

**WAYNE HALF-WAY HOUSE, INC.**

**PERSONNEL MANUAL**

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## **PURPOSE OF THE PERSONNEL MANUAL**

The policies, procedures, and practices in this Personnel Manual are not intended to be contractual commitments by Wayne Half-Way House, Inc. to employees, and employees shall not construe them as such.

The policies, procedures, and practices in the Personnel Manual are intended to be guides to management and are merely descriptive or suggested procedures to be followed. Wayne Half-Way House, Inc. reserves the right to revoke, change, or supplement guidelines at any time with or without notice.

No policy is intended as a guarantee of benefits or rights. No permanent employment or employment for any term is intended or can be implied from any statements in this manual.

**Wayne Half-Way House, Inc.**

## **LETTER FROM THE EXECUTIVE DIRECTOR**

Dear Employee:

We welcome you as a staff member of Wayne Half-Way House, Inc.! We would like to provide you with this handbook that has been prepared for all employees of Wayne Half-Way House, Inc. This handbook outlines the policies and procedures of our organization that relate to our employees. We also consider the Wayne Half-Way House, Inc. Policies and Procedures Manual to be a part of the information you will need to read upon hiring. A copy of the Wayne Half-Way House, Inc. Policies and Procedures Manual is kept at the YSO desk at all times and is also available on CD or DVD for access at the facility. Please take the time to familiarize yourself with the contents of this handbook and direct any questions you may have to your supervisor, the Security Supervisor, or the Executive Director.

The success of Wayne Half-Way House, Inc. is directly related to our operating as a team and following the guidelines and objectives of the State of Tennessee Department of Children's Services. We strive to insure fair and equitable treatment of all employees and promote open communication. Our goal is to attract, motivate, develop, and retain the best employees possible. Every job within the organization is essential to our success.

It is important to note that this handbook is intended to be a guide for policy decisions and is not intended to be construed as a contract. All employees of Wayne Half-Way House, Inc. are considered at will and are employed for an indefinite period of time.

In addition to helping you understand employment practices, the handbook should provide you with insight into Wayne Half-Way House, Inc.'s philosophies that form the basis of our policies and the commitment to service to our residents. Please keep your handbook in a convenient location so it can be used as a quick reference guide.

We wish you every success here at Wayne Half-Way House, Inc.

Sincerely,

Jason Crews  
Executive Director

## **Mission Statement**

The mission of Wayne Half-Way House, Inc. is to provide quality residential treatment services that increase the number of youth who achieve permanency and are better prepared to achieve successful, independent adult lives.

## **General Description and History of the organization**

Wayne Half-Way House, Inc. is a privately owned Limited Liability Corporation that is guided by a Board of Directors and is led by Jason Crews, Executive Director/Program Director. We are a contracted service provider for the State of Tennessee Department of Children's Services and are accredited by the Council on Accreditation. Our operations and services standards meet or exceed criteria for both. The programs are administered through three branches: (1) Counseling/Case Management, (2) Child care/Security, and (3) Education. In actual operation, the three areas overlap in all functions, and all staff work together to help residents achieve goals.

Wayne Half-Way House, Inc. was first licensed by the State of Tennessee Department of Children's Services in 1992 as a sixteen-bed Level I Residential Treatment Center. Over the past two decades, we have grown into a program that includes a Level II Special Populations Program, a Level II Continuum, and a Primary Treatment Center. The original founder of Wayne Half-Way House, Inc., Lige T. Hollis set out to establish a program that would not only help young men resolve behavioral, social, and mental health issues, but would more importantly help them permanently exit dependence on "The System." Our team continues to be dedicated to this overriding goal.

### **TREATMENT PHILOSOPHY:**

The treatment philosophy at Wayne Half-Way House centers on our belief that a successful program increases the number of youth who permanently exit the state custody system. The focus of treatment is on time-limited *behavior therapy*, with a *cognitive-behavioral* and *Reality Therapy* orientation (If these terms are new to you, don't worry. You will learn about them through staff development activities). Hand-in-hand with this approach is a model of *skills development* that ideally moves the resident toward healthy, independent societal functioning as a young adult.

Successful integration of the targeted skills is reflected not merely by increased compliance with rules, but by an attitude of *awareness of the benefits of rules, respect for others, and goal setting*. This attitude is evidenced by:

- An increase in self-motivation
- Taking personal responsibility for one's behavior
- Behaving in a respectful manner toward staff and peers
- Verbalization of an understanding of the connection between behavior and consequences.

A socially responsible individual will reflect an orientation toward an internal locus of control (that is, the individual believes s/he controls his/her own decisions and therefore can influence his/her success or failure in life).

The treatment philosophy at Wayne Half-Way House also includes a belief in the impact of *early childhood basic social skills training* on the adolescent and adult functioning of an individual within a society. In some situations, residents have emerged from family situations in which basic social skills were not communicated to the youth. Social skills deficits may be noted by:

- Negative attitudes toward employment
- Lack of socially acceptable manners
- Poor interpersonal relationships
- Disdain for those in positions of authority
- Unclear or antisocial personal values
- Dependence on others (including social welfare systems) for meeting personal and family needs

It is our belief that in such situations, basic social skills must be encouraged and developed starting at the individual level of the resident in need. Attempts to promote social skills growth include:

- Individual and group counseling sessions
- Role modeling
- Rewards for appropriate behavior
- A therapeutic milieu (environment) that focuses on the genuine possibility for each resident of returning to community living as a contributor to that community, with the freedom to live without reliance on others for financial support.

Ideally, the resident will function throughout his life in a more effective manner on the job, in school, and in interpersonal relationships.

Each new resident participates in creating an Individual Program Plan based on the Permanency Plan, social history information, Psychological Evaluation (if one has been performed), and consultation with teachers, caseworkers and parents or guardians. This plan addresses the individual needs of the resident and establishes measurable, positively-focused goals toward which the resident agrees to work.

On a day-to-day basis, residents are guided in, encouraged toward, and positively reinforced for engaging behaviors that lead toward the established goals. Initially, the behaviors may be mere compliance. However over the period of treatment many residents begin to take the initiative in finding individually effective ways of working toward their program and personal goals. When this change is manifested, residents are considered to be near completion of the program. Residents who achieve this level of program completion have historically been more likely to experience successful re-entry into community living.

**FUTURE OF THE ORGANIZATION:**

Wayne Half-Way House is a growing program. Our Board of Directors has established short- and long-term goals that include both improvement in the current program and possible future expansion. Our belief is that it is necessary for the benefit of each new resident and for the program that our outlook remains flexible. State guidelines and requirements change over time, and with each change comes opportunity. Our hope and plan is that we will continue to provide quality services far into the future.

NOTE: A full description of the Wayne Half-Way House, Inc. program is available at the front desk or by asking the Security Supervisor. All new employees should read the full Program Description as a guide to understanding the objectives and philosophy of Wayne Half-Way House, Inc. It is very important that you understand the role you will play in implementing these objectives within the framework and parameters provided by this program and the State of Tennessee. If you have questions about the objectives or philosophies of the program, please consult with your supervisor, who may refer you to an administrative staff member for further clarification.

## **NEW EMPLOYEE HIRING PROCEDURES**

Wayne Half-Way House, Inc. is an Equal Opportunity Employer. It is our policy to select the best-qualified person for each position in the organization. No employee of the company, person who subcontracts with the company, or member of the Board of Directors will discriminate against an applicant for employment or any employee on the basis of race, color, religion, national origin, sex, age, disability, marital status, political opinion, veteran status, or any other characteristic protected by law. This policy applies to all employment practices and personnel actions including advertising, recruitment, testing, screening, hiring, selection for training, upgrading, transfer, demotion, layoff, rates of pay, and other forms of compensation or overtime.

Prior to being hired by Wayne Half-Way House, Inc., an applicant must submit the following:

1. Job Application
2. R  sume
3. Three letters of recommendation
4. Copy of high school diploma or college transcripts
5. Copy of current valid driver license
6. Fingerprints, which will be obtained according to the requirement of the Department of Children's Services. This will require a scheduled appointment with a fingerprinting agency. The Security Supervisor will assist the prospective employee in scheduling an appointment.
7. A physical examination certifying that the prospective employee is free of communicable diseases, including a tuberculin skin test, which must have been performed in the last six months. The Security Supervisor will assist in obtaining an appointment for a medical examination.

In addition to checking the references/documents listed above, each prospective employee will receive the following records checks, as required by the State of Tennessee Department of Children's Services:

1. Sex Offender Registry Check
2. Child Protective Services Background Check
3. Vulnerable Registry Check
4. Methamphetamine Offender Registry Clearance
5. Criminal background check including Tennessee Felony Offender Registry check and criminal background checks from the Criminal Court, Municipal Court, and General Sessions Court from each jurisdiction where the applicant has been a resident during the last five (5) years.
6. Result of the TBI/FBI fingerprinting listed in (6) above submitted to the Department of Children's Services Internal Affairs Division for clearance.

