

Nassau County  
Department of Health

Preschool Special Education Program

Policy and Procedure Manual



October 2009  
Revised

**THOMAS R. SUOZZI**  
COUNTY EXECUTIVE

Kathleen P Walsh  
Director

Maria Torroella Carney, MD., F.A.C.P.  
Commissioner



**TABLE OF CONTENTS**

I. COMMITTEE ON PRESCHOOL SPECIAL EDUCATION (CPSE) PROCESS.....	3
A. REGISTRATION/REFERRAL.....	3
B. INFORMED CONSENT.....	3
C. EVALUATION PROCESS.....	4
D. CPSE MEETING.....	4
E. INITIATION OF SERVICES.....	5
II. CONFIDENTIALITY.....	6
A. CONFIDENTIALITY OF RECORDS.....	6
B. GUIDELINES FOR RECORDS CONTAINING SENSITIVE INFORMATON.....	6
C. HIV INFECTION, HIV RELATED ILLNESS AND/OR AIDS.....	7
D. DEFINITIONS.....	7
E. STATEMENT OF INFECTIBILITY.....	7
F. CONFIDENTIALITY.....	7
G. UNIVERSAL INFECTION CONTROL POLICIES AND PROCEDURES.....	8
H. DISCLOSURE NOTICE.....	9
III. TRANSITION.....	10
A. TRANSITON TO CPSE.....	10
B. TRANSITION TO CSE.....	11
IV. STAC INFORMATION.....	13
A. STAC -5.....	13
B. STAC-1.....	14
C. Confirmation Notifications.....	15
V. SEIT.....	17
A. DEFINITIONS.....	17
B. LOCATION.....	17
C. FREQUENCY AND DURATION.....	17
D. CALENDAR.....	18
E. ABSENCES AND MAKE-UP SESSIONS.....	18
F. SEIT AS COORDINATOR OF SERVICES.....	19
G. FUNCTIONAL BEHAVIORAL ASSESSMENT.....	20
H. BEHAVIORAL INTERVENTION PLAN.....	21
I. CERTIFICATION.....	21
J. BILLING AND PAYMENT.....	22
VI. PAYMENT FOR SERVICES.....	23
A. SUBMISSION OF CLAIM FORMS.....	23
B. EVALUATIONS.....	23
C. RELATED SERVICES.....	24
D. SEIT SERVICES.....	24
E. CENTER BASED SERVICES.....	24
F. NURSING TRANSPORTATION SERVICES.....	24
G. ASSISTIVE TECHNOLOGY SERVICES.....	25
H. REBILLING.....	25
I. DOCUMENTATION.....	25
VII. DOCUMENTATION.....	26
A. TREATMENT LOGS.....	26

October 2009

B. QUARTERLY PROGRESS REPORTS .....	26
C. ANNUAL REVIEWS .....	27
D. RECORD RETENTION .....	27
VIII. TRANSPORTATION .....	29
IX. MEDICAID .....	31
X. ASSISTIVE TECHNOLOGY DEVICE (ATD).....	32
XI. HEALTH AND SAFETY .....	34
XI. APPENDICIES.....	42

October 2009

## **I. COMMITTEE ON PRESCHOOL SPECIAL EDUCATION (CPSE) PROCESS**

### **A. REGISTRATION/REFERRAL**

The school district must determine residency. Once residency is determined, the child can be registered in the school district.

The school district should provide the family with information on what documentation is required for registration. This information will be different in accordance with each individual school district's policies (e.g. birth certificate, immunization records/medical form, copy of lease or utility bill, real estate tax bill, etc.)

The school district designee should ensure that a Home Language Survey is completed and maintained in the child's record. It is also recommended that the school district have a questionnaire to address the child's language learning.

A referral can come to the CPSE from:

- Early Intervention Program
- Pediatrician
- Early Child Care/Nursery Teacher
- Parent
- ECDC

Although any of the above can make a referral to the school district CPSE, the school district must receive consent in writing from the parent.

The school district may designate certain days or times to meet with parents about referring their child. This allows the district to streamline the process and ensure that designated personnel are available for uninterrupted time with the family. Exceptions will need to be made if the parent is not available during these times.

The school district may provide the parent with a detailed written packet.

The packet might include:

- District handbook (if available)
- List of approved Evaluation Sites
- Due Process/Procedural Safeguards Notice with cover sheet in native language
- Parent consent form

### **B. INFORMED CONSENT**

The school district informs the parent of due process rights. Written due process rights must be in the native language of the parent.

The school district informs the parent of the CPSE process (consent, timelines, etc.)

The following timelines have been established by The New York State Department of Education:

30 school days from signed consent to the Board of Education receipt of CPSE recommendation  
30 school days from the Board of Education receipt of CPSE recommendation to onset of programs and services  
60 school days from the signed consent to delivery of programs and services

The school district provides the parent with a list of approved evaluators.

The parent informs the school district of the selected evaluation site.

The parent signs an informed consent for the evaluation.

If the parent does not sign the consent, the process ends.

October 2009

If the child is currently in the Early Intervention program, all current progress reports are requested and reviewed. The parent is asked to sign a Release of Information Form EI 5294 School District Request for Early Intervention Progress Reports (Appendix J) so current Early Intervention evaluations and progress reports can be forwarded to the chosen evaluation site.

The school district should forward the following information to the evaluation site:

- Early Intervention evaluations
- Progress reports
- Signed consent for evaluation
- List of evaluations authorized by the school district to be completed
- Consent for Bilingual Evaluation if necessary

### **C. EVALUATION PROCESS**

- The evaluation site receives the above listed information from the school district.
- The evaluation site reviews any Early Intervention evaluations and/or progress reports.
- The evaluation site schedules all necessary authorized components for the evaluation with the parent.
- If there is any question about any additional evaluations, the evaluation site must communicate with the school district and if deemed necessary obtain further written authorization for any additional evaluation.
- The evaluator ensures that timelines are followed.
- The evaluation site forwards all evaluations to the school district and parent. Upon request, the evaluation site forwards a copy of the evaluation to Nassau County Department of Health Preschool Special Education Program.
- During the evaluation process, the evaluation site will ensure that the parent understands the CPSE process and evaluation data.

### **D. CPSE MEETING**

The school district sends written notification of the CPSE meeting to the parent, Nassau County Department of Health Preschool Special Education Program, Early Intervention service coordinator (if applicable), child's nursery/day care teacher (if applicable), and evaluation site. The notification must be sent five days prior to the meeting date.

At the CPSE Meeting:

- Ensure that parents understand due process rights
- Ensure that evaluations have been shared with parent prior to meeting.
- Reasons for referral are reviewed.
- Results of evaluations are reviewed.
- CPSE determines eligibility for classification. If child is found ineligible, the process ends.

