

CLERMONT COUNTY BOARD OF DEVELOPMENTAL DISABILITIES



Gift of Time Respite Cooperative Handbook

Revised October 2013

Gift of Time Respite Cooperative

October 2013

Dear Parents/Guardians,

Welcome to a newly revised respite cooperative made possible through your willingness to *gift* your time to Clermont County Board of Developmental Disabilities. We are glad you are joining in on the fun and excitement of the respite cooperative. We offer opportunities for positive growth and development in an environment that is safe, fun, and enriching.

Gift of Time Respite is a place where your family member will be encouraged to play games, develop social skills, and participate in a wide variety of activities. As you read through this handbook, you will receive a better understanding of how our cooperative operates. Our hope is that it will help prepare you and your family member for a safe and fun experience.

Set aside some time to read this information. It will give you a picture of the structure of the respite day. However, if you have further questions or concerns, please feel free to contact us.

If you would like to take a tour of the facility prior to your first day of respite, please let me know. We will be happy to accommodate your request.

We are excited about this cooperative and look forward to introducing your family member to new friends and our care providers.

Sincerely,

Robin Cooke, GOT Respite Coordinator
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Contact Us

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CCDD Mission Statement

The mission of the Clermont County Board of Developmental Disabilities is to work in partnership with eligible individuals who have developmental disabilities and empower them and their families to identify and support the choices they make about services. The development and allocation of agency resources will be based upon these choices.

Gift of Time Respite Cooperative Mission Statement

The mission of the Gift of Time Respite Cooperative is to partner with families to provide a respite service that promotes positive growth and development in an environment that is safe, fun, and enriching.

Core Values

The Clermont County Board of DD and GIFT OF TIME Respite Cooperative work to accomplish their missions by following core values:

Safe and Supportive Environment

for individuals we serve, families, visitors, care providers, and the community.

Understand

our mission, our values, our jobs, our mandates and to ensure that others understand.

Responsibility & Respect

for individuals we serve, each other, the community, to manage resources efficiently, and to provide access to efficient services and programs.

Engagement

with the individuals we serve, families, advocates, each other, and the community.

Care Providers

All respite care providers have been carefully selected for their maturity, character, and experience with children and/or adults. All care providers have been thoroughly screened with a complete background and criminal history check. All care providers receive training in age appropriate activities, behavior management and emergency procedures. The respite care providers are certified in CPR, Basic First Aid, and non-physical crisis prevention. A nurse with advanced training in CPR and First Aid on site at all times.

Cooperative Eligibility

Referral for Respite

The GOT Respite Coordinator receives referrals from

1. CCDD Intake Coordinator -- via phone/email
2. CCDD Behavior Support Coordinator/Specialist -- via phone/email
3. Self-Referral ¹ -- via phone/email
4. Fast Trac Representative -- fax Wrap application to (513) -732-4818

GOT Respite Cooperative eligibility is two tier: Qualified Families and Cooperative Effort. Family members are eligible to attend GOT Respite by meeting criteria in both tiers.

Qualified Family Member

Individuals meeting one of the following criteria are eligible to attend GOT Respite:

1. Individual or sibling, age 3 through adulthood, is eligible for Clermont DD services
2. Individual or sibling, age 3-21, is involved with a Fast Trac Wraparound Team and his/her plan includes respite; upon discontinuing the Wraparound Team, family members are no longer eligible² for GOT Respite

Cooperative Effort

The cooperative is a partnership between families and CCDD. Families eligible under Qualified Family Member are asked to support the cooperative in one (1) of the following ways: Gift of Time or Gift of Money.

Gift of Time

"Everyone has a talent and a unique perspective and when shared with those in need, it helps to foster positive effects in their community, creating a new dimension in their own lives and the lives they touch."³

Points are earned by agreeing to support the cooperative with a *gift of time*. Volunteer opportunities are assigned point values. To *purchase* respite with points

First family member 2 points

Additional family member 1 point/each

¹ GOT Respite Coordinator will follow guidelines to determine Qualified Families

² Family members whose Wraparound Team is discontinued may use banked points for respite until all points are exhausted.

