



Parents' Day Out & Parents' Night Out Informational Handbook Respite Services



Easterseals Crossroads

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TABLE OF CONTENTS

Registration Forms – Page 2

Events – Page 3

Scheduling – Page 3

Cancellation – Page 4

Drop-off/Pick-up – Page 5

Behavior Management - Page 6

Contact Us – Page 7

REGISTRATION FORMS

- Complete a registration packet annually for each child (ages 6 months-12 years) who will attend
- Submit current IEP, behavioral support plan, and/or medical diagnosis information
- Complete supplemental forms for any individuals with seizure disorder, special diet/food allergies, or feeding tube use
- All forms will be reviewed by the program coordinator or program manager
- All children will be assigned a level of care based on age and individual needs to provide safe and nurturing care for all participants

EVENTS

- Parents' Night Out: Each Friday of the month, 6:15 pm to 9:30 pm, at the Keystone location and satellite locations
- Parents' Day Out: two Saturdays per month, 10:00 am to 2:00 pm, at the Keystone Location

SCHEDULING

- Event dates and locations are emailed monthly by the program coordinator
- Families may attend one event per month
- Parents/caregivers are eligible to receive a Parent Care Package every other month
- Registration for an event opens one month before at 12:00 pm (Example: April 12th event opens at noon on March 12th)
- You will receive an email confirmation of successful registration from the program coordinator

CANCELLATION

- Please notify the program coordinator or manager as soon as possible if you are unable to attend and event your family is registered for
- If advance notice is not given the following procedures will occur:
 - First occurrence: communication about the miss from the program coordinator
 - Second occurrence: one month pause on scheduling for events
 - Third occurrence: three months pause on scheduling for events

DROP-OFF/PICK-UP

- Parents' Night Out drop-off begins at 6:15 pm, pick-up is no later than 9:30 pm
- Parents' Day Out drop-off begins at 10:00 am, pick-up is no later than 2:00 pm
- Drop-off must occur within 30 minutes of the stated start time
- Parents/caregivers must be available by phone while their child/ren are attending an event
- If medication will be administered to any participant, it must be checked in with the Team Lead at drop-off: this includes prescription, over the counter, or seizure medication
 - ☑ Medication must be in its original container
 - ☑ Parents/caregivers must complete a medication form with specific dosage and timing information
- During sign-in parents will review g-tube feeding instructions with the Team Lead
- Please verbally review/remind staff of any significant allergy at time of drop-off
- Please notify the Team Lead of any food you plan to leave at the event
- Timely pick-up is very important. The program manager will discuss any late pick-ups
- Intoxicated parent words words words

BEHAVIOR MANAGEMENT

- Easterseals Crossroads utilizes Safety Care training and certification to provide support for all participants
- Safety Care teaches Respite staff best practices to understand behavior, maintain a safe and nurturing environment, and ensure physical safety for all
- If the risk of harm is significant Safety Care physical management may be used
- Parents/caregivers will be called if safety is not able to be maintained

WHO WE ARE

The Easterseals Crossroads Respite Program provides opportunities for self-care while your children are engaged in a safe and nurturing environment. These services are provided at no cost to the family. We look forward to registering your family to take part in our program. This handbook will serve as your guide for all processes and procedures.

CONTACT US

Please direct all compliments, concerns and questions to the program manager or program coordinator as follows:

- Joe Mattingly, Manager of Camps & Respite Services
 - jmattingly@eastersealscrossroads.org
 - 317.466.1000, ext. 2422

- Karen Kelley – Program Coordinator
 - kkelley@eastersealscrossroads.org
 - 317.466.1000, ext. 2504

ACKNOWLEDGEMENT OF RECEIPT OF HANDBOOK

I, _____, the parent/guardian of _____
(Parent/Guardian Name) (Primary Participant's Name)

sign below acknowledging the receipt of the Parents' Day/Night Out Handbook and agree to comply with the policies and procedures set in place. I understand that it is my responsibility to read and familiarize myself with the handbook and to ask questions about anything I do not understand.

Signature

Date