

# Five Acres General Volunteer Application

## REQUIRED VOLUNTEER APPLICATION ITEMS

| Full Name   |
|---|
| The items below are required for your volunteer file. Please complete each item and return to the Volunteer Coordinator promptly. Failure to complete agency personnel and State of California licensing requirements within a reasonable period of time may result in the Volunteer being placed on leave. |
| □ Volunteer application   |
| □ References (3)  |
| □ Driver's questionnaire form   |
| □ Criminal record statement   |
| □ Statement of good health  |
| □ T.B. test (hold for volunteer placement)  |
| □ Live Scan/criminal background check results   |
| □ Statement of confidentiality  |
| □ Child abuse reporting form  |
| ☐ Five Acres discipline policies  |
| □ Five Acres back-up guidelines   |
| □ Children's complaint procedures   |
| □ Children's discharge procedures   |
| □ Drug free workplace policy  |
| OFFICE USE ONLY   |
| Live Scan/background check: Date to HR:/ Date of Clearance://  Letter agreement: Date sent:// Date received://  Handbook: Date given:// Mailing list: Date to Adv. Dept://  Conducted interview:// ALLY Manual Sent (if applicable)://  |

# Application for Direct Service Volunteer at Five Acres

## **BASIC INFORMATION**

|  |                                | Date:             |                    |
|--|--------------------------------|-------------------|--------------------|
| Name:  |                                |                   |                    |
| Address:   |                                |                   |                    |
| Street   |                                | State             | Zip                |
| Phone (home)   | (cell)                         | (work)            |                    |
| Email  | How long                       | in this area?     |                    |
| Marital Status   | Date of marriage               | Birth             | ndate              |
| Birth place  | Social Security                | y Number          |                    |
| Names and birthdates of tho  | se living with you             |                   | ,                  |
|  |                                |                   |                    |
| Education level and school at Related work/volunteer expended and sc | rience, hobbies, special inter | rests, etc        |                    |
| Liability insurance? $\square$ Yes $\square$ N   | lo Bodily injury per perso     | n \$              |                    |
| Maximum per occurrence \$ _  | Property                       | damage \$         |                    |
| Have you or any other member crime (other than a minor tra   | •                              | 'household ever b | een convicted of a |
| Are you in good health?  | How did you hear about I       | Five Acres?       |                    |
| Availability (preferred days; r  | norn/afternoon/eve)            |                   |                    |
|  | l the information is corre     | ect. I understand | l mv               |
| □ I hereby certify that all responsibility to complet  |                                | or to volunteeri  | •                  |

Please submit this form to the Volunteer and Community Engagement Coordinator at Five Acres: volunteer@5acres.org | 760 W. Mountain View St., Altadena, CA 91001 | (626) 773-3751



## Five Acres - The Boys' and Girls' Aid Society of Los Angeles

760 W. Mountain View St., Altadena, CA 91001-4996 • 5acres.org OFFICE (626) 798-6793 • FAX (626) 585-1798 • volunteer@5acres.org Please note: 3 references are required per volunteer applicant

| VOLUNTEER PERSON  | JAL REFEREN  | NCE                                    |  |  |             |
|---|--|--|--|--|-------------|
| Acres. (S)he has applied for  | is interested  | in becom                               | •                                      | ct service volunt<br>s a personal refe                   |             |
| Five Acres is a nonprofit pro<br>services to severely emotion<br>abandonment and neglect.<br>selected and trained for the<br>specific time and is conside | nally disturbed ch<br>All staff and volui<br>ir positions. A dir | ildren who<br>nteers giv<br>ect servic | o have suf<br>ing direct<br>e voluntee | fered from abus<br>services are scre<br>er commits to vo | e,<br>ened, |
| Please complete this referer above. The information you   |  |  |  |  |             |
| Name  |  | Осс                                    | upation/Ti                             | tle  |             |
| Phone   | How long h   | ave you k                              | nown the                               | applicant?   |             |
| What is/was your relationshi  | •  |  |  |  |             |
| Please evaluate the applicar  | •  |  |  |  |             |
|   | Unsatisfactory   | Fair                                   | Good                                   | Excellent  | Don't know  |
| Dependability   |  |  |  |  |             |
| Creativity  |  |  |  |  |             |
| Judgement   |  |  |  |  |             |

