



*A program without walls*

1521 Beaver Dam Rd.

Point Pleasant, NJ 08742

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# Introduction

We are pleased to welcome you to Next Steps Adult Day Program and to present you with our Handbook. Please read this Handbook carefully, as it explains the policies and procedures that apply to clients, and their parents/guardians. Additionally, clients and their parents/guardians are asked to review, complete and return the agreements attached in the Handbook Addendum. If you have any questions about this Handbook, please contact Jennifer Dyer, Executive Director at either [Jdyer.nextsteps@gmail.com](mailto:Jdyer.nextsteps@gmail.com) or (860) 324-2289. Thank you so much and welcome to Next Steps.

## Mission Statement

Next Steps Adult Day Program is a nonprofit organization that is dedicated to providing adults with special needs meaningful life experiences that promote independence and increase social development while maintaining a healthy mind and body. We will develop, maintain and maximize the individual's independent functioning in self-care, physical and emotional growth, socialization, communication, and vocational skills.

# Program Contents

## *Activities Of Daily Living:*

We participate in all aspects of adult life consisting of grocery shopping, doing laundry, making meals, washing dishes and household chores. Some of our clients even participate in post-secondary education at local community colleges.

## *Physical Fitness/Wellness*

Physical wellness plays a large part in our program. Clients will be going to a local fitness center where they will be following individualized personal fitness plans developed by our highly qualified staff. These plans will focus on key components to improve overall health and well-being. Our daily fitness routines may consist of participating in individual work outs, group lessons, dance/aerobic work outs or aquatic integration.

## *Community Integration*

We go on weekly trips that will focus on positive social integration and give meaningful experiences to our clients. We will be offering a variety of adaptive and inclusive activities that cater to different interests and abilities within the local communities. Trips may include but are not limited to sports events, arts and crafts, music therapy, cooking classes, gardening, and recreational/retail outings.

## *Vocational/Supported Employment*

Vocational training and supported employment is another large component of our program. We will provide tailored education, skill development, and job placement assistance to help clients integrate into the workforce successfully. Clients will complete several different job sampling placements tailored to their interest and skill set. We offer supports that may include job coaching, on the job training, workplace accommodations, and advocacy services.

# Board Of Trustees

Dave Hallman - President  
Christine Valente - Vice President  
Anthony Piccola - Treasurer  
Catie McNulty - Secretary  
Teresa Savage - Advisor

## Important Program Contacts

Jennifer Dyer		
Executive Director/ Program Coordinator	<a href="mailto:Idyer.nextsteps@gmail.com">Idyer.nextsteps@gmail.com</a>	(860)324-2289
<p>Jen Dyer is a seasoned Special Educator with over 20 years of comprehensive experience in the field of special education, particularly focused on vocational experiences of adult learners with diverse needs. Jennifer is committed to fostering independence, social development, and holistic well-being among program participants. Proficient in strategic planning, resource management, advocacy, and fostering community partnerships to support the mission and vision of the organization.</p>		
Nicole Pichetto		
Program Coordinator	<a href="mailto:Idyer.nextsteps@gmail.com">Idyer.nextsteps@gmail.com</a>	(973) 722-0360
<p>Nicole has extensive experience in special education primary focused on fostering the development of social skills essential for successful interaction and integration within the community and society at large. This includes teaching basic social norms, communication skills, conflict resolution, empathy, and perspective-taking. Nicole</p>		
Brian Prendergast		
Program Coordinator	<a href="mailto:runbhp@yahoo.com">runbhp@yahoo.com</a>	(732) 948-9222
<p>Brian has had many years of experience in designing and implementing fitness programs tailored to individuals with various physical, cognitive, and developmental disabilities. He works closely with clients to assess their abilities, set realistic goals, and provide support and motivation to help them achieve optimal physical fitness and overall well-being.</p>		