³ Retrieved from Volunteers of America, 2013. http://www.voa.org/Get-Involved/Volunteer/Everyone_Can_Help

Point Schedule⁴

- Sell raffle tickets for fund raising events 2 points/\$30 sold
- Work events 1 point/hour
- Enter an Event as a Participant 1 point/event
- Collect cash donations or items for a raffle 2 points/\$30
- Facilitate an activity at respite 1 point/hour
- Provide care at respite. 1 point/hour
- Making phone calls. 1 point/hour
- Other⁵ 1 point/hour

Gift of Money

Understanding that individual families have individual schedules and commitments of their time, members may elect to support the cooperative by purchasing 6 hours of respite⁶.

First family member \$30.00

Additional family member \$15.00/each

Make check/money order payable to Clermont County Board of Developmental Disabilities. Payment is due in advance. Mail check/money order to:

Clermont County Board of Developmental Disabilities
ATTN: Coral Kerns
2040 US Highway 50
Batavia, OH 45103

Respite Dates

Respite is scheduled twice each month. An annual calendar is available upon request by contacting the GOT Respite Coordinator.

Respite Hours

Sign In for respite begins at 9:00 AM

Sign Out for respite ends at 3:00 PM

Location

Respite is held at the Thomas A. Wildey Center located at 2040 US Highway50 • Batavia, OH 45103 (1.8 miles west of Owensville, OH). See Appendix A for directions.

⁴ Points are awarded for fractions of the criteria. For example, collecting \$15 will earn 1 point; making phone calls for 1/2 hour will earn 1 point.

⁵ Contact the GOT Respite Coordinator with your idea or to discuss the possibilities.

⁶ May be combined with points as available.

Reservations

Reservations are limited to eighteen (18) participants and are taken on a first-come-first-serve basis. To reserve a day of respite for your family member, contact the GOT Respite Coordinator. Registration closes one (1) week prior to respite date. Late reservations will be accepted for the Standby List only.

Parent/Guardian Interview

Prior to attending respite -- for the first time only -- the parent/guardian will be contacted by the GOT Respite Coordinator for a telephone interview. This interview will enable the GOT Respite Coordinator to “know” your family member better and will assist in providing thoughtful and supportive care.

Standby List

When reservations exceed eighteen (18) or late reservations, family members will be placed on a Standby List. If a participant cancels a reservation, those on the Standby List will be offered the opportunity to attend on a first-come-first-serve basis.

Cancellations

Since respite is limited to eighteen (18) participants and individuals may be on the Standby List, calling the GOT Respite Coordinator to cancel a reservation is required. Failure to cancel a reservation in advance and simply not coming will result in the forfeiture of points/payment.

No Show-No Call

Individuals having a reservation but elect *not* to attend *without* calling in advance to cancel will result in the forfeiture of points/payment.

Sign In

Drop Off

9:00 AM

Sign-in table open until 9:30 AM

Parent/Guardian Signature Required

Parents/guardians must sign in/out their family member upon arrival with a full name signature. Parents/guardians must provide a phone number where they can be reached for the day.

Late Arrival

Family members that will arrive later than 9:30 AM *must* make *prior* arrangements with the GOT Respite Coordinator by calling 513-399-7284 to ensure access to the building.

Information Update

To make changes to information given during the Parent Interview -- address, phone number, medication given at home, emergency contact, etc. -- parents/guardians should complete an Information Update Form. See Appendix B: Forms. Completed form will be given to the On-Site Nurse during sign-in.

Emergency Treatment Authorization Statement

Before a family member may attend respite for the first time, parent/guardian must complete Emergency Treatment Authorization Statement. See Appendix B: Forms.

Medication Authorization

Participants requiring medication during the day will need written parent/guardian permission. Parents/Guardians should bring *only* the exact dosage to be administered during respite.

At no time should participants be in possession of medication.

Medication *must* be in original labeled container.

Parents/Guardians will register medication(s) with the On-site Nurse during Sign In.

A Medication Authorization form must be completed prior to each respite. See Appendix B: Forms.

The information needed is

- name of medication
- dosage
- time of administration
- delivery (ex. by mouth)

Medication will be administered by the On-site Nurse.