|                       | Unsatisfactory | Fair | Good | Excellent | Don't know |
|-----------------------|----------------|------|------|-----------|------------|
| Dependability         |                |      |      |           |            |
| Creativity            |                |      |      |           |            |
| Judgement             |                |      |      |           |            |
| Self-confidence       |                |      |      |           |            |
| Initiative            |                |      |      |           |            |
| Sensitivity to others |                |      |      |           |            |
| Honesty/integrity     |                |      |      |           |            |
| Cooperativeness       |                |      |      |           |            |
| Emotional stability   |                |      |      |           |            |

| lease | e evaluate the applicant in the following four areas:   |
|-------|---|
| 1.    | Understanding of and experience with children   |
| _     |   |
|       |   |
|       |   |
|       | Ability to tolerate and accept disturbed/disruptive behavior from children                          |
| ۷.    | Ability to tolerate and accept disturbed, disruptive behavior from emiliaren                        |
|       |   |
| 3.    | Individual skills, special interests or hobbies that could benefit the children                     |
|       |   |
|       |   |
|       |   |
| 4     | Ability to accept supervision at Five Acres and learn from experience                               |
|       |   |
|       |   |
| Ar    | nything you'd like to add?  |
|       |   |
|       |   |
|       |   |
|       | verall, based on character, knowledge, personality and skills, you believe this applicant buld be:  |
|       | A poor prospect $\square$ A fair prospect $\square$ A good prospect $\square$ An excellent prospect |
| C:,   | onatura Data  |
| 216   | gnature Date  |

Please submit this form to the Volunteer and Community Engagement Coordinator at Five Acres: volunteer@5acres.org | 760 W. Mountain View St., Altadena, CA 91001 | (626) 773-3751



## **Driver's Questionnaire**

This questionnaire must be completed by all direct service volunteer applicants

| Name:                                   |  |  |  |             |
|---|--|--|--|-------------|
| Address:                                |  |  |  |             |
| Street                                  | :  | City   | State  | Zip         |
| Driver's license                        | #  | State Exp  | oiration date                                |             |
| Birthdate                               | License re   | strictions (if any)  |  |             |
| Please list by da<br>sign, red light, e | ate each <u>moving vic</u><br>etc.). If no moving vi | <mark>llation or accident</mark> in th<br>olations or accidents, w | e past 3.5 years (spee<br>rite <u>none</u> . | eding, stop |
| Date                                    | Description  |  |  |             |
|   |  |  |  |             |
|   |  |  |  |             |
|   |  |  |  |             |
| •                                       | -  | he past 6 years (driving<br>f no citations, write <u>non</u>       |  | eckless     |
| Date                                    | Description  |  |  |             |
|   |  |  |  |             |
|   |  |  |  |             |
|   |  |  |  |             |
|   |  |  |  |             |
|   |  |  |  |             |
|   |  |  |  |             |
|   |  |  |  |             |
| Signature                               |  |  | Date   |             |

### **Criminal Record Statement**

State law requires that persons associated with licensed facilities be fingerprinted and disclose any conviction. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history.

| Have you ever been convicted o<br>You need not disclose any marijua<br>Health and Safety Code sections   | ana-related of                                      | ffenses covered b  | py the marijuana reform   | □ Yes □ No<br>legislation codified at |
|--|---|--------------------|---------------------------|---------------------------------------|
| Have you ever been convicted c<br>of the U.S.?   | of a crime by                                       | another state, fe  | ederal court, military or | r jurisdiction outside<br>□ Yes □ No  |
| Criminal convictions from anothe in California.  | er state or fe                                      | deral court are c  | considered the same as    | s criminal convictions                |
| If the answer YES to any of the a<br>the crime(s) occurred. <b>You must</b>  |   |                    |                           | te and location where                 |
| <ul> <li>It happened a long time</li> <li>It was only a misdemear</li> <li>You didn't have to go to</li> <li>You had no jail time or t</li> <li>You received a certificat</li> <li>The conviction was later</li> </ul> | nor<br>court (your<br>he sentence<br>e of rehabilit | was only a fine of | or probation              | ed                                    |
| NOTE: If the criminal backgroun<br>your failure to disclose the convi<br>license revocation or exclusion fi  | ction(s) will r                                     | esult in an exem   |                           |                                       |
| □ I declare under penalty<br>I have read and understa<br>my responses and any acc  | nd the info   | ormation con       | tained in this affi       | davit and that                        |
| Facility name  |   |                    | Facility number _         |                                       |
| Your name  |   | Address            |                           |                                       |
| City   | _ State   | Zip                | SSN                       |                                       |
| Birthdate  | _ DMV Lice  | nse Number _       |                           |                                       |
| I. INSTRUCTIONS TO I   |   |                    | ther state or in fedei    | ral court, provide                    |
| What was the offense?  |   |                    |                           |                                       |
|  |   |                    |                           |                                       |