IEP is developed as follows:

- Present levels of performance are described, goals are discussed and established.
- An appropriate level of service is discussed to address specific goals.
- The Preschool Student Evaluation Summary Report, Child Outcomes Summary Form (State Performance Plan - Indicator #7 Related to Early Childhood Outcomes) is explained to the parent by the committee. The entry information is completed at the CPSE meeting
- Frequently, parents are encouraged to collaborate on the selection of appropriate service providers and programs. The Nassau County Department of Health Preschool Special Education Program maintains and distributes to school districts updated lists of approved center based programs and providers of SEIT and related services.
- The CPSE must submit their recommendation for classification and services to the Board of Education for approval.
- The CPSE chairperson prepares and signs the STAC 5 form

October 2009

- The school district sends the STAC 5 form to the Nassau County Department of Health STAC Unit at the following address:

Nassau County Department of Health  
Preschool Special Education Program – STAC Unit  
60 Charles Lindbergh Boulevard, Suite 100  
Uniondale, New York 11553-3683

## **E. INITIATION OF SERVICES**

When appropriate providers are selected the school district will:

- Confirm the services with the provider
- Finalize the IEP (with cover sheet, if applicable) and send copies of the IEP to the:
  - Parent
  - Provider
  - Child's daycare/nursery program (if applicable)
  - Nassau County Department of Health, upon request

\*the provider is not able to initiate any service without obtaining the IEP from the school district. Providers of preschool services can not accept a copy of the IEP from the parent.

- The school district sends the STAC 1 to the Nassau County Department of Health STAC Unit
- The providers begin services upon receipt of the IEP.
- The provider submits quarterly progress reports (Appendix E) to the parent and school district (and the Nassau County Department of Health Preschool Special Education Program upon request) according to the following schedule:

### **Service Period**

September-November  
November-January  
February-April  
April-June  
July-August

### **Date of Quarterly Report**

November 15  
January 31  
April 15  
June 30  
August 31 \*

\* if student has been designated as a 12 month student

October 2009

## **II. CONFIDENTIALITY**

### **A. CONFIDENTIALITY OF RECORDS**

In Accordance with the Federal Educational Rights and Privacy Acts (FERPA), child records and other materials contained therein which are personally identifiable, are confidential and may not be released or made available to persons other than those authorized. Nassau County Department of Health Preschool Special Education Program records are kept in locked files and are made available only to authorized individuals. No staff member may duplicate or remove from the premises any personally identifiable data relating to any child receiving Preschool Education Services without explicit permission from administrative staff. All approved preschool providers must adhere to FERPA and must have a written confidentiality procedure.

Only administrators and office staff employed by Nassau County Department of Health Preschool Education Program, who have a need to know, will have access to children's records. Kathleen Walsh, Director, Office of Children With Special Needs, has authority for ensuring the confidentiality of personally identifiable information in records

- All records shall be maintained to ensure confidentiality.
- Record access shall follow the specific guidelines put forth by FERPA.
- Records containing personally identifiable information are maintained in a file that is locked when unattended. Records are disposed of by shredding.
- All file storage units have a notice that they contain confidential records and that access is limited.
- All individual records contain a separate page which documents the date of access, the person who accessed the record and the purpose of that access.
- Correspondence or record of one child shall not reveal the name of another Preschool Education Program child or family.
- County staff or provider shall not verbally convey information about a child or family without written parental consent.
- Records transported are secure to maintain confidentiality.
- No personally identifiable information is transmitted electronically i.e. computer or email.
- A DOH fax cover sheet including a confidentiality statement is used when sending faxes. Prior to sending a fax, the sender will make efforts to ensure that the recipient is expecting the fax within a limited time frame so that it can be received by the appropriate individual, and that the fax recipient has a secure site where the information being faxed would not be accessible to unauthorized personnel or the general public.

### **B. GUIDELINES FOR RECORDS CONTAINING SENSITIVE INFORMATION**

Nassau County Department of Health Program Staff must adhere to the confidentiality requirements of the Preschool Education Program, including all legal requirements that protect records containing sensitive information (such as sexual or physical abuse, treatment for mental illness or mental health problems, HIV status, communicable disease status, the child's parentage, etc.). When consent is given by a parent or guardian to release information, only information appropriate to a request should be released. Extraneous or sensitive information about the child and family must be protected.

October 2009

### **C. HIV INFECTION, HIV RELATED ILLNESS AND/OR AIDS**

Medical conditions such as HIV-Infection, HIV-Related Illness or AIDS (hereafter referred to as HIV-Infection) do not in and of themselves generally constitute a basis for referral to Preschool Education Program for services. Services for children with HIV-Infection, as well as for other children, should be based on the individual child's developmental status. However, unless medical documentation provided by a child's treating physician precludes the child's participation, a child with HIV-Infection is not to be restricted from services.

The following guidelines have been developed to comply with Article 27-F of the New York State Public Health Law, the federal Individuals with Disabilities Education Act (Public Law 94-142), and Section 504 of the Rehabilitation Act of 1973.

### **D. DEFINITIONS**

The definitions below are based on information contained in the United States Surgeon General's Report on Acquired Immune Deficiency Syndrome, published in October 1986 by the Department of Health and Human Services, and from information provided by the federal Centers for Disease Control (CDC) in Atlanta, Georgia.

**HIV-Infection:** HIV-Infection means infection with the Human Immunodeficiency Virus, or any other agent identified as a probable cause of AIDS.

**HIV-Related Illness:** HIV-Related Illness is defined as any clinical illness that may result from or be associated with the HIV-Infection.

**AIDS:** AIDS refers to the condition in which HIV attacks a person's immune system and damages the ability to fight other disease. Without a functioning immune system to ward off other germs, the individual becomes vulnerable to infection by bacteria, fungi or other viruses. The AIDS virus is also referred to as HTLV-III, HIV or LAV.

**A** - Acquired  
**I** - Immune  
**D** - Deficiency  
**S** - Syndrome

### **E. STATEMENT OF INFECTIBILITY**

Medical research has determined that the modes by which HIV-Infection can be transmitted are:

- Through sexual contact with an infected person.
- Through sharing of needles with an infected person.
- Through direct contact with infected blood products.
- Perinatal transmission, either intrauterine or peripartum.

The Centers for Disease Control has stressed that HIV is transmitted only through direct contact with infected blood, semen or vaginal secretions and not through casual contact with an infected individual. It is their recommendation that children with HIV-Infection be allowed to attend school in most circumstances. Furthermore, the Report on Acquired Immune Deficiency Syndrome and subsequent research has concluded that none of the identified cases of HIV-Infection in the United States are known or are suspected to have been transmitted from one child to another in a household, school, day or foster-care setting.

### **F. CONFIDENTIALITY**

Article 27-F of the New York State Public Health Law strictly protects the confidentiality of information about people

October 2009

who have HIV-Infection, or who have considered or undergone HIV testing. In accordance with this law, providers are obligated to maintain the confidentiality of this information if learned during the course of providing services so as to ensure that the person is not discriminated against as a result of his/her HIV-positive status. As such, the identity of any child with HIV-Infection cannot be disclosed to anyone without specific consent to the release of such protected information by the parent or legal guardian. This information may not be disclosed verbally or contained in any written records (e.g., evaluation, progress reports, etc.).