# Summer

2024

## July

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1 First Day Of Summer Program Kathleen Cremins Artist	2	3	4 Program CLOSED For 4 <sup>th</sup> of July	5	6
7	8	9	10 BlueClaws Game	11 Embrace Wellness 10:30-11:30	12	13
14	15	16	17	18	19	20
21	22	23	24 BlueClaws Game	25	26	27
28	29 Evermore 9:30-10:30 Yogability Trial 11-12	30	31			

## August

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5 Evermore 9:30-10:30	6	7	8	9	10
11	12	13	14	15 Last Day Of Summer Program	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31



# Summer Program Schedule

2024-2025

July 1- August 15



Time	Monday	Tuesday	Wednesday	Thursday
8:45-9:00	Arrival Morning Meeting	Arrival Morning Meeting	Arrival Morning Meeting	Arrival Morning Meeting
9:00-10:00	Weekly Grocery Shopping Shop Rite	Physical Fitness/ Self-Care Atlantic Club	Physical Fitness/ Self-Care Atlantic Club	Physical Fitness/ Self-Care Atlantic Club
10:00-11:00	Meal Prep Snack & Leisure	Community Inclusion	Community Inclusion	Community Inclusion Trips
11:00-12:00	Individualized Community Inclusion/ Prep for Art Exhibition	Supported Employment	Supported Employment	Community Inclusion Trips



# Next Steps Adult Day Program 2024-2025 Calendar



August '24						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September '24						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October '24						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November '24						
Su	M	Tu	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December '24						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

January '25						
Su	M	Tu	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February '25						
Su	M	Tu	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

March '25						
Su	M	Tu	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

April '25						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

May '25						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

June '25						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

July '25						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		



Program Closed/ Holidays



First/Last Day Of Program





# Program Activity Schedule 2024-2025



September 4<sup>th</sup> - June 19<sup>th</sup>

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:45-9:00	Arrival Morning Meeting	Arrival Morning Meeting	Arrival Morning Meeting	Arrival Morning Meeting	Arrival Morning Meeting
9:00-10:30	Weekly Grocery Shopping Shop Rite	Physical Fitness/ Self-Care Atlantic Club	Physical Fitness/ Self-Care Atlantic Club	Physical Fitness/ Self-Care Atlantic Club	Physical Fitness/ Self-Care Atlantic Club/ Community Inclusion Trips
10:30-11:30	Goods & Services Mindfulness Monday Meal Prep & Lunch	Goods & Services Meal Prep Lunch & Leisure	Goods & Services Meal Prep Lunch & Leisure	Goods & Services Meal Prep Lunch & Leisure	Community Inclusion Trips
11:30-12:00	Supported Employment/ Goods & Services OCC	Supported Employment	Supported Employment	Supported Employment	Community Inclusion Trips
12:00-1:45	Supported Employment/ Goods & Services OCC	Supported Employment	Supported Employment	Supported Employment	Community Inclusion Trips
1:45-2:00	Afternoon Meeting/ Dismissal	Afternoon Meeting/ Dismissal	Afternoon Meeting/ Dismissal	Afternoon Meeting/ Dismissal	Afternoon Meeting/ Dismissal

\*Schedule is subject to change based on individual scheduling and business availabilities.

# Enrichment Offerings

At Next Steps, we are committed to providing a diverse range of enrichment offerings designed to enhance personal growth, skills development, and overall well-being. Our enrichment programs are carefully curated to cater to various interests and needs, fostering a supportive environment where individuals can explore new passions, deepen existing talents, and broaden their horizons. These enrichment programs are offered from 2:00-3:30pm Monday through Thursdays. These are billed separately through the Goods and Services portion of the DDD budget. We also accept private pay for these programs.

Each enrichment offering is designed with the goal of nurturing intellectual curiosity, creativity, and holistic development. Participants can expect a supportive and inclusive atmosphere that encourages exploration and learning at their own pace.

We continuously strive to expand our enrichment offerings to meet the evolving interests and needs of our community. By participating in our programs, individuals can enrich their lives and embark on a journey of continuous learning and personal enrichment.

## Enrichment schedule for Next Steps Adult Day Program!

Please reach out to the contacts provided in order to secure a spot for your child. Sspace is limited to 10-12 clients per enrichment activity so please be timely in contacting these amazing vendors.