Personal Belongings

Participants will give their lunches, snacks, and drinks to the On-site Nurse. The On-site Nurse will distribute them at the designated time.

Participants take all other personal belongings to their first activity. These personal belongings will be placed in a large plastic bag and will be available to them throughout the day.

Sign Out

Pick Up

3:00 PM

Sign-out table open 2:30 PM until 3:15 PM

Parent/Guardian Signature Required

Parents/guardians must sign-out their family member upon departure.

Parent Designee

Parent/Guardian must give prior notice when a designee is assigned to sign-out a participant.

Prior notice may be given at Sign In or by calling the GOT Respite Coordinator. If using phone notification, parent/guardian may be asked for identifying information. Designee must have an officially issued photo identification card for verification.

Late Pick Up

Sometimes unforeseen situations arise -- flat tire, stuck in traffic, sudden illness, etc. -- and necessitate a late pick-up. Family members that will be picked up later than 3:15 PM **MUST** make **PRIOR** arrangements with the GOT Respite Coordinator at 513-399-7284 to ensure access to the building.

Medication

Parents/guardians who brought medication will need to sign-out with the On-site Nurse. Any concerns will be discussed and medication/containers returned.

Preparing for Respite

Attending respite for the first time can be a stressful experience. Proper planning promotes success. Take time to discuss respite together. See Appendix C for a social story that may help facilitate the discussion.

What to Bring to Respite

Listed below are items your participants will need for respite. Items should be packed in a backpack or plastic bag separately for individual participants. All items should be clearly labeled with each participant's name.

Lunch

Participants will need a sack lunch that does NOT need to be cooked and a drink packed in a plastic bag (gallon-size zipper bag/grocery bag). Lunch should be labeled with participant's name.

Snack

Participants will need a snack that does NOT need to be cooked and a drink packed in a plastic bag (gallon-size zipper bag/grocery bag). Snack should be labeled with participant's name.

Clothing

Participants should NOT wear good clothes. Dress to get messy! Athletic apparel and clean gym shoes are always appropriate.

Extra Clothing

Participants should bring an extra change of clothing in case of illness/accident.

Swimwear

Participants will need a swimsuit/trunks, towel and a plastic bag for their wet swim wear.

What NOT to Bring to Respite

The following items are not allowed: knives or weapons of any kind (including chains); alcohol, drugs or tobacco products; expensive jewelry; personal video games, toys or card games; radio, tape or CD players; money . Please help us maintain a safe environment by not allowing your family member to bring any of these items. The GIFT OF TIME Respite Cooperative is not responsible for lost, stolen or broken items that are brought to respite.

Activities

Participants will be involved in a variety of activities while at Respite to include: swimming, board games and puzzles, gym, bike riding, ball games, and quiet activities such as listening to music and/or watching a movie. The activities will be scheduled by age and/or interest groups.

Inclement Weather

Respite is held rain or shine. Snow and ice, however, are another story. In the event of inclement weather, the GOT Respite Coordinator or volunteer will call the morning of respite to inform you of a cancellation.

Participant Illness/Accidents

In the event the participant becomes ill or has an accident, the GOT Respite Coordinator or On-site Nurse will notify the parent/guardian. Due to the large concentration of children, there are circumstances when the GOT Respite Coordinator or On-site Nurse will ask that a participant not attend or must be picked up early from respite. These instances will include a participant who has

- two or more episodes of diarrhea
- a temperature of 100 degrees or more
- vomiting or the combination of any of the above symptoms
- other symptoms (such as pink eye, uncontrolled pain, injury requiring further medical assessment)
- severe nasal or eye discharge
- an unidentified rash
- a contagious disease (chicken pox, measles, lice and ring worm)

Other situations

- Minor accidents/illness
 - The On-site Nurse will provide appropriate first aid and provide the parent/guardian with a copy of the completed accident/injury report form.
- Prescribed antibiotics
 - Participant must be on the medication for at least 24 hours before attending respite. If a registered participant has a communicable disease, please notify the GOT Respite Coordinator as soon as possible.
- If a participant becomes ill while at respite, parents/guardians/emergency contact will be contacted to make necessary arrangements to pick up the participant.

