:

- understanding a resident’s 504 or Individualized Education Plan,
- identifying target areas for educational needs,
- scheduling academic support as needed,
- adjusting schedules to meet graduation or promotion requirements,
- finding education programs that best suit personal abilities and needs,
- completing admittance and financial aid paperwork,
- rewarding academic achievement,
- attending campus days and interviews, and
- obtaining materials or resources needed to attend school.

MHCO personnel shall not share detailed personal information with teachers or other school staff. MHCO personnel may share limited background information if a resident is having behavioral or academic challenges (e.g. “John is on a new medication and may experience...”, “John had a rough night or weekend and may be struggling”, etc.).

VOCATIONAL EDUCATION AND EMPLOYMENT

MHCO strives to assist residents in developing skills necessary to obtain and maintain employment when age appropriate. Residents have opportunities to develop skills through various work experiences, trainings, and staff assistance. Employed residents are exposed to various work-related and life experiences. These experiences enhance employment skills through learning responsibility, independence, good work habits, time management skills, money management, and teamwork. Younger residents earn allowance for completing chores in the cottage. Older residents may participate in the Kid\$Earn program per the Accounting Procedure. Residents are encouraged to seek off-campus employment when they reach age sixteen (16), pending approval of the supervisor as documented on the [ISP](#). Residents are not required to provide paid or unpaid labor for MHCO or on behalf of MHCO. Any paid opportunities should be voluntary. Supervisors and staff should be meeting with residents to ensure that they do not feel exploited.

The Educational Coordinator shall be available to assist with employment needs through pre-employment counseling such as completing applications, writing resumes, practicing interview skills, and arranging interviews.

The Educational Coordinator shall organize and schedule Summer Academy annually. Unemployed residents in high school may participate to address pre-employment skills, career planning, cultural awareness, and community service through visiting businesses, industries, manufacturing enterprises, and educational institutions.

INDEPENDENT LIVING SKILLS

Residents shall be provided opportunities to develop independent living skills. Residents are assigned chores based on their age to increase the ability to take care of themselves, learn responsibility, and maintain a household. Residents shall write thank you notes to donors to teach manners, accountability, and gratitude. Residents are taught independent living skills such as:

- cleaning
- laundry
- cooking meals
- time management

- personal hygiene
- budgeting
- conflict resolution
- appropriate public interaction

High school senior residents shall meet weekly with assigned personnel to discuss topics about life after high school (e.g. college and training planning, establishing career goals, banking and financing, housing, accessing community resources, decision-making, etc.).

NUTRITION AND FOOD SERVICE

Per the [Resident Health Services, Wellness, and Medication Management Procedure](#), dieticians shall develop menus that are nutritious, aligned with current recommended daily guidelines, appetizing, and consider ethnic and cultural heritage of residents. Personnel preparing food for residents shall utilize feedback from residents. The Food Services Manager shall ensure that food products are available for CCWs to obtain for cottage meal preparation. MHCO shall collaborate with the Staff Advisory Council, CCWs, and dieticians to develop menus with choices that are appealing to the residents and personnel.

CCWs shall prepare meals and snacks for the residents and personnel eating in the cottage. Residents may assist in meal preparation if directly supervised by the CCWs to ensure proper safety and sanitation standards are followed. Residents should not prepare meals in cottages without CCW supervision. Residents shall not be denied meals. If a resident does not like the hot meal that has been prepared, he or she shall be offered a choice of a cold meal (e.g. sandwich, cereal, etc.). Personnel preparing food for residents shall maintain certification in sanitary and safe food handling. Personnel preparing food for residents shall not handle or prepare food if they have or present symptoms of an acute illness or have any open, untreated wound.

Cottages are to maintain a garbage can that is adequate in size to meet the needs of the cottage and has a tight-fitting lid. Garbage should be removed at least once per day. CCWs should ensure that any residents who take the garbage to the dumpster are putting them in the correct receptacles and are cleaning up spilled items. Residents should not be going unsupervised to the dumpsters. Bags should not be so full that they cannot be safely lifted into the dumpsters. Residents and staff shall wash their hands in the approved handwashing station located in the laundry room or bathrooms.

All food contact surfaces including serving areas (e.g. main counters, stove tops, etc.) that cannot be removed shall be washed and rinsed, then shall be wiped or sprayed with a properly prepared sanitizing solution (i.e. chlorine solution of 50 ppm in water between 75-100 F lukewarm tap water, 3 oz bleach added to a 32 oz bottle and filled with lukewarm water to the 32 oz fill line, or EPA-registered tuberculocidal disinfectant). Bleach solution shall be prepared daily and disposed of at the end of each day. Once prepared the solution shall be tested with a test strip to assure proper sanitation. CCWs shall acquire supplies from the food service department (e.g. test strips, bleach, spray bottles, masking tape, black markers, needle nose pliers, food thermometers, thermometers for food refrigerators and freezers, disposable gloves, etc.).

Freezers and refrigerators shall be checked each day by CCWs. Medical refrigerators shall be checked daily. CCWs shall record the temperature of the inside of the appliances on the appropriate Inspection Log. At the end of the month, the Inspection Log shall be placed in the food service binder by CCWs. Stored food items shall be utilized based on the first in and first out rule. Menus shall be posted for the week in the kitchen.

SPIRITUAL DEVELOPMENT

Although no employee is required to join any church or religious organization as conditions for employment, CCWs are required to accompany residents to religious services as part of the residents' spiritual development. Most residents will attend York Rite Chapel as a part of their religious and spiritual development. Residents shall be encouraged to attend church service, but not forced or coerced to attend against their will. CCWs shall ensure adequate supervision is provided for any resident who does not wish to attend church services and that supervision does not serve to intimidate, isolate, coerce, or punish the resident for not attending.

Direct Care program personnel shall consult with legal custodians at intake regarding spiritual and religious preferences and participation and will honor requests when feasible. Residents shall be permitted to attend church services in the local community in a faith group of their choice. CCWs shall arrange transportation and adjust schedules to accommodate when feasible. CCWs shall attend York Rite Chapel every Sunday with remaining residents. Residents shall not be permitted to join a church or be baptized without the expressed written permission of their legal custodian.

INSPECTIONS, SEARCH, AND SEIZURE

Upon intake, residents shall be informed of MHCO inspection guidelines for the resident's possessions. The supervisor and another employee will visually inspect all the resident's belongings in the presence of the legal custodian and resident to inventory items, verify possessions, identify safety concerns, and determine needs. Legal, prohibited items will be given to the legal custodian. If illegal items are recovered, the supervisor shall proceed per the [Non-Critical Incidents Procedure](#). CCWs shall inspect rooms regularly to ensure they are kept clean and neat. CCWs or supervisory staff can inspect the room and bathrooms and open dresser drawers to check that clothes are folded. However, CCWs may not move items around. CCWs may not open desk drawers or locked boxes without following the search and seizure procedure detailed below. Searching resident items shall be authorized by the supervisor, Program Clinical Coordinator, Program Director, or Administrator. Search and seizure must be authorized by the legal custodian if the resident is under the age of eighteen (18). If legal custodian consent is not given and there is an emergency need, police must conduct the search.

The resident's secured possessions are subject to inspection and search by CCWs in the direct presence of the supervisor, Program Clinical Coordinator, Program Director, or Administrator when there is substantial or reliable cause to believe that the resident:

- may have items in his or her possession that are dangerous, illegal, or otherwise prohibited by MHCO.
- is under the influence of drugs or alcohol or a controlled substance. Evidence of reliable or substantial cause may include, but are not limited to, resident's behaviors such as slurred speech, ataxia, odor of controlled substance, or disruptive or unusual behaviors.
- has stolen an item or items as evidenced by reliable eyewitness accounts.

The supervisor, Program Clinical Coordinator, or Program Director shall ask the resident for permission to conduct the search. Documentation shall include:

- scope of the search,
- reason for the search,
- procedures followed in the search,
- description of any property seized, and
- an account of the disposition of the seized property.

The legal custodian of residents under the age of eighteen (18), or resident if over the age of eighteen (18),

shall be notified of the results of the search immediately after its completion. The supervisor shall document notification and results in the case record. If items are recovered, the supervisor shall complete a [PQI Incident Report Form](#) per the [Non-Critical Incidents Procedure](#).

RESIDENTS OVER THE AGE OF EIGHTEEN (18)

If residents who turn eighteen (18) while in the Direct Care program wish to stay in the program until they finish high school, they shall comply with program expectations including:

- signing all new consents and agreements,
- attending school,
- abiding by cottage rules (i.e. chores, room cleanliness, respect, hygiene),
- informing CCWs of whereabouts, discussing their schedule, and abiding by the agreed upon return time,
- working on [ISP](#) goals,
- not smoking on campus,
- not engaging in substance usage, and
- not engaging in criminal activity.

Residents who fail to comply with program expectations shall meet with the CFT to discuss continued participation in the program. If the resident is unwilling to comply, a discharge plan will be developed per the [Direct Care Discharge Procedure](#).

Policy Name:	Direct Care Discharge Procedure
Applies to:	Employees and Stakeholders
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/Direct Care Discharge Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017; 11/9/2018; 5/10/2019; 5/8/2020; 8/12/2022; 11/10/2023
References:	10A NCAC 70I .0305 10A NCAC 70I .0506 Individualized Service Plan Discharge Summary Discharge Medication Form Direct Care Assessment and Service Planning Procedure
<p>Residents shall not be encouraged, advised, counseled, instructed, or otherwise told to leave the care of the MHCO without expressed permission of the Administrator and the legal custodian if the resident is a minor. Further, it is unlawful to assist, transport, hide, or otherwise solicit a resident in unauthorized discharges or in the act of running away. Any such unauthorized behavior by personnel shall be grounds for immediate termination from employment.</p> <p>Discharge planning shall begin upon admission of a resident and shall be revised regularly by the Child and Family Team (CFT) (i.e. the resident, legal custodian if the resident is a minor, collaborative sources, CCWs, supervisor, Program Clinical Coordinator, Education Coordinator, Vocational Counselor, and Program Director) as part of Individualized Service Plan (ISP) development (per Direct Care Assessment and Service Planning Procedure). A complete discharge plan shall be included in the resident record to include the resident's opinions, input from collaborative sources, expected date of discharge, permanency plan, anticipated barriers to the permanency plan, and the resident's specific responsibilities regarding accomplishment of the plan.</p> <p>Discharges, whether voluntary or involuntary, shall be conducted in an orderly and planned manner with the utmost respect for the resident and his or her family. Discharge from services may occur when the resident or family:</p> <ul style="list-style-type: none"> • achieves goals or is otherwise ready to discontinue services, • no longer wishes to receive services from MHCO, • no longer meets eligibility criteria, • refuses to meet program standards or requirements, • has needs that exceed organizational or program resources, or • is court involved and the court approves discharge from services for the resident. <p>Residents shall be free from threat or fear of unwarranted discharge from the facility. However, residents are expected to work toward their goals on the ISP. Discharge from services may become necessary if a resident becomes dangerous to him or herself or others or his or her behavior indicates the need for a higher level of care. The decision to discharge a resident shall be made by the CFT after extensive planning and discussion. Once a decision to discharge has been made, the recommendation shall be discussed with the Administrator who shall make the final determination for or against discharge. The resident or legal custodian if the resident is a minor shall be given referral information for alternative and appropriate placement prior to discharge if needed.</p>	

DISCHARGE SUMMARIES

On the day of discharge, the supervisor shall complete a [Liability Release and Waiver Form](#) in Extended Reach and obtain signatures of the CCW, supervisor, legal custodian if the resident is a minor, and resident if over the age of twelve (12). The Program Assistant shall ensure that personal documents (i.e. birth certificate, social security card, Medicaid or other insurance card) are returned to the legal custodian or the resident if over the age of eighteen (18) with a list of upcoming medical appointments. The supervisor shall ensure that medications are given to the legal custodian, or resident if over the age of eighteen (18), and all parties sign the Medical Administration Record verifying transfer of medication. The supervisor shall ensure that the Discharge Medication Form is completed, signed by the legal custodian, and placed in the file. All resident belongings shall be packed and given to the legal custodian or resident if over the age of eighteen (18).