Day of the week	Class	Vendor	Contact Info	Start Date
Mondays	Art Class	A Plus Tutoring & Learning Center	Eileen McCarthy-Sittig, PhD <a href="mailto:emccarthy@tpces.com">emccarthy@tpces.com</a> (732) 451-2096	September 9
Tuesdays	Adapted Physical Wellness	Next Steps	Cory Hedrick <a href="mailto:Idyer.nextsteps@gmail.com">Idyer.nextsteps@gmail.com</a> (860) 324-2289	September 10
Wednesdays	Technology & Robotics	A Plus Tutoring & Learning Center	Eileen McCarthy-Sittig, PhD <a href="mailto:emccarthy@tpces.com">emccarthy@tpces.com</a> (732) 451-2096	September 11
Thursdays	Social Club	Next Steps Adult Day Program	Nicole Pichetto <a href="mailto:nextstepsadultdayprogram@gmail.com">nextstepsadultdayprogram@gmail.com</a> (973)722-0360	September 12

# Drop Off & Pick Up Procedures

Drop Off is between 8:45 and 9:00 am.

Pick up is promptly at 2:00 pm.

We will be using the parking lane in front of the building for drop off and pick up.

Staff will be outside ready to escort the individuals to and from the building directly from the vehicle.

When the individuals have entered or exited the vehicle safely, please exit the parking lane promptly in order to allow the next client to be transferred.

# Attendance Policy

At Next Steps, we believe that regular attendance is crucial for maximizing the benefits of our programs and ensuring a positive learning environment for all participants. Our attendance policy is designed to maintain consistency, accountability, and fairness across all our activities and sessions.

## 1. **Attendance Expectations:**

- Participants are expected to attend all scheduled sessions punctually and for the entire duration unless prior notification and approval for absence have been obtained.
- Timely arrival is essential to minimize disruption to the session and to fully participate in activities.
- If an individual is absent more than 10 days during the program year from September to June, a daily rate of \$175 will be charged.

## 2. **Notification of Absence:**

- In the event of unavoidable absence, participants or their guardians are required to notify the program coordinator or designated contact as soon as possible.
- Advance notice allows us to plan effectively and offer any necessary support or materials to facilitate catch-up.

## 3. **Consequences of Excessive Absences:**

- Excessive absences without valid reasons may impact the participant's eligibility to continue in the program.
- Continuous unexcused absences may result in the participant being withdrawn from the program to ensure equitable access for others.

## 4. **Special Circumstances:**

- We understand that unforeseen circumstances may arise. If a participant experiences extended absence due to illness or other significant reasons, we encourage open communication to explore accommodations or support options.

## 5. **Parent/Guardian Responsibilities:**

- Parents/guardians are responsible for ensuring that their child adheres to the attendance policy and for communicating any concerns or special circumstances that may affect attendance.

## 6. **Policy Review and Updates:**

- This attendance policy is subject to periodic review and updates to ensure alignment with program goals and participant needs. Any revisions will be communicated in advance.

## **7. Suspension:**

- There is no payment rendered for absences exceeding more than 10 days in the calendar year as outlined above.
- Physically Aggressive behaviors that result in a moderate to severe injury of another participant, staff and/or member of the community.(ie. SR punches another individual in the face and they are diagnosed with a broken nose.)
- Property damage behaviors that incur a cost of \$200 or more.(ie. SR kicks the bumper off of the van when preparing to go on an outing.)
- Elopement that occurs more than once and/or after IDT intervention.(ie. SR runs out of the parking lot while preparing to go on an outing and continues after continuous redirection from staff. A meeting is held and the behavior happens again within 2 weeks of the IDT meeting.)

### *Procedures for Suspension*

1. The Executive Director will notify the IDT of suspension and plan a meeting with the support coordinator, guardian (if applicable) and any other pertinent stakeholders.
2. Reinstatement of programming is permitted only after IDT has met and agreed upon a corrective plan.
3. Next Steps Adult Day Program will collect documentation to ensure that a corrective plan is being followed by all parties.
4. Follow-up meetings will be scheduled by the Executive Director only if necessary.