The consent for the disclosure of this confidential information can only be made by the parent or legal guardian and must include the following information:

- To whom disclosure can be authorized.
- The reason consent for disclosure is given.
- The time period during which such consent will remain in effect.
- The signature of the parent or legal guardian of the child.
- The date signed.

When consent for disclosure is given, information regarding the child will be forwarded to the specific individual identified on the consent. Any unauthorized further disclosure (verbal or written) is in violation of New York State law and may result in a fine, jail sentence or both. It is important to note **general authorization for release of medical or other child-specific information is *not* sufficient authorization** for the release of confidential HIV information.

## **G. UNIVERSAL INFECTION CONTROL POLICIES AND PROCEDURES**

While HIV is transmitted only through direct contact with infected blood, semen or vaginal secretions, the following guidelines for universal infection control and hygienic practices should be followed by all providers to prevent the possible transmission of any infectious disease:

- Staff should utilize utensils (preferably disposable ones) when assisting children who are unable to feed themselves. Staff should not use their fingers or hands to assist children in feeding.
- Staff should use disposable gloves when assisting children in toileting (e.g., when changing diapers).
- Staff should use disposable gloves and should employ good hand washing practices after coming into contact with any blood or bodily wastes (e.g., a bloody nose). See the **Infection Control Guidelines and Use of Disposable Gloves** (found later in this chapter) for instructions on the proper use of gloves and hand washing.
- Staff should handle all material or equipment that may have been exposed to blood or bodily wastes in a precautionary manner. This material or equipment should be disinfected and wiped clean as soon as possible with soap and water and the general area should also be disinfected using bleach or another disinfectant.
- Staff should dispose of items soiled with blood (e.g., gauze pads) in a leak-proof plastic bag. Such refuse may then be disposed of in the usual manner with no additional or special precautions.
- Sharp items should be disposed of in containers designed for that function.
- All toys used by children must be disinfected on a regular basis.

October 2009

## **H. DISCLOSURE NOTICE**

### NASSAU COUNTY PRESCHOOL PROGRAM

#### NOTICE PROHIBITING REDISCLOSURE OF CONFIDENTIAL INFORMATION

This information has been disclosed to you from confidential records which are protected by New York State law. New York State law prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure in violation of New York State law may result in a fine, jail sentence or both. A general authorization for the release of medical or other information is not sufficient authorization for further disclosure.

*NOTE: This notice should be attached to any document which is released by a provider which discloses HIV information, either with or without parent consent as provided for by New York State law.*

October 2009

### **III. TRANSITION**

#### **A. TRANSITION TO CPSE**

Transition is the process of moving from the Early Intervention Program (EIP) to either services overseen by the school district's Committee on Preschool Special Education (CPSE) or community-based resources.

On October 21, 2003 two amendments were made to Public Health Law (PHL) Section 2548 the first stating that a child's eligibility for the (EIP) ends at the child's third birthday, unless the child is determined to be eligible for services under Section 4410 of the Education Law. This is clearly stated in a memo from State of New York

Department of Health dated February 25, 2004. These amendments were made under the direction of the Federal government and in a memo from New York State Education Department (SED) dated March 2004.

The second amendment addresses timely transition planning only for those children thought to be eligible to preschool special education programs and services pursuant to section 4410 of NYS Education Law.

Early Intervention Program (EIP) regulations require that Early Intervention Officials (EIOs), with parental consent, provide notification of the child's potential transition to preschool special education and services to school districts at least 120 days prior to the child's first date of eligibility for services under Education Law.

In addition, with parental consent the EIO is required under section 2548 of Public Health Law to arrange for a transition conference among the EIO, the service coordinator, the child's parent(s) and the chairperson of the CPSE, or his/her designee. This conference may be conducted by telephone with the agreement of all participants.

The purpose of the transition conference is to review the child's program options, determine whether or not a referral should be made to the CPSE and establish a transition plan. This conference must be convened at least 90 days prior to the child's potential eligibility for preschool special education. If the parent(s) chooses not to participate and does not give consent for a transition conference, the transition conference does not take place. However, the EIO must provide the parent(s) with written notice that if the child is not referred and evaluated by the CPSE by his/her third birthday, the child's eligibility for the EIP ends at age three.

A written transition plan must be developed for every child in EIP approaching their third birthday, transitioning from the EIP to programs under section 4410 of Education Law, and/or other early childhood services. The EI service coordinator designated by the municipality is required to incorporate the transition plan into the IFSP.

#### **ELIGIBILITY CRITERIA**

A child is eligible to remain in the EIP until the day before their third birthday. Only those children who have had a 4410 evaluation and a CPSE meeting and have been determined by a school district CPSE to be a preschooler with a disability and have a written IEP with goals will be eligible to remain in the Early Intervention Program beyond their third birthday. If deemed eligible by the CPSE:

A child turning 3 between January 1 and August 31 may continue in EIP until August 31.

A child turning 3 between September 1 and December 31 may continue in EIP until December 31.

#### **CPSE ELIGIBILITY**

- A child turning 3 between January 1 and June 30 is eligible to receive CPSE services as of January 2. First eligible for evaluation process September 1.
- A child turning 3 between July 1 and December 31 is eligible to receive CPSE services as of July 1. First eligible for evaluation process March 1.

October 2009

## **NOTIFICATION OF ELIGIBILITY DETERMINATION FOR TRANSITIONING EI CHILD**

It is essential that CPSE chairpersons complete Appendix K, the Early Intervention to Preschool Notification Form (EI 5235 CPSE Eligibility) at the child's CPSE meeting.

Fax the completed form to the Department of Health (DOH) immediately following the meeting or give a copy to the Service Coordinator if present at the meeting. A child cannot continue in the EIP beyond their third birthday unless the DOH has received a copy of this form deeming the child eligible for CPSE.

### **PENDENCY**

Child transitioning from EI to CPSE

- Districts are no longer required to provide EI services that are authorized in the child's current IFSP that are in dispute for a CPSE eligible child.
- Under New York State DOH guidelines, if the Early Intervention Official does not ensure that the school district is notified of the child's potential eligibility for services under Section 4410 of the Education Law, and a referral is not made to the CPSE within the required timeframes to ensure an eligibility determination by the CPSE before the child's third birthday, the parents have due process rights under the EIP.
- The child will continue to receive the services included in the most recent IFSP until all due process proceedings are completed. However, there are no due process rights for parents under the EIP if parents do not consent in a timely manner to a referral to the CPSE by the Early Intervention Service Coordinator and do not provide timely consent to the CPSE to evaluate the child.
- If the parent has signed and returned the consent for the child's evaluation to the CPSE in a timely manner, but the CPSE does not render an eligibility determination before the child's third birthday, the child's eligibility for the EIP will end the day before his/her third birthday.
- The parents have due process rights under Section 4410 of the Education Law to access preschool special education services while a determination from the CPSE is pending.

### **CHILDREN ELIGIBLE FOR CPSE SERVICES**

If children are found eligible for CPSE services prior to their third birthday, parents have the option to have their children:

- Transition to preschool special education at that time prior to aging out of Early Intervention or
- Remain in the Early Intervention Program until they age out and then begin CPSE services.

