



**Job Performance Evaluation**

Employee Name: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_

Position Title: \_\_\_\_\_  
 Date of Report: \_\_\_\_\_  
 Date of Last Report: \_\_\_\_\_

**Directions:** Please indicate the appropriate level of performance for each of the following categories. For each rating, please cite specific examples and also include recommendations or desired improvements in the comment sections below.

Categories:	Scale:				
	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Outstanding
<b>1. Initiative:</b> Acts independently in novel and everyday situations; understands what tasks need to be completed and does them without being told. Comments: _____ _____	<input type="checkbox"/>				
<b>2. Output:</b> The actual work output of the employee relative to the standards. Comments: _____ _____	<input type="checkbox"/>				
<b>3. Quality:</b> The degree to which tasks are completed accurately, thoroughly, and according to standards. Comments: _____ _____	<input type="checkbox"/>				
<b>4. Effort:</b> Makes an earnest and conscientious attempt to complete assigned responsibilities. Comments: _____ _____	<input type="checkbox"/>				
<b>5. Dependability:</b> The degree to which the employee is reliable, trustworthy, and consistent. Comments: _____ _____	<input type="checkbox"/>				
<b>6. Job Knowledge:</b> Maintains knowledge of techniques, processes, procedures, services, equipment, and other factors necessary to complete the job proficiently. Comments: _____ _____	<input type="checkbox"/>				

<b>Scale:</b>
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<b>Categories:</b>	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Outstanding
<b>7. Interpersonal Skills:</b> Effectiveness in accomplishing tasks by working with others (e.g. peers, supervisors, and persons served). Comments:	<input type="checkbox"/>				
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<b>8. Supervisory Skills:</b> Effectiveness in planning, organizing, executing, and delegating the work of subordinates (if applicable). Comments:	<input type="checkbox"/>				
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<b>9. Organizational Skills:</b> Effectiveness in planning, organizing, upholding a schedule, coordinating resources, and meeting deadlines. Comments:	<input type="checkbox"/>				
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<b>10. Flexibility:</b> Effectiveness in adapting to changes in job duties and responsibilities. Comments:	<input type="checkbox"/>				
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<b>11. Attendance/Punctuality:</b> The frequency of absences, tardies, and early departures; the level of compliance with the company's leave policy. Comments:	<input type="checkbox"/>				
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<b>12. Communication Skills:</b> Ability to communicate thoughts and ideas effectively to others. Comments:	<input type="checkbox"/>				
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<b>13. Teamwork:</b> Effectiveness in completing tasks in conjunction with others. Comments:	<input type="checkbox"/>				
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<b>14. Commitment to Persons Served:</b> Dedication in supporting persons served with achieving their goals and exercising their rights. Comments:	<input type="checkbox"/>				

Supervisor Assessment of Prior Year Goals :

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11.
12.
13.
14.
Additional Comments (If additional space is needed, then attach a sheet with the employee's name and date of the evaluation):

The Following Documents Have Been Reviewed and Signed with the Employee and Supervisor and an Updated Copy is Attached:

<input type="checkbox"/> Job Description	<input type="checkbox"/> Program Policy
<input type="checkbox"/> Code of Ethics	
<input type="checkbox"/> Emergency Contact Form	
<input type="checkbox"/> Awake Overnight Policy	
<input type="checkbox"/> Time Reporting Policy	
<input type="checkbox"/> Outside Employment Disclosure Form	

Employee's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**EMERGENCY FORM**  
**(Updated Yearly)**

Date Form Completed: \_\_\_\_\_/\_\_\_\_\_/201\_\_\_\_ Updated: \_\_\_\_\_/\_\_\_\_\_/201\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

In Case of Emergency Notify:

1). Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2). Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3). Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Telephone # your Doctor can be reached at: (\_\_\_\_\_) \_\_\_\_\_

In case of emergency I instruct Center for Social Change to contact the above listed persons. In case of emergency, Center for Social Change can release what ever information is necessary to the appropriate medial authority.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/201\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Pager: (\_\_\_\_\_) \_\_\_\_\_ Car Phone: (\_\_\_\_\_) \_\_\_\_\_