The supervisor of the former resident shall prepare a Discharge Summary in Extended Reach documenting the progress made by the resident, needs that are still unmet, who shall be responsible for accomplishing unmet goals, aftercare services that shall be conducted, and who shall be responsible for providing aftercare. The Discharge Summary shall be developed within thirty (30) days after discharge. A copy of the Discharge Summary shall be filed in the resident's record and a copy shall be given to the resident or legal custodian if the resident is a minor. After completion of documentation, the Program Assistant shall close the resident's case in Extended Reach and move the physical resident record to the closed file cabinet.

AFTERCARE

At the time of discharge from services, the supervisor shall develop an aftercare plan to provide supportive services to the former resident and his or her family. This plan shall outline responsibilities during aftercare, which services are still needed, and what assistance shall be provided in meeting unmet goals or accessing services through another agency. If the former resident is not in residential care at another facility, the supervisor shall make contact within seven (7) days after discharge. The supervisor shall maintain phone contact for a minimum of thirty (30) days and a maximum of sixty (60) days depending on the ongoing needs of the family. If the former resident is in the custody of the [Department of Social Services \(DSS\)](#), aftercare services shall be the responsibility of the assigned [DSS](#) case worker. The supervisor shall document aftercare services provided on the Discharge Summary in the resident record. If the resident and his or her family refuse aftercare services, the supervisor shall document refusal on the Discharge Summary with attempts to obtain signatures attesting to refusal in the resident record.

DISCHARGE OF ADULT RESIDENTS FROM DIRECT CARE

Direct Care program residents who turn eighteen (18) years old while still completing high school shall be discharged and readmitted to the program. This process releases liability from the former legal custodian and establishes responsibility for decision making solely with the resident.

As part of discharge planning, MHCO shall provide preparation for independent living skill training. CCWs and supervisors shall prepare residents for adult living by assisting in skill development for independent living. During residents' senior year of high school, or when they turn eighteen (18) years of age, they shall participate in weekly senior meetings designed to assist in the transition from Direct Care residency to independent living. Residents may apply for the MHCO Independent Living Program after graduation. Upon request and depending upon cooperation and availability of resources, residents who choose to discharge without entering the Independent Living Program may be assisted with:

- locating a GED program, college, or trade school,
- locating a job,
- locating affordable housing,

- furnishing his or her dwelling,
- obtaining all official documents such as official copy or original birth certificate, and Social Security Card,
- résumé development,
- obtaining letters of reference,
- obtaining a driver's license and transportation,
- maintaining a record of addresses for known relatives,
- obtaining educational records,
- obtaining insurance for health, hospitalization, dental, and liability,
- obtaining a copy of the discharge plan, and
- maintaining a record of emergency contacts.

Procedure Name:	ILP Admissions, Deferrals, and Intake Procedure
Applies to:	Employees and Stakeholders
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/ILP Admissions, Deferrals, and Intake Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/2017; 2/9/2018; 5/10/2019; 5/8/2020; 8/12/2022; 11/10/2023
References:	10A NCAC 70I .0500 10A NCAC 70I .0600 Title VI, Civil Rights Act of 1964 Section 504, Rehabilitation Act of 1973 Multiethnic Placement Act of 1994 Application for Service/Intake Study Form Referral Information Form Resident Rights Policy Acknowledgement Form Consent to Release and Exchange Confidential Information Form Image Creation and Use Form Background Check Authorization Form Agreement Regarding Admission Conditions Form Behavior Support and Management Policy Informed Consent Form Inspection and Search of Resident's Possessions Form
<p>Criteria for admission to the MHCO Independent Living Program includes individuals in North Carolina from age sixteen (16) to twenty-two (22) years old who need placement and assistance in obtaining independent living skills. The target population for this program is youth who are in transition from previous placement or are homeless. MHCO does not accept applicants who are perpetrators of violent crime, sex offenders, have a history of setting fires, actively using substances, pregnant or parenting, actively involved in the criminal justice system, cannot verify identity, or deemed a danger to themselves or others. MHCO does not discriminate based on race, creed, sex, disability, or religion.</p> <p>Referrals can be received from social service agencies, parents, legal custodians, Masonic Lodges, school systems, and concerned citizens. All referrals shall be sent to the Program Assistant to be given to the Program Clinical Coordinator. The Program Assistant shall log the information and call the referral source within one (1) business day to gather information about the referred youth. The Program Assistant, Program Clinical coordinator or Resident Advisor shall arrange for the referral source to receive an Application for Service/Intake Study Form. The Application for Service/Intake Study Form is a document that requests the following information:</p> <ul style="list-style-type: none"> • Family of the youth such as biological parents and legal custodians • Social workers or other adults working with the youth • Siblings and other relatives • Medical information including any current medications, dentist, physicians, mental, physical, or developmental conditions • Educational information • A social history including significant events in the youth's life, the youth and family's strength and challenges, services and supports in place, number of out-of-home placements, and current needs • Goals and plans including permanency planning <p>The Program Clinical Coordinator or Program Assistant shall complete a Referral Information Form to summarize information received on the Application for Service/Intake Study Form The Referral</p>	

[Information Form](#) shall then be circulated to the program team for review and initial determination of appropriateness for the program. Applicants for admission shall be screened by the MHCO program team (i.e. Resident Advisors, Program Director, Program Clinical Coordinator, Education Coordinator, Vocational Counselor, and the Administrator) to determine eligibility and appropriateness for the program. The [Referral Information Form](#) shall be returned to the Program Assistant after review from all parties. If the applicant is initially deemed appropriate for the program, the Program Clinical Coordinator and/or Resident Advisor shall contact the applicant to either schedule a PPA (Pre-Placement Appointment) interview with the applicant preferably within twenty-four (24) hours. If the applicant is deemed inappropriate for the program, the Program Clinical Coordinator shall contact the applicant of the decision to defer the application with referrals to other appropriate resources and appeal or reapplication information.

At the PPA interview, the applicant shall meet with the Program Director, Program Clinical Coordinator, Resident Advisor, Transitional CCWs, Education Coordinator, and Vocational Counselor to discuss needs, assess the applicant for appropriateness to the program, fitness with the current residential population, and provide additional information about the program and life on campus. The applicant shall be given a tour of the cottage and campus by the Resident Advisor, Transitional CCW or the Program Clinical Coordinator. The program team shall discuss program policies with the applicant including, mail, gifts, personal possessions, money, telephone calls and any restrictions, discipline and behavior management, search and seizure, religious programming, educational resources, use of volunteers, resident rights, grievance procedures, and daily schedules. The resident shall be given a copy of the ILP Resident Handbook outlining all discussion points and sign an acknowledgement form of receipt.

After the interview, the program team shall meet to decide appropriateness for admission to the program. If the applicant has been deemed appropriate for the program, the Program Clinical Coordinator or the Resident Advisor shall call the applicant to offer a placement and schedule an intake appointment. If the applicant is deemed inappropriate for the program, the Program Clinical Coordinator or the Resident Advisor shall contact the applicant of the decision to defer the application with referrals to other appropriate resources and appeal or reapplication information.

Documentation shall be collected at the intake appointment by the Program Clinical Coordinator or the Resident Advisor. The Program Assistant, Resident Advisor, or the Program Clinical Coordinator shall assist in obtaining documentation when necessary. The following documents are required:

- Birth certificate
- Social security card
- Immunization record
- Medical insurance card
- Driver's license (if applicable)
- Current car insurance (if the resident has a car or driver's license)
- Recent report card (if available)
- [Behavior Support and Management Policy Informed Consent Form](#): description of MHCO behavior support and management policy and procedure including time-out, natural and logical consequences, and non-violent crisis intervention. The Resident Advisor shall ensure that this form is signed by the resident annually and if changes occur.
- [Agreement Regarding Admission Conditions Form](#): official agreement to allow the resident to be admitted to MCHO, cooperate with the program, circumstances for discharge, serves as a contract between the resident and MHCO regarding payment for rental of an apartment in the cottage and timeframes for making payments, emergency contact information, and acknowledges receipt of the ILP Resident Handbook. Specifies portions of payments from consistent external income sources (e.g. CARS payments, Social Security Income, third party trusts, etc.) to be deposited

into resident savings account, checking account, and utilized for care as determined by the Program Team and resident. The Program Clinical Coordinator or the Resident Advisor shall ensure that this form is signed annually by the resident and if changes occur.

- [Inspection and Search of Resident's Possessions Form](#): addresses the policy regarding searches and seizures of the resident's room and property. The Program Clinical Coordinator or the Resident Advisor shall ensure that this form is signed by the resident annually and if changes occur.
- [Resident Rights Policy Acknowledgement Form](#): outlines the rights of all residents. The Program Clinical Coordinator or the Resident Advisor shall ensure that this form is signed annually by the resident and if changes occur.
- [Stakeholder Grievance Policy Acknowledgment Form](#): describes the rights of residents to file a grievance and instructions. The Program Clinical Coordinator or the Resident Advisor shall ensure that this form is signed annually by the resident and if changes occur.
- [Consent to Release and Exchange Confidential Information Forms](#): grants permission for MHCO to release and/or obtain information with specified individuals or agencies. The Program Clinical Coordinator or the Resident Advisor shall ensure that this form is signed annually by the resident and if changes occur.
- [Consent for Image Creation and Use Form](#): authorizes or declines the resident to be recorded or photographed. The Program Clinical Coordinator or the Resident Advisor shall update this form annually and when changes occur.
- [Background Check Authorization Form](#): grants permission for MHCO to obtain a background check of the resident. The Program Clinical Coordinator or the Resident Advisor shall ensure that this form is signed annually by the resident and if changes occur. The Program Director shall request background checks annually and if changes occur from the HR Specialist.

