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Governor

State of Connecticut
Department of Developmental Services



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Commissioner

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Deputy Commissioner

Attachment F to I.F.PR.006

RESPIRE CENTER
SAFETY MANAGEMENT OVERSIGHT

The _____ Region Respite Centers provide families with an opportunity to have their family members stay in a safe, enjoyable and home-like environment through planned respite.

Purpose: To establish a standard safety oversight for admission to respite and activities available at the family Respite Centers.

Family Respite Center: Homes or residential units operated by DDS which provide planned, temporary supports to individuals who reside with their families, community training home providers or DCF foster families and who are eligible to receive services from DDS.

At the time of admission to a Family Respite Center the family/caregiver will be informed of the safety measures in place at the _____ Region Respite Center. Please review the following operations safety oversight identifiers:

- Doors/Windows may be alarmed or secured.**
- Installed outdoor fences and gates may be secured or locked, and doors/windows may be protected with safety knobs or locked to protect respite guest from readily accessing the following areas: outdoors, swimming pool (if applicable), storage of chemicals, sharp knives, access to boiler rooms, medications, kitchen (cabinets, pantry or refrigerator), laundry room, basement and personal hygiene supplies**
- Door chime mechanisms may be on the doors to alert staff of entry or egress to the Respite Center.**
- Physical/Psychological Management Techniques (if applicable to individuals with challenging behaviors)**
- Dietary Restriction (e.g. peanut butter): If someone has a food allergy, you may be requested to not bring that item into the Respite center.**

While we strive to maintain the least restrictive environment at all times, the needs of our respite guests vary, so that some or all of these measures may be in place at the time of your family member's respite stay. This is to ensure the safety of all of our respite guests. Every effort will be made to ensure that only the restrictive measures required to maintain the health and safety of all our guests during a particular weekend are being used.

Your signature will confirm review and consent to these identified safety measures.

Individual's Signature

Date

Parent/Guardian Signature
(or designee)

Date