### **SUMMARY OF RELEVANT MEMOS:**

On October 21, 2003 amendments to NYS Public Health Law Section 2548 were made relating to the transition of children from Early Intervention (EI) to Preschool Special Education.

There were two amendments enacted upon by the New York State Legislature, to Title 11-A of Article 25 of the Public Health Law (PHL) which affect the age-eligibility of children to receive early intervention (EI) services and the timely transition of children to preschool special education programs and services pursuant to section 4410 of NYS Education Law. This was stated in a memorandum from the NYS Health Department on Feb. 25, 2004 and from NYS Education Dept. in March 2004.

### **B. TRANSITION TO CSE**

If the CPSE determines that the child remains eligible for special education programs/services, they automatically refer the child to the CSE.

- 1) The district's multidisciplinary team reviews the child's record to determine if additional evaluations are necessary.

October 2009

- 2) Informed parental consent must be obtained by the CSE prior to the district conducting any evaluations.
- 3) The school district has responsibility for testing for CSE purposes.
- 4) **The child is no longer eligible for preschool services after August 31 of the year the child becomes kindergarten eligible in the district.**
- 5) The CSE will convene to determine eligibility and recommend programs/services, as appropriate, for a child who will be 5 on or before December 1 (or December 31 as per the individual district) of the current calendar year.

October 2009

## **IV. STAC INFORMATION**

### **A. STAC -5**

Parent/Guardian of preschooler refers child to CPSE for evaluation. (See section of the regulations.)

School District CPSE Chair authorizes evaluations by individual type (See 2003 evaluation Memo)

Parent/Guardian chooses SED approved evaluator (See section of Regulations.)

CPSE Chair makes referral for multidisciplinary evaluation to parent/guardian selected evaluation site.

SED approved evaluation site schedules, conducts and prepares reports of the evaluations. Mails copies of the reports to School District CPSE chair, parent and the County if requested. (See regulations)

### **School District Responsibilities**

#### Prior to the CPSE meeting:

1. Creates the STAC-5 based on the written evaluation referral document sent to the evaluation site.
2. Creates any SED required Explanation Letters

#### During the CPSE Meeting:

1. Reviews the school district authorized evaluations.
2. Compares the Evaluation Verification supplied by the evaluator to the district created STAC-5 for accuracy.
3. Makes the eligibility determination for the student.

#### After the CPSE Meeting:

1. Reviews the STAC-5 for completeness
2. CPSE Chair signs and dates the STAC-5
3. Prepares a STAC-5 Packet consisting of the STAC-5, Evaluation Verification, and child's birth certificate or other proof and legal name and birth date if it is initial submission, SED required Explanation Letter and parental Consent for Bilingual Evaluation/Translation if necessary.
4. Files a copy of the STAC-5 Packet in the student's record.
5. Within 30 calendar days of the CPSE meeting date at which the evaluations were reviewed, mails the original STAC-5 Packet to:

Nassau County Department of Health  
Preschool Special Education Program  
Program Administrative Office – STAC Unit  
60 Charles Lindbergh Boulevard, Suite 100  
Uniondale, New York 11553-3683

(See Timeline from Regulations)

#### If a STAC-5 is returned to the district for correction:

1. Review the STAC-5 and the STAC-5 Error Transmittal
2. Make the necessary corrections
3. Make and keep a copy of the corrected STAC-5
4. Mail the corrected STAC-5 to:

Nassau County Department of Health  
Preschool Special Education Program  
Program Administrative Office – STAC Unit  
60 Charles Lindbergh Boulevard, Suite 100  
Uniondale, NY 11553-3683

### **Provider Responsibilities**

Creates the Evaluation Verification and Detail Page

October 2009

## **NCDOH County STAC Unit Responsibilities**

### Receiving STAC-5s from the school districts

1. Open the STAC UNIT mail
2. Separate the STAC-5's from the STAC-1s
3. Date stamp STACs
4. Count and log-in the number of STAC-5s received from the school districts on the STAC tracking sheet
5. File the unprocessed STAC-5's by date received in the STAC-5 holding folder

### Entering STAC-5s

1. Review STAC-5 packets for completeness and correctness
2. Set the McGuiness program to the correct session
3. Data enter the STAC-5s that are correct
4. Log the number of STAC-5s data entered on the tracking sheet
5. Create imaging cover sheets
6. Send entered STAC-5s to imaging

### Return incomplete/incorrect STAC-5s to the school districts

1. Highlight section of STAC-5 in need of correction
2. Create STAC-5 error transmittal
3. Log in error type on district error tracking sheet
4. Mail STAC-5 error packet to school district chair

## **B. STAC-1**

CPSE reviews the district authorized evaluations during the CPSE Meeting.

The child is determined eligible as preschool with a disability.

Committee discusses and creates the goals. (See regulations)

CPSE determines the appropriate program to best meet the preschooler's needs in the least restrictive environment.

The IEP is created.

Providers are obtained. (See regulations)

IEP is sent to the parent and all of the providers (See regulations)

The STAC-1 packet is created and mailed to the NCDOH STAC Unit.

## **District Responsibilities**

### After the CPSE meeting:

1. Creates the STAC-1 in accordance with the SED format based on the student's IEP and provider acceptance of the referral. (see Power Point training and Regulations)
2. Creates County Notification form.
3. Board of Education Representative signs and dates STAC-1
4. Makes the district copy of the STAC-1 packet by copying the STAC-1 and County Notification form.
5. Files district copy the STAC -1 packet in the student's file.
6. Mails completed STAC-1 Packet to:

Nassau County Department of Health  
Preschool Special Education Program  
Program Administrative Office – STAC Unit  
60 Charles Lindbergh Boulevard, Suite 100  
Uniondale, NY 11553-3683

### If a STAC-1 is returned to the district for correction:

1. Review the STAC-1 and the STAC-1 Error Transmittal
2. Make the necessary corrections

October 2009

3. Make and keep a copy of the corrected STAC-1
4. Mail the corrected STAC-1 to:

Nassau County Department of Health  
Preschool Special Education Program  
Program Administrative Office – STAC Unit  
60 Charles Lindbergh Boulevard, Suite 100  
Uniondale, NY 11553-3683

### **Provider Responsibilities**

None

### **NCDOH County STAC Unit Responsibilities**

#### Receiving STAC-1 from the school districts

1. Open STAC UNIT mail
2. Separate STAC-5s from the STAC-1s
3. Date stamp all STACs
4. Count and log-in the number of STAC-1s received from the school districts on the STAC tracking sheet.
5. File the unprocessed STAC-1's by date received in the school district STAC-1 holding file.

#### Entering STAC-1

1. Review STAC-1 packets for completeness and correctness. Hold any to be returned to the school district aside.
2. Set the McGuiness program to the correct session
3. Data enter the STAC-1s.
4. Log the number of STAC-1s data entered on the tracking sheet.
5. Create imaging cover sheets
6. Send entered STAC-1s to imaging.