Center for Social Change, Inc.
A Support Center for Persons with Developmental Disabilities

www.centerforsocialchange.org

REVISED: Awake Overnight Procedures

This is to remind all Awake Overnight staff of Center for Social Change of the Awake Overnight Policy. As stated in the Employee Manual:

“All employees who work/cover Awake Overnight shifts with CSC individuals are required to be awake at all times during their shift in order to safeguard the health and safety of individuals under their care. Individuals who have complex health/medical issues and challenging behavioral problems should be monitored at all times by an employee who is assigned to work with such individuals.

Staff who work Awake Overnight should not only document the status of individuals under his/her care in STEDS, but also report the individual’s status every hour by calling the program office and leave a voice mail message to the Coordinator in charge of the home. Every Awake Overnight employee should call the program office at 410-579-6813 five minutes before or after, 11pm, 12 pm, 1am, 2 am, 3am, 4 am, 5am, 6am, and 7am. In addition, every Awake Overnight employee is responsible for entering the sleep/awake information in STEDS at 12am, 2am, 4am, and 6am. (You are required to call in the status of each individual at the hour you begin your shift in addition to calling to clock in.) If the computer is not working you are still responsible to contact your coordinator and then are responsible for hourly call in (11, 12, 1, 2, etc through 7am) Failing to do this will result in the following disciplinary actions:

- 1. Docking of wages – For example, if an employee contacts the office at 1:30am instead of 1am, half hour wage will be docked (from 1am-1:30am). If an employee does not call at 1am but calls at 3am, four hours pay (from 11pm to 3am) will be docked. The same applies to all missed hours.
2. Termination of Employment

Employees are responsible for the individual’s health and safety while they are under an employee’s care. Risking individual’s life by not monitoring them at night and other times by an employee is considered gross misconduct and will lead to immediate dismissal of the employees and possible criminal action against the employee.”

This policy will continue to be strongly enforced.

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

Date: \_\_\_\_\_





# Center for Social Change, Inc.

A Research and Support Center for Persons with Developmental Disabilities

[www.centerforsocialchange.org](http://www.centerforsocialchange.org)

I have read and understand the reverse memo regarding the requirements of the AON coverage with regards to calling in and documenting awake and sleep patterns.

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**Date:** July 01, 2020  
**From:** Payroll Department  
**Subject:** Reporting Time Worked Policy

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The following is the policy regarding reporting of your work time:

- ❖ I understand that I know how to report the time I work using the ADP's reporting system and I have no further questions regarding how to use the system at this time.
- ❖ I understand that I will not be permitted to work before or after my normal scheduled shift unless requested to do so by my Supervisor or another member of the Management.
- ❖ I understand that I must use the device designated by Center for Social Change, Inc. to clock in at the beginning of my assigned shift and clock out at the conclusion of my assigned shift. Failing to follow company policy to report my time worked using the ADP's reporting system will lead to disciplinary action up to and including possible termination of my employment.
- ❖ I understand that I am required to report to work as scheduled and that failing to work the hours assigned to me without getting the proper prior approval from my supervisor will lead to disciplinary action up to and including possible termination of my employment.
- ❖ I understand that any attempt to defraud the Company by any means will be considered per the Company's Employee Manual a Level 1 Offense which could result in disciplinary action being taken against me up to and including the immediate termination of my employment. Examples of defrauding the company include but are not limited to reporting someone else's time on their behalf, making false or fraudulent statements regarding overtime, ETO, leave of absence, sick pay or medical leave.

*The following signature certifies that the employee has understood the above mentioned procedure:*

Employee's Name: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Outside Employment Disclosure Form CENTER FOR SOCIAL CHANGE, INC.

Employees should use this form to disclose secondary employment outside of Center for Social Change, Inc.  
Employees should first read CSC's Outside Employment Policy, before submitting this form.