Participant can attend respite when:

- A temperature is steadily below 100 degrees for 24 hours without medication
- An infection has been diagnosed and participant has been on antibiotics for 24 hours
- It has been 24 hours since the last episode of vomiting or diarrhea
- Nasal discharge is not thick, yellow or green
- A rash has subsided, or a physician has determined that it is not contagious
- Head lice/nits have been treated, and there is no sign of nits
- Ring worm has been treated and covered.

Injury reports

The On-site Nurse will follow the guidelines listed below for any participant in need of first aid or medical intervention (including but not limited to injuries, marks, discolorations, contusions or anything that may indicate a potential to require medical attention) as a result of an incident that occurs during respite .

1. The On-site Nurse will document the details surrounding the injury and determine if calling parents/guardians/emergency contact is necessary.
2. Medical attention will be provided and documented on the injury report form.

3. Should the On-site Nurse not be available, the forms must be completed by the GOT Respite Coordinator/Behavior Support Specialist.
4. All witnesses to the incident will verbally report to the GOT Respite Coordinator/Behavior Support Specialist and may be required to prepare a statement and submit it to the GOT Respite Coordinator. All evidence surrounding the injury will be gathered and reported.
5. The forms will be completed prior to the end of the respite event.
6. If the On-site Nurse determines that it is not immediately necessary to call and inform the parents/guardians/emergency contact of the injury, the parents will be informed of the incident upon their arrival to pick up their family member and will sign the injury report confirming that they were informed.
7. The original injury report will be submitted to the GOT Respite Coordinator.

Participant Emergencies

The On-site Nurse will treat routine scrapes and cuts. In all cases of serious illness or accident, the GOT Respite Coordinator/Behavior Support Specialist/On-site Nurse will contact 911 for emergency treatment as per the signed Medical Treatment Authorization Statement and will contact the parent/guardian/emergency contact immediately.

Behavior Support

Guiding the behavior is an important task that care providers take seriously.

Participant will . . .

- Show respect for self/others/property
- Respect personal space
- Keep hands/feet/body to self
- Stay in the assigned area
- Follow all facility and pool rules

Care Providers will...

- Set clear, consistent, fair limits for behavior
- Value mistakes as learning opportunities
- Redirect participants to more acceptable behavior or activities
- Use empathic listening skills when participants talk about their feelings/frustrations
- Guide participants to resolve their own conflicts and model skills that help them to solve problems
- Patiently remind participants of rules and their rationale as needed
- Use effective praise that is immediate, sincere and specific
- State directions in a positive fashion

Parental Concerns

If the parent/guardian has a concern/comment, please contact the GOT Respite Coordinator.

Satisfaction Survey and Follow-up Interviews

You and your family member may be asked to participate in a satisfaction survey. Your participation is voluntary. Your feedback is important and could help to better meet your needs and the needs of your family member.

Appendix A: Driving Directions

From Amelia on OH-132

	Directions	Distance before next turn
1	Turn RIGHT onto OH-132/W Main St. (traffic light)	4.5 mi
2	Take the 1st left onto OH-132/OH-222. (traffic light) Continue to follow OH-222.	0.07 mi
3	Turn RIGHT onto US-50	4.5 mi
4	Arrive at 2040 US Highway 50 on LEFT	1.8 mi

From Batavia on W Main St at OH-132

(traffic light near Red Barn)

	Directions	Distance before next turn
1	Start out going east W Main St. at OH-132 (traffic light near Red Barn)	0.07 mi
2	Take the 1st left onto OH-132/OH-222. (traffic light at UDF) Continue to follow OH-222.	4.5 mi
3	Turn RIGHT onto US-50	1.8 mi
4	Arrive at 2040 US Highway 50 on LEFT	

From Bethel on OH-133

	Directions	Distance before next turn
1	Start out going north on OH-133 toward Batavia	6.9 mi
2	Turn LEFT onto E Main St/OH-133	1.3 mi
3	Stay STRAIGHT to go onto OH-276 (at 4-way stop/Dollar General Store)	6.0 mi
4	Turn LEFT onto W Main St/US-50/OH-132 (traffic light)	1.8 mi
5	Arrive at 2040 US Highway 50 on RIGHT	