| In which state and city did you commit the                      | offense?  |
|---|---|
| When did this occur?  |   |
| Tell us what happened   |   |
|   |   |
|   |   |
| ☐ I certify under penalty of perjuito the best of my knowledge. | ry that the above information is true and correct |
| Signature   | Date  |

#### II. INSTRUCTIONS TO LICENSEES

## **Privacy Statement**

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at or be present at a licensed facility, the law requires that you complete a criminal background check (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871). The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

#### NOTE: IMPORTANT INFORMATION

The Department is required to tell people who ask, including the press if someone in a licensed facility has a criminal record exemption. The Department must also tell people who ask the name of a licensed facility that has a licensee, resident or other person with a criminal record exemption. If you have any questions about this form, please contact your local licensing regional office.

If the person discloses a criminal conviction, review the person's statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility personnel file <u>and</u> send a copy to your LPA.



## TB Test and Statement of Good Health

#### TB (TUBERCULOSIS) TEST

STATEMENT OF GOOD HEALTH

A current (given within the past 12 months) TB test is required by Five Acres. If you have not had a TB test in the past year, you may have one done at St. George's Medical Clinic at 1750 E. Colorado Blvd. in Pasadena.

Please bring the attached treatment order form to their office and Five Acres will cover the cost of testing. If you haven't received a treatment order form, you may request one from the Volunteer and Community Engagement Coordinator at <a href="mailto:volunteer@5acres.org">volunteer@5acres.org</a>.

| Full Name |  |
|-----------|--|
|           | Five Acres, I, the undersigned, hereby claim that I am in bable of fulfilling all of my duties and responsibilities. |
| Signatura | Dato   |



## **Volunteer Confidentiality Agreement**

Children in residence at Five Acres are under the protection of the court, therefore the identity of child cannot be revealed through video-taping, photography or voice recording.

I agree to protect the identity of any child in the care of Five Acres who is under the age of 18 and a ward of the court. I will not take any full-face frontal or profile representations.

Likewise, I agree not to ask any questions about the specific condition of the child's case or explicitly ask for the child's first and/or last name.

I understand these conditions and will abide by them on behalf of myself and the organization/company that I represent.

| Signature                                    | Date |  |
|--|------|--|
| Name of company/organization (if applicable) |      |  |



## Policy on Confidentiality of Client Information

- 1. <u>Confidential information</u> refers to those personal facts or conditions pertaining to a client's life which have been communicated to Five Acres for definite purposes related to the service being requested or received from Five Acres. This includes family history; school performance; medical, psychological or psychiatric evaluations; reports from previous placements, treatment providers or the courts; and progress reports.
- 2. <u>Confidentiality</u> refers to safeguarding information that has been revealed during the course of a client's treatment. This implies that disclosures by the client to the professional/volunteer will not be revealed to others except under certain circumstances and then only for the purposes of helping the client.

#### USE OF A CASE MATERIAL FOR ACADEMIC PURPOSES

- 1. Any person affiliated with Five Acres and seeking to use case/agency material for academic purposes must obtain approval from the appropriate sources. Five Acres reserves the right to refuse certain requests as well as to evaluate those papers written.
- 2. All names of clients, relatives and significant others must be altered. Fake names or incorrect initials may be used. If names are changed rather than erased, a notation should appear clearly indicating that this has been done.
- 3. Material of highly confidential or incriminating nature should not be taken into the classroom at all. When questions arise, Five Acres supervisors should be consulted.