After completion of intake paperwork, the Resident Advisor or Transitional CCW shall meet with the resident for orientation and cottage move in. The Program Assistant shall create a new resident record and input demographic information into [Kaleidacare](#). The Resident Advisor, [Transitional CCW](#) and Program Clinical Coordinator will visually inspect all the resident's belongings in the presence of the resident to inventory items, verify possessions, identify safety concerns, and determine needs. Legal, prohibited items will be given to the resident to discard or move off campus. If illegal items are recovered, the Resident Advisor or Program Clinical Coordinator shall proceed per the [Non-Critical Incidents Procedure](#).

In the event of an emergency placement for homelessness or immediate danger, efforts shall be made to accommodate youth as quickly as possible after the [Application for Service/Intake Study Form](#) is received. Information and documentation shall be gathered and the PPA interview scheduled. Emergency placements are on a case-by-case basis and require program team consultation for appropriateness to the program.

Procedure Name:	ILP Resident Orientation Procedure
Applies to:	Employees and Stakeholders
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/ILP Resident Orientation Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/2017; 8/10/2018; 5/10/2019; 8/12/2022
References:	10A NCAC 70I .0504 Orientation Checklist ILP Admissions, Deferrals, and Intake Procedure Behavior Support and Management Policy and Procedure Stakeholder Grievance Policy and Procedure ILP Discharge Procedure ILP Assessment and Service Planning Procedure Orientation Checklist ILP Resident Handbook
<p>After completion of the admission process per the ILP Admissions, Deferrals, and Intake Procedure, the resident shall complete an orientation to the program. The Program Clinical Coordinator, Resident Advisor, or Transitional CCW shall discuss program policies and provide an ILP Resident Handbook to the resident. Topics for discussion include, but are not limited to:</p> <ul style="list-style-type: none"> • family time • mail • gifts • personal possessions • money • Behavior Support and Management Policy and Procedure • room and possession searches • program of religious training and practices • educational resources • trips away from the facility • use of volunteers • Resident Rights Policy and Procedure • Stakeholder Grievance Policy and Procedure • daily and seasonal schedules • ILP Assessment and Service Planning Procedure • ILP Discharge Procedure • safety precautions (e.g. lockdown, fire, weather, etc.) • visitation with family, friends, or other persons on the campus <p>The Resident Advisor or Transitional CCW shall introduce the new resident to other residents and assist in providing a tour of campus facilities.</p> <p>The Resident Advisor or Transitional CCW shall complete an Orientation Checklist with the resident within one (1) week of admission to the program to include signatures and dates for receipt or completion of:</p> <ul style="list-style-type: none"> • campus tour, • food room access for groceries, • cottage rules and routines discussion, 	

- ILP Resident Handbook,
- bedding,
- personal hygiene products,
- clothing, and
- other needed supplies.

The Resident Advisor or Transitional CCW shall place the completed Orientation Checklist in the resident's file.

The Resident Advisor or Transitional CCW shall coordinate with the Vocational Counselor and Education Coordinator to assess needs and assist in obtaining access to opportunities.

Procedure Name:	ILP Assessment and Service Planning Procedure
Applies to:	Employees and Stakeholders
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/ILP Assessment and Service Planning Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017; 2/9/2018; 5/10/2019; 5/8/2020; 8/12/2022; 11/10/2023
References:	COA Service Delivery Administration Standards (PRG 5.01) Resident Assessment Form Individualized Service Plan Ansell-Casey Life Skills Assessment ILP Admissions, Deferrals, and Intake Procedure 10A NCAC 70I .0504
<p>The Program Clinical Coordinator or the Resident Advisors shall assess ILP residents to determine current needs to be addressed during residency. The Program Clinical Coordinator and/or the Resident Advisor shall complete a Resident Assessment Form at intake (per the ILP Admissions, Deferrals, and Intake Procedure) during an interview with the resident.</p> <p>The Resident Assessment Form contains a history detailing the following:</p> <ul style="list-style-type: none"> • demographics • presenting needs and goals • general, problem, and developmental behaviors • family cultural information and medical history • religious and spiritual information • social, recreational, and sexual information • work history • legal information • significant life events, abuse history, trauma screening • family or resident past or current psychiatric issues and substance use <p>The Program Clinical Coordinator or the Resident Advisor shall access previous assessments for new ILP residents that transitioned from Direct Care from the Program Assistant or Supervisor. The Program Clinical Coordinator or the Resident Advisor shall update the assessment with any new or changed information.</p> <p>The Resident Assessment Form shall be signed by the resident, Program Clinical Coordinator, and the Resident Advisor. The Program Clinical Coordinator or the Resident Advisor shall update the assessment annually or when circumstances change.</p> <p>The Ansell-Casey Life Skills Assessment shall be administered by the Program Clinical Coordinator or the Resident Advisor within the first two (2) weeks of admission and every six (6) months prior to Individualized Service Plan (ISP) development or review. The Ansell-Casey Life Skills Assessment measures the resident's current abilities in various independent living areas:</p> <ul style="list-style-type: none"> • daily living • self-care • permanency • housing and money management • relationships and communication • work and study life 	

- career and education planning
- looking forward in the future

The Program Clinical Coordinator or the Resident Advisor will screen all new residents using the Adverse Childhood Experiences (ACEs) tool within thirty (30) days of admission. The results of the ACEs will be submitted to the Program Director for tracking. Any concerns identified in the assessment will be incorporated into the assessment and Individualized Service Planning process.

The Education Coordinator shall review all school reports for all residents and conduct educational assessments for residents in need of academic assistance. Educational assessments shall be used to track deficiencies and improvements of resident competencies. The Vocational Counselor provides vocational assessments for each resident. The Program Clinical Coordinator shall make referrals for residents to be evaluated by a local therapist or psychiatrist if there is an indication of a history of trauma, mental health concern, or substance use.

INDIVIDUALIZED SERVICE PLAN

The Program Clinical Coordinator or the Resident Advisors shall develop an [ISP](#) with each resident based on the needs identified in the assessment and expressed by the resident. The [ISP](#) shall be developed with collaboration from individuals during a Child and Family Team (CFT) meeting (i.e. the resident, Resident Advisor, Educational Coordinator Vocational Counselor, Transitional CCW, and collaborative sources).

Goals developed for the [ISP](#) shall be specific, measurable, attainable, realistic, timely, and understandable to the resident. Goals should be appropriate for the resident's age, intelligence, emotional makeup, and past experiences. [ISPs](#) shall include the resident's individual goals for life skills, education, and employment. The educational plan shall pertain to the needs and abilities of the resident in a two (2) or four (4) year college, certification program, General Educational Development, or vocational training and based on the assessment conducted by the Education Coordinator to include a review of school records and any assessments obtained. The employment plan shall relate to the job readiness needs and abilities of a resident toward finding a career and financial literacy. The plan should include information that specifies portions of payments from consistent external income sources (e.g. CARS payments, Social Security Income, third party trusts, etc.) to be deposited into resident savings account, checking account, and utilized for care as determined by the Program Team and resident.

The initial [ISP](#) shall be completed within thirty (30) days of admission. The [ISP](#) shall be regularly evaluated by the Program Clinical Coordinator, Resident Advisor, and Transitional CCW to measure the progress the resident has made in their goals and objectives. During the review, the CFT shall determine whether the goals need to be revised, discontinued, or if new goals and objectives need to be added. Progress toward meeting identified issues, any new needs identified since the previous review, behaviorally specific strategies to meet needs, instructions to personnel, an updated estimate of length of stay, and discharge plan shall be included in each [ISP](#) review. [ISP](#) reviews shall be conducted every six (6) months after the initial [ISP](#) while the resident is in care. After an [ISP](#) has been developed, reviewed, or revised, the CFT meeting members shall sign the signature page acknowledging the plan. Each resident shall receive a version that is appropriate for the his or her age, intelligence, emotional makeup, and past experiences.

The Program Clinical Coordinator shall monitor implementation of all [ISPs](#) for appropriateness of interventions, accuracy, completeness of data, goals, objectives, and progress notes. The Program Director shall meet with the Program Clinical Coordinator, Resident Advisors, Education Coordinator, Vocational Counselor, and Transitional CCWs monthly to review resident cases. Case supervision meetings shall address issues and needs of the resident, frequency and intensity of the services being

provided, and frequency of contact with cooperating providers. Case supervision shall be documented and kept in the Program Clinical Coordinator's office.

	ILP Daily Living
Domain:	Service Planning and Delivery
Effective Date:	2/2/2009
Date(s) of Revision:	5/12/2017; 8/10/2018; 5/10/2019; 5/8/2020; 8/12/2022; 11/10/2023
References:	10A NCAC 70I .0600 Noncompliance Notice ILP Resident Apartment Inspection Checklist ILP Monthly/Quarterly Cottage Checklist ILP Notice of Discharge Consent to Release and Exchange Confidential Information Form ILP Resident Handbook Accounting Procedure Resident Health Services, Wellness, and Medication Management Procedure Harassment Policy Fair and Equitable Treatment Policy Prohibition of Preferential Treatment Policy
<p>The Independent Living Program has two components: Transitional Living (TLC) and Independent Living (ILP). There are two TLC cottages which are staffed by married CCW couples who are on 20/10 day rotations. The two ILP cottages are staffed by Resident Advisors work a five day/2 off shifts which are staggered to ensure daily coverage. Resident Advisors are assigned to a cottage based on gender . Resident Advisors can have up to fifteen (15) residents on their caseloads, with ten (10) residents living on campus in the ILP buildings. The TLC cottages can have 8 residents in each building with individual bedrooms and shared bathrooms and common spaces. ILP Cottages have five (5) apartments that can accommodate two (2) residents each. After admission, residents shall be assigned to a cottage based on gender and age. Apartment assignments within the ILP cottages are at the discretion of Resident Advisors and shall be assigned based on space and resident needs. TLC room assignments are at the discretion of the TLC CCWS. ILP Residents that live at four-year universities may be provided apartments or rooms on the respective campus.</p> <p>Residents shall be provided with an environment that is reasonably quiet, secure, and conducive to sleep, study, and living. Residents shall be provided with bathing and other facilities and accommodations conducive to the maintenance of good health and hygiene. Cottages have locked external doors and each apartment and bedroom has an individual lock. Resident Advisors and TLC CCWs shall regularly check that external doors remain locked and the buildings are secured. Each cottage has a common area that is open for all residents to use. Laundry facilities are available in the common area for resident use. Residents shall notify the Resident Advisor or CCW if something is broken in an apartment or bedroom. The Resident Advisor or CCW shall submit a Maintenance Request Form by email to the Maintenance Director.</p> <p>Residents shall be given an individual bed, bedding, and linens. Individuals are required to sleep in their own bed. Each ILP apartment has one shared bathroom. The TLC cottages have dorm style shared bathrooms. Apartments have kitchens equipped with a stove, refrigerator, and microwave. TLC Cottages have a shared kitchen for all the residents to use. Each ILP apartment also contains a couch and television. Residents shall not remove MHCO provided furniture without permission of their Resident Advisor and/or CCW.</p> <p>Each Resident Advisor and TLC CCWs have a separate, designated apartment in the cottage with staff toilet facilities. Each Resident Advisor has the option to set up an office space in the apartment to store</p>	

MHCO computers. The TLC cottages have a designated office space set up to conduct business. The staff living spaces are for private use by employees and are not intended for resident use.