From Eastgate via OH-32E

(at Jeff Wyler Auto Mall)

	Directions	Distance before next turn
1	Start out going east on OH-32 toward Elick Ln	4.1 mi
2	Take the Olive Branch Stonelick Rd ramp	0.1 mi
3	Turn LEFT onto Olive Branch Stonelick Rd	0.8 mi
4	Turn LEFT to stay on Olive Branch Stonelick Rd	1.7 mi
5	Turn RIGHT (after RR Crossing) to stay on Olive Branch Stonelick Rd and cross the bridge	0.4 mi
6	Turn LEFT onto OH-222	0.07 mi
7	Turn RIGHT onto US-50	1.8 mi
8	Arrive at 2040 US Highway 50 on LEFT	

From Fayetteville on US-50

	Directions	Distance before next turn
1	<i>Start out going WEST on US-50 toward Owensville</i>	13.9 mi
2	<i>Arrive at 2040 US Highway 50 on RIGHT</i>	

From Goshen on OH-132

	Directions	Distance before next turn
1	<i>Start out going south on OH-132 toward Owensville</i>	8.3 mi
2	<i>Turn RIGHT onto US-50</i>	1.8 mi
3	<i>Arrive at 2040 US Highway 50 on LEFT</i>	

From North of Milford on I-275

(N toward Kentucky)

	Directions	Distance before next turn
1	<i>Take EXIT 59, Milford Pkwy toward OH-450/US-50/Hillsboro</i>	0.2 mi
2	<i>Take EXIT 59B toward OH-450/US-50/Hillsboro</i>	0.6 mi
3	<i>Merge onto Milford Pky.</i>	0.3 mi
4	<i>Take the 1st RIGHT onto US-50. (Traffic Light)</i>	6.2 mi
5	<i>Arrive at 2040 US Highway 50 on LEFT</i>	

From South of Milford on I-275

(N toward I-71/Columbus)

	Directions	Distance before next turn
1	Take EXIT 59B toward OH-450/US-50/Hillsboro	0.5 mi
2	Merge onto Milford Pky.	0.3 mi
3	Take the 1st RIGHT onto US-50. <i>(Traffic Light)</i>	6.2 mi
4	Arrive at 2040 US Highway 50 on LEFT	

From New Richmond on OH-132

	Directions	Distance before next turn
1	Start out going north on OH-132 toward <i>Batavia</i>	6.9 mi
2	Turn RIGHT onto OH-132/W Main St. <i>(traffic light)</i>	0.07 mi
3	Take the 1st left onto OH-132/OH-222. <i>(traffic light)</i> Continue to follow OH-222.	4.5 mi
4	Turn RIGHT onto US-50	1.8 mi
5	Arrive at 2040 US Highway 50 on LEFT	

From Williamsburg on OH-276

	Directions	Distance before next turn
1	<i>Start out going west on OH-276 (at 4-way stop/Dollar General Store)</i>	<i>6.0 mi</i>
2	<i>Turn LEFT onto W Main St/US-50/OH-132 (traffic light)</i>	<i>1.8 mi</i>
3	Arrive at 2040 US Highway 50 on RIGHT	

Appendix B: Forms

Information Update

INFORMATION UPDATE for _____
Participant Name Date

Complete only items that require a change.

Address: _____

City, State, Zip: _____

Phone

Home: _____ Cell: _____

Email: _____

Emergency Contact: _____

Relationship: _____

Phone: _____

Diagnosis: _____

All medication taken:

Medication	Dose	Via	Time(s) Given
------------	------	-----	---------------

Medication	Dose	Via	Time(s) Given
------------	------	-----	---------------

Medication	Dose	Via	Time(s) Given
------------	------	-----	---------------

All medication discontinued:

Medication	Medication
------------	------------

Medication	Medication
------------	------------

Allergies

Food: _____

Meds: _____

Other: _____

Diet Restrictions/needs: _____

Emergency Treatment Authorization Statement

This document is to authorize emergency treatment when the responsible party cannot be reached for respite participants who become ill or injured while under GOT Respite Cooperative, Clermont County Board of Developmental Disabilities supervision.