#### STATEMENT OF CONFIDENTIALITY

I hereby agree to insure the clients of Five Acres their rights to privacy and confidentiality through no disclosure of name, picture or likeness in any motion picture, television broadcast, advertisement, publication, club program or social media.

| Signature | Date |  |
|-----------|------|--|
| <u> </u>  | _    |  |



# **Acknowledgement of Child Abuse Reporting Procedures**

| I,(your name) do hereby acknowledge  | that I                   |
|--|--------------------------|
| have been informed by Five Acres of the provisions of California Penal Code concerning reporting of child abuse. Specifically, I acknowledge I have read and understand the foll statement:  | the                      |
| "Section 11166 of the Penal Code requires any child care custodian, medical practitioner nonmedical practitioner or employee of a child protection agency who has knowledge conserves a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a report thereof within 36 hours of receiving the information concerning the incident. | of or<br>abuse           |
| Child care custodian includes teacher, administrative officers, supervisors or child welfare attendance, or certificated pupil personnel employees of any public or private school; administrators of a public or private day camp; licensed day care workers, administrators community care facilities licensed to care for children; headstart teachers; licensing work licensing evaluators; public assistance workers; employees of a child care institution included not limited to, foster parents, group home personnel, and personnel of residential care facilities; and social workers or probation officers.  | s of<br>ers or<br>uding, |
| Medical practitioner includes physicians and surgeons, psychiatrists, psychologists, dent residents, interns, podiatrists, chiropractors, licensed nurses, dental hygienists or any oth person who is licensed under Division 2 (commencing with Section 500) of the Business Professions Code.  | ner                      |
| Nonmedical practitioner includes state or county public employees who treat minors for venereal disease or any other condition; coroners; paramedics; marriage, family or child counselors; and religion practitioners who diagnose, examine or treat children."   |                          |
|  |                          |
|  |                          |



## Five Acres Discipline Policies

The safety, health and well-being of all children and youth receiving services are a priority to Five Acres. An essential part of the care of any client is protection from harm, whether it be the client harming others, being harmed by others or harming oneself. In addition, behaviors that are not in the client's best interest are restricted so that more appropriate, positive actions can be cultivated.

The purpose of discipline is to provide security and socialization to promote emotional and social development. Discipline must be planned to uphold the rights and dignity of the children and to help them gain and maintain self-control. Components of Five Acres that contribute to an environment which promotes discipline are the agency structure, policies, program, staffing, training and treatment planning.

Five Acres does not permit the punishing of children or youth through arbitrary infliction of penalties, often resulting from anger or frustration. Punishment that occurs out of anger is generally viewed as retribution or retaliation.

Under no circumstance should staff, parents or volunteers take punitive action toward children in reflection of personal anger or frustration. However, the breakthrough of feelings by staff, parents or volunteers is understandable when working with difficult children. Staff, parents and volunteers should remain aware of their thoughts and feelings about each client in their care and how these feelings may influence their interventions. One's angry feelings should be reflected upon before judgements and decisions are made.

Positive incentives and other reinforcements are appropriate elements of managing behavior. Rewarding pro-social behaviors leads to increased competence, is socially re-enforceable and assists in the child's development of self-esteem. Five Acres does not support aversive or punitive consequences.

Consequences, when applied to behavioral control, should relate to the problem behavior either naturally or logically. Consequences must take the setting and specific child into consideration and must fit the behavioral in a logical way. Interventions selected should be ones that are the most effective with a specific child in a given situation and should acknowledge the child's rights and be delivered in a respectful manner. Discipline should not interfere with elements of children's treatment plans such as home visits, therapy appointments or activity groups. Group discipline is not allowed unless it can be clearly demonstrated that all members of a group were part of a problem.

Partial and reasonable repayment for malicious damage may be an appropriate, natural consequence. Fining for violation of Five Acres rules is prohibited.

## Five Acres Discipline Policies (con)

Agency staff, parents or volunteers may utilize "time out" as a discipline method to assist children in gaining self-awareness and control. "Time out" provides an opportunity for individuals to recoup from conflictual/upsetting experiences and thus enables appropriate coping skills to emerge. "Time Outs" prescribed by staff in order for a child to gain self-control may range from brief periods of semi-isolation within the cottage/home or other designated locations such as the bench outside the cottage/front porch and/or bedroom. It's a goal for children to develop self-awareness to the point of recognizing their own need for a time out and to make that request. Whenever a child requests a time out, it is honored. The length of time of a time out should be determined by the child, if possible, ending when the child feels calm, but may need to be determined by staff assessing the emotional state of the child. "Time outs" determined by staff range from two minutes to the number of minutes corresponding to the child's age. Thus a ten-year-old would have a time out of between 2-10 minutes.