Each ILP and TLC cottage has a designated space for storage of a locked medication cart to store resident medications. Resident Advisors have an office on the second floor of SJAB. Resident files are kept in a locked file cabinet in the Intake Coordinator's office on the main floor of SJAB.

Each cottage has a common area with cable television, a computer with internet access, laundry area, and a storage closet containing cleaning supplies and equipment available for resident use. The cottage has Wi-Fi available to residents in their apartments or living spaces. Residents may obtain cable television and their own internet service through a local provider for their apartments.

Residents may use the campus facilities (e.g. gym, weight room, pool, etc.) during times the facilities are open and by consulting with their Resident Advisor or CCWs. Residents are not allowed to walk, run, jog, ride bicycles, or be back on the farm or the farm roads without staff supervision.

TRAUMA INFORMED ENVIRONMENT

MHCO has developed a Trauma Informed Model of Care from Cornell University across the organization. The model is founded on the following principles: developmentally focused, family involved, relationship based, competence centered, trauma informed, and ecologically oriented. The staff undergo extensive training and ongoing coaching to provide services and make decisions while incorporating trauma approaches to working with the residents and their families with an understanding of how trauma effects child development and behaviors.

The Developmentally focused approach assures that each child is assessed individually on ability and given tasks that challenge them but not overwhelm them. Staff are to provide opportunities to learn and develop their competencies through daily activities with assistance when needed and to promote success.

The Family involved approach recognizes the importance of family and family connections for the resident. The staff can promote the importance of family connections by helping the child and supporting the family in maintaining contact through phone calls, letters, sibling visits, and on/off campus visitation.

The Relationship based approach recognizes the importance of the staff developing and maintaining trusting relationships with the residents. Trusting relationships help the resident feel safe, develop healthy attachments, have positive interactions, and to learn how to overcome challenges.

The Competence centered approach recognizes that in order for the resident to be able to be competent in managing within their environments, then staff interactions need to be purposeful, and problem focused. Staff provide learning opportunities to help the resident develop new skills and increase motivation to be able to solve problems, develop flexibility, and resolving conflicts.

The Trauma informed approach recognizes the effects of trauma on children's development and behaviors. Staff design activities, routines, expectations, and interactions that take into account the impact of the stress and trauma on their development.

The Ecologically oriented approach recognizes the importance of a caring and supportive environment that is also matched to a child's needs. Staff evaluate and adapt the environment and activities to meet the child's capacity and to encourage the child to learn, grow, and develop.

CULTURALLY COMPETENT ENVIRONMENT

MHCO seeks to provide services in a culturally competent service environment that recognizes, respects, and responds to the unique, culturally defined needs of residents. All employees shall address the cultural needs of the residents by:

- not using slang or other forms of communication that could be perceived as derogatory,
- providing furnishings that reflect diversity,
- not projecting an atmosphere that is offensive to people of different races, gender identities, cultures, sexual orientations, or religious backgrounds,
- allowing input for menu planning, social activities, church activities, and
- planning recreational events that consider the cultural preferences of residents.

The Program Director, Program Clinical Coordinator, TLC CCWs, and Resident Advisors shall meet with individual residents to assess satisfaction with the facilities and services through cottage visits and meetings and correct or alleviate problem areas. Protection from harassment and discrimination shall be ensured per the [Harassment Policy](#), [Fair and Equitable Treatment Policy](#), and [Prohibition of Preferential Treatment Policy](#). Residents may voice concerns individually, at the Resident Advisory Council, or per the [Stakeholder Grievance Procedure](#).

SUPPORT SYSTEMS

Residents are encouraged to develop support systems through employment, school, with one another, and with family. Residents may attend campus sponsored events to promote wellness and network with donors and individuals from the community. Residents who wish to have a family member speak with MHCO personnel shall complete an Authorization to Release Information Form. Residents may invite individuals they consider to be a support to be involved with their service planning process. Residents who transferred from Direct Care may continue to have contact with their former Child Care Workers if desired.

PROGRAM EXPECTATIONS

ILP is designed to help adult residents successfully transition to permanent independence. Although some of the residents are legally adults, there are expectations and responsibilities for continued residency.

Responsibilities include:

- Residents living on campus or visiting from four-year universities are required to be in their apartments Sunday night through Thursday night for availability at school and training programs. TLC residents under the age of 18 are required to be in their beds everyday unless have an approved off campus visit.
- Residents living on campus or visiting from four-year universities are required to participate in mandatory events and meetings.
- Residents may not have family and friends in their apartments or bedrooms. Residents are prohibited from taking visitors to other campus buildings, they are allowed to have visitors in the common area of the cottage. Guests are not allowed to spend the night in resident apartments and must leave the building from 11 pm until 8 am. Guest lodging on campus may be utilized for family visiting from out of town based on availability and approval. Visitors in the cottages must show Identification to the Resident Advisor or CCW and sign in/out of cottage. Residents are responsible for their visitors while on campus and will be held accountable for them not following the campus rules and expectations of the program.
- Drugs, alcohol, vaping, and/or smoking shall be prohibited on campus and in cottages.
- Residents shall not participate in criminal activity.
- Residents shall not bring known felons or dangerous persons to campus.

- Residents shall be respectful to personnel, guests, and other residents. Offensive language or demands are prohibited. Disrespectful behavior shall result in a meeting with Administrative staff which could lead to discharge from the program.
- Residents shall avoid texting or calling staff before 7 am or after midnight, unless in an emergency.
- Residents are expected to participate in setting Individualized Service Plan goals and transition planning.
- Residents are required to comply with the expectations on the Education Track or Employment Track.
- Residents are required to complete monthly curriculum packets with Resident Advisors and TLC CCWs.

SHARED LIVING SPACES

Residents are encouraged to discuss issues concerning living in a shared space with other cottage residents, the Resident Advisor, CCWs, and Program Clinical Coordinator. Topics for discussion include expectations and compromise about visitors, refrigerator, bathroom, TV, bedroom (ILP only), food, air conditioner/heater, belongings, plans, cleaning, laundry area, common areas, and schedules.

Residents who do not respect the rights of the other cottage residents will meet with administrative staff which could result in discharge from the program.

KEYS

Upon admission and apartment or room assignment, the resident shall be issued a key that will open the main door to the cottage and to the individual apartment for the ILP cottage or a room key for the TLC cottages. Residents shall be responsible for their keys and notify the Resident Advisor or TLC CCW if a key is lost immediately. A \$25 fee shall be assessed to the resident the first time he or she loses the key. Residents shall be assessed a lock change fee of up to \$150 for additional instances of lost keys.

Keys remain the property of MHCO and are to be used by the resident only while in ILP. Residents shall not reproduce keys or obtain keys from any other source without the expressed, written permission of the Administrator. Residents shall not transfer keys to another individual.

The following guidelines shall be observed when handling keys for MHCO property:

- Keys shall not be loaned to anyone, even personnel
- If a resident unlocks a door, he or she shall lock it once entered and not allow unauthorized individuals to follow into the area
- Never unlock a door for anyone unless authorized
- Never let anyone without a key follow into a locked room that was unlocked unless he or she is accompanying the resident

DRESS CODE

Residents shall be able to dress however they choose in their apartment and off campus. Residents shall dress appropriately when walking around campus, entering other campus buildings, or attending campus events. Failure to follow the dress code will result in a meeting with Administrative staff. Examples of inappropriate clothing include:

- Tight fitting or too small
- Low-cut or midriff baring shirts
- Sagging pants and showing underwear
- Jeans or pants with multiple rips or holes

- Shirts that display logos pertaining to alcohol, curse words, marijuana, drugs, or any offensive pictures or material
- Short shorts, miniskirts, dressers, rompers past the middle finger when hands down at sides
- Lounging clothing, pajamas, scrubs, tights, leggings, yoga pants
- Sheer shirts without an undershirt
- No shoes or house slippers
- Wearing the same clothes (unwashed) everyday

HYGIENE

Residents are encouraged to shower, wash hair, and brush teeth daily. Laundry machines are provided in the cottages for resident use. Failure to follow hygiene guidelines will result in a meeting with administrative staff to identify barriers

FINANCIAL

Per the Accounting Procedure, residents shall be encouraged to keep monies in their personal account in the financial office. Residents may request that rent payments be automatically withdrawn from their personal account each month. Residents may request monies from their account from the financial on the designated days and times with their CCW or Resident Advisor. Residents shall also be encouraged to open and maintain an account at a local financial institution of his or her choosing to promote independent living skills. Residents living on campus in the Independent Living Cottages shall be required to pay \$50 per month rent to the Finance Department, starting ninety (90) days after admission. All utilities (except cable television) shall be included in the rent. Residents shall submit rent payments to the Cobb Center by the fifth day of each month and shall be given a receipt by the Assistance Finance Officer. The resident shall submit the receipt to the Resident Advisor. The Assistant Finance Officer shall report rent payments to the Program Director for tracking on a rent spreadsheet. Residents in the Transitional Living Cottages are not required to pay rent. The Resident Advisor shall contact residents that have not paid rent. If payment is not received immediately, the Resident Advisor will schedule a meeting with Administrative staff.

Residents receiving CARS payments from the Department of Social Services or Social Security income shall deposit all payments to the Cobb Center. Per the Agreements Regarding Admission Conditions Form, specified portions of the payments will be deposited into the residents' savings account, checking account, and utilized for their care during residency. All ILP and TLC residents are required to maintain savings in the Cobb Center to save for the purchase of a car, deposit/rent on an apartment, and for future living expenses when they leave the program. All monies will be given to the resident at their discharge.

Residents may not enter into loan contracts without prior approval of the Administrator and Program Director.

FOOD

Residents may utilize the food room for groceries to save money and provide for basic needs.

WORKSHOPS

Residents are required to attend monthly training workshops. Workshops are scheduled by program personnel. Scheduled workshops will be posted on the campus calendar and provided to residents by the Resident Advisor, Program Clinical Coordinator, or Transitional CCWs. Training may include topics such as safe driving, taxes, health and medication management, cooking, money management, cleanliness, and nutrition. Residents shall submit a request to not attend a workshop to the Program Clinical Coordinator. The Program Clinical Coordinator shall grant requests for valid and verifiable reasons. Residents shall discuss missed information with the Resident Advisor, CCWs or Program

Clinical Coordinator. Residents will meet with the program staff for failure to attend a workshop. Residents living at four-year universities shall attend workshops when they are on campus visiting.