### *Procedures for Appeal of Suspension*

Following a suspension, the individual and/or representation may follow the appeals process:

1. Upon receiving notice of suspension in writing from the Executive Director, the individual and/or representative shall submit in writing an appeal to the suspension within 48 hours.
2. The Executive Director will notify the IDT of suspension and plan an emergency meeting with the support coordinator, guardian (if applicable), and any other pertinent stakeholders. At this meeting, the concerns will be presented and possible solutions or actions will be discussed to address.
3. At the conclusion of the meeting, the Executive Director will make a final decision on reinstatement based on information presented and safety.

By participating in our programs, participants and their families acknowledge and agree to abide by this attendance policy. We appreciate your cooperation in helping us maintain a positive and enriching experience for all.

## Liability Clause

While we strive to provide support and guidance, including financial advice, we do not assume liability for the actions, decisions, or financial obligations incurred by individuals associated with our services. This includes but is not limited to purchases, payments, or debts accrued through the use of cash, credit cards, or debit cards. Debit and credit cards are the preferred method of purchase.

We, at Next Steps, hereby declare that we are not liable for any purchases made by your family member/individual, nor are we responsible for any cash, credit card, or debit card transactions conducted by them. It is understood that any financial transactions initiated by your family member/individual are their sole responsibility.

It is recommended that individuals exercise prudence and diligence in managing their finances and seek independent financial advice when necessary. By engaging with our services, you acknowledge and agree to this policy regarding financial transactions.

This policy is effective immediately upon acceptance and applies to all interactions and engagements with Next Steps.

## Policy Statement: Seizure Disorder, Medication, and Return to Program

At Next Steps, ensuring the safety and well-being of all our clients is a top priority. This policy outlines the requirements and limitations for clients with seizure disorders or those who experience a medically documented seizure.

### 1. Seizure-Free Period Requirement

- Any client diagnosed with a seizure disorder or who experiences a medical y documented seizure must remain seizure-free for a minimum period of **six months** before they can return to the program.
- This seizure-free status must be confirmed by a licensed medical professional.

### 2. Medical Documentation

- A medical professional must provide **written documentation** verifying the client's seizure-free status for the six-month period.
- This documentation must also confirm the client's ability to safely participate in the program.

### 3. Medication Administration

- **Next Steps staff are not able to handle or administer any non-convulsive seizure medications** or medications related to the prevention or treatment of seizures.
- The only medication staff are permitted to administer is an **EpiPen** for emergency use in the event of anaphylaxis.
- Clients who require medication administration during program hours must make alternative arrangements, such as self-administration, where appropriate and in compliance with medical guidelines.

### 4. Return to Program

- After completing the required six-month seizure-free period and submitting the necessary medical documentation, the client may be eligible to return to the program.
- The client must undergo an evaluation by their medical provider to ensure their fitness for participation in the program.

### 5. Alternative Care Plans

- Clients with seizure disorders or other medical conditions requiring specialized care or medication not handled by Next Steps must have alternative care plans in place.
- Next Steps cannot be held responsible for managing medical needs that fall outside of our permitted scope of care.

This policy is in place to maintain a safe environment for all clients and staff. We appreciate your understanding and cooperation in adhering to these guidelines.

**Effective Date:** September 6, 2024

**Singed:** \_\_\_\_\_

Steps Adult Day Program

1521 Beaver Dam Rd

Point Pleasant, NJ 08742

[Jdyer.nextsteps@gmail.com](mailto:Jdyer.nextsteps@gmail.com)

(860)324-2289

January 8, 2024



Photo Release Form

I, \_\_\_\_\_, hereby grant permission to use and publish photographs and/or videos taken of me during my participation in the Next Steps Adult Day Program for promotional and informational purposes on social media platforms, including but not limited to Facebook, Instagram, Twitter, and the organization's official website.