#### Return incomplete/incorrect STAC-1s to the school districts

- I. Highlight section of STAC-1 in need of correction
- II. Create STAC-1 error transmittal.
- III. Copy STAC-1 and error transmittal.
- IV. Log error type on district error tracking sheet.
- V. Mail STAC-1 error packet to school district chair.

### **C. Confirmation Notifications**

The Provider Confirmation Notification (PCN) is a listing of evaluations and services data entered from the STAC-5s and STAC-1s submitted to the NCDOH Preschool Special Education Program STAC Unit for each child.

The PCNS that are printed and mailed to school districts and providers monthly reflect only the STAC-s received and data entered from the first of the previous month until the day the PCN is printed.

Note, the first printing of the PCN for each new school year is done the first week of July and is only for the 2-month Summer Session. The first printing of the 10-month Winter Session PCN is done the first week of September.

The information contained in the Confirmation Notifications is not complete and may be amended, added to and/or deleted as requested by the School District CPSE Chairs.

Group and Individual Related Services print on two separate lines for the student. Related Services data entered from September 18, 2008 forward will show a "G" or an "I" next to the line to indicate which is the Group or Individual

October 2009

Related Service.

Please note that due to NYSED electronic submission data constraints, some frequency, start and/or end dates maybe different than are written in a child's IEP. If there is a material discrepancy between the data on the IEP and the Provider Confirmation Notification printout please get in touch with the CPSE Chair and request an amended STAC to be sent to the NCDOH STAC Unit.

E.g. Provider only gave one service session to the student, for SED submissions, the STAC must indicate 3 consecutive days for the service "From" and "To" dates.

Reminder, in order to provide services to a child and bill for those services, the provider must have received an IEP *from the school district* that supports those services. The services must be delivered in the location, frequency and duration as written in the IEP. The County must have also received either a STAC-5 classifying the child as a

Preschooler with a Disability or a notification from the district that no STAC-5 is forthcoming, but the child is classified as a Preschooler with a Disability.

School District CPSE Chairs have received a similar printout showing all their students and the STAC-5s and STAC-1s they have submitted to and been entered by the Nassau County STAC Unit.

To most effectively utilize the Provider Confirmation Notifications:

- Review the information provided.
- If correct, no further action is needed.
- If discrepancies are noted, contact the School District CPSE Chair in writing using the STAC-5 and/or the STAC-1 Research Request forms. Attach supporting documentation (Written authorization to perform the evaluation, Evaluation Verification-Detail Page and if necessary the Parental Consent for Bilingual Evaluation or the IEP and if applicable, the documents naming you as provider of services) and request submission of missing STAC-5s or STAC-1s, any necessary corrections and/or any necessary amendments to a STAC.

October 2009

## V. SEIT

### A. DEFINITIONS

Special Education Itinerant Teacher (SEIT) services are defined in Section 4410 (l)(k) of New York State Education Law and Section 200.16 of the Regulations of the New York State Commissioner of Education to mean services provided by a NYS appropriately certified special education teacher of an approved program on an itinerant basis to a preschool student with a disability.

The primary goal of SEIT is to provide the necessary special education supports to help your child benefit from participation in a community early childhood program. As with all therapies, the goal of the SEIT is to teach your child to function within the educational setting independently without the SEIT support.

SEIT services are provided by CPSE for two or more hours per week, but not for the entire time your child is attending the early childhood setting. Children who require continuous oversight of their entire program by a SEIT or a significant number of hours to achieve goals, are generally better served in a special class.

SEIT services can be provided by means of:

- **Direct Services** specially designed individual or group instruction provided directly to the child, and/or
- **Indirect Services** that provides consultation to the child's typical classroom teacher to adjust the environment and/or modifying the methodology, materials, or what ever is necessary in order to meet the needs of the preschooler with a disability who attends a typical early childhood program. When SEIT services are provided in the home, family participation is recommended as best practice.

NOTE: Additional information on determining the need for this service can be found in the NYSED/VESID *Guide for Determining Eligibility and Special Education Programs and or Services for Preschool Students with Disabilities* available on the VESID - Special Education web site at:

[www.vesid.nysed.gov/specialed/publications/preschool/home.html](http://www.vesid.nysed.gov/specialed/publications/preschool/home.html)

### B. LOCATION

The service location is a site determined by the school district Committee on Preschool Special Education (CPSE) and is specified and written in the Individual Education Program (IEP).

In keeping with the New York State Department of Education (NYSED) policy regarding least restrictive environments (LRE), the CPSE must first consider service delivery sites where the child can learn close to home with other children of the same age who do not have disabilities.

Such sites may include, but are not limited to, an approved licensed pre-kindergarten or head-start program; the student's home; a hospital; a State facility; or a child care location.

The service location is written on the IEP and cannot be changed without a CPSE meeting or written agreement from the parent and CPSE.

SEIT services can be provided at any location except at special education center based program where a special education teacher is already provided.

### C. FREQUENCY AND DURATION

The NYSED mandates that SEIT services are to be provided for a minimum of two (2) weekly sessions and each session can be no less than sixty (60) minutes in length.

October 2009

If the school district CPSE has not met this mandate for the frequency or duration of SEIT service on the IEP, it is the responsibility of the SEIT and the agency to notify the school district to make the necessary changes. The CPSE can either obtain a written agreement from the parent to amend the IEP to meet the mandate or can reconvene to amend the IEP. Until the IEP is amended, no SEIT services should be provided.

Once the appropriate frequency and duration is determined by the CPSE and written on the IEP, it cannot be arbitrarily changed (increased or decreased) by any agency or by the parent without a notification to the CPSE. There must be a written agreement letter between the parent and the CPSE and the IEP must be amended. The CPSE may reconvene to determine if the requested change is appropriate and may or may not amend the child's IEP.

#### **D. CALENDAR**

At the child's CPSE meeting, it is determined whether the child's services should follow the school district calendar or a provider calendar. The school district may determine that the child with multiple providers may follow multiple calendars. The calendar determination should be written on the child's IEP. If the calendar is not specified, the agency should clarify the treatment dates with the school district.

- If the IEP follows the school calendar, a copy of that calendar should be obtained and followed by the SEIT provider.
- Services may not be scheduled or made-up on weekends or legal holidays\*. Make-up sessions may be scheduled on Election Day, Washington's Birthday or Lincoln's Birthday per NYS Education Law Section 3604(8).
- Services may be provided on Superintendent's conference days since they count as one of the 180 mandated days of the school year.
- If a school district closes due to inclement weather conditions or other emergency, the SEIT should verify which calendar is specified on the IEP.