CURRICULUM

Residents and Residents Advisors will complete modules of a curriculum of independent living skill topic. Residents will complete reading and worksheets and will be tested before and after each module. After completion of the topic, the resident will move on to the next topic.

COTTAGE MEETINGS

Residents shall attend cottage meetings led by the Resident Advisor or Transitional CCWs to share information and discuss problems. Residents shall discuss valid reasons and be excused from cottage meetings with their Resident Advisor or Transitional CCWs in advance. Residents shall discuss missed information with the Resident Advisor or Transitional CCWs. Unexcused absences from cottage meetings will result in a meeting with the Program Clinical Coordinator. Residents living at four-year universities shall attend cottage meetings when they are on campus visiting.

INDIVIDUAL MEETINGS WITH RESIDENT ADVISORS

Residents shall attend weekly individual meetings with the Resident Advisor or Transitional CCWs to share information, review goal progress, and discuss problems. Residents shall discuss valid reasons and be excused from an individual meeting with their program staff in advance. Unexcused absences from individual meetings will result in a meeting with the Program Clinical Coordinator. Residents living at four-year universities shall attend weekly individual meetings by phone or in person if they are visiting.

Residents with a Transition Plan will meet monthly with the Resident Advisor and the Program Clinical Coordinator to review progress towards discharge. The Transition Checklist Plan will reflect the progress each month and must be reviewed and signed every thirty (30) days until the day of discharge.

MEDICAL

Residents are expected to complete medical requirements per the [Resident Health Services, Wellness, and Medication Management Procedure](#). Residents are required to have annual physicals and TB skin tests. Residents will be referred for recommended dental cleanings every six (6) months. Each time a resident attends a medical appointment, he or she is required to submit the paperwork from the appointment to the Resident Advisor or Transitional CCW for the file.

Residents are expected to review their medical needs (to include any new prescription medications or changes in dose of current medications) with their Resident Advisors or Transitional CCWs during weekly meetings. Any medical concerns and emergencies need to be reported to the Resident Advisor and Program Clinical Coordinator.

Residents should report any changes in prescribed medications to the Resident Advisor or Transitional CCW.

Residents are required to have some form of medical insurance. Residents are required to complete all necessary paperwork to access medical insurance, with assistance from the Resident Advisor, and Transitional CCW if needed.

Residents are responsible for self-administration of medications. However, residents who have controlled medications will consent for Resident Advisors and Transitional CCWs to have medications locked in the Medication Cart in the cottage. Resident Advisors and Transitional CCWs will be available to unlock the cabinet and provide the resident with their medications at the prescribed times. Residents shall report individually to the office or designated area to receive their medication. Residents living at four-year universities will consent for Resident Advisors to have medications locked in the Medication Cart in the

cottage while they are visiting.

Residents who will be gone for weekends or approved extended periods of time will need to sign out their medications on the Off-Campus Medication Record and the Resident Advisors or Transitional CCW will make a note in the MAR book. Residents who refuse to take their medications will meet with the Program Clinical Coordinator to discuss the purpose of the medications and the risks associated with not taking them.

FAILURE TO MEET PROGRAM EXPECTATIONS

Any resident that is not compliant with program expectations will be informed about the noncompliance issue, what corrective action is needed, a timeline for correction, and follow up comments. The resident will be given an opportunity to correct any outstanding noncompliance issues. However, ongoing noncompliance issues shall be discussed by the program team and then resident can be put on a Transition Plan to be discharged.

EDUCATION AND EMPLOYMENT TRACKS

All residents must choose either an Education or Employment Track as a program requirement. Residents who wish to earn some form of degree or training during their time in ILP can choose the Education Track. Educational programs include obtaining a GED, finishing a high school degree (approved by the ILP Team), a college degree, vocational, technical, or certificate program. Residents in the Education Track will be given time to complete their program of study before working on a transition plan based on individual progress and program compliance. Residents under the age of 18 will be expected to remain in school and may work part-time hours to accommodate a school schedule.

Residents who wish to pursue full time employment can choose the Employment Track. In the Employment Track, the resident is expected to work with the Vocational Counselor on job skill assessment, obtaining full-time employment, learning how to become a good employee, and maintaining employment. Residents in the Employment Track will be given time to assess their job skills and find employment before working on a transition plan based on individual progress and program compliance. Residents in this track are expected to complete the program in six (6) to twelve (12) months. Exceptions can be made on an individual basis.

Residents who start out in either the Education or Employment Track and desire to switch tracks will need to meet with their Resident Advisor, Transitional CCWs, the Program Clinical Coordinator, or the Program Director to decide the best course of action.

EDUCATION

Residents in the Education Track shall receive assistance from Resident Advisors and the Education Coordinator in finding programs that best suit their personal abilities and needs, completing admittance and financial aid paperwork, attending campus days and interviews, and obtaining materials needed to attend the program. Resident passwords for MHCO email and educational sites (e.g. Haiku, college accounts, etc.) are required to be given to a few approved staff members to enable them to assist residents with educational activities, technology issues and policy compliance, or as a reminder for the resident if they forget the password.

Residents who wish to obtain a bachelor's degree must start at a two-year community college program before they can transfer to a four-year university. The only exception to be considered would be if the resident obtained a full scholarship to a four-year university or if their education is being paid for by DSS due to foster care status. The resident must work closely with the Education Coordinator and the schools to ensure the classes they are taking will transfer and meet degree requirements to complete the program

of study in a timely and cost-efficient manner. Residents must work with program staff to ensure that all paperwork required by the colleges is completed on time. Residents are required to apply for financial aid and apply for MHCO and other scholarships annually. Residents are requested to not take out student loans in order to not incur debt. Residents must maintain the school's required GPA to be able to maintain financial aid. Any resident put on academic probation must successfully complete the next semester to remain in the Education Track or begin transition planning.

Resident Advisors shall link the resident with resources to help him or her succeed. Residents shall inform their Resident Advisor or Transitional CCWs if failing a class. The Educational Coordinator will communicate with the schools to provide assistance.

EMPLOYMENT

All residents are required to have a job to fulfill program expectations. Residents in the Employment Track are required to find and maintain full-time employment. Employed residents are exposed to various work-related and life experiences. These experiences enhance employment skills through learning responsibility, independence, good work habits, time management skills, money management, and teamwork. Residents in the Employment Track are required to have attained or working toward a GED.

Residents are required to meet with the Vocational Counselor to assist with employment needs through pre-employment counseling such as completing applications, writing resumes, practicing interview skills, and arranging interviews. The Vocational Counselor shall serve as a liaison with the business community.

Residents in the Education Track are also required to maintain part-time employment (i.e. minimum of 12 hours per week). Residents at four-year universities should apply for and obtain a work-study or other part-time position.

PERSONAL POSSESSIONS AND MONEY

Residents are responsible for storing belongings and safeguarding valuables within their apartments or TLC bedrooms. Residents may be able to access financial resources through the Finance Department per the [Accounting Procedure](#).

Residents may bring all personal possessions with the following exceptions:

- Weapons including guns, BB guns, air rifles, knives, crossbows, slingshots, martial arts weaponry, etc.
- Drugs, drug paraphernalia, alcoholic beverages, vape pens, or controlled substances
- Pornographic material or magazines, to include sexually explicit books, pictures, clothing, etc.
- Motorized vehicles such as go-carts, motorbikes, mini bikes, etc., except as indicated below
- Pets other than aquarium fish

TRANSPORTATION AND VEHICLES

Resident Advisors or Transitional CCWs shall provide transportation to and from school, work, and medical appointments if needed. The resident shall meet with the Resident Advisor or the Transitional CCWs concerning schedules and transportation needs. Resident Advisors may agree to transport residents to a place other than school, work, or medical appointment, but are not required to do so.

Residents are encouraged to find their own transportation or may be assisted with obtaining their own vehicles through the [Wheels4Hope](#) Program. Residents may complete the application process and must meet requirements of the program to include all costs, fees, insurance, and maintenance of the vehicle.

Residents may not enter into a loan contract for a vehicle without prior approval of the Administrator and Program Director.

Residents shall satisfy all conditions to be allowed to maintain and operate a motor vehicle on campus as follows:

- The vehicle shall be registered.
- The resident shall have a valid NC driver's license.
- The resident shall pay for and maintain state required automobile insurance and registration. The Resident Advisor and/or Program Clinical Coordinator shall maintain copies of coverage in the residents' file and verify coverage on a regular basis by confirming the premium has been paid (i.e. obtaining a copy of the receipt or declarations page of coverage).
- The resident shall follow the rules of the road and will be held accountable for any legal charges or fines incurred for not complying.
- The vehicle must be provided and maintained properly (e.g. repairs, oil changes, etc.) by the resident.
- The resident shall complete Driving Instruction Preparation Program with the Vocational Counselor per the [Vehicle Use Procedure](#).
- The resident shall follow all campus rules regarding driving and parking their vehicle on MCHO property (e.g. driving at a safe maximum speed of 15 m.p.h., be observant of any children playing or individuals walking on the campus roadways, parking in designated parking areas, etc.).
- The resident may not transport other residents unless prior approval has been given by the Program Director.
- The resident may not leave vehicles idling without the driver in the seat, including warming up the vehicle.
- Any resident not complying with transportation rules will not be allowed to park or drive their car on campus.

Residents shall inform their Resident Advisor or Transitional CCWs about any traffic violations, citations, or law enforcement involvement immediately. The privilege of maintaining and operating a motor vehicle on campus could be revoked if the resident fails to comply with the conditions above. A resident not able to maintain or operate a motor vehicle on campus would be required to park the vehicle somewhere off campus and would not be allowed to drive on campus. The resident can petition the Program Clinical Coordinator or the Program Director to reinstate campus driving privileges. The Program Director shall make a recommendation about reinstatement of campus driving privileges to the Administrator. The Administrator shall make the final decision concerning reinstatement of campus driving privileges.

INSPECTIONS, SEARCH, AND SEIZURE

All residents shall be made aware of procedures for inspection of resident's possessions at the time of admission. The Resident Advisor and Program Clinical Coordinator will visually inspect all the resident's belongings in the presence of the resident to inventory items, verify possessions, identify safety concerns, and determine needs. Legal, prohibited items will be given to the resident to discard or move off campus. If illegal items are recovered, the Resident Advisor or Program Clinical Coordinator shall proceed per the [Non-Critical Incidents Procedure](#). Resident Advisors and program staff may inspect any ILP apartment or unsecured area .