**(For complete information, refer to policies WHWH 4.1 DISCRIMINATION PROHIBITION: HIRING AND EMPLOYMENT, WHWH 4.3 RECRUITMENT AND SELECTION, WHWH 4.4 BACKGROUND CHECKS).**



## **NEW EMPLOYEE ORIENTATION AND TRAINING**

Wayne Half-Way House, Inc., the State of Tennessee Department of Children's Services, and the Council on Accreditation require pre-service orientation and training and annual training for all staff members. All Childcare Workers (YSO's) will participate in the following pre-service training (new caseworkers/counselors, teachers, and other positions have different, additional hours and requirements, which will be discussed individually):

### **CHILDCARE WORKER HOURS OF TRAINING REQUIRED:**

- Thirty hours of pre-service orientation and training
- Eight hours of additional training within the first three months of employment
- Twenty-four hours of ongoing in-service training annually for all staff who have completed their first year of employment

### **PRE-SERVICE TRAINING INCLUDES THE FOLLOWING:**

#### **Orientation:**

- Mission Statement, Values, Program Description
- The Therapeutic Milieu
- Performance and Quality Improvement (PQI)
- Introduction to DCS: Mission and Values
- Wayne Half-Way House, Inc. Organizational Structure
- Job Description
- Wayne Half-Way House, Inc. Policies and Procedures Manual
- Code of Ethics and Confidentiality

#### **Health and Safety:**

- First Aid and CPR
- Behavior Support and Management
- Physical Restraint and Prevention by De-Escalation
- Medication Administration
- Incident Reporting
- Recognition of Substance Abuse
- Child Abuse Prevention/Reporting
- Suicide and Self-Harm Prevention and Intervention
- Confidentiality and HIPAA
- Emergency Response Plan
- Special Health Precautions
- Safe Driving Requirements
- Runaway Prevention

**Policy Overview:**

- Harassment Prevention
- Cultural Awareness and Cultural Competence
- DCS Policy Overview
- Fostering Positive Behavior
- Client Rights and Grievance Policy
- Title VI of the Civil Rights Act of 1964

Additional required training within the first three months of employment is entitled “Skills for the Helping Relationship” and includes:

- Documentation
- Socioeconomic Impact on the Service Population
- Advocacy
- Establishing Rapport, Empathy, and Engagement with
- Residents
- Needs of Individuals and Families in Crisis
- Normalizing Experiences and Social Inclusion

Pre-service training will be provided on the premises. Training may occur during the employee’s regular shift or during another shift. Employees will be paid at their regular pay rate for the hours attended for training. All training is mandated by the State of Tennessee and the Council on Accreditation, and employees must demonstrate competence for each area of training. Failure to attend scheduled training will be grounds for dismissal unless the sessions can be made up. Completion of in-service training will be documented and placed in each employee’s personnel file for review by State, Federal, or Council on Accreditation auditors/reviewers. Specific training topics for a given training period and forms used to document training can be found in the Wayne Half-Way House, Inc. Policies and Procedures Manual.

**ANNUAL STAFF TRAINING:**

Wayne Half-Way House, Inc. provides in-service training and continuing educational opportunities to ensure that its staff members have the specialized skills and knowledge necessary to provide quality services. The annual in-service training curriculum is based on staff needs as identified throughout the year.

**STAFF DEVELOPMENT:**

Staff training is the first step in staff development. Through additional staff development activities, Wayne Half-Way House, Inc. provides opportunities for learning, skill enhancement, creativity and innovation in program development and service delivery. Each staff member is assigned to a staff development supervisor, who is responsible for assuring that the staff member regularly participates. The staff development supervisor will support and encourage the staff member as s/he finds creative, innovate ways of meeting the needs of clients and enriching the program.

## **PROFESSIONAL DEVELOPMENT:**

Staff members who wish to pursue educational goals or who require continuing education credits in order to maintain licensure or certification may discuss with the Executive Director the possibility of assistance with these pursuits. Each situation will be assessed individually based on the current and future needs of Wayne Half-Way House, Inc., staff performance and demonstrated abilities, budgeting constraints, and contracts with individual staff members.

## **EMPLOYEE RIGHTS AND RESPONSIBILITIES**

### **RIGHTS:**

1. To be free from discrimination in hiring and employment, including recruitment, selection, classification, promotion, demotion, salaries, wages, benefits, and selection for training;
2. To be treated in a professional, respectful manner by your supervisors;
3. To work in an environment that meets OSHA standards;
4. To work in an environment that is free from harassment by other employees;
5. To be free from exploitation;
6. To have your personnel file maintained in a confidential manner;
7. To periodically review and add comments to your personnel file;
8. To submit ideas for program improvement and receive a response to your ideas;
9. To have access to the equipment and supplies needed to perform the requirements of your job description;
10. To file a grievance and receive a response to your grievance in accordance with organization policy.
11. To receive supervision and training in accordance with organization policy;
12. To receive all employment protections mandated by state and federal laws.

### **RESPONSIBILITIES:**

1. To place the safety and needs of residents as the first priority in all work-related actions;
2. To behave in a manner that reflects appropriate loyalty to Wayne Half-Way House, Inc.;
3. To abide by the Wayne Half-Way House, Inc. Code of Conducts and Ethics;
4. To know and practice the official Policies and Procedures of Wayne Half-Way House, Inc.;
5. To attend work as scheduled and to notify the appropriate personnel when an absence is unavoidable;
6. To participate in and master all required training;
7. To treat other employees in a respectful and professional manner;
8. To treat the property of the organization in a respectful, careful manner;
9. To strive to meet all requirements listed in your job description;

10. To appropriately report any abuse or neglect of residents;
11. To appropriately report misconduct, as stated in policy;
12. To use your time at work for the betterment of the organization and its residents.

## **QUALITY EXPECTATIONS**

Because we value the young men we serve and the staff members who work for us, quality is important to all aspects of Wayne Half-Way House, Inc. We strive to provide services to our residents and their families that meet or exceed expectations. We work to ensure that our employees and contracted personnel are satisfied with working conditions and that management is supportive of their efforts and needs. We are committed to Performance and Quality Improvement and have established a system that provides a framework for measuring and improving our performance. We expect all of our employees and contracted personnel to provide quality in all aspects of services. We have the following and other systems and procedures in place in support of our aim of total client and stakeholder satisfaction throughout our business:

1. Regular gathering and monitoring of client and stakeholder feedback
2. Monthly, semi-annual, and annual monitoring of client outcomes
3. Procedures for resident, family, and employee complaints
4. Staff training and development that exceeds state and accreditation requirements
5. Regular monitoring and improvement of our internal processes
6. Measurable long and short term goals and objectives that reflect our mission statement
7. Regularly management reviews of audit results, incidents, and grievances
8. Annual management review of long and short term goals, risks, and budgets
9. An annual program report card that summarizes progress and areas for opportunities in program outcomes, risk management, human resources, information technology, finances, and facility maintenance

Our internal policies and procedures are reviewed regularly and approved annually by our Board of Directors. The policies and procedures are presented in a manual that is studied by and made available to all employees.

Although the Executive Director and administrative staff members assume responsibility for quality of services, all employees have a responsibility within their own areas of work to help ensure that an environment of quality exists throughout the entire company.

## **HUMAN RESOURCES POLICIES AND PROCEDURES**

In this section, Wayne Half-Way House, Inc. Human Resources practices will be described. For a full explanation of the policies and procedures related to these practices, as well as practices described elsewhere in this manual, you should refer to the Wayne Half-Way House, Inc. Policies and Procedures Manual. Policies referenced in this handbook or related to human resources are listed below.

### 1.1 CONFLICT OF INTEREST

### 1.2 NEPOTISM

### 1.3 CODE OF CONDUCT AND ETHICS

#### PROCEDURE: PROTECTION FOR REPORTERS OF SUSPECTED MISCONDUCT (WHISTLEBLOWER PROTECTION)

### 4.1 DISCRIMINATION PROHIBITION

### 4.2 HARASSMENT

### 4.3 RECRUITMENT AND SELECTION

### 4.4 BACKGROUND CHECKS

### 4.5 GRIEVANCE POLICY FOR EMPLOYEES

### 4.6 HUMAN RESOURCES PRACTICES

### 4.7 PERFORMANCE EVALUATIONS

### 4.8 PERSONNEL RECORDS

### 4.9 PERFORMANCE IMPROVEMENT

### 6.2 LEGAL ASSISTANCE TO PERSONNEL AGAINST WHOM CLAIMS ARE MADE

### 6.4 ABUSE REPORTING

### 7.4 SAFETY AND SECURITY

### 7.5 EMERGENCY RESPONSE PLAN

## **CONFLICT OF INTEREST:**

Wayne Half-Way House, Inc. subscribes to the viewpoint that all officers, directors, and employees owe a duty of loyalty to Wayne Half-Way House, Inc. and that transactions involving conflict of interest violate that loyalty. In addition, the State of Tennessee mandates that the agency does not engage in any conflict of interest that may affect the placement or care of children in custody of the Department of Children's Services

As defined in the Conflict of Interest Policy, conflict of interest exists if the *actions* of an employee:

- Provide benefit to the interest of an individual at the unauthorized cost/interest of Wayne Half-Way House, Inc. or its service recipients,
- Conflict with that individual's duty to the company,
- Have the potential to affect the individual's judgment in performing his/her company-related responsibilities, or

- May negatively affect the company's relationship with a client, family member of a client, DCS, a supplier, a referral source, or another DCS contracted agency.

If an employee has questions about whether any anticipated course of action would be considered a conflict of interest, the employee should bring the question to the Executive Director prior to taking that course of action. No disciplinary action will be taken for asking prior to taking action.

### **NEPOTISM:**

It is the policy of Wayne Half-Way House, Inc. not to discriminate in its employment and personnel actions with respect to its employees and applicants on the basis of marital or familial status. Notwithstanding this policy, Wayne Half-Way House, Inc. reserves the right to refuse to appoint a person to a position in which his/her relationship to another employee has the potential for creating adverse impact on supervision, safety, security or morale, or involves a potential conflict of interest. Wayne Half-Way House, Inc. will permit employment of qualified relatives of employees or members of the Board of Directors as long as neither employee directly supervises the other nor participates in making recommendations or decisions that affect the work assignments, layoff, salary, promotions, grievances, performance evaluations, or disciplinary actions of that employee.

This policy applies to individuals who are related by blood, marriage or adoption or reside in the same household including the following relationships: spouse, child, stepchild, parent, stepparent, grandparent, grandchild, brother, sister, half-brother, half-sister, aunt, uncle, niece, nephew, parent-in-law, daughter-in-law, son-in-law, brother-in-law and sister-in-law. Each individual has the responsibility for disclosing that such a relationship exist, including a change in circumstances affecting application of this policy

### **HARASSMENT:**

It is the policy of Wayne Half-Way House, Inc. to provide a work environment free of harassment and to comply with federal, state, and local laws and policies regarding freedom from harassment.

Harassment is prohibited by law and includes "harassment on the basis of age, gender, sexual orientation, color, race, creed, national origin, ancestry, religious persuasion, marital status, political belief, physical or mental disability, pregnancy, military or veteran status, or retaliation, which includes opposing participation in any complaint process at the Equal Employment Opportunity Commission (EEOC) or other human rights agency". Harassment of any staff member, resident, or family of a resident will not be tolerated and will result in disciplinary action up to and including termination. Resulting actions of Wayne Half-Way House, Inc. may include participation in investigation by the EEOC or other human rights agency.