\*State Legal Holidays (no services or make-ups can be provided)

New Year's Day	July 4 <sup>th</sup>	Veterans Day
Martin Luther King Day	Labor Day	Thanksgiving
Memorial Day	Columbus Day	Christmas

#### **E. ABSENCES AND MAKE-UP SESSIONS**

##### **Child Absences:**

When sessions are missed due to a child's absence, the log note must indicate the explanation for the child's absence and be signed by the parent or their designee. The SEIT should attempt to make up the missed session unless the parent objects. See section below regarding make-up sessions. The Following contract language applies:

*(v) The Contractor shall notify the Department and the child's CPSE by facsimile transmission within twenty-four (24) hours of the Child's absence from more than five (5) consecutive Sessions for the delivery of Services and shall indicate the reason for said absence, if known. The Contractor shall attempt to contact the Child's Parent(s) to ascertain the reason for the absences. The Contractor shall inform the Department in writing within three (3) days of the absence.*

If a child is habitually missing sessions, the SEIT should immediately notify the school district. The school district may choose to reconvene the CPSE to consider amending the child's services. (See NYSED Memorandum dated July 2007 available at: [www.vesid.nysed.gov/specialed/publications/preschool/SEIT](http://www.vesid.nysed.gov/specialed/publications/preschool/SEIT))

October 2009

Please refer to Appendix A, Notification of Extended Non-Delivery of SEIT Services and Appendix B, Child Absence Note

**Teacher Absence:**

When sessions are missed due to a SEIT's absence, an attempt should be made by the SEIT to reschedule the missed sessions if his/her schedule permits and the parent(s) agree to reschedule. If at all possible, the SEIT must inform the parent and their agency at least twenty-four hours in advance if the SEIT is going to be absent. The agency should then ensure that the parent is made aware of the absence of the SEIT. If the agency has another SEIT available, this may enable the agency to schedule a substitute SEIT for the session. A "Special Education Itinerant Teacher (SEIT) Absence Note" (Appendix C) form must be completed in cases of teacher absence and submitted with associated vouchers.

**Prolonged Teacher Absence:**

In the case of a prolonged teacher absence (more than five (5) consecutive sessions), SEITs must notify their agency in advance of impending extended absence so that a qualified replacement teacher can be assigned to the child in a timely fashion. The agency will inform the parent, and notify the County and the school district regarding the need to replace a SEIT and produce a timeline for that replacement by submitting a completed "Notification of Extended Non-Delivery of SEIT Service" (Appendix A).

**Make-up Sessions:**

Make-up sessions cannot be performed prior to the child missing the session. The SEIT should make up the session within two calendar weeks after it is missed. Parents must consent to the make-up session. Each make-up session should be documented as such in the log notes signed by the parent or caregiver. The make-up session may be done on a day the child has already or will be receiving SEIT service. However the make-up session should be scheduled within the time frame of a typical school day. Make-up sessions must be done in their entirety (duration) and may not be split among different days (ex: 30 minutes on Tuesday and 30 minutes on Friday).

**F. SEIT AS COORDINATOR OF SERVICES**

A coordinator of services is required whenever a child's IEP contains a recommendation for two or more services. If the child's IEP includes SEIT services and one or more related services, the child's SEIT is always the Coordinator of Services (Section 200.16 of the Regulations of the Commissioner of Education). This designation is made at the CPSE and should be written on the IEP. This is particularly important when the child has more than one SEIT provider. If the child is in a center-based program and receives SEIT services, the CPSE may designate the SEIT or the center-based program to serve as the coordinator of services.

As the designated Coordinator of Services, the SEIT will perform appropriate coordination activities including, but not limited to, the following Non-Billable activities:

- Reviewing the schedule for all service delivery, offering recommendations and consulting with all providers to resolve scheduling issues when necessary.
- Meeting with related service providers at appropriate intervals as designated by the CPSE and written in the child's IEP for the purpose of:
  - Sharing information;
  - Discussing goals, progress, and recommendations; and
  - Insuring appropriate coordination of services.
- Meeting with parent/guardian to discuss the child's goals and objectives, plans for achieving goals, and progress to-date. The Coordinator also serves as a liaison between parents, other therapists, the County and the CPSE.

October 2009

- Gathering progress reports and anecdotal information relating to the student's progress from the related service providers assigned to the child. This will ensure that the coordinator has a general knowledge of the child's progress as well as any recommendations or considerations in each related service area in order to be able to present the information from the other therapists at CPSE meetings.
- Conducting activities such as telephone conferences or other communication practices with the school district, parents, related service providers, the center-based program and/or other caregivers where appropriate.
- Attending all meetings requested by the school district, center-base program, parent and other therapists as the coordinator, in person, if possible, or by phone.
- Establishing and overseeing a communication book with parental consent, which will allow the SEIT and other professionals to share information and build on effective techniques and activities. This book will also allow for the sharing of information with parents and the typical classroom personnel, thereby facilitating carry over.
- Communicating with related service providers and/or the designated center-based team to review activities, goals, progress and to communicate on the coordination of methodology and activities in a collaborative manner. This collaboration should lend itself to a discussion of the child's current level of functioning and to the appropriate approach to learning in order to meet the IEP goals.
- Demonstrating the appropriate activities to the family so that they may carry over the activities when the SEIT is not present. The SEIT must observe the progress and the ability of the parent(s) to follow through with the activities that have been demonstrated. The SEIT should recommend appropriate changes in activities and technique when the family is having difficulty or the method is ineffective. This may be accomplished during and is part of the SEIT session.

SEIT providers must maintain adequate records to document direct and/or indirect service hours provided as well as time spent on all other activities related to each student served. (See Section 200.9(f)(2)(ix)(c) of the Regulations of the Commissioner of Education.)

NOTE: There is no additional funding for, nor is any part of the coordination of the child's services billable.

## **G. FUNCTIONAL BEHAVIORAL ASSESSMENT**

While developing an IEP for a child with disabilities whose behavior impedes his or her learning or that of others, a **Functional Behavioral Assessment (FBA)** may be district approved as part of an initial evaluation of a child or may be completed by the child's SEIT as part of that child's ongoing services with notification sent to the district. Any behavior intervention plan that may arise from the FBA must be discussed with the district and parent and authorized in the IEP.

Functional Behavioral Assessment is defined in Section 200.1(r) of the Regulations of the Commissioner of Education as the process of determining why a student engages in behaviors that impede learning and how the student's behavior is related to the environment. The FBA is a component of the multi-disciplinary evaluation process and should be integrated throughout the process of developing the IEP.

While formulating the IEP, the CPSE should consider strategies including positive behavioral interventions and supports to address interfering behaviors.

Consistent with the requirements in section 200.22(a) of the Regulations of the Commissioner of Education, the FBA must include, but is not limited to:

- identification of the problem behavior;
- definition of the behavior in concrete terms
- identification of the factors that contribute to the behavior (including cognitive and affective factors); and
- formulation of a hypothesis regarding the general conditions under which a behavior occurs and probable consequences that serve to maintain it.

The FBA must, as appropriate, be based on multiple sources of data including, but not limited to:

- information obtained from direct observation of the student;

October 2009

- information from the student, the student's teacher(s), related service provider(s), and
- a review of available data and information from the student's record and other sources including any relevant information provided by the student's parent/caregiver.
- The FBA cannot be based solely on the student's history of presenting problem behaviors.