Resident Advisors shall inspect apartments monthly to ensure that the rooms are kept clean and neat. The Resident Advisor shall complete an [ILP Resident Apartment Inspection Checklist](#) when he or she inspects the apartment for cleanliness, damages, or repairs. The checklist shall detail any deficiencies, corrective action plans, a timeline for completion, and a return date. The Resident Advisor shall sign the document and explain

the information to the resident. The resident shall initial the form to indicate understanding and agreement. Any resident with serious environmental sanitation concerns will have his or her room inspected daily until the apartment becomes satisfactorily cleaned upon which a weekly inspection will be conducted to ensure the apartment remains clean. Continued failure to maintain a safe environment can result in discharge from the program. The Transitional CCWS will inspect the TLC bedrooms and bathrooms on a daily basis and will report any corrections needed to the resident. Failure to maintain a clean living environment will result in a consultation with the Program Clinical Coordinator and could result in discharge.

The Program Clinical Coordinator shall complete quarterly inspections of all TLC/ILP cottages. The Program Clinical Coordinator shall document the inspection on the ILP Monthly/Quarterly Cottage Checklist and upload it to Kaleidacare. The Program Clinical Coordinator shall review the findings with Resident Advisors and Transitional CCWS then email copies of the inspections.

Resident's secured possessions are subject to inspection and search by the Resident Advisor or Transitional CCWs in the direct presence of the Program Clinical Coordinator, the Program Director or the [Oxford Police Department](#) when there is substantial or reliable cause to believe that the resident:

- may have items in his or her possession that are dangerous, illegal, or otherwise prohibited by MHCO.
- is under the influence of drugs or alcohol or a controlled substance. Evidence of reliable or substantial cause may include resident's behaviors such as slurred speech, ataxia, odor of controlled substance, or disruptive or unusual behaviors.
- has stolen an item or items as evidenced by reliable eyewitness accounts.

The Resident Advisor, Transitional CCW, Program Clinical Coordinator, or Program Director shall ask the resident for permission to conduct the search. If permission is granted, the Resident Advisor may conduct the search in the direct presence of the Program Director or the [Oxford Police Department](#). If permission is not granted, the Program Director shall call the [Oxford Police Department](#) to conduct the search. Documentation shall include:

- scope of the search,
- reason for the search,
- procedures followed in the search,
- description of any property seized, and
- an account of the disposition of any seized property.

The resident shall be notified of the results of the search immediately. The Resident Advisor or Transitional CCW shall document notification and results in the case record. If items are recovered, the Resident Advisor shall complete a [PQI Incident Report Form](#) per the [Non-Critical Incidents Procedure](#).

	ILP Discharge Procedure
Applies to:	Employees and Stakeholders
Procedure Location:	Y:/Forms/Policies and Procedures/Procedures/ILP Discharge Procedure.pdf
Effective Date:	2/2/2009
Date(s) of Revision:	3/9/2017; 8/10/2018; 5/10/2019; 8/12/2022
References:	10A NCAC 70I .0305 10A NCAC 70I .0506 Individualized Service Plan Discharge Summary ILP Notice of Discharge ILP Assessment and Service Planning Procedure Transition Plan Checklist
<p>Discharge planning shall begin upon admission of a resident and shall be revised regularly by the Child and Family Team (CFT) (i.e. the resident, collaborative sources, Resident Advisor, Transitional CCWs, Program Clinical Coordinator, Program Director, and Vocational Counselor) as part of Individualized Service Plan (ISP) development (per ILP Assessment and Service Planning Procedure). A complete discharge plan shall be included in the resident record to include his or her opinions, input from collaborative sources, expected date of discharge, and the resident's specific responsibilities regarding accomplishment of the plan.</p> <p>Discharges, whether voluntary or involuntary, shall be conducted in an orderly and planned manner with the utmost respect for the resident. Discharge from services may occur when the resident:</p> <ul style="list-style-type: none"> • achieves goals or is otherwise ready to discontinue services, • no longer wishes to receive services from MHCO, • no longer meets eligibility criteria, • refuses to meet program standards or requirements, or • has needs that exceed organizational or program resources. <p>Residents shall be free from threat or fear of unwarranted discharge from the facility. However, residents are expected to work toward their goals on the ISP. Discharge from services may become necessary if a resident becomes dangerous to him or herself or others or his or her behavior indicates the need for a higher level of care. Immediate discharge from the program shall occur if a resident physically attacks another resident or personnel, engages in or is arrested for felony criminal activity, brings a weapon on campus, or brings a dangerous person on campus. The decision to discharge a resident shall be made by the CFT after extensive planning and discussion. Once a decision to discharge has been made, the recommendation shall be discussed with the Administrator who shall make the final determination for or against discharge. The resident shall be given a written Transition Plan Checklist to outline goals for discharge preparation. The Transition Plan Checklist is typically put into place ninety (90) days prior to discharge and shall be reviewed monthly until discharge with the resident, Program Clinical Coordinator, Resident Advisor, and Transitional CCW. In cases of immediate discharge, the resident shall be notified of immediate discharge and the Program Clinical Coordinator, Transitional CCW, and/or Resident Advisor shall follow incident procedures. Upon request and depending upon cooperation and availability of resources, residents who choose to discharge may be assisted with:</p> <ul style="list-style-type: none"> • locating a GED program, college, or trade school, • locating a job, • locating affordable housing, • furnishing his or her dwelling, • obtaining all official documents such as official copy or original birth certificate, and Social Security Card, 	

- résumé development,
- obtaining letters of reference,
- obtaining a driver's license and transportation,
- maintaining a record of addresses for known relatives,
- obtaining educational records,
- obtaining insurance for health, hospitalization, dental, and liability,
- obtaining a copy of the discharge plan, and
- maintaining a record of emergency contacts or adjustment assistance.

DISCHARGE SUMMARIES

On the day of discharge, the former resident shall remove his or her personal property from the apartment. If the former resident does not remove his or her belongings at discharge, the items shall be bagged and stored. The Program Clinical Coordinator, Resident Advisor or Transitional CCW shall attempt to contact the previous resident to arrange collection of the items and document such attempts. Stored items remaining thirty (30) days or more after discharge shall be discarded if arrangements have not been made to collect the items. Arrangements to store personal items after thirty (30) days or more after discharge shall be included in the individual's aftercare plan.

The Program Clinical Coordinator or the Resident Advisor of the former resident shall prepare a Discharge Summary in [Kaleidacare](#) documenting the progress made by the resident, needs that are still unmet, who shall be responsible for accomplishing unmet goals, aftercare services that shall be conducted, and who shall be responsible for providing aftercare. The Program Clinical Coordinator, Resident Advisors or the Transitional CCW shall attempt to obtain a forwarding address for the resident and include it on the Discharge Summary. The Discharge Summary shall be developed within thirty (30) days after discharge. A copy of the Discharge Summary shall be filed in the resident's record and a copy shall be given to the resident. After completion of documentation, the Program Assistant shall close the resident's case in Kaleidacare and move the physical resident record to the closed file cabinet.

AFTERCARE

During transition planning, the Program Clinical Coordinator or the Resident Advisor shall develop an aftercare plan to provide supportive services to the resident after discharge. This plan shall outline responsibilities during aftercare (e.g. which services are still needed, item storage or collection, what assistance is to be provided in meeting unmet goals or accessing services through another agency, etc.). The Program Clinical Coordinator, Resident Advisor or Transitional CCW shall maintain phone contact for a minimum of thirty (30) days and a maximum of sixty (60) days depending on the ongoing needs of the former resident. The Program Clinical Coordinator, Resident Advisor, or Transitional CCW shall document aftercare services provided in a case note included in the resident record. If the resident refuses aftercare services, the Program Clinical Coordinator, Resident Advisor, or Transitional CCW shall document refusal on the Discharge Summary with attempts to obtain signatures attesting to refusal in the resident record.

Procedure Name:	Community Support Center Services
Applies to:	Employees and Stakeholders
Procedure Location:	
Effective Date:	11-10-23
Date(s) of Revision:	
References:	CSE 1, CSE 2, CSE 3, CSE 4, CSE 5, CSE 6
<p>The Community Support Center (CSC) program is designed to be a resource hub for individuals, families, and youth in need of services in rural communities. It is a new, unique, and much called for “one stop shop” for rural residents who are experiencing a threat to their safety and/or well-being as they face barriers to adequate services and require assistance in maneuvering the fragmented service system. The aim of the project is to empower individuals and families, equip them with the necessary tools, and connect them with resources to become self-sufficient, safe, whole, and thriving.</p> <p>The CSC program’s goal is to reduce or remove barriers to services that rural residents experience in order to improve their health, mental health, and social well-being. The program’s focus is to assist individuals and family units to alleviate debilitating stress, increase their resiliency and self-efficacy, heighten family and individual sense of security, and raise a family’s opportunity to remain intact.</p> <p>The CSC program plans to initially reach and serve families and youth in the rural communities of Granville County and surrounding counties, such as Wake, Vance, Person, Franklin in need of supportive resources and aid them in achieving the highest level of functioning. The program will be expanded to serve rural families across North Carolina as it builds on its current, already established, and growing statewide network of providers.</p> <p style="text-align: center;">Location</p> <p>MHCO has assigned a building on its campus, conveniently located near downtown Oxford, the hospital, schools, the Department of Social Services, and other local organizations. The building has common areas for visitors and groups as well as office space for service providers to use.</p> <p style="text-align: center;">Program Personnel</p> <p>The Community Support Coordinator will provide leadership and support regarding the CSC partner agency collaboration and communication, including helping with community assessment and plans to address those needs. The Community Support Coordinator will partner in the facilitation of various CSC Agency events and activities. The person occupying this position must possess a graduate degree in human services or an undergraduate degree in a human services field, with experience, and be willing to actively pursue a graduate degree in social work, psychology, counseling, or a related discipline.</p> <p>The Community Support Center Specialist will coordinate and support communication, record and schedule CSC activities, maintain minutes and function as the initial contact for clients. This person will assist the Community Support Center Coordinator with daily tasks, projects, and file maintenance. The person occupying this position must possess a demonstrated ability to do the job, a High School diploma or GED equivalent, and at least 1-3 years of successful work experience, preferably in office management and customer service. An Associate Degree in</p>	

Office Management, Human Services, Business Systems, or another related field is recommended, but not required.

The MHCO Program Director provides guidance and support for the CSC staff. The MHCO Program Clinical Coordinator and supervisory team provides additional support and resources. The MHCO Recreation Director will provide educational and recreational activities for children while their adult family members participate in support programs or groups.

All MHCO and CSC staff are trained in Cornell University's CARE Creating Conditions for Change that provides education in providing a trauma informed model of care for the entire organization. The CSC will provide trauma informed practice in their interactions and coordination of services to the individuals and families seeking assistance.