Employee Name	:	
Date of Hire with CSC	:	
Position Held with CSC	:	

1		I do not currently have any other employment other than the one in Center for Social Change, Inc
2		I do currently have employment other than the one with Center for Social Change, Inc
3		If you have checked (2) above, please complete the following information

Name of Outside Employer	:	
Position Held	:	
Date Employment Began	:	
Supervisor & Telephone #	:	
Name of Outside Employer	:	
Position Held	:	
Date Employment Began	:	
Supervisor & Telephone #	:	

I understand that should I fail to report and fully disclose any outside employment, I may be subject to disciplinary action including possible termination from employment.

\_\_\_\_\_

Employee Name Signature Date



**Center for Social Change, Inc.**  
**A Support Center for Persons with Developmental Disabilities**

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Memorandum

To: All Staff  
 From: Dana Dimas, Director of Programs  
 RE: Policy Reminders  
 Date: 7/1/2017

1. For all individuals who do not demonstrate the necessary safety skills to cross the street:  
**Staff are to walk the individual to the van for departure for the day program in the morning.**  
**Staff are to meet the individual at the van to supervise and assist the individual into the home upon return from the day program.**
2. CSC is not responsible for personal items. No personal laptops, iPads, or other personal equipment are to be brought into the unit or program at any time. Cell phones must remain away and used only in emergency situations.
3. Work/agency time is NOT to be used for homework or other personal tasks.
4. No staff should leave the unit/program at any time during his/her shift without discussing this with the supervisor. The supervisor may agree or disagree to allow the staff to leave, depending on arrangements that can be made to maintain ratios in the unit/program. Leaving without such arrangement is NEGLECT.
5. Vehicles should not be used unless it is an approved activity. Permission must be obtained from the supervisor.
6. Incidents must be reported immediately to the supervisor and the report completed before the end of the shift.
7. No individual is to remain in a vehicle unattended. If staff need to run into an establishment quickly, take individuals with you.
8. Do NOT honk the horn at any home. Call the unit. Be respectful of our neighbors.

Employee Name (print) \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## CODE OF ETHICS POICY

**[To be signed every year by all staff]**

We, (staff and board members), dedicate ourselves to carrying out the mission of CSC in all of our duties and functions. We will:

1. Recognize that the chief function of the Agency at all times is to serve the best interests our individuals, their family members, and our constituency.
2. Accept as a personal duty the responsibility to keep up to date on emerging issues and to conduct ourselves with professional competence, fairness, impartiality, and effectiveness.
3. Respect the structure and responsibilities of the board of directors, provide them with facts and advice as a basis for their making policy decisions, and uphold and implement policies adopted by the board of directors.
4. Keeps the community informed about issues affecting it.
5. Conduct our organizational and operational duties with positive leadership exemplified by open communication, creativity, dedication, and compassion.
6. Exercise any authority we have under the law, and carry out the mission of the organization.
7. Serve with respect, concern, courtesy, and responsiveness in carrying out the organization's mission.
8. Demonstrate the highest standards of personal integrity, truthfulness, honesty, and fortitude in all our activities in order to inspire confidence and trust in our activities.
9. Avoid any interest or activity that is in conflict with the conduct of our official duties.
10. Respect and protect privileged information to which we have access in the course of our official duties.
11. Strive for personal and professional excellence and encourage the professional developments of others.
12. Treat others with dignity and respect at all time and will strive to encourage others to be the best.
13. Maintain conduct that is fair, positive, and humane
14. Maintain conduct that is free of abuse, neglect, cruelty, humiliation, and fraud.
15. Not abuse, neglect, exploit, or misuse the funds or property of individuals to include but is not limited to not accepting gifts of money or property from an individual if not approved by the planning team.
16. Shall not witness signatures of individuals for legal documents such as powers of attorney, guardianship, advance directives, or medical treatment.
17. Shall comply with the company social media policy. Be respectful, honest and accurate; post only appropriate and respectful content.

Employee Name (print) \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Training Agreement**

The COMAR regulations pertaining to services for individuals with developmental disabilities require that all persons who will be employed by Center for Social Change, Inc. and who will work with individuals with developmental disabilities need to have the following training completed within ninety days of their employment start date.