The FBA must provide:

- a baseline of the student's problem behaviors with regard to frequency, duration, intensity and/or latency across activities, settings, people and times of the day that the behaviors occur, and
- include information in sufficient detail to form the basis for a Behavioral Intervention Plan (BIP) for the student that addresses:
  - antecedent behaviors;
  - reinforcing consequences of the behavior;
  - recommendations for teaching alternative skills or behaviors; and
  - an assessment of the student preferences for reinforcement.

## **H. BEHAVIORAL INTERVENTION PLAN**

Behavioral Intervention Plan (BIP) is defined in Sections 200.1(mmm) of the Regulations of the Commissioner of Education as a plan that is based on the results of a functional behavioral assessment. At a minimum, the BIP includes a description of the problem behavior, global and specific hypothesis as to why the problem behavior occurs, and intervention strategies that include positive behavioral supports and services to address the behavior.

Per Section 200.22(b) of the Regulations of the Commissioner of Education, the CPSE must consider the development of a BIP for a child when:

- the CPSE is considering a more restrictive program or placement as a result of the student's behavior;
- the student exhibits persistent behaviors that impede his or her learning or that of others, despite consistently implemented general school-wide or classroom-wide interventions;
- the student's behavior places the student or others at risk of harm or injury; and/or
- as required pursuant to section 201.3 of the Regulations of the Commissioner of Education relating to discipline procedures for students with disabilities.

The BIP must identify:

- baseline measure of the problem behavior that will be used as a standard to establish performance criteria and against which to evaluate intervention effectiveness;
- intervention strategies to be used to alter antecedent events to prevent the occurrence of the behavior, teach alternative and adaptive behaviors to the student, and provide consequences for the targeted inappropriate behavior(s) and alternative acceptable behaviors; and
- a schedule to measure the effectiveness of the interventions at regular intervals.

If a BIP is developed for a child receiving SEIT services, the SEIT will likely be required to implement the BIP as part of the provision of services. This implementation must include regular progress monitoring of the behavioral interventions at scheduled intervals as specified in the child's behavior plan and in the IEP. The results of the monitoring must be documented and reported to the child's parents and the CPSE and shall be considered in any determination to revise a student's BIP or IEP.

## **I. CERTIFICATION**

In order to provide SEIT services, the SEIT must retain their certification status with NYSED. (See NYSED web site at: [www.nysed.gov](http://www.nysed.gov) for the latest information regarding teacher certification.)

If a SEIT's certification expires, is revoked, or terminated, or if the SEIT has surrendered their certification, the SEIT must notify Nassau County and their provider agency immediately. The school district needs to ensure that the child's case has been reassigned to an appropriately certified SEIT as soon as possible so that services can continue

October 2009

without disruption.

The NYSED has information available on the NYSED website to assist in the verification of continuing or pending certification. The provider agency is responsible to check on this status regularly at the following website:

<http://eservices.nysed.gov/teach/certhelp/CpPersonSearchExternal.jsp>

Improper actions of a SEIT that are reported to the County will be forwarded to NYSED for investigation.

## **J. BILLING AND PAYMENT**

Providers will be paid the half hour reimbursement rate that has been set by the New York State Education Department. According to the N.Y. State Education Department this rate includes any coordination of services that are required as per the child's IEP.

October 2009

## **VI. PAYMENT FOR SERVICES**

### **A. SUBMISSION OF CLAIM FORMS**

Contractually all claims for payment for Preschool Special Education services must be submitted to the Health Department within 90 days of the end of the month when services have been given. Claims should be submitted on a monthly basis. Before any payments can be made, the child's school district must submit a STAC-5 for evaluations performed and a STAC-1 for related services, SEIT services, center based services, and/or assistive technology items. Until a STAC-5 is received classifying the child as a preschooler with a disability, no payments will be made to the provider. Additionally, all insurances (General Liability, Professional Liability and Worker's Compensation, if necessary) must be up-to-date in order to make payments. In order for SEIT and center based services to be paid, a NYSED approved rate for the billing period must be in place.

Monthly Confirmation Notification Reports are sent to the providers. This information should be used as a check to mirror data on each child's IEP. If there are any discrepancies, please use the Provider STAC-5 Research Request and Provider STAC-1 Research Request forms for follow up with the districts.

Providers submitting requests for payment must use the Nassau County Claim Voucher (NIFS 560.11/98) with appropriate accompanying documentation as noted below. The Nassau County Claim Voucher should be filled out and signed as per the instructions on the back of the form. Please include an invoice number. If it is not included, the

Department will auto-generate an invoice number.

<b>Evaluations:</b>	Evaluation Claim Summary (PSEP-3089.1 revised 7/07) Evaluation Verification & Detail Page (PSEP-3091.2 revised 7/07)
<b>Related Services:</b>	Claim Summary for Related Services (PSEP-3083. 8/06) Summer or Winter Related Services/SEIT Attendance forms, as appropriate
<b>SEIT Services:</b>	Claim Summary for SEIT Services (PSEP-3092. 8/07) Summer or Winter Related Services/SEIT Attendance forms
<b>Center Based Services:</b>	Claim Summary for Center Based Educational Services (PSEP.4022-9/06) Summer or Winter Center Based Attendance forms, as Appropriate

**Refer to annual Fiscal packet (called, the Nassau County Department of Health Office of Children with Special Needs *Annual Claiming Procedures and Attendance Records*) sent electronically to each provider.**

### **B. EVALUATIONS**

Complete the Evaluation Claim Summary form with provider information on top (provider name, voucher number, vendor identification number and date). List each child's name alphabetically by their last name and the amount claimed with the total noted below. Have the form signed by your authorized representative.

A separate Evaluation Verification & Detail Page form should be completed for each child. Complete the top of the form with provider information (agency name, child's name, child's date of birth, school district name, parent's name and address, and date). Check if the evaluation is an initial evaluation or a reevaluation. Check all evaluation components being billed. Include the date of the evaluation, the name of the professional performing the evaluation, and the evaluation rate, using the monolingual or bilingual rate columns, as needed. Subtotal the amount for all components being billed. If a translation is also being billed, please indicate the language translated and the cost. A copy of the signed and dated parental request form must be attached. Enter a subtotal for the translation costs and a total of the evaluation components and translation costs. Have the form signed by your authorized representative.

October 2009

### **C. RELATED SERVICES**

Complete the Claim Summary For Related Services form with provider information on top (provider name, vendor identification number, voucher number, service type (speech, OT, PT, pnt, couns., coordination, nurse on the bus-see below, etc.), and date. List each child's name alphabetically by their last name, their IEP approved frequency and weekly duration, the total monthly sessions billed at the IEP approved frequency and weekly duration, "I" for an individual session, "G" for a group session, the billing month, and the amount claimed. Enter the total dollar amount billed at the bottom of the form. Have the form signed by your authorized representative.

Attach a Summer or Winter Related Services/SEIT Attendance form, as appropriate. The attendance should be submitted as cumulative to include all months where services were provided. Indicate the number of minutes of provider service time given in the box for the day of the week when a service was provided. Use the key on each form to indicate items such as "S/30" for a CPSE Meeting that may have been attended, "CO/30" for coordination minutes, and "MU/#" for makeup minutes. Have the form signed by your authorized representative.