Services Provided

The CSC will provide services in several ways. Any families seeking assistance will be documented by CSC staff. CSC Staff could match and link individuals and families with service providers that offer health, mental health, and social service assistance. These services could be represented in the physical CSC location or in other areas in the community or in the state as needed. Some potential services could include specialized counseling, case management, financial education, help with basic needs (such as food and housing), access to health care, education and employment assistance, aid following crisis or disaster, substance abuse treatment, household management support, transportation, help for victims of domestic, shelter care, grief counseling, tutoring, youth mentoring, before- and after-school programming, and recreational activities for children and youth.

Additional services may be provided by CSC or other MHCO staff. CSC staff will be responsible for coordinating and scheduling services in the CSC building. At times, CSC staff may be facilitating groups and classes as well. Some potential meetings and support-, educational-, and skill-building groups and classes could include adolescent substance abuse education classes, parent support groups, parenting education classes, conflict resolution education, anger management classes, life skills building education, health and nutrition education, trauma-focused groups, and health and mental health management classes. A referral to the MHCO Residential programs may become an option for some families who seek assistance.

All services provided through the CSC will be provided by educated and trained individuals or groups that provide proof of certifications or qualifications to the CSC Coordinator.

Intake Process

Individuals or families can make contact directly with CSC staff or be referred by other organizations, individuals, and Masons. Any person needing assistance can call the main MHCO number and select or ask for the Community Support Center. At the initial phone call, referral contact information will be documented and tracked by the CSC Specialist. An initial screening will be completed by the CSC Coordinator within 72 hours to determine if there are services available to assist them. However, if a caller reports that he or she is in crisis (mental health, domestic violence, in danger, medical, child endangerment, etc.) the CSC Specialist or CSC Coordinator will contact the Program Director and/or Program Clinical Coordinator to request guidance on immediate steps needed. Immediate contact and/or referral to law enforcement,

mental health crisis, and other appropriate providers may be necessary by the CSC staff. Emergency services numbers and information can also be provided to the individual or family by CSC staff. Suspected abuse or neglect or criminal behavior will also need to be reported per mandated reporting standards.

The initial screening is conducted by the CSC Coordinator. The initial screening will include demographic information, presenting issues, and an identification of requested services. The CSC Coordinator or the CSC Specialist will have a list of resources available that can be provided to all callers, walk-ins, or referrals. If a service is available at the CSC or in the community, the CSC Coordinator will make a referral to the service provider and follow up with client with the referral information.

Documentation

All callers and walk-ins to the CSC will be documented on a Referral log that will be password protected and located on the MHCO y-drive. The Referral log will be kept updated by the CSC Specialist and CSC Coordinator. The log will be monitored by the Program Director. The data collected will be utilized by the PQI /Grant Writer and reported through the quarterly and annual reports.

Service providers located at the CSC building will provide the CSC Coordinator with monthly data on the number of individuals or families served which will include basic demographics and any pre/post test results after completion of group services. The CSC Coordinator will maintain the data reports and share the information monthly with the Program Director and the PQI Coordinator/Grant Writer.

Any individual or family that uses the CSC, gym or any facility on MHCO campus will be provided a Liability Release and Waiver Form for each adult and any minors that will be kept on file by the CSC Coordinator.

Individuals that agree to allow the CSC staff to make a referral to another agency on their behalf will sign a consent of information to allow what information can be shared. This consent will be kept on file by the CSC Coordinator.

Individuals and families receiving services from the CSC will be offered a satisfaction survey to complete to aid in program evaluation.

Community Partners

MHCO has established strong relationships with several local and statewide agencies that are to be incorporated in the Community Support Center's collaborative efforts. Some have been provided free office space by MHCO on its campus for several years. These include the Granville County United Way, FGV Smart Start, Parents as Teachers, Granville Education Foundation, and the Baptist Children's Home Foster and Adoption program. The campus also serves as a meeting site for the Granville County School District, United Way's Interagency Council, and MHCO's Community Communication Committee that involve various key community stakeholders.

The Community Support Center has statewide connections and resources available through MHCO's Ambassador program, MHCO's NC Cares 360 membership, United Way, NC 211, the

Baptist Children’s Home, and Smart Start. CSC personnel will continually network and pursue other community partners as the program expands.

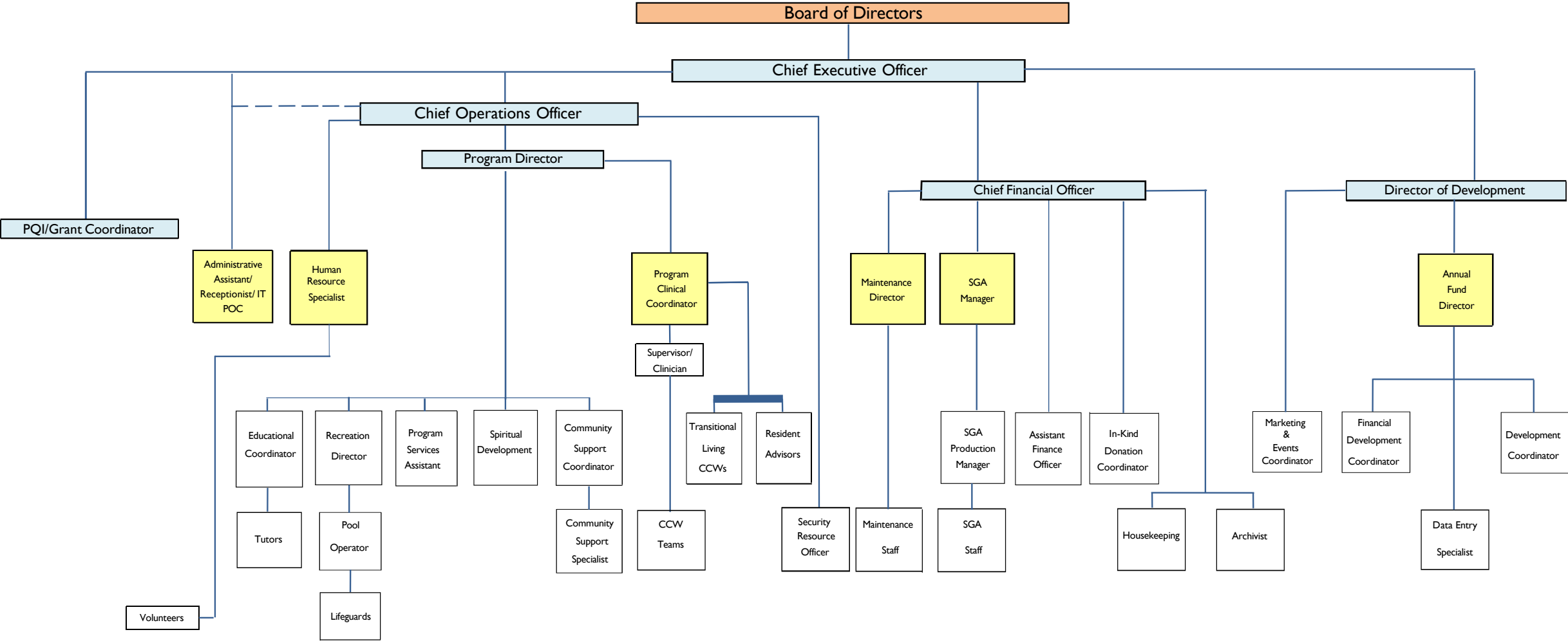
Logic Model

Logic Model - Goal: Community Support Center

Input	Activities	Output	Outcomes	Intended Impact
<p>Personnel: 1 Ft Community Support Coordinator 1 Ft Support Specialist 1 Pt Program Director 1 Pt Recreation Director</p> <p>Training/education -Parenting certification by Triple P -Anger mgmt. teaching cert.</p> <p>Materials/office supplies/equipment: Office furniture General office supplies Laptops Workbooks for classes Electronic records system</p> <p>Space: Campus building Office space Rooms for groups/classes Gym, pool, playground, kitchen, cafeteria</p> <p>Money/funding: United Way Scholarships Fund raising Sponsorship Grants</p>	<ul style="list-style-type: none"> • Intake • Assessment • Service need identification • Linkage/referral to resources • Track: # of linkages made % type of service • Aftercare • Facilitate/coordinate meetings, support-, educational-, skill-building groups • Track: # persons attended meetings and groups # persons successfully completed classes • Outreach and marketing 	<p>100% referral source contacted within 72 hrs</p> <p>3 attempts within 72 hrs to contact those referred</p> <p>75% successful linkage to resources</p> <p>100% participants receive list of resources for aftercare</p> <p>3 per month groups /classes/meetings facilitated</p> <p>Pre- vs. post testing: Parenting, anger mgmt., skill building classes, substance abuse</p> <p>Average score on satisfaction surveys</p> <p>min. 2 monthly outreach/marketing activities</p> <p>Ongoing recording, data report: Quarterly PQI Report Annual Agency Report</p>	<p>75% report improved functioning at 30 day follow-up</p> <p>75% report improved functioning at 90 day follow-up</p> <p>75% post testing scores higher than pre-testing scores indicating increase of knowledge, skills:</p> <ul style="list-style-type: none"> -Parenting classes -Anger mgmt. classes -Substance abuse edu. -Skill building groups <p>Increased awareness of program/ services</p>	<p>Service barriers for rural families reduced</p> <p>Increased health-, mental health-, social well-being outcomes for rural residents</p> <p>Family unity strengthened, family stability increased in rural communities</p> <p>Reduced out-of-home placement of rural children</p> <p>Reduced substance abuse by rural youth</p> <p>Reduced occurrence of ACEs in rural communities</p> <p>Reduced negative impact of ACEs in rural communities</p>

APPENDICES

The Masonic Home for Children at Oxford, Inc.
Organizational Chart



Approved by: _____
Board of Directors Chairman

Administrator

Date

EMPLOYEE CONCERNING OTHER EMPLOYEES OR EMPLOYMENT CONDITIONS

- 1. Ensure grievance form is completed, open internal or external investigation, notify parties & PQI, file documentation
- 2. Gather facts, interview parties involved and witnesses, review MHCO policy, analyze, come to resolution, document, notify parties & PQI, file documentation

Employee – within 20 days
Discuss complaint verbally or submit grievance form

Immediate Supervisor - within 2 days

Grievance determined as warranted

Close the grievance as unfounded, document, notify parties & PQI, file documentation

Grievance is founded

Yes

Refer to Administrator, document, notify parties & PQI, file documentation

Close the grievance as unfounded, document, notify parties & PQI, file documentation