## **GRIEVANCE POLICY FOR EMPLOYEES:**

It is the right of every citizen to petition for the redress of grievances. Wayne Half-Way House, Inc. recognizes that right through WHWH Policy 4.5 GRIEVANCE POLICY FOR EMPLOYEES and the related procedures. Most problems can be solved through discussion with involved employees or the supervisor. If this is not the case, then employees are encouraged to bring to the attention of the administrative staff their grievances about work-related issues. Employees will be provided an opportunity to present their complaints and appeal leadership decisions through the formal grievance procedure described in the GRIEVANCE PROCEDURE FOR EMPLOYEES. Please refer to your attached policy and procedures for information about how to file a grievance.

## **PROTECTION FOR REPORTERS OF SUSPECTED MISCONDUCT (WHISTLEBLOWER PROTECTION):**

It is the responsibility of all employees and contracted personnel to report violations or suspected violations of the Wayne Half-Way House, Inc. Code of Conduct and Ethics and/or any healthcare fraud, waste, or financial abuse. No employee or contracted individual who in good faith reports such a violation shall suffer harassment, retaliation, discrimination or adverse employment consequence for such report. This shall apply even if the claims are determined to be unfounded but were reported in good faith. Any employee or contracted individual who retaliates against someone who has reported a violation in good faith is subject to discipline up to and including termination of employment, and may also, under federal or state laws, be subject to civil or criminal penalties. Additional protection may be available for reporters of suspected misconduct through the Civil False Claims Act and other federal acts.

## **DISCRIMINATION PROHIBITION:**

Wayne Half-Way House, Inc. does not discriminate in employment opportunities or practices on the basis of race, color, religion, national origin, sex, age, disability, marital status, political opinion or any other characteristic protected by law.

## **WORKING CONDITIONS AND BENEFITS:**

### **Wages:**

When a new employee is in the process of being hired, he or she will receive notification of the beginning wages or salary. This will be the ongoing wages or salary until further notification. Any change in wages or salary will be based upon:

1. The financial status of the organization
2. Job performance
3. Promotions or demotions

All wages and salaries will be in accordance with applicable state and federal laws and regulations.

**Promotions:**

Employee promotions will occur based on availability of position within the organization, the employee's qualifications for the position, past job performance, and the needs of the organization. Wayne Half-Way House, Inc. fills job openings when possible from qualified persons from within Wayne Half-Way House, Inc. Preference is given to internal candidates over external candidates when both are equally qualified. However, internal candidates are not guaranteed the positions for which they apply. An employee has the right to refuse a promotion without penalty.

**Work Week:**

A workweek at Wayne Half-Way House shall not exceed forty hours, except in emergency circumstances. If an employee must work over forty hours in a workweek, s/he may receive time-and-a half or take comp time. Every employee receives at least six days per month that are not considered workdays.

**Continuity of Supervision:**

Wayne Half-Way House is open at all time, 365 days per year, and all shifts must at all times provide for a ratio of at least one staff member for every eight residents in the Level II Special Population program and one staff member for every five residents in the Primary Treatment Center, except when residents are sleeping, which requires a one to eight ratio in either program. If at any time no residents were on the premises (e.g., all were on home pass, working, etc.), at least one staff member would still be required on each shift and one additional staff member would be on call to assure availability in case a resident needed to return to the facility or someone needed to contact the facility in reference to a resident. Supervision of residents must and will continue regardless of absence for any reason of a staff member from his or her shift. Absent staff members will be replaced for each shift in which the absence occurs, as necessary to maintain the required resident:staff ratio. With this in mind, however, it is also extremely important that staff members take appropriate time off for vacation, holidays, and sick leave.

**Emergency and Safety Procedures:**

Wayne Half-Way House, Inc. emergency and safety policies and procedures are included with your employee manual. Refer to WHWH 7.5 SAFETY AND SECURITY and WHWH 7.6 EMERGENCY RESPONSE PLAN. It is imperative that you read and understand both of these policies and the related procedures. If you have any questions after reading them, consult the Security Supervisor without delay. You will also participate in training pertaining to these policies and procedures.



### **Vacation and Sick Leave:**

Wayne Half-Way House, Inc. employees receive seventeen paid days off per year, which accrue (build up) as the year progresses. This includes vacation, holiday, and sick leave. Vacation days and holidays must be scheduled at least two weeks in advance and approved by the Security Supervisor. It would be expected that the Security Supervisor be notified as much in advance of the shift as possible of any sick leave. If sick leave absences appear to be excessive or if a single sick leave absence is over three days, a doctor's excuse will be required. Any time off requires an Employee Leave Request Form to be filled out and turned in to the Security Supervisor. In case of sick leave, the form will be filled out and turned in after the employee returns from sick leave.

Following five years of employment, an additional three days of paid leave will be accrued annually, for a maximum total of twenty days per year. In the years following ten years of employment, three more days will accrue annually, for a maximum total of twenty-three paid days off per year.

Leave time can be accumulated and carried over into the following years, but not to exceed a total of twenty days accrued at any one time.

### **Social Security**

Wayne Half-Way House, Inc. pays semi-monthly to the Social Security and Medicare funds. 7.65% of gross pay is held out of the employee's paycheck, with 6.2% going to Social Security and 1.45% going to Medicare. Wayne Half-Way House, Inc. matches that 7.65% for payment into the Social Security and Medicare funds.

### **Insurance and Retirement:**

Medical insurance for full-time employees is available through Cover TN. Employees pay 1/3 of the premium. For specific information and an application, see personnel in the administrative offices. The organization carries insurance for worker's compensation, employer's liability, and professional liability.

Wayne Half-Way House, Inc. does not at this time provide retirement.

### **Legal Assistance to Personnel Against Whom Claims are Made:**

Wayne Half-Way House, Inc. carries liability insurance that includes coverage for personnel against whom claims are made related to lawful, authorized actions taken within the course and scope of their duties.

Legal assistance will not be provided in the following situations:

1. Employees will not be covered for actions that constitute gross negligence and/or failure to follow Wayne Half-Way House, Inc. policies and procedures.
2. Assistance will not be provided to employees who commit unlawful acts or for acts that are not conducted in the course of, or in furtherance of, their employment.
3. Legal assistance may not be provided if the legal counsel of Wayne Half-Way House, Inc. determines that doing so would constitute a conflict of interest.

### **Layoffs:**

When a reduction in force is necessary or if one or more positions are eliminated, employees will be identified for layoff after evaluating the following factors:

1. Company work requirements;
2. Employee's abilities, experience, and skill;
3. Employee's potential for reassignment within the organization.

The Executive Director will determine which employee(s) will receive a layoff. The employee who is subject to layoff will receive a notice of separation that may be used to file for unemployment benefits.

### **Performance Evaluations:**

Staff performance evaluations will be conducted annually. The performance evaluation will include but is not limited to review of punctuality, use of work time, getting along with other staff members, documentation, dress code, completing staff training, cultural competence, and providing quality services to residents. The results of the performance evaluation will be discussed with the employee, and the employee will sign the performance review to indicate that they have participated in discussing the performance review. The employee may add comments to his or her performance evaluation. Copies of Performance Evaluations will be kept in the employee's personnel file.

The Executive Director will perform performance evaluations of contracted employees and results will be summarized in a narrative format.

A copy of the Performance Evaluation Form begins on page 23 of this handbook.

### **Performance Improvement:**

Performance improvement may be instituted whenever company management believes that an employee's performance is less than satisfactory and can be resolved through adequate counseling. Corrective counseling is completely at the discretion of company management. The company desires to protect its investment of time and expense devoted to employee orientation and training whenever that goal is in the company's best interests. ***The company expressly reserves the right to discharge "at will." Even if***

***corrective counseling is implemented, it may be terminated at any step at the discretion of management.*** Management, at its sole discretion, may warn, reassign, suspend, or discharge any employee at will, whichever it chooses and at any time. The Executive Director, with the assistance of the Program Director and/or Security Supervisor, will determine the course of action best suited to the circumstances. The steps in performance improvement are as follows:

***Verbal counseling/warning:*** As the first step in correcting unacceptable performance or behavior, the supervisor may review pertinent job requirements with the employee to ensure his or her understanding of them. The supervisor will consider the severity of the problems, the employee's previous performance appraisals and all of the circumstances surrounding the particular case. The employee may receive a verbal statement that a written warning, probation, or possible termination could result if the problem is not resolved. The employee may be asked to review what has been discussed to ensure his or her understanding of the seriousness of the problem and the corrective action necessary. The supervisor may document the verbal counseling for future reference immediately following the review.

***Written counseling/warning:*** If the unacceptable performance or behavior continues, the next step may be a written warning. The written warning defines the problem and how it may be corrected. A written warning will indicate that a serious problem has occurred or is occurring, and it should be expected that probation or termination may result if improvement is not demonstrated. Written counseling becomes part of the employee's personnel file, although the supervisor/manager may direct that the written warning be removed after a period of time, under appropriate circumstances.

***Probation:*** If the problem has not been resolved through written counseling or the circumstances warrant it, or both, the individual ***may*** be placed on probation. Probation is a serious action in which the employee is advised that termination will occur if improvement in performance or conduct is not achieved within the probationary period. The Executive Director, Program Director, and the Security Supervisor will determine the length of probation. Typically, the probation period will be at least two (2) weeks and no longer than six (6) months, depending on the circumstances. A written probationary notice to the employee will be provided. Further action, including the possibility of termination, will result if defined improvement or behavior modification does not result during probation. "Further action" may include, but is not limited to reassignment, reduction in pay, grade, or demotion.

At the completion of the probationary period, the Executive Director, the Program Director, and the Security Supervisor, and the immediate supervisor (as appropriate) will meet to determine whether the employee has achieved the required level of performance and to consider removing the employee from

probation, extending the period of probation, or taking further action. The employee will be advised in writing of the decision.

***Suspension:*** A suspension with or without pay may be justified when circumstances reasonably require an investigation of a serious incident in which the employee was allegedly involved. A suspension may also be warranted when employee or resident safety, welfare, or morale may be adversely affected if a suspension is not imposed.

***Involuntary Termination:*** The company expressly reserves the right to discharge “at will.” An employee may be terminated at any time with or without notice and for any reason whatsoever.

### **Unsatisfactory Performance Evaluation:**

An unsatisfactory Annual Performance Evaluation will result in no LESS action than probation. The probationary period will be for no more than three months, with the stipulation that:

1. If the area of unsatisfactory performance is behavioral, the unacceptable behavior does not occur again, or
2. If the area of unsatisfactory performance is related to training, the employee will complete re-training and demonstrate competence within the probationary period. The employee may not provide services or supervision of residents in any area related to the unsatisfactory performance until competence is demonstrated and documented by the trainer.