<b>DDA Mandated Trainings</b>			
Blood Borne Pathogens	\$25. <sup>00</sup>	Community Integration and Inclusion	\$25. <sup>00</sup>
Communicable Diseases	\$25. <sup>00</sup>	First Aid	\$50. <sup>00</sup>
CPR	\$50. <sup>00</sup>	Fundamental Rights	\$25. <sup>00</sup>
Medication Technician Training Program - Initial	\$190. <sup>00</sup>	General Characteristics	\$25. <sup>00</sup>
Medication Technician Training Program - Refresher	\$70. <sup>00</sup>	IDOOPI	\$25. <sup>00</sup>
Mandt Training – Initial	\$50. <sup>00</sup>	Seizure Disorders	\$25. <sup>00</sup>
Mandt Training – Refresher	\$50. <sup>00</sup>	Supporting Individuals and Families in Choices	\$25. <sup>00</sup>
Communication Skills	\$25. <sup>00</sup>	The Aging Process and Needs of the Elderly	\$25. <sup>00</sup>

The following trainings that are a part of DDA Mandated Trainings have to be refreshed on an annual basis: BPS, Blood Borne Pathogens. The following trainings have to redone every two years: CMT, CPR, and First Aid.

The following listed trainings are the CSC Mandated Trainings, which have to be completed by all employees annually:

<b>CSC Mandated Trainings</b>			
Abuse and Neglect	\$25.00	Emergency Preparedness	\$25.00
Cultural Diversity	\$25.00	Food Preparation	\$25.00
Defensive Driving	\$25.00	Incident Reporting	\$25.00
Fire Drill and Fire Safety Practice	\$25.00	Choking Prevention and Dysphagia Diets	\$25.00
Work Place Violence, Bullying and Sexual Harassment	\$25.00	Trauma Informed Care	\$25.00

The below listed Children's Trainings only need to be completed if you work with children in our residential program and are to be redone annually:

<b>Children's Trainings</b>			
Approved Forms of Discipline and Management	\$25.00	Special Needs of the Population Served	\$25.00
Child Abuse	\$25.00	Parenting Issues, Collaboration with Families	\$25.00
Child Development	\$25.00	Psychosocial and Emotional Needs	\$25.00
Communication Skills	\$25.00	Suicide Risk Assessment and Prevention	\$25.00
Emergency Preparedness	\$25.00	The Role of Child Care Employee	\$25.00
Food Preparation	\$25.00		



The trainings mentioned in the tables above have to be successfully completed within 90 days of your employment start date. It is your responsibility to complete the refreshers before the applicable expiration dates. The trainings that do not need to be refreshed only have to be completed once for the duration of your employment with the company.

All the above listed trainings are paid for by the company and their cost as per the tables above will be collected from the employee if they choose to leave Center for Social Change (CSC), Inc. prior to one year of employment. If the employee is terminated by CSC during the first year of employment or chooses to leave the company after one year of employment, then the employee will not be responsible to reimburse the company for any training costs.

CSC will compensate its employees for the hours spent during the training sessions in a classroom setting: if the training takes place during the employee's scheduled hours then the employee may be compensated at their regular rate of pay and if the training does not take place during their work hours then they may be compensated at a rate established by the company, which will not be lower than the Federal or State mandated minimum wage. If the employee completes any of the listed trainings with an outside provider, then CSC will not compensate the employee for any hours spent in training. The policy may be subject to change at any given time, without prior notice being provided to the employee.

If you complete BPS, CPR, CMT, or First Aid with an outside provider then it is your responsibility to provide CSC with the acceptable proof of successful completion, otherwise you will have to complete the training with CSC as well.

In case an employee fails to attend a training he/she signed up for or shows up late for the training, or does not pass, the employee will be subject to a payroll deduction equivalent to the cost of the training, which has been mentioned above.

If an employee fails to complete any of the above listed trainings, then that employee's employment may be subject to termination or the employee may be given another opportunity to successfully complete the training.

Center for Social Change, Inc. will only provide copies of the following trainings if they are completed with the company: BPS, CMT, CPR, and First Aid.

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date