Employee – within 10 days
Appeal using Grievance Appeal Form

Administrator within 2 days

Grievance determined as warranted

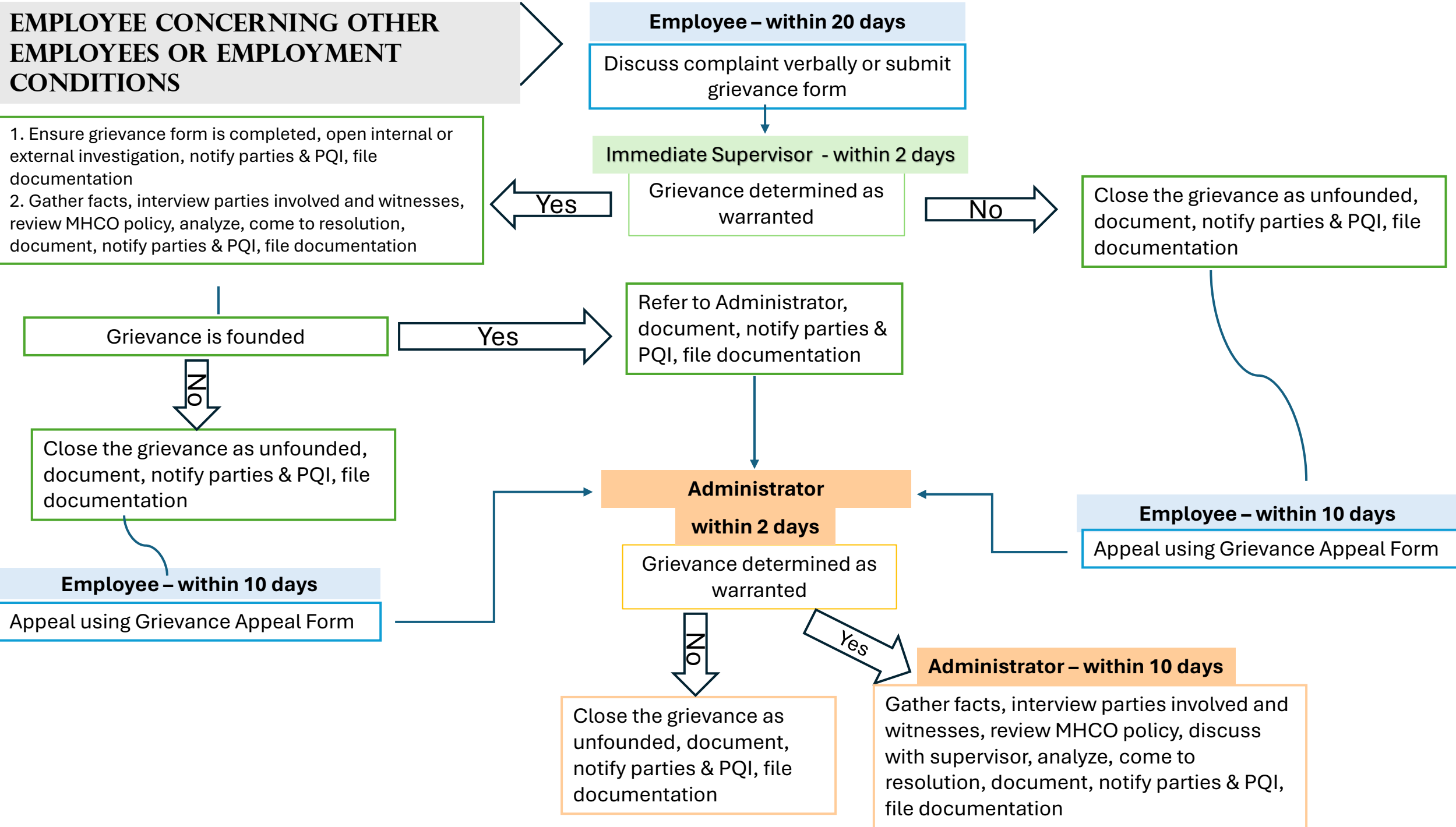
Employee – within 10 days
Appeal using Grievance Appeal Form

Close the grievance as unfounded, document, notify parties & PQI, file documentation

Administrator – within 10 days
Gather facts, interview parties involved and witnesses, review MHCO policy, discuss with supervisor, analyze, come to resolution, document, notify parties & PQI, file documentation

Yes

No



EMPLOYEE CONCERNING SUPERVISORS, VOLUNTEERS, GUESTS, AND OTHER STAKEHOLDERS

Employee – within 20 days

Discuss complaint verbally or submit grievance form

Administrator - within 10 days

Grievance determined as warranted

Yes

No

1. Ensure grievance form is completed, open internal or external investigation, notify parties & PQI, file documentation
2. Gather facts, interview parties involved and witnesses, review MHCO policy, analyze, come to resolution, document, notify parties & PQI, file documentation

Close the grievance as unfounded, document, notify parties & PQI, file documentation

EMPLOYEE CONCERNING ADMINISTRATOR

Employee – within 20 days

Discuss complaint verbally or submit grievance form

Personnel and Policy Committee

Grievance determined as warranted

Yes

No

Close the grievance as unfounded, document, notify parties & PQI, file documentation

1. Ensure grievance form is completed, open internal or external investigation, notify parties & PQI, file documentation
2. Gather facts, interview parties involved and witnesses, review MHCO policy, analyze, come to resolution, document, notify parties & PQI, file documentation

SERVICE RECIPIENTS CONCERNING EMPLOYEES, OTHER STAKEHOLDERS, VOLUNTEERS, GUESTS, SERVICES, OR CONDITIONS

Service Recipient – within 20 days
Discuss complaint with trusted employee verbally or submit grievance form

Immediate Supervisor → PCC/PD - within 2 days

Grievance determined as warranted

Inform guardian (if resident), close the grievance as unfounded, document, notify parties & PQI, file documentation

Immediate supervisor, Program Clinical Coordinator and/or Program Director:
1. Ensure grievance form is completed, open internal or external investigation, notify parties & PQI, file documentation, inform guardian (if resident)
2. Gather facts, interview parties involved and witnesses, review MHCO policy, discuss with Program Director, analyze, come to resolution, document, notify parties & PQI, file documentation

Grievance is founded

Refer to Administrator, document, notify parties & PQI, file documentation

Administrator within 2 days

Grievance determined as warranted

Service Recipient – within 10 days
Appeal using Grievance Appeal Form

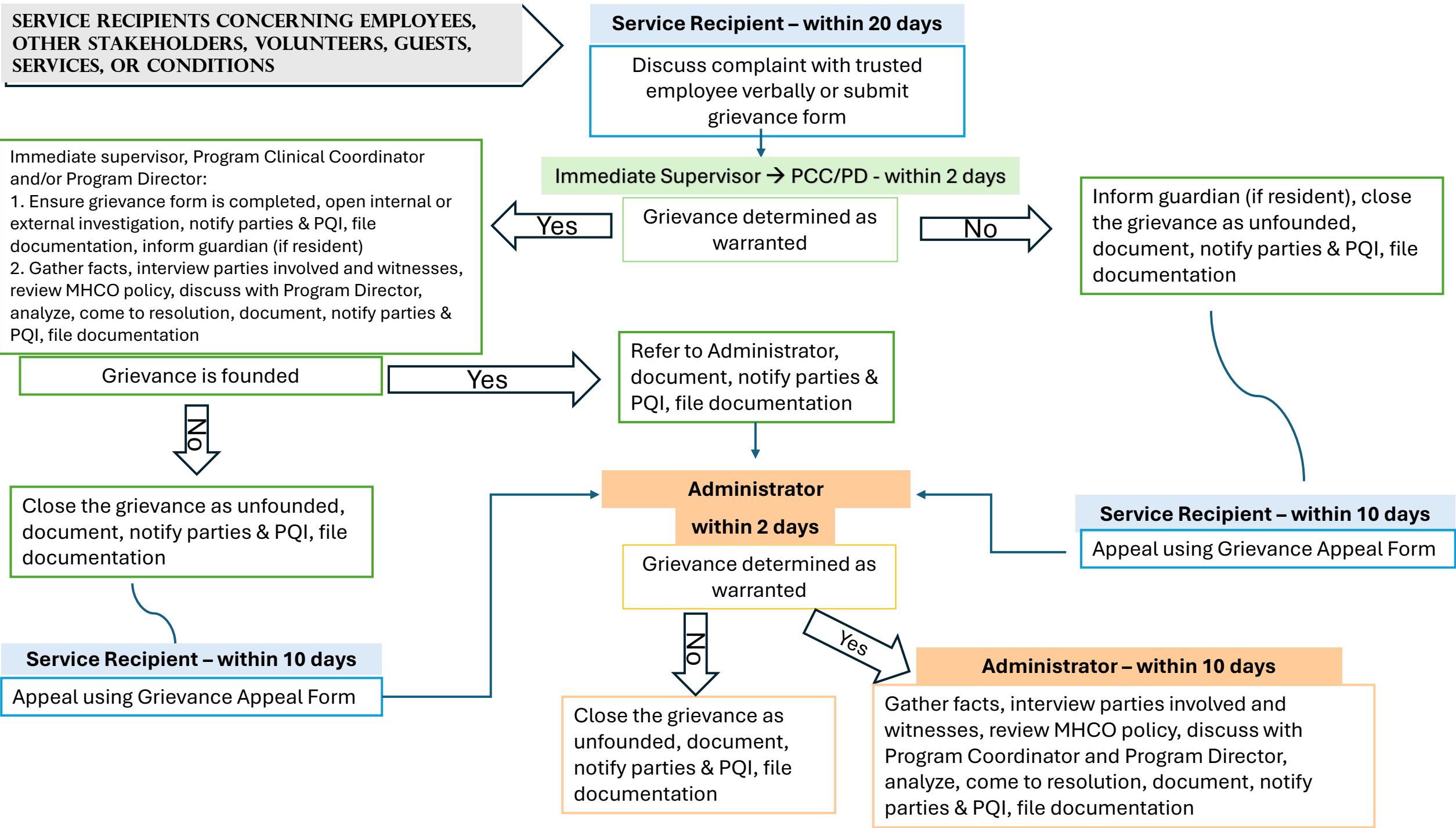
Close the grievance as unfounded, document, notify parties & PQI, file documentation

Service Recipient – within 10 days
Appeal using Grievance Appeal Form

Administrator – within 10 days

Close the grievance as unfounded, document, notify parties & PQI, file documentation

Gather facts, interview parties involved and witnesses, review MHCO policy, discuss with Program Coordinator and Program Director, analyze, come to resolution, document, notify parties & PQI, file documentation

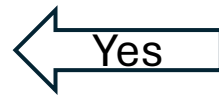


STAKEHOLDER CONCERNING ADMINISTRATOR

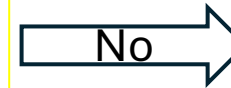
Stakeholder – within 20 days
Discuss complaint verbally or submit grievance form



Personnel and Policy Committee



Grievance determined as warranted



Close the grievance as unfounded, document, notify parties & PQI, file documentation

1. Ensure grievance form is completed, open internal or external investigation, notify parties & PQI, file documentation
2. Gather facts, interview parties involved and witnesses, review MHCO policy, analyze, come to resolution, document, notify parties & PQI, file documentation