If after the probationary period, the employee again receives an unsatisfactory evaluation in the same area that resulted in the original probation, further action, including the possibility of termination, **will** result.

### **Grounds for Dismissal:**

Behaviors or incidents that would result in dismissal would include, but are not limited to, those which would endanger residents or staff or would cause Wayne Half-Way House, Inc. to be found negligent, which behaviors could have been prevented within reason. Examples would be reckless driving, allowing a resident to possess or use keys to the building or a vehicle, failure to complete required documentation, conviction or a felony, use of illegal drugs, use of drugs or alcohol while on duty, or neglect or abuse of a resident.

## **WAYNE HALF-WAY HOUSE/CROSSROADS PTC**

### **ETHICS AND PROFESSIONALISM STATEMENT**

All employees of Wayne Half-Way House, Inc./Crossroads PTC are expected to conduct themselves at all times in a manner that insures protection and respect of the interest of the persons we serve. Behavior and decisions must reflect sound ethical and professional principles.

The composition of the staff of this organization represents a wide range of professional disciplines, each with its own professional Code of Ethics. The professions of psychiatry, medicine, psychology, social work, nursing, teaching, and counseling are represented in our staff and in those with whom we contract or to whom we make referrals. All of these professionals, as well as all other administrative and support staff, are expected to abide by not only the Code of Ethics of their respective professions, but to also abide by the Code of Conduct and Ethics established for Wayne Half-Way House, Inc. (Refer to WHWH Policy 1.3 CODE OF CONDUCT AND ETHICS).

Wayne Half-Way House, Inc. subscribes to the National Association of Social Workers (NASW) Code of Ethics. All staff members are required to study this code of ethics during their initial employment training and to participate in annual staff training that will include a review of these ethics.

The Executive Director maintains and makes available to all employees upon request the current Code of Ethics for each professional discipline represented by Wayne Half-Way House, Inc./Crossroads PTC.

All employees shall adhere to the following minimum standards:

- Respect for the resident by maintaining an objective, non-possessive professional relationship at all times. This means that no employee may have any non-professional or personal involvement with current residents, aftercare clients, and ex-residents. Personal involvement includes, but is not limited to giving out home phone numbers, addresses, etc., socializing, fraternizing, dating, setting up dates with friends or family members.
- Non-discrimination on the basis of race, color, religion, national origin, sex, age, disability, marital status, political opinion or any other characteristic protected by law.
- Respect for the rights and views of others.

I agree to abide by ethical and professional principles as described above and in Wayne Half-Way House, Inc. Policy 1.3 CODE OF CONDUCT AND ETHICS.

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Employee

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date

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Director

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date

## **WAYNE HALF-WAY HOUSE/CROSSROADS PTC**

### **CONFIDENTIALITY STATEMENT**

All employees of Wayne Half-Way House, Inc./Crossroads PTC will adhere to the Administrative Policies and Procedures regarding confidentiality that are promulgated, monitored, and enforced to protect the rights of those persons who receive services from this program as mandated by Federal Statutes (42 CFR Part II), State Statutes (TCA 33-3-104), and the Health Insurance Portability and Accountability Act of 1996.

At the time of employment, all new employees of Wayne Half-Way House, Inc./Crossroads PTC are advised of the programs and various policies and procedures regarding confidentiality and privacy of information and are provided access to written policies and procedures. All employees must sign and date this statement of pledge to confidentiality that is filed in the personnel files.

Any employee of Wayne Half-Way House, Inc./Crossroads PTC who knowingly or willingly fails to comply with the agency's policies and procedures regarding confidentiality will be subject to disciplinary action up to and including termination of employment. Additionally, a breach of confidentiality, by legal definition, is a misdemeanor, and any employee of this agency who is found guilty of a breach of confidentiality may be subject to legal action up to and including a fine of not more than \$500.00 or imprisonment not to exceed one year or both.

**I have read this statement and am knowledgeable of the Wayne Half-Way House, Inc. policies and procedures related to confidentiality and privacy of information. I agree to abide by this statement and the Wayne Half-Way House, Inc. confidentiality and privacy of information policies and procedures.**

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Director signature

\_\_\_\_\_  
date

## ANNUAL PERFORMANCE EVALUATION

STAFF MEMBER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

### I. GENERAL JOB PERFORMANCE

SCALE:        1 – POOR  
                   2 – UNSATISFACTORY  
                   3 – GOOD  
                   4 – EXCELLENT  
                   5 – SUPERIOR

1. PUNCTUALITY \_\_\_\_\_
2. USE OF WORK TIME \_\_\_\_\_
3. WORKING COOPERATIVELY WITH OTHER STAFF MEMBERS \_\_\_\_\_
4. DRESS CODE \_\_\_\_\_
5. QUALITY OF DOCUMENTATION \_\_\_\_\_
6. ATTITUDE TOWARD PROGRAM GOALS AND OBJECTIVES \_\_\_\_\_
7. ATTITUDE TOWARD RESIDENTS \_\_\_\_\_
8. APPROPRIATE COMMUNICATION WITH RESIDENTS \_\_\_\_\_
9. CULTURAL COMPETENCE \_\_\_\_\_
9. EFFECTIVE USE OF AUTHORIZED BEHAVIOR MANAGEMENT  
TECHNIQUES \_\_\_\_\_
10. HANDLING OF INCIDENTS OR CRISES \_\_\_\_\_
11. MEETING EXPECTATIONS OF JOB DESCRIPTION \_\_\_\_\_
12. KNOWLEDGE AND COMPETENCE RELATED TO THE  
SPECIFIC CHARACTERISTICS AND NEEDS OF RESIDENTS \_\_\_\_\_
13. PARTICIPATION IN TRAINING, DEVELOPMENT, AND  
PROFESSIONAL OBJECTIVES \_\_\_\_\_
14. GENERAL DEMONSTRATION OF COMPETENCE IN AREAS  
OF STAFF TRAINING \_\_\_\_\_

**II. PERFORMANCE OBJECTIVES**

OBJECTIVES ESTABLISHED IN LAST PERFORMANCE EVALUATION:

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PROGRESS TOWARD ABOVE OBJECTIVES AS THEY RELATE TO THE  
PROGRAM'S MISSION AND GOALS: \_\_\_\_\_

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OBJECTIVES FOR FUTURE PERFORMANCE: \_\_\_\_\_

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COMMENTS:

SUPERVISOR SIGNATURE

STAFF MEMBER SIGNATURE

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DATE

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DATE



## **ANNUAL EVALUATION OF STAFF TRAINING AND DEVELOPMENT**

**NOTE: ATTACH THIS FORM TO ANNUAL PERFORMANCE EVALUATION**

STAFF MEMBER: \_\_\_\_\_

### **III. TRAINING AND DEVELOPMENT OBJECTIVES**

DEVELOPMENTAL AND PROFESSIONAL GAINS MADE DURING THE PAST YEAR:

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DEVELOPMENTAL AND PROFESSIONAL OBJECTIVES AND PLAN (NEXT 12 MONTHS):

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RECOMMENDATIONS AND PLAN FOR FUTURE (LONG-TERM) TRAINING AND SKILL BUILDING:

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SUPERVISOR COMMENTS: \_\_\_\_\_

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STAFF MEMBER COMMENTS: \_\_\_\_\_

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\_\_\_\_\_  
STAFF DEVELOPMENT SUPERVISOR

\_\_\_\_\_  
STAFF MEMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

## **WAYNE HALF-WAY HOUSE/CROSSROADS PTC EMPLOYEE WARNING NOTICE**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Department: \_\_\_\_\_ Title: \_\_\_\_\_ Shift: \_\_\_\_\_

### **Type of Violation:**

Attendance		Violation of Company Policies and Procedures	
Carelessness		Rudeness to Employee/Client/Families	
Insubordination		Unsatisfactory Work Quality	
Lateness/Early Quit		Working on Personal Matters	
Failure to Follow Instructions		Willful Damage to Material/Equipment	
Violation of Safety Rules		Other:	

<b>Previous Warnings:</b>	Oral	Written	Date	By Whom
1 <sup>st</sup> Warning	_____	_____	_____	_____
2 <sup>nd</sup> Warning	_____	_____	_____	_____
3rd Warning	_____	_____	_____	_____

### **Employer Statement:**

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Employee Statement:**

\_\_\_\_\_ I agree with employer's Statement

\_\_\_\_\_ I disagree with employer's description of violation

The reasons are: \_\_\_\_\_

\_\_\_\_\_

### **Actions to be taken: (circle one)**

1. Warning   2. Probation   3. Suspension   4. Dismissal   5. Other

**Consequences should incident occur again:** \_\_\_\_\_

\_\_\_\_\_

**I have read this Employee Warning Notice and understand it.**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Supervisor issuing warning \_\_\_\_\_ Date \_\_\_\_\_

<b>Policy Name:</b>	<b>GRIEVANCE POLICY FOR EMPLOYEES (4.5)</b>
Domain:	HUMAN RESOURCES, ETHICS
Policy Location:	WHWH POLICY MANUAL
Date of Adoption:	01/31/2003
Approved by:	Jason Crews, Board President and the Board of Directors
Effective Date:	01/31/2003
Date(s) of Revision:	12/03/2008
References:	COA ETH 4, HR 4, TITLE VII OF THE CIVIL RIGHTS ACT OF 1964

***It is the right of every citizen to petition for the redress of grievances. Wayne Half-Way House, Inc. recognizes that right through this policy and the related procedures.***

Employees are encouraged to bring to the attention of the administrative staff their grievances about work-related issues. Employees will be provided an opportunity to present their complaints and appeal leadership decisions through the formal grievance procedure described in the GRIEVANCE PROCEDURE FOR EMPLOYEES.

A copy of this policy and the related procedure will be provided to staff during orientation. All staff members will receive initial and periodic training about these policies and procedures.

A log of all staff grievances and follow-up documentation will be maintained in the office of the Executive Director. On a quarterly basis, the Executive Director will review and assess the log of EMPLOYEE grievances, providing a report to the PQI Committee. He or she will provide a report to the Board of Directors annually. Information pertaining to staff grievances will be used in a confidential manner for purposes of quality assurance.