I understand and agree that these images may be used in various media formats, including print and electronic publications, presentations, websites, and social media. I also acknowledge that my full name may be associated with these images when used for promotional or informational purposes.

I hereby release and discharge Next Steps Adult Day Program and its representatives, employees, and any third parties acting under its authority, from any liability for any violation of any personal or proprietary right I may have in connection with such use.

I understand that participation in the Next Steps Adult Day Program is voluntary, and I have not received any compensation for the use of these images.

I have read and understood the terms of this release and freely and voluntarily consent to the use of my likeness as described herein.

Client's Full Name: \_\_\_\_\_

Client's Signature: \_\_\_\_\_

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



Parent/Guardian Consent

I, the undersigned, am the parent or legal guardian of the above-named minor. I hereby consent to the terms of this release on behalf of the minor and confirm that I have the authority to grant such permission.

Parent/Guardian Full Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

Please keep a copy of this signed release form for your records. Thank you for your cooperation.

Sincerely,

Jen Dyer

Executive Director

Next Steps Adult Day Program

1521 Beaver Dam Rd.

Point Pleasant, NJ 08742

# Client Emergency Contact Form

In the event of an accident or medical emergency, do you give permission to transport your child to the nearest medical facility? Yes  No

## DETAILS

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

Home Address: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## EMERGENCY CONTACTS

Please list the details of two people to be contacted in the event of an emergency.

### Primary Emergency Contact

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

Home Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Secondary Emergency Contact

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

Home Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Next Steps Client Information Form**

- **Client Name:** \_\_\_\_\_
  - **Date of Birth:** \_\_\_\_\_
  - **Parent/Guardian Name(s):** \_\_\_\_\_
  - **Phone Number: (Home)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_
  - **Emergency Contact Name:** \_\_\_\_\_
  - **Emergency Contact Phone Number:** \_\_\_\_\_
  - **Relationship to Client:** \_\_\_\_\_
- 

**Medical Information**

1. **Does your child have any medical conditions?**  
(e.g., asthma, allergies, diabetes, seizure disorder, etc.)  
 Yes  No  
If yes, please specify: \_\_\_\_\_

2. **Does your child have a seizure disorder?**  
 Yes  No  
If yes, date of last seizure: \_\_\_\_\_

3. **Is your child on any medications?**  
 Yes  No  
If yes, please list all medications and the purpose of each:
- 

4. **Does your child require medication during program hours?**  
 Yes  No  
If yes, please note:  
*Next Steps staff are not authorized to administer any nonconvulsive seizure medication or medications other than an EpiPen in emergencies.*  
If medication is required, please describe the care plan:
- 

5. **Does your child have any allergies?**  
 Yes  No  
If yes, please list all known allergies:
- 

6. **Does your child require an EpiPen for allergic reactions?**  
 Yes  No  
If yes, you must provide an EpiPen with your child's name clearly labeled.

7. Does your child have any dietary restrictions or special needs?

Yes  No

If yes, please specify: \_\_\_\_\_

8. Additional Medical Information or Special Instructions:

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**Medical Contact Information**

- Primary Physician Name: \_\_\_\_\_
- Physician's Phone Number: \_\_\_\_\_
- Preferred Hospital: \_\_\_\_\_

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**Authorization and Acknowledgment**

I, the undersigned parent/guardian, confirm that the above information is accurate and complete to the best of my knowledge. I understand and acknowledge that the Next Steps program staff are limited in their ability to administer medication, as stated above.

- Signature: \_\_\_\_\_
- Date: \_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT OF HANDBOOK**

I hereby acknowledge receipt of a copy of the Next Steps Adult Day Program Handbook.

I understand it is my responsibility to read the Handbook, to become familiar with the information presented, and to comply with the policies and procedures set forth herein.

I understand that Next Steps Adult Day Program reserves the right to change the policies set forth herein at any time, with or without notice to me and that there may be additional practices of the Organization that are not specifically mentioned in this Handbook.

I am advised that policies and procedures, whether written or oral, that existed prior to the issuance of this Handbook are null and void.

I certify that I have read, understand and will abide by all of the policies herein.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date