Interventions into children's behavior should be in a positive manner so that children develop awareness and positive attitudes toward their behavior. Five Acres interventions and consequences uphold children's personal rights as written in Section 80072 and 84072, Title 22 of the California Administrative Code. Section 80072 (a)(3) states: "To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning." Under no circumstances should children be allowed to discipline other children or allow children to fight each other. In the Short-Term Residential Therapeutic Program or Group Home Program, when a child's presence in the dorm/bedroom area is disruptive to other's sleep, he/she can be moved onto cots or mattresses elsewhere in the cottage/home (except in fire hall). See guidelines for quiet rooms.

When a child is not able to eat a meal with the group/family, a complete meal is saved (in the best manner) until the child is available. In the event there is no meal for a child (for children in the Short-Term Residential Therapeutic Program the main kitchen is closed), every attempt it made to offer the most highly nourishing meal satisfactory to the child. All children are required to receive three complete meals a day and in the residential programs as listed on the menu including desserts. In addition, all children must receive an afternoon snack and an evening snack. Second helpings on meals must be made available to all children requesting them. After first servings, the remaining food must be divided evenly between those wanting seconds.

# SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM AND GROUP HOME PROGRAM

At times, children in the Residential Treatment and Group Home Programs may have trouble calming down in their living environment. It may be that other children in the cottage or home are continuing to provoke them. In these cases the On Duty Supervisor (ODS) or Rehabilitation Specialist Counselor (RSC) will give the child the opportunity to leave with them. When the child is able to make this decision on their own they have the choice of taking a walk to calm, to sit outside the cottage/home, go to other areas of campus or the home, such as the dining room or a staff office, where there are small games and puzzles to de-escalate them. When the decision

is made by staff and the child is cooperative, they will be given a limited choice of where they can go to calm down. If the client requires further intervention, the following protocol is set forth:

- a) Residential Treatment Counselors (RTC) contacts the ODS or RSC by phone or pager. The ODS is scheduled 24 hours a day, 7 days a week. The RSC is scheduled 7 days a week during peak client hours of 1pm-11pm. During the primary programming times (I-IO pm) there are 2 ODS/RSC working who are in communication with each other by walkie-talkie or cell phone.
- b) The ODS/RSC assess the situation to determine what may be needed. The first intervention is always a verbal one.

Non-hurtful physical holding (containment) is used only by trained staff in the Short-Term Residential Therapeutic Program and Group Home Programs when a child is endangering him/herself or others. Forced escort, physically moving a child when he is resisting, shall only be used when the child is endangering him/herself or others, such as when a client is assaultive, threatens death or serious injury to himself or others. In such an extreme emergency containment is necessary, and the following precautions shall be followed:

Preferably a two (2) person containment should be used. Persons who are contained shall be observed at all times.

No pressure shall be applied on ankles, wrists, elbows, back, rib cage, knees, spinal column, or upper torso.

No blankets, pillows, clothing, or any type of covering shall be placed on the person's head or face.

A report (Special Incident Report) shall be made to the licensing agency and Community Social Worker within 24 hours via I-Trac following an emergency situation. The report shall include a description of the assaultive client behavior, the containment method used, its duration, and staff involved. Reports to Licensing are completed by the Executive Director or designee. Recurrent need for the use of containment is evidence that the client's Treatment Plan needs revision, or that the client is not appropriately placed at Five Acres. Use of "soft or mechanical restraints" are not permitted. All uses of Protective Separation more commonly known as "Time Out" in "Quiet Rooms" and physical containments must be logged and charted in appropriate logs in addition to the Special Incident Reports noted above.