<b>Procedure Name:</b>	<b>GRIEVANCE PROCEDURE FOR EMPLOYEES</b>
<b>Relevant Policy:</b>	<b>GRIEVANCE POLICY FOR EMPLOYEES (4.5)</b>
<b>Applicable to:</b>	ALL EMPLOYEES
<b>Location:</b>	WHWH POLICIES AND PROCEDURES MANUAL
<b>Effective Date:</b>	01/31/2003
<b>Dates of Revision:</b>	12/03/2008
<b>Legal and other References:</b>	COA ETH 4, HR 4

- I. A grievance is defined as an employee's expressed feeling of dissatisfaction concerning conditions of employment or treatment by leadership or other employees. Examples of actions that may be causes of grievances include:
  - A. Administration of policies, procedures, practices, or rules believed by an employee to be detrimental to that employee;
  - B. Treatment considered unfair by an employee, such as coercion, reprisal, harassment or intimidation;
  - C. Alleged discrimination because of race, color, sex, age, religion, national origin, marital status, disability or any other non-merit factor; and
  - D. Unfair administration of employee benefits or conditions of employment such as salary, benefits, promotions, or performance reviews.
- II. If an employee has a grievance against another employee, he or she should try to work out the problem with that employee. If this is not possible, employees are encouraged to follow this grievance procedure and are not to be penalized for doing so. Wayne Half-Way House, Inc. is responsible for processing the grievance until the employee is satisfied with the level of review or until the employee's right of appeal is exhausted.

The following steps outline the Grievance Procedures:

- A. The employee will bring a grievance in writing to his or her supervisor or the Executive Director within five (5) working days from the alleged event.
- B. The grievance documentation shall be in the form of a letter with the grievance form attached or simply by filling out a grievance form. The grievance must include the employee's name, date the incident leading to the grievance occurred (if applicable), date the grievance is filed, and an explanation of the grievance.

- C. The supervisor or Executive Director is responsible for investigating the grievance, attempting to resolve the grievance, and communicating a decision to the employee within five (5) working days.
  - D. After the supervisor investigates the grievance and communicates a decision to the employee, the employee will respond by accepting or appealing that decision. If the employee appeals, then the grievance will be submitted to the Executive Director. After the Executive Director investigates the grievance and communicates a decision to the employee, the employee will respond by accepting or appealing that decision. If the employee appeals, the grievance will be submitted to the Board of Directors (see III. below).
  - E. If the employee's grievance relates to the supervisor or another employee in the employee's line of authority, the grievance will be brought to the Executive Director. If the grievance relates to the Executive Director, the employee may bring the grievance in writing to any member of the Board of Directors. That member or another member of the Board of Directors (other than the Executive Director) will either handle the grievance or turn the grievance over to another member of the Board of Directors. In any case, the person handling the grievance will investigate the grievance and make a decision within five (5) working days after the submission of the grievance.
- III. If the employee is not satisfied with the Executive Director or Board member's decision, he or she may request a hearing before the Board of Directors. The Executive Director will recuse him or herself from the investigative and decision making process. The employee must submit the request within five (5) working days from the date that the employee received the decision on the grievance. If a regular meeting of the Board of Directors is not scheduled for the following ten (10) working days following receipt of the appeal, at least three members of the Board of Directors will schedule a time to meet with the employee within ten (10) working days. The employee will have the opportunity to address the Board of Directors. The Board of Directors will make a decision concerning the grievance within five (5) working days of the meeting. If the matter has not been resolved at this point, it is recommended that the objecting employee seek the advice of a lawyer.
- IV. The decision and explanation at each stage of the grievance process will be documented. A copy of the documentation will be provided to the employee and a copy placed in the employee's personnel file within five (5) working days of the decision.

- V. Information concerning an employee grievance will be treated as confidential. No retaliation will be permitted by any employee or member of the Board of Directors for filing a grievance.
- VI. Management decisions on grievances will not be precedent setting nor binding on future grievance unless they are officially stated as policy. Whenever possible, the decision will be retroactive to the date of the employee's official complaint.

On the following page, a copy of the Grievance Form is included. Copies are also available at the YSO Desk. Should you have a grievance, it would be advisable to keep for your records a copy of the documented action at each step. Most issues can and should be resolved before or through the Grievance Procedure. We will do all that we can to work out a fair solution that will be acceptable to each employee and be in accordance with the laws and regulations of the State of Tennessee and the Federal Government.

**Authorizing signature**  
**Executive Director**

**Date** \_\_\_\_\_

## Grievance Form

Employee Name: \_\_\_\_\_ Shift: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Date incident leading to the grievance occurred, if applicable: \_\_\_\_\_

**Attach additional pages as needed**

Complete details of grievance, including references to any law or policies:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Remedy Requested: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employee's Signature

Date

**Disposition-Step 1**

**Date Received:** \_\_\_\_\_

Disposition: \_\_\_\_\_

\_\_\_\_\_  
 Accepted \_\_\_\_\_ Appealed \_\_\_\_\_

Supervisor

Date Communicated

**Disposition-Step 2**

**Date Received:** \_\_\_\_\_

Disposition: \_\_\_\_\_

\_\_\_\_\_  
 Accepted \_\_\_\_\_ Appealed \_\_\_\_\_

Executive Director

Date Communicated

**Disposition-Step 3**

**Date Received:** \_\_\_\_\_

Disposition: \_\_\_\_\_

\_\_\_\_\_  
 Accepted \_\_\_\_\_ Appealed \_\_\_\_\_

Board of Directors

Date Communicated

<b>Policy Name:</b>	<b>ABUSE REPORTING (6.4)</b>
Domain:	RISK PREVENTION AND MANAGEMENT
Policy Location:	WHWH POLICIES AND PROCEDURES MANUAL
Date of Adoption:	04/08/2002
Approved by:	Jason Crews, Board President and the Board of Directors
Effective Date:	04/08/2002
Date(s) of Revision:	01/26/2009
References:	DCS PROVIDER POLICY MANUAL: CORE STANDARDS III. M., TCA 37-1-403.

This agency is dedicated to the safety, dignity, and well-being of the residents and families of residents it serves. It is the policy of this agency that verbal, physical, sexual, and/or emotional abuse or neglect will not be tolerated.

In accordance with **Tennessee Compilation of Selected Laws on Children, Youth and Families**, Copyright 2001, 2005 revision by The State of Tennessee, Title 37, Chapter 1, Part 4 37-1-403, “Any person who has knowledge of or is called upon to render aid to any child who is suffering from or has sustained any wound, injury, disability, or physical or mental condition shall report such harm immediately, if the harm is of such a nature as to reasonably indicate that it has been caused by brutality, abuse, or neglect or that, on the basis of available information, reasonably appears to have been caused by brutality, abuse or neglect.”

**Tennessee law (T.C.A. 37-1-403) requires that any person having knowledge of child abuse is to report this immediately. Any report of suspected abuse or neglect of a minor child must be reported to DCS. The telephone number to report is 1-877-237-0004. Reports are to be made immediately. Reports can be made twenty-four hours a day, seven days a week.**

**IMPORTANT NOTE:** As of 2005, the reporting requirement can ***no longer*** be fulfilled by “reporting instead to the person in charge of the organization or such person’s designee who shall make the report...” The individual staff member is legally responsible for making the report. The agency is permitted to establish procedures for internal tracking of child abuse reports and for informing administration that a report has been made, as long as the tracking and informing do not discourage staff members from making the report to DCS.

***The reporting of abuse or neglect supersedes confidentiality. Therefore it is neither necessary nor appropriate to seek a release of information when reporting abuse or neglect (refer to WHWH Procedure LIMITS OF CONFIDENTIALITY).***

**In order to provide for immediate reporting to the Department of Children’s Services Quality Assurance Division, it is requested that any staff member observing or having knowledge of any abuse or neglect will report it to their shift supervisor and/or the Executive Director concurrent with making the report to DCS.** It is incumbent upon the



supervisor to report any incident of abuse IMMEDIATELY to the Executive Director so that he or she can assure that all proper authorities have been notified. If there is any doubt as to whether the alleged abuse has been properly reported to the Executive Director, it is requested that the staff member notify the Executive Director directly. The Executive Director will immediately notify or re-notify the Department of Children's Services, including Child Protective Services, the Family Services Worker, the local office, and the Quality Assurance Division that an abuse report has been made. This would be classified as a Type A incident and would be reported as such immediately after telephone notification to the Department of Children's Services.

**The Department of Children's Services will conduct all investigation of the allegations. While the need for agencies to gather necessary information in order to make the report is recognized, agencies are prohibited by DCS from conducting an independent investigation into the validity of the report. It is NOT within the realm of authority of any staff member or the Executive Director to investigate or make any determination as to the validity of the report.**

The legislature has given DCS the power to investigate, without hindrance, all reports of abuse or neglect and directs "any child care program or child care agency" to grant access to premises, children, and records, regardless of whether or not the child is in the custody of the Department of Children's Services (T.C.A. 37-5-512). All staff members are required to fully cooperate with the Department of Children's Services in any investigation of abuse.

If the alleged perpetrator is an employee of Wayne Half-Way House, Inc., alleged abuse may result in suspension of the employee until the investigation is complete. A finding of abuse will result in termination of the perpetrator and may result in criminal charges being filed by the Department of Children's Services.

***It is the ethical and legal responsibility of all personnel to report abuse. Failure on the part of personnel of this agency to report an incident of abuse will result in disciplinary action and the possibility of legal charges being filed by Wayne Half-Way House, Inc. and/or the Department of Children's Services.***

Staff members should refer to the referenced **Tennessee Compilation of Selected Laws on Children, Youth and Families** for information about confidentiality of reporting (37-1-409), reports of known or suspected child sexual abuse (37-1-605) violation of duty to report (37-1-412 and 37-1-615), immunity from civil or criminal liability for reporting abuse and damages for employment changes because of making a report (37-1-410 and 37-1-613), and false reporting of child sexual abuse (37-1-413). All actions of Wayne Half-Way House, Inc. will comply with the laws of the State of Tennessee.

In accordance with State of Tennessee Department of Children's Services 37-1-414, a religious, charitable, scientific, educational, athletic, or youth service institution or organization may require any person who applies to work with children as a volunteer or paid employee, to do one (1) or more of the following:

1. Agree to the release of all investigative records to such religious, charitable, scientific, educational, athletic, or youth service institution or organization for examination for the purpose of verifying the accuracy of criminal violation information contained on an application to work for such institution or organization;
2. Supply fingerprint samples, submit to a criminal history records check to be conducted by the Tennessee Bureau of Investigation; and/or
3. Attend a comprehensive youth protection training program which includes adult training on recognition, disclosure, reporting and prevention of abuse and submit character, employment, education, and reference checks.

