

Summer Weekday Schedule

8:30 am – Quiet Hour ends – Residents can leave bedrooms if they choose.

9:30 am – Must be out of rooms.

8:30 – 10:00 am – Morning Routine (Completed in the following order)

- 1) Room Clean
- 2) Hygiene – showers are 10 minutes or less (may be timed)
- 3) Morning Medications
- 4) Breakfast (residents may brush teeth before or after breakfast if they choose)
- 5) Morning chores

10:00 – 11:30 am – Rec Time: At *least* half an hour of physical exercise (mandatory)

11:30 – 12:00 pm – Prepare Lunch

12:00 – 3:00 pm:

(Mon-Thurs): Day Treatment (lunch should be packed and brought along)

(Friday / No DT): 12:00 – 1:00pm: Lunch & Midday Chores

1:00 – 2:00pm: Personal Quiet Time (*no electronic media*, independent activities)

2:00 – 3:00pm: Leisure Time (*no electronic media*)

3:30 – 5:00 pm – Snack/Shelter Care Group Time/Quiet Time

5:00 – 6:00 pm – Dinner and Evening Chores

6:00 – 8:00 pm – Evening Routine

- 1) Hygiene (must be completed before leisure activities)
 - a. (showers are 10 minutes or less, and may be timed)
- 2) Free Leisure Time (residents may watch a movie/tv show **6:30pm-8:00pm**)

Tuesday/Thursday: Video Games for one hour **7:00pm-8:00pm**, only when all other responsibilities are completed.

8:00 pm – prepare for Quiet Hour (completed in the following order)

- 1) Evening Medications
- 2) Snack (as listed on the menu)
- 3) Brush Teeth
- 4) Ask for Quiet Hour Needs
- 5) Use the bathroom

8:30 – 9:30pm – Quiet hour

All your needs should have been met by **8:30pm**. It is time to remain in your room doing a quiet activity, voices should be off. You are to remain in your rooms unless you need to use the bathroom or in the event of an emergency.

9:30 pm – Lights Out, no exceptions

Quiet Hour Needs Include:

- Radio or DVD player (includes 1 dvd)
- Pencil/colored Pencils/markers/Crayons
- Coloring Pages/Blank Paper
- Headlamp (can request a new one once a month)
- A Book
- Water

All items (except a book, water, or headlamp) need to be returned to staff at 9:30 pm.

Today's Date: __/__/____

The GMFS Schedule was given in paper form and/or document form, by GMFS Shelter Staff, to the Client and Social Worker.

Signature: _____

Printed: _____

Parent/Guardian

Signature: _____

Printed: _____

Shelter Care Staff