#### I have read and understand these policies.

| Signature | Date |  |
|-----------|------|--|



## **Back-up Guidelines**

Five Acres provides staff to assist child care staff, teacher and group leaders and to deal with agency emergencies. These staff, who are called "Back-Up" staff are Unit Supervisors or specially assigned staff who are trained to intervene with children's problematic behavior in a neutral and non-punitive manner. These staff are acclimated to all phases of the Disaster and Mass Casualty Plans (see Agency Manual). Further, "Back-Up" staff are certified in a 23-hour course "Behavior Management" and "Professional Assault Crises Training" who are hired for these purposes. "Back-Up" staff are from 7:00 a.m. to 11:00 p.m. They can be reached by calling the office during office hours or by calling #2202 (portable "Back-Up" phone in front office), Supervisor's office or by paging #48 over the loudspeaker. Education Center Back-Up number is #2307. Night "Back-Up" (11:00 p.m. to 7:00 a.m.) is available through night-on-call staff at #2202. Administrative and supervisory staff may be reached at home by phone outside of these hours.

"Back-Up" staff have numerous responsibilities including insuring agency security, dealing with physical plant problems, providing medical consultation, monitoring the going and coming of staff, volunteers, children, and their families and overseeing the care and treatment services when specific Unit Supervisors are not present.

"Back-Up" staff may be called for group or specific child intervention. "Back-Up" staff should be called when a child or children are having behavioral problems and when the regular staff have been unable to effectively deal with the problems. When children present discipline problems, staff should administer consequences in the regular program, first utilizing the least restrictive and the most logical or natural. "Back-Up" is not a consequence, but should be called when children are not responsive to the group leader's interventions. Threat of the use of consequences and calling "Back-Up" is not appropriate.

The goal of "Back-Up" is to deescalate a potential crises by helping the child/children become responsible for their behavior and resume the regular program as soon as possible. "Back-Up" staff make independent assessments of problems and intervene according their evaluation. The group leader should give a clear verbal message describing the problem. The "Back-Up" staff then assumes responsibility until the child is reintegrated into the regular program.

The "Back-Up" staff have the options to intervene where the problems occur, and work with the child/children until resolution of the problems; to provide additional support t the group; to bring the child/children to the office area, to another part of the cottage or campus, or to the office quiet room; or may offer to take over the group while the Child Care Worker works with a specific child/children regarding the problem.

## Back-up Guidelines (con)

If a child is removed from the group, the child returns as soon as the "Back-Up" staff determine that he/she demonstrates self-control and a willingness to comply with the expectations of reentry. "Back-Up" staff may extend the time a child is away from the group after considering the status of the group and group worker.

Children may refer themselves to "Back-Up" staff with permission from the "Back-Up" staff and the group leaders. Children are not given additional consequences for utilizing "Back-Up" staff. When children return to the program, they should carry out staff expectations. However, these must not interfere with children's rights including sleeping and eating.

Office "Back-Up" staff log their involvement in the Night and Weekend Log located in the locked office file cabinet. "Back-Up" staff in the Education Center use the log located in the Education Center Office. Use of quiet rooms must be charted in the "Time Out Log". Physical injury and physical interventions must be reported on the Agency Incident Report.

I have read and understand these policies.

| Signature | Date |  |
|-----------|------|--|



## **Child Complaint Procedures**

Five Acres recognizes the need to listen and respond to children's complaints. All children have the right to complain regarding their care and treatment without fear of retaliation. The following is the procedure for filing complaints to Five Acres staff and the Executive Director.

- Any child may complain to any Five Acres staff. This staff member must help the child write a memo to the Agency Ombudsman (Assistant Director of Program or designee). Failure to relay a child's complaint to the Ombudsman may result in disciplinary action. The ombudsman contacts the child and assists in completing the Children's Complaint Form and acts as their advocate through the complaint process. This is given directly to the Unit Supervisor of the child's unit and the Unit Social Worker with a copy to the Assistant Director of Programs who monitors complaints and their outcome.
- It is the responsibility of the Unit Supervisor and the Unit Social Worker to look into the complaint and write the outcome in the "resolution" section. If it is assessed that the child's complaint is in clear violation of rights or Agency policy, and that it cannot be immediately discounted, it must immediately be reported to the Executive Director (or Acting Director in his absence). The Ombudsman must monitor the process and outcome of the complaint process to insure children's rights are protected.
- If any child is displeased with the way his/her complaint was handled, its outcome or has a complaints regarding his/her Unit Supervisor or Unit Social Worker, the child may bring the complaint directly to the Executive Director.
- The Executive Director or his designee investigates the complaint, determines the outcome, and reports back to the child, the Ombudsman and others involved.
- In all complaint procedures, the Executive Director has authorization to intervene at any stage and the final decision regarding course of action.
- All staff are responsible for reporting violation of children's rights and complaints regarding policies or practices to the supervisor and/or the Executive Director.
- Completed Children's Complaint forms are kept in a separate file at Five Acres.

| Ι | have read | and | understand | these | policie | S. |
|---|-----------|-----|------------|-------|---------|----|
|   |           |     |            |       |         |    |

| Cianatura  | D-1- |
|------------|------|
| Signature  | Date |
| 9191148418 |      |



## **Discharge Policies and Procedures**

Children are placed at Five Acres as long as their needs are compatible with the goals and services of Five Acres.