In accordance with State of Tennessee Department of Children's Services 37-1-414, DCS Provider Policy Manual: Core Standards, and Council on Accreditation training requirements, all staff must attend pre-service and inservice training and demonstrate competence in child abuse reporting and recognizing signs of abuse.

<b>Policy Name:</b>	<b>EMERGENCY RESPONSE PLAN (7.6)</b>
Domain:	ADMINISTRATIVE AND SERVICE ENVIRONMENT
Policy Location:	WHWH POLICIES AND PROCEDURES MANUAL
Date of Adoption:	
Approved by:	Jason Crews, Board President and the Board of Directors
Effective Date:	07/22/2002
Date(s) of Revision:	12/16/2008, 10/02/2012
References:	DCS POLICY 1.4; DCS PROVIDER POLICY MANUAL CORE STANDARDS: 2.C.2.; COA ASE 7.01, 7.02, 7.03, 7.04

When any emergency situation occurs, it shall be handled promptly, swiftly, correctly, and with complete professionalism. The safety of the residents, employees, and persons on site comes first from the beginning and throughout the decision making process. The procedures associated with this policy describe the decision making process throughout various emergency situations. All staff members must be trained in and knowledgeable of each and all of these procedures.

In any emergency situation that involves evacuation, described or not described in the associated procedures, staff members shall provide any assistance needed to persons with mobility challenges and other special needs.

- A. If an emergency or combination of emergencies occurs that may not be specifically covered by a procedure, the ranking staff member shall make decisions based on the general information provided that is common to the emergency processes.

For any emergency, the basic procedure is as follows:

1. Seek the immediate safety of residents and staff members.
2. Quickly assess the situation (mentally) so that priorities can be established. (The first two steps must be acted upon simultaneously with number 3).
3. **Provide any needed first aid** while a staff member obtains help from the appropriate source (ambulance, fire department, law enforcement, etc.).
4. Continue to provide first aid or safety instructions until emergency responders arrive and take over the situation.
5. Bring the environment under control as much as possible to avoid further danger.
6. Notify supervisors/Executive Director as appropriate to the situation.
7. Notify DCS and parent/guardian/family member as per procedure.
8. In any ongoing crisis, obtain and follow information from authorities, staying in contact with DCS and family. See to ongoing needs of residents and staff members.
9. Continue at all times to keep the physical and psychological environment as safe as possible.

- B. Wayne Half-Way House, Inc. shall at all times stay prepared for medical emergencies by:
1. Maintaining readily available telephones, both land lines and cell;
  2. Having poison control information, and first aid supplies and manuals at the YSO desk; and
  3. Maintaining emergency contact information for all personnel and residents.
- C. All employees shall participate in training and demonstrate competence in all aspects of this Emergency Response Plan and all related procedures, including but not limited to:
1. Assessing risk and safety;
  2. Handling emergencies;
  3. Coordinating with medical, mental health, law enforcement, and other professionals; and
  4. Implementing Wayne Half-Way House, Inc. health and safety procedures.
- D. To ensure preparedness in the event of an emergency, all residents will be informed about Wayne Half-Way House, Inc. emergency response plans and will participate in announced drills and unannounced drills to practice applicable procedures.

<b>Procedure Name:</b>	<b>EMERGENCY PROCEDURE FOR FIRE</b>
<b>Relevant Policy:</b>	<b>EMERGENCY RESPONSE PLAN (7.6)</b>
<b>Applicable to:</b>	ALL STAFF MEMBERS
<b>Location:</b>	WHWH POLICIES AND PROCEDURES MANUAL
<b>Effective Date:</b>	07/22/2002
<b>Dates of Revision:</b>	12/16/2008
<b>Legal and other References:</b>	DCS POLICY 1.4; DCS PROVIDER POLICY MANUAL CORE STANDARDS: 2.C.2.; COA ASE 7.01, 7.02, 7.03, 7.04

If there is a fire in the building, the following procedure will be followed:

1. Wayne Half-Way House is equipped with a fire alarm and sprinkler system. If the system alarm sounds or if a staff member becomes aware of a fire, begin immediately evacuating the building by the posted escape routes.
2. The staff member at the front desk is responsible for bringing the Resident Accountability List and the Room Assignment List to the outside line-up area on the basketball court. That staff member will proceed outside with the residents.
3. Check all rooms to make sure residents are safely out of the rooms and out of the building.
4. After checking the building, proceed outside to the basketball court and do a headcount to make certain that everyone is out of the building. In order to expedite this process, the residents will have practiced fire drills including lining up in a straight line and counting off.
5. Hold the residents outside until the situation is under control (in a false alarm) or the building is deemed to be safe by appropriate authorities.
6. If fire department officials indicate that residents should be moved to another location or if staff deems the area of the basketball court to be unsafe at any time, residents shall proceed in a line to a safe location as led by the ranking staff member on duty. Staff members will perform a headcount again at the new location.
7. **Each shift** will hold fire drills once per month to ensure that the residents know how to safely exit the building. Each fire drill will be logged in the fire drill log, with all information filled out.

**Authorizing signature**  
**Executive Director**

**Date** \_\_\_\_\_

<b>Procedure Name:</b>	<b>EMERGENCY PROCEDURE FOR MEDICAL EMERGENCY</b>
<b>Relevant Policy:</b>	<b>EMERGENCY RESPONSE PLAN (7.6)</b>
<b>Applicable to:</b>	ALL STAFF MEMBERS
<b>Location:</b>	WHWH POLICIES AND PROCEDURES MANUAL
<b>Effective Date:</b>	07/22/2002
<b>Dates of Revision:</b>	12/16/2008
<b>Legal and other References:</b>	DCS POLICY 1.4; DCS PROVIDER POLICY MANUAL CORE STANDARDS: 2.C.2.; COA ASE 7.01, 7.02, 7.03, 7.04

If any resident becomes seriously injured or ill, the following procedures are to be followed:

- 1. If there is any doubt as to the resident's need for emergency medical care or ability to be transported safely, an ambulance shall be called at 911.**  
Symptoms indicating a medical emergency may include but are not limited to excessive bleeding, loss of consciousness, expression of intense pain, obvious bone breaks, obvious break in skin integrity, or any other condition that has the risk of causing severe and/or fatal consequences.
- 2. Apply first aid measures as needed.**
- The shift supervisor will assign a staff member to stay with the resident until an emergency team arrives. The staff member assigned shall be a staff member who is trained and current in First Aid and CPR. A staff member will accompany the resident to the hospital. If not allowed to ride in the ambulance (if transported by ambulance), the staff member may follow in a company or personal vehicle. **At all times, a staff member must stay at the hospital with the resident, either in a treatment room or the waiting room, as designated by hospital staff.**
- The shift supervisor will designate another staff member to review the resident's medical file in order to obtain any medical information that needs to be provided to emergency personnel. This will include any current medical conditions, allergies, current medications, and the name of any doctor currently treating the resident. A copy of this information is to be sent with the ambulance personnel.
- The shift supervisor or his/her designee will notify the Security Supervisor or Program Director of the situation. If it is a life-threatening or very serious situation, the Executive Director must also be notified.
- The shift supervisor or his/her designee will notify the resident's parent or guardian. Provide as accurate information as possible in a calm, professional manner, being sensitive to the feelings and fears of the parents.
- The shift supervisor or his/her designee shall notify Department of Children's Services personnel. If possible, the Family Services Worker should be notified directly. If unable to reach the Family Services Worker, the on-call DCS worker from the resident's home county must be notified.

8. Any emergency treatment is a Serious Incident. Procedures for Serious Incident Reporting must be followed (refer to WHWH Procedure [INCIDENT REPORTING](#)). The Serious Incident Report must be properly completed as soon as the emergency procedures have been completed.

**At all times, securing the safety of the resident will take precedence over other steps in this procedure.**

**Authorizing signature**  
**Executive Director**

**Date**

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<b>Procedure Name:</b>	<b>EMERGENCY PROCEDURE FOR RUNAWAY</b>
<b>Relevant Policy:</b>	<b>EMERGENCY RESPONSE PLAN (7.6)</b>
<b>Applicable to:</b>	ALL STAFF MEMBERS
<b>Location:</b>	WHWH POLICIES AND PROCEDURES MANUAL
<b>Effective Date:</b>	07/22/2002
<b>Dates of Revision:</b>	12/16/2008
<b>Legal and other References:</b>	DCS POLICY 1.4; DCS PROVIDER POLICY MANUAL CORE STANDARDS: 2.C.2.; COA ASE 7.01, 7.02, 7.03, 7.04

If any resident is found to be absent from the premises without authorization, he will be considered to be on runaway status. Once a resident is considered to be on runaway status, the following procedure will be followed:

1. Secure the facility and all other residents. All residents must go to their rooms (for a short period of time only, until these procedures are initiated). Conduct a head count to ascertain the immediate location of all residents.
2. Call the Wayne County Sheriff's Department at 722-3613 to report that a resident has run away from the program.
3. Notify the Program Director or the Security Supervisor. If neither can be reached, follow the chain of command and notify the highest ranking person who can be reached.
4. Call the Sheriff's Department in the resident's home county. Notify them of the resident's runaway status. If the runaway occurs during non-business hours, ask the Sheriff's Department in that county for the phone number of the on-call Department of Children's Services worker. Call the on-call worker and inform them of the runaway. Be prepared to provide the resident's full name, social security number, date of birth, and the name of the Family Services Worker.
5. **Call the resident's parent or guardian to report that their child is on runaway status. This is an extremely important part of the procedure and must be recorded on the Serious Incident Report form. If unable to reach them immediately, continue to make attempts at regular frequent intervals and document each attempt on the form.**
6. A runaway is a Serious Incident. Fill out a Serious Incident Report form completely, with names, times, etc.