YOU MUST COMPLETE EITHER PART I OR PART II

Part I -- TO GRANT CONSENT

As parent/guardian of _____, I, the undersigned, hereby give consent to the administration of medical treatment deemed necessary by the On-Site Nurse, Emergency Medical Technicians, or a licensed physician or dentist.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concur as to the necessity of such surgery prior to the performance of such surgery.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Phone Number

Part II -- TO REFUSE CONSENT

As parent/guardian of _____, I, the undersigned, **do not consent** for the emergency medical treatment of my program participant in the event of illness or injury requiring emergency treatment.

I understand that by declining treatment, I must specify action I wish to have taken:

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Phone Number

Photo Release

I do ___ / do not ___ consent to and authorize the use and reproduction by GOT Respite Cooperative, Clermont County Board of Developmental Disabilities of any and all photographs and any other audio-visual materials taken of a participant for promotional materials, educational activities, exhibitions, calendars or for any use for the benefit of the program.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Medication Authorization

Participant Name _____ DOB ____/____/____

AUTHORIZATION FOR ADMINISTRATION OF PRESCRIPTION MEDICATION(S)

Medications given during program hours must be provided in a labeled prescription bottle with name, dosage, and time to be given.

NO MEDICATION WILL BE GIVEN WITHOUT A LABELED PRESCRIPTION CONTAINER.

Medication _____
 Dosage _____ Amount _____
 Time(s) to be given: **AM** 9 10 11
 Time(s) to be given: **PM** 12 1 2 3
 Initial _____ Route _____
 Side Effects _____

Medication _____
 Dosage _____ Amount _____
 Time(s) to be given: **AM** 9 10 11
 Time(s) to be given: **PM** 12 1 2 3
 Initial _____ Route _____
 Side Effects _____

Medication _____
 Dosage _____ Amount _____
 Time(s) to be given: **AM** 9 10 11
 Time(s) to be given: **PM** 12 1 2 3
 Initial _____ Route _____
 Side Effects _____

Medication _____
 Dosage _____ Amount _____
 Time(s) to be given: **AM** 9 10 11
 Time(s) to be given: **PM** 12 1 2 3
 Initial _____ Route _____
 Side Effects _____

As parent/guardian of _____, I, the undersigned, hereby give consent to the On-Site Nurse to administer the above listed medication(s).

 Parent/Guardian Signature

 Date

Appendix C: Social Story about Respite



Respite Saturday at the Wildey Center



I will go to the Wildey Center on Saturday at



9 o'clock in the morning.


















I will take my lunch, snack, and 2 drinks in a plastic bag. I will give my lunch, snack, and drinks to the On-site Nurse before going to my room.



A care provider will take me to my room. I will put my personal belongings in a plastic bag, meet others in my group, and begin my first activity.

Things I can do at the Wildey Center

Activities	Video Games	Arts and Crafts	More Activities	Snacks could be
 <p>Ring Toss</p>	 <p>Game Cube</p>	 <p>Painting</p>	 <p>Gym Games</p>	 <p>S'mores</p>
 <p>Cards</p>	 <p>PlayStation2</p>	 <p>Models</p>	 <p>Bike Riding</p>	 <p>Mac & Cheese</p>
 <p>Board Games</p>	 <p>Wii</p>	 <p>Play Dough and More</p>	 <p>Swim and Water Play</p>	 <p>Popcorn and More</p>

At the Wildey Center, I will . . .

	Schedule	
9:00	Wii and Board Games	220
10:00	Arts, Crafts, & Game Cube	208
11:00	Dress for Water Play	Locker Room
11:15	Water Play	Pool
12:15	Dress from Water Play	Locker Room
12:30	Lunch	323
1:00	Bikes	Gym
2:00	Activity Center	214
3:00	Dismissal	

. . . follow my schedule.



. . . stay in my area.



. . . keep hands and feet to myself.



. . . then I will earn a prize.



I will go home at 3 o'clock.