The primary goal of placement in a Five Acres program is to assist children to live more successfully with families—their own or foster/foster-adoptive families.

Children and families participate in making their own goals and plans. A service contract is agreed upon at the time of admission. This is examined at least every three months at a meeting of Five Acres staff who work with the child and family. Parents and children are encouraged to participate in this planning during their meetings with the Five Acres Social Worker and the authorized representative (i.e., Department of Social Services Children's Services Worker, School District Representatives and others). The placement agency representative (Child Service Worker) attends the quarterly staffings. All service agreements must receive written approval. (This does not apply to private placements.)

A discharge date is set when significant progress has been made on the service agreement. This is determined by the family, child, authorized representative and Five Acres staff. A transition program is developed which may include increased home visits, family involvement, and linkage to local community resources.

Children are discharged from Five Acres with prior written approval from the child's authorized representative(s). In the case of non-private placements, parents and/or children may request removal from Five Acres' programs to the authorized representatives (CSW and/or Juvenile Court). Removal without Five Acres recommendation must be with a seven day notice.

If it's determined that Five Acres can't meet the needs of the child and/or family, the authorized representative(s) shall be notified of the determination and request that the child be placed elsewhere.

Five Acres reserves the right to discharge a child under emergency circumstances. These include law enforcement arrest, danger of health or safety of the child, or the endangerment of others at Five Acres.

| I have read and understand these policies. |      |  |  |  |
|--|------|--|--|--|
| Signature                                  | Date |  |  |  |



## **Drug-Free Workplace Policy**

In compliance with the Omnibus Drug Legislation, enacted by the Congress of the United States, Public Law 100-690, Title V, Subtitle D, it is the intent of Five Acres to provide a workplace which is safe and free from the destructive influence which would result from any exposure to the unlawful manufacture, dispensing, distribution, possession or use, by any employee, contractor, student or volunteer (hereafter referred to as "staff member") of any controlled substance. Five Acres will ensure that all management personnel and each staff member are given a copy of this policy.

Five Acres forbids any person, employee or nonemployee to report to work or to be present on Five Acres premises while under the influence of any controlled substance, or to attempt to manufacture, distribute, dispense, possess or use any controlled substance thereon. Further, a violation by any staff member of this policy, or any staff member's violation of any federal, state or local statutes, rules, regulations, court orders or similar restrictions dealing with the manufacture, distribution, dispensation, possession or use of any controlled substance on Five Acres premises, while driving a vehicle on Five Acres business, or wherever Five Acres business is conducted is prohibited.

The term "controlled substance" shall include but not be limited to: marijuana, hashish, heroin, cocaine, hallucinogens, and depressants and stimulants not prescribed for current personal treatment by the user by a licensed physician. For purposes of this policy, a drug will be considered a "controlled substance" if 1) its use is prohibited or restricted by law, and 2) a staff member improperly uses or possesses the controlled substance, regardless of whether such conduct constitutes an illegal act or whether the staff member is criminally prosecuted and/or convicted for such conduct.

As a condition of continued employment or relationship with Five Acres by each staff member, such staff member will 1) abide by the terms of this policy and 2) if convicted of any criminal controlled substance statute for a violation which took place at the workplace, notify Five Acres of such conviction within 5 days of the date of that conviction. (Note: Five Acres will take action on a pending personnel case within 30 days of notification and inform the appropriate governmental agency of that action.)

Any violation of the foregoing policy will result in immediate discipline including possible suspension from or termination of the staff member.

Five Acres will attempt to reasonably accommodate any staff member who voluntarily seeks referral and/or counseling services related to controlled substance treatment programs.