**Authorizing signature**  
**Executive Director**

**Date** \_\_\_\_\_



<b>Procedure Name:</b>	<b>SEVERE WEATHER PROCEDURE</b>
<b>Relevant Policy:</b>	<b>EMERGENCY RESPONSE PLAN (7.6)</b>
<b>Applicable to:</b>	ALL STAFF MEMBERS
<b>Location:</b>	WHWH POLICIES AND PROCEDURES MANUAL
<b>Effective Date:</b>	07/22/2002
<b>Dates of Revision:</b>	12/16/2008, 04/11/2013
<b>Legal and other References:</b>	DCS POLICY 1.4; DCS PROVIDER POLICY MANUAL CORE STANDARDS: 2.C.2.; COA ASE 7.01, 7.02, 7.03, 7.04

When Wayne County is placed under a tornado or other severe weather warning, all residents shall be instructed to go into the hallway between the Wayne Academy classrooms and the library/offices. The shift supervisor or his/her designee will do a roll call of all residents using the Resident Accountability list.

Residents will stay in the designated location until the Security Supervisor or his/her designee states that they may resume normal activities.

Severe weather drills will be held monthly. Documentation of severe weather drills will be maintained in the file with the fire drill records.

**Authorizing signature**  
**Executive Director**

**Date**

<b>Procedure Name:</b>	<b>MAJOR DISASTER EMERGENCY PROCEDURE</b>
Relevant Policy:	<b>EMERGENCY RESPONSE PLAN (7.6)</b>
Applicable to:	ALL STAFF MEMBERS
Location:	WHWH POLICIES AND PROCEDURES MANUAL
Effective Date:	12/16/2008
Dates of Revision:	10/02/2012
Legal and other References:	DCS POLICY 1.4; DCS PROVIDER POLICY MANUAL CORE STANDARDS: 2.C.2.; COA ASE 7.01, 7.02, 7.03, 7.04

Major disaster will be defined as the aftermath of any fire, earthquake, tornado, or any type of natural or unnatural phenomenon that damages the facility so that it cannot be safely used. Prior to initiating this procedure, the procedure will be followed that is applicable to the emergency causing the major disaster.

If a major disaster occurs that makes the building unsafe to inhabit, the Executive Director or Security Supervisor will seek permission to move the residents to the National Guard Armory in Waynesboro for temporary occupation until the Department of Children's Services establishes a plan for Wayne Half-Way House, Inc. to follow. This procedure will be followed until the Department of Children's Services provides an action plan and all residents are in a safe treatment environment or are removed by DCS.

The Executive Director or ranking staff member will immediately notify the Central Office of the Department of Children's Services. The Executive Director will also contact the Wayne Half-Way House, Inc. insurance agent. **All staff members who are physically able are expected to be on duty to assist in the steps necessary to stabilize the safety and security of the residents.** Shifts will be created to minimize fatigue for staff during the stabilization process.

Medications that may have been lost or destroyed during the event must be replaced as soon as possible. Each resident's physician or prescribing professional (e.g., psychiatrist) must be contacted in order to obtain prescription refills and instructions. If records have been destroyed in the disaster and the prescribing physician for any resident is not known from memory, assigned staff members will coordinate with Family Services Workers to obtain information from appropriate sources such as the local pharmacy, physicians known to be in charge of a resident's care, DCS records, etc. Administration and documentation must be reestablished as soon as possible, and the prescribing professional ***must be made aware of the time that is passing between the disaster and the reinstitution of administering the medication.***

If needed, Wayne Half-Way House, Inc. counselors and/or counselors approved by the Department of Children's Services will be available to help residents deal with any emotional trauma associated with the situation. All efforts are to be made to create as stable an environment as possible for the residents. Routines will be established as quickly as possible to alleviate the stress and anxiety inherent in any such situation. Residents will be assisted in communicating with their parent/guardian and other appropriate support systems as soon as possible to meet the needs both of family/support systems and the resident.

Emergency aid may be sought through local Red Cross chapters and food/clothing donors. If appropriate, federal aid for disaster relief will be procured as approved by the Department of Children's Services.

**Authorizing signature**  
**Executive Director**

**Date** \_\_\_\_\_

<b>Procedure Name:</b>	<b>TERRORISM EMERGENCY PROCEDURE</b>
<b>Relevant Policy:</b>	<b>EMERGENCY RESPONSE PLAN (7.6)</b>
<b>Applicable to:</b>	ALL STAFF MEMBERS
<b>Location:</b>	WHWH POLICIES AND PROCEDURES MANUAL
<b>Effective Date:</b>	07/22/2002
<b>Dates of Revision:</b>	12/16/2008, 09/11/2012
<b>Legal and other References:</b>	American Red Cross brochure, "Terrorism: Preparing for the Unexpected," A1366 October 2001

The purpose of this procedure is to provide a planning and information tool in the event of a terrorism event. Since the nature of an attack is unpredictable, each contingency cannot be established. In such an occurrence, Wayne Half-Way House, Inc. will seek communication from the Department of Children's Services and emergency agencies and follow their directives.

If a terrorist attack occurs in the United States in a place that does not physically impact the residents of the facility, the residents will still be highly emotionally impacted, as happened on 09/11/2001. All staff members will receive pre-service and annual training in emergency preparedness and emergency response. The training includes reference to a brochure from the American Red Cross entitled "Terrorism: Preparing for the Unexpected". All staff must read and be knowledgeable of the information in this brochure. A copy of the brochure will be kept in the files at the YSO (front) desk at all times. A brief summary of that information is included in this procedure, however it is expected that staff members will rely on prior training and the full information in the brochure if such a situation occurs.

Additionally, if a terrorist attack occurs in a location in which the Wayne Half-Way House facility is not physically impacted, certain considerations apply that are specific to the residential treatment setting and based partly on actual reactions to 9/11. These may include:

1. Residents will react in a variety of ways. Some may be frightened, some may be angry, some will want to know if they will get to go home immediately, and some may even laugh about it. It is not incumbent upon staff members to judge residents' reactions, but to understand that different people express their emotions in different ways. Staff members must behave in a mature manner, acknowledging the situation as honestly and with as much information as they have available.
2. Some staff members will be very frightened and concerned for their own families both nearby and in other parts of the country or world. Staff members *will* make personal decisions about the balance between work and family responsibilities. The decisions of individual staff members may impact the number of staff members who are available to meet the needs of the residents. This is simply reality.
3. Staff members will at times find it difficult to perform mundane work tasks such as documentation. For some, emotions will run very high. (In an emergency,

documentation is very important, but in a life-threatening situation, immediate documentation would not be the *first* concern). Staff members will have to make personal, informed decisions as to which actions are priorities. Staff members will also need to look after their own emotional well-being so that they can provide care for others. (This would be also apply if a situation occurred that did physically impact the facility).

ADAPTED FROM AMERICAN RED CROSS BROCHURE, "TERRORISM: PREPARING FOR THE UNEXPECTED," A1366 October 2001:

#### A. PREPARATION

##### 1. Emergency communication plan:

- a. A copy of updated contact information for the family/guardian of each resident will be kept at the administrative offices.
- b. A copy of updated emergency contact information for each staff member will be kept at the administrative offices.
- c. DCS emergency contact information for each resident and for DCS Central Office will be kept both at the facility and at the administrative offices.

##### 2. ESTABLISH A MEETING PLACE

If the Wayne Half-Way House facility becomes uninhabitable, staff and residents will proceed to the National Guard Armory, which is 1½ miles toward Waynesboro on the Highway 64 bypass on the north (left) side of the highway.

##### 3. DISASTER SUPPLIES

If the building is evacuated and circumstances allow, resident records will be kept in a secure location and residents will be allowed to bring all or a portion of their belongings with them. Safety of residents and staff comes first. Supplies at the facility (i.e., food, first aid supplies, etc.) will be used only if safety considerations allow.

##### 4. LAW ENFORCEMENT INVOLVEMENT

If a terrorist attack occurs that directly impacts the local area, then local, state and federal law enforcement will be heavily involved in immediate and long-term processing. Wayne Half-Way House, Inc. staff members are to cooperate fully with law enforcement and seek their aid in protecting the well-being and interests of the residents.

## 5. SHELTERING IN PLACE

If officials advise to “shelter in place,” this means that people are to remain inside where they are and protect themselves there. The Red Cross brochure states, “Close and lock all windows and exterior doors. Turn off all fans, heating and air conditioning systems....make sure the radio is working. Go to an interior room without windows that’s above ground level....Using duct tape, seal all cracks around the door and any vents into the room. Keep listening to your radio or television until you are told all is safe or you are told to evacuate.”

## 6. ADDITIONAL FIRST AID INFORMATION

In addition to first aid measures for which staff members receive training, it is important to note in this circumstance (from brochure):

- Listen to local radio and television reports for the most accurate information from responsible governmental and medical authorities on what’s happening and what actions you will need to take.
- The Web sites referenced (in the brochure) can give you more information on how to protect yourself from exposure to biological or radiological hazards.

## 7. FURTHER INFORMATION IS AVAILABLE BY CONTACTING THE LOCAL RED CROSS OR AT [www.redcross.org](http://www.redcross.org).

**Authorizing signature**  
**Executive Director**

**Date** \_\_\_\_\_

<b>Procedure Name:</b>	<b>RESIDENT DISTURBANCE/RIOT EMERGENCY PROCEDURE</b>
<b>Relevant Policy:</b>	<b>EMERGENCY RESPONSE PLAN (7.6)</b>
<b>Applicable to:</b>	ALL STAFF MEMBERS
<b>Location:</b>	WHWH POLICIES AND PROCEDURES MANUAL
<b>Effective Date:</b>	12/16/2008
<b>Dates of Revision:</b>	
<b>Legal and other References:</b>	COA ASE 7.01, DCS PROVIDER POLICY MANUAL: CORE STANDARDS

The first measure always practiced at Wayne Half-Way House is ***prevention***. Staff members will always strive to be aware of the individual and group dynamics that are occurring with the residents so that they will be *aware* if the potential for a disturbance is present. If a disturbance or riot does occur in which control of the building/program is temporarily lost, the safety of the residents and staff may be in jeopardy. Time is of the essence in such situation. The following procedures will be followed:

1. Law enforcement shall be called immediately. They will be informed that a riot is occurring and that the situation is a critical emergency. Staff shall also state that ambulances may be needed.
2. All Child Care Workers will attempt to return to the area of the YSO desk and stay there until help arrives.
3. All staff with offices will stay in their offices until instructed to do otherwise by law enforcement.
4. If ***either*** of the Executive Director or Security Supervisor is not on premises, staff will attempt to call them immediately.
5. If any resident comes seeking protection, staff will attempt to help him gain a safe place to stay until the situation is under control and they are safe.
6. The Executive Director, Security Supervisor, or their designee shall call the DCS Central Office ***as soon as it is possible and safe*** to do so and inform them of the circumstances.
7. Staff members will follow the directives of law enforcement until the situation has been secured and turned back over to the Executive Director or Security Supervisor.
8. After the situation has been secured and turned back over to the Executive Director or Security Supervisor, staff will provide all assistance in maintaining safety, preserving evidence, and logging all information as directed by the Executive Director, Security Supervisor, or their designee.

**Authorizing signature**  
**Executive Director**

**Date**

# Performance and Quality Improvement Program

**Wayne Half-Way House, Inc.  
942 Andrew Jackson Dr.  
Waynesboro, TN 38485  
(931) 722-3272**

## **Empowering the Pursuit of Excellence**

Wayne Half-Way House, Inc. would like to invite you to become involved in our Performance and Quality Improvement activities. If you would like more information about Performance and Quality Improvement or to become involved, please contact our PQI Coordinator, Marilyn R. Smith, MA, by calling the above telephone number.

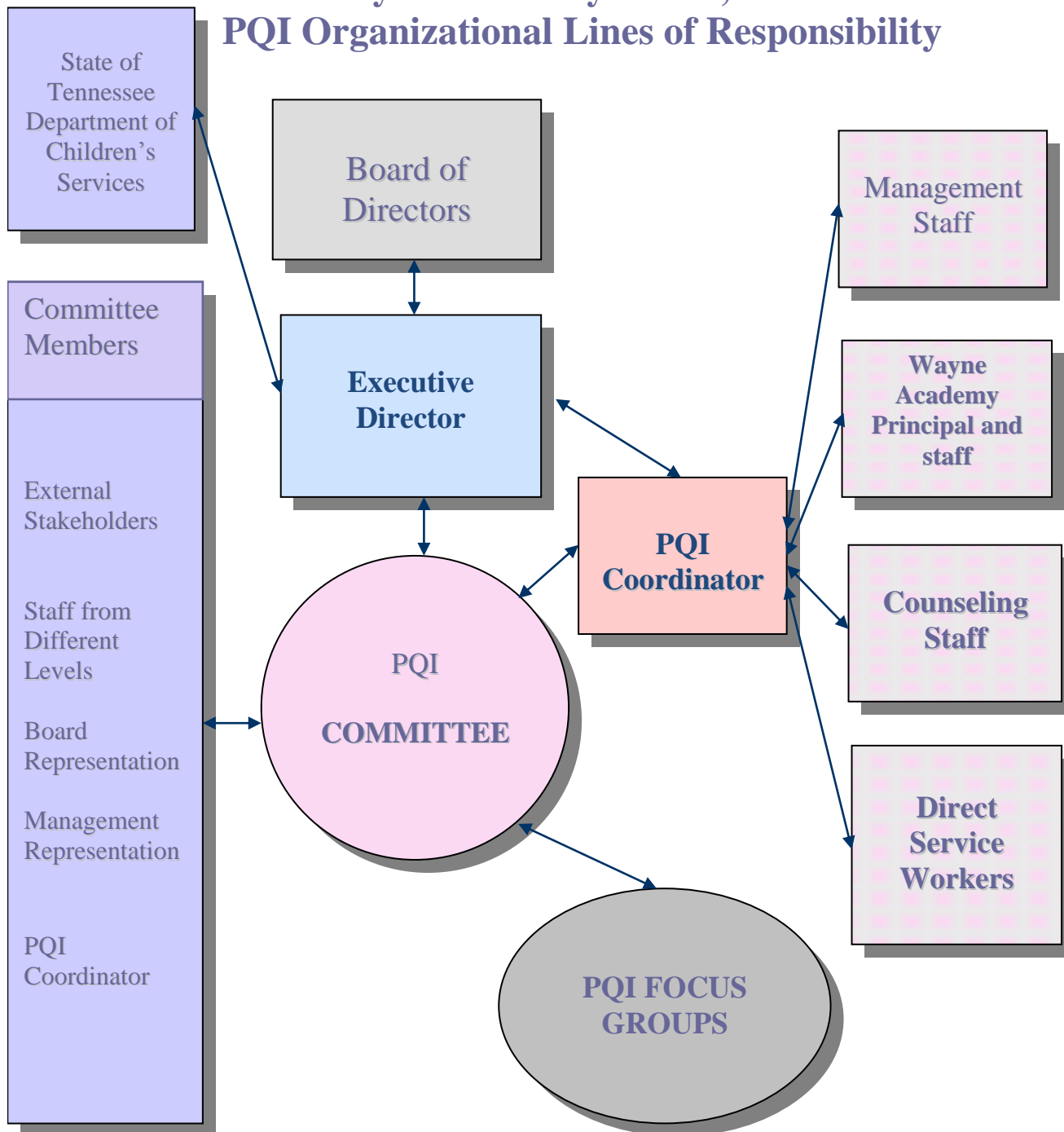
### **Performance and Quality Improvement Philosophy**

The purpose of our Performance and Quality Improvement (PQI) program is to increase efficient, effective service delivery and achievement of strategic and program goals. PQI is an organization-wide process that includes input from staff, residents, and others impacted by our program. The foundation of PQI is communication and supportiveness, and the management of Wayne Half-Way House, Inc. conducts PQI activities with both. As a team, we identify strengths as well as weaknesses in our systems, and we invite our employees to view change as something that makes the organization not only a better opportunity for our service recipients, but a better place to work. The process helps us maintain excellence, strive for continuous improvement, and achieve the goals and objectives of our program.

The chart on the next page shows who is involved in the PQI Process. As you can see, the functional center of the PQI process is the PQI Committee, which is surrounded by a system of support consisting of the Board of Directors, the Executive Director, the PQI Coordinator, and staff members. Other stakeholders, including service recipients, the Department of Children's Services and community members provide peripheral support and input.



## Wayne Half-Way House, Inc. PQI Organizational Lines of Responsibility



The PQI process is cyclical. The Executive Director and the PQI Coordinator began the process in 2008 by determining which areas would be the first to be evaluated. Following compilation of the initial data, baseline results were brought before the PQI Committee. The PQI Committee made the decision to institute changes based on the findings. The changes were then communicated to staff members and other stakeholders. As changes are implemented, we monitor the results to determine if the changes yield improvement. New ideas and questions lead to new planning, and the cycle starts again.

### What do we measure?

Each quarter, we review progress from the previous quarter and focus on new questions. The areas of measurement include:

Long-term strategic goals: Program goals have been established that seek to make our program viable and productive for all stakeholders. The stated goals for 2012-2016 are:

1. **Wayne Half-Way House, Inc. will provide quality residential treatment services.**
2. **Treatment services at Wayne Half-Way House, Inc. will increase the number of juvenile males who achieve permanency and do not re-enter custody within six months.**
3. **Wayne Half-Way House, Inc. will continue to develop and implement services that not only result in reduced recidivism, but foster achievement of educational, social, emotional, intellectual, ethical, and career goals.**
4. **Wayne Half-Way House, Inc. will maintain a viable program while facilitating residents' attainment of individual goals.**

Management / Operations Performance: Financial Viability, Workforce Stability, Safety and Security.

Program / Service Delivery Effectiveness: Accessibility, availability, efficiency, continuity, safety, timeliness, and respectfulness.

Client and Program Outcomes: Achievement of stated goals, such as gains in measurable skills, increased productivity and pro-social behavior, improved functioning, and a stable living arrangement in the community.

### What is a stakeholder?

Stakeholders are all the people who have an interest or "stake" in the success of Wayne Half-Way House, Inc. at achieving its mission or purpose.

### Who are our "Stakeholders"?

Our stakeholders include:

Residents	All staff members
Families of Residents	Consumer Advocates
Contractors	Consultants
The Board of Directors	
Advisory Groups	
Community Representatives	
Juvenile Court System	
Medical/Mental Health Service Providers	
The Department of Children's Services	

### How do I become involved?

We invite and encourage our stakeholders to be involved in the following ways:

- Being a member of our PQI committee
- Participate in ongoing work groups
- Partnering with staff to develop outcomes and indicators
- Reviewing reports and providing feedback
- Helping identify positive practices
- Recommending improvements when necessary
- Helping us collect data
- Finding positive things about our program

**ADDITION: (A) – DFW POLICY**

**DRUG-FREE WORKPLACE POLICY:**

WHWH/CPTC is committed to a drug-free work environment. Staff are required to read the DFW Policy, sign a form stating that they understand the policy, and complete any and all training made available pertaining to the DFW Policy.

**ADDITION: (B) – EMPLOYEE DRESS CODE**

**EMPLOYEE DRESS CODE:**

1. If shorts are worn, they must be **KNEE-LENGTH**.
2. **NO FLIP-FLOPS** or **OPEN SANDALS** are to be worn by floor-staff... (you run a risk of being involved in a physical restraint and you could get your toes/feet hurt). Tennis shoes are recommended.
3. **NO PIERCINGS** are to be worn by floor-staff... (again, running the risk of being involved in a physical restraint, the piercing could be pulled out).
4. **NOTHING INAPPROPRIATE** --for example:
  - a. Nothing with vulgar writing and/or vulgar pictures on it
  - b. Nothing that could be construed as offensive to someone (including rebel flags)
  - c. Nothing that could be considered “gang related”

**ADDITION: (C) – PREA/ ZERO-TOLERANCE POLICY**

**PREA:**

In correlation with our policy on Abuse Reporting (6.4), WHWH/CPTC has a strict PREA Policy (Prison Rape Elimination Act). This facility has a Zero-Tolerance Policy for any form of sexual abuse/harassment/rape/misconduct of any kind. Staff have an on-going “duty to report” any obtained knowledge of sexual misconduct. PREA covers youth-on-youth AND staff-on-youth sexual misconduct. Staff will read and become very familiar with PREA. Staff are required to complete all training made available pertaining to PREA, and sign an “Employee Acknowledgement and Notification of PREA” (DCS form) as well as a “Staff Acknowledgement of WHWH/CPTC’s Policy & Protocol Regarding PREA (our facility form). Staff are also required to sign a “Duty to Disclose” form.

**\*\*Please know that you are required to disclose any prior affiliation with a prison, jail, lockup, community confinement facility, juvenile facility, or any other institution. Also know that these places will be contacted to confirm that you were not terminated and/or under investigation for any sexual misconduct allegation while employed at said facility.**