# **Drug-Free Workplace Policy (con)**

| l,   | _ (your name), as a volunteer at Five Acres, certify     |
|--|--|
| that I have read and understand the attack   | ned Drug Free Workplace Policy. I understand that I      |
| may be subject to suspension or terminati    | on for any violation of the attached policy, including   |
| without limitation, a criminal conviction of | any federal, state or local drug statute for a violation |
| occurring on Five Acres premises, while dr   | riving a vehicle on Five Acres business, or at a place   |
| where Five Acres' business is conducted.     |  |

This statement acknowledges that I have received, read and understand Five Acres' policy on a Drug Free Workplace and is not a waiver of any rights I may have under any administrative or disciplinary policy of Five Acres.



## Live Scan (Criminal Background Check) Information

All volunteers should complete their Live Scan prior to regular direct service at Five Acres.

Five Acres has partnered with Pasadena Live Scan Services at 708 N. Marengo Ave #A, Pasadena, CA 91103 for your convenience. Contact them at <a href="josecaal@sbcglobal.net">josecaal@sbcglobal.net</a> | (626) 792-2185 | (626) 449-1583 or walk in with the below form for service. Hours are M-F 10 am to 7 pm or Saturdays 10 am to 3 pm

Please complete the included Live Scan Service Form and bring with you to your appointment. Make sure to print a copy for the Live Scan operator and to return completed to Five Acres' Volunteer and Community Engagement Coordinator at <a href="mailto:volunteer@5acres.org">volunteer@5acres.org</a>.

| ORI: A0448 Code assigned by DOJ                                      |                 |  |                                     |
|--|-----------------|--|-------------------------------------|
| Job Title or Type of License, Certification                          | on or Permit    | t: <u>Group Home more</u>                  | 6/child                             |
| Agency Address Set Contributing Agency:                              |                 |  |                                     |
| Department of Social Services  |                 | 03502                                      |                                     |
| Agency authorized to receive criminal history i                      | nformation      | Mail Code (five-digi                       | t code assigned by DOJ)             |
| 744 "P" Street   |                 |  |                                     |
| Street No. Street or P.O. Box  |                 | Contact name (mar                          | ndatory for all school submissions) |
|  | 95814           |  |                                     |
| City State   | Zip Code        | Contact telephone                          | no.                                 |
| Name of applicant:   |                 |  |                                     |
| (Please print) Last  |                 | First                                      | MI                                  |
| Alias:   |                 | Driver's License No:                       |                                     |
|  |                 |  |                                     |
| Date of Birth: Sex: ☐ Male   | □ Female        | <del>-</del>                               | 942<br>cy Billing Number            |
| Martin Martin  |                 | -  |                                     |
| Height: Weight:  |                 | Misc. Number:                              |                                     |
| Eye color: Hair Color:   |                 |  |                                     |
| Street No. Street or P.O. Box  |                 |  |                                     |
| Place of birth:  |                 | City                                       | Ctate and 7in Code                  |
|  |                 |  | , State and Zip Code                |
| Social Security Number:  |                 |  |                                     |
|  |                 | Level of Serv                              | rice: ☑ DOJ ☑ FBI                   |
| Your Number: 191200236  OCA No. (Agency Identifying No.)             |                 | & CHILD ABUSE CENTRAL INDEX                |                                     |
|  | ing No.)        | & CHILD ABO                                | JSE CENTRAL INDEX                   |
| If resubmission, list Original ATI                                   |                 |  |                                     |
| Number:  |                 |  |                                     |
| Employer: (Additional response for agencies                          | specified by st | ratute)                                    |                                     |
| _Five Acres  |                 |  |                                     |
| Employer Name  |                 |  |                                     |
| _760 W. Mountain View St.  |                 | _09199                                     |                                     |
| Street No. Street or P.O. Box  |                 | Mail Code (five digit code assigned by DOJ |                                     |
| _Altadena CA 91101   |                 | (626) 798-6793 ext. 2205                   |                                     |
| City State Zip Coo   | de              | Agency Telephone I                         | No. (optional)                      |
| Live Scan Transaction Completed By:                                  |                 |  |                                     |
|  | N               | lame of Operator                           | Date                                |
| Transmitting Agency ATI N ORIGINAL – Live Scan Operator; SECOND COPY | _               | HIRD COPY (if needed) – F                  | Amount Collected/Billed             |