### **D. SEIT SERVICES**

Complete the Claim Summary for SEIT Services form with provider information on top (provider name, vendor identification number, voucher number, service type (SEIT) and date. List each child's name alphabetically by their last name, their IEP approved frequency and weekly duration, the total number of thirty minute sessions billed, the billing month, and the amount claimed. Enter the total dollar amount billed at the bottom of the form. Have the form signed by your authorized representative.

Attach a Summer or Winter Related Services/SEIT Attendance form, as appropriate. The attendance should be submitted as cumulative to include all months where services were provided. Indicate the number of minutes of provider service time given in the box for the day of the week when the SEIT service was provided. Please include any absent notes (child or teacher). Have the form signed by your authorized representative.

### **E. CENTER BASED SERVICES**

Complete the Claim Summary for Center Based Educational Services with provider information on top (provider name, vendor identification number, voucher number, and date. A monthly claim should be submitted for each program, i.e. 9100, 9115, 9160, 9165, etc. List each child's name alphabetically by their last name, the program, the billing month, and the amount claimed. Enter the total dollar amount billed at the bottom of the form. Have the form signed by your authorized representative.

Attach a summer or Winter Center Based Attendance form, as appropriate. The attendance should be submitted as cumulative to include all months where services were provided. Please use the key to indicate when the child was present, absent, or when there was a holiday. Have the form signed by your authorized representative.

### **F. NURSING TRANSPORTATION SERVICES**

Complete the Claim Summary for Related Services form with provider information on top (provider name, vendor identification number, voucher number, service type and date. List each child's name alphabetically by their last name, their IEP approved frequency and weekly duration, the total monthly sessions billed at the IEP approved frequency and weekly duration, the billing month, and the amount claimed. Enter the total dollar amount billed at the bottom of the form. Have the form signed by your authorized representative.

Complete the "Timesheet for Nursing Transportation Services on School Buses" form (trans nurse-1/2009) for the billing period with information on top (child's name, drop off location, provider name, nurse's name, school district, transportation period). Have all boxes filled in related to the dates of service. Be sure to have parents and school districts initial, where appropriate. Have the form signed and dated by your authorized representative and the parent/guardian. Aggregate all forms for the billing month.

October 2009

## **G. ASSISTIVE TECHNOLOGY SERVICES**

Complete the Nassau County Claim Voucher (NIFS 560.11/98) with appropriate accompanying documentation to include an invoice, signed receipt and Request & Authorization to Purchase Assistive Technology Equipment form.

## **H. REBILLING**

When payments have not been made due to lack of STAC-1 or STAC-5 documentation, etc. providers may rebill submitting all appropriate information as noted above.

## **I. DOCUMENTATION**

Nassau County has assembled required forms which are released annually and revised as needed.

This is called the:

“Nassau County Department of Health Office of Children with Special Needs 2009-2010 Claiming Procedures and Attendance Records” and can be requested electronically if and when needed.

October 2009

## **VII. DOCUMENTATION**

### **A. TREATMENT LOGS**

- Record accurately the date of service rendered. The date of service recorded must be the actual date the service was provided. Never falsify a date of service for any reason. Never have a parent/early care & education teacher sign in advance or for any other time than that specific date. This is fraudulent and illegal.
- Accurately record your arrival and departure time. Any proven falsification of records will result in termination of contract for agency or provider and possible grounds for revocation of professional license/certification. In addition, full legal action will be pursued.
- Keep your appointed schedule, arrive for sessions on time and stay for the allotted time!
- Daily Notes/Attendance Sheets must be kept for all sessions as well as for all contacts with the family and other professionals who are involved in the ongoing delivery of services for the child.
- All notes must be typed or written legibly in black ink. A Daily Notes/Attendance Sheet must be started for a new authorization period. No “white out” can be used on any legal document.

**See Treatment Log and Guidance Document Appendix D**

### **B. QUARTERLY PROGRESS REPORTS**

It is the responsibility of the provider to send copies of the quarterly progress report to the

- student’s CPSE Chairperson
- student’s Coordinator of Services,
- child’s parents/guardians.

If services to a student are discontinued prior to the month when a progress report is due, a progress report should be written at the conclusion of services to the student. If an annual review progress report is prepared during a month when a quarterly report is due, the quarterly report need not be completed (e.g., if a provider prepares an annual review progress report in June for a student’s annual CPSE meeting held in June, it is not necessary to prepare a quarterly progress report for the period April-June). The quarterly progress report must be submitted to the Nassau County Department of Health Quality Assurance staff, upon request.

The original copies of all quarterly reports must be included in the student’s file maintained by the service provider.

Quarterly progress reports must be prepared in accordance with the following schedule:

<b><u>Service Period</u></b>	<b><u>Date of Quarterly Report</u></b>
September-November	November 15
November-January	January 31
February-April	April 15
April-June	June 30
July-August	August 31 *

\* Only if student has been designated as a 12 month student

**See Quarterly Progress Reports and Guidance Document Appendix E**

October 2009

### **C. ANNUAL REVIEWS**

The annual review progress report must be prepared prior to the preschool student's scheduled CPSE annual review. The CPSE Chairperson must give notification of the student's annual review at least five business days prior to the date of the meeting.

It is the responsibility of the provider to send copies of this annual review progress report to (1) the student's CPSE Chairperson, (2) students Coordinator of Services, and (3) the child's parents/guardians. These copies must be provided to the above parties five business days prior to the scheduled CPSE meeting. In addition, the original copy of the annual review progress report must be included in the student's file maintained by the provider. The annual review progress report must be submitted to the Nassau County Department of Health Quality Assurance staff, upon request.

The annual review of a preschool student with a disability is based on a review of the student's IEP and other current information pertaining to the student's performance. Formal or informal assessment of the student's progress as a means of documenting a student's progress towards IEP goals and objectives should be performed and documented in the annual review progress report. Assessments should be performed during a student's regularly scheduled therapy session(s). No additional compensation is allowable for assessments in accordance with SED policy. Consents to evaluate must be signed by parents in accordance with Federal and State mandates.

**See Annual Progress Reports and Guidance Document Appendix F**

### **D. RECORD RETENTION**

The following appears in the Nassau County Department of Health contract with providers,

#### *MASTER SPECIAL EDUCATION SERVICES AGREEMENT*

*(b) Case Records. (i) General. The Contractor shall maintain a primary case record for each Child which accurately reflects Preschool Services provided to such Child. Said case record shall contain a complete and current record of the Services for that child. In the case of a Contractor, at a minimum, this case record shall include:*

- 1) Child information (name, date of birth, sex, address, Parent, etc.).*
- 2) A copy of the child's IEP and related documents, including IEP amendments.*
- 3) Record of each date of service, length of Session, description of the services provided and the child's response to the services. The signature and professional credentials of the Contractor and the signature of the Parent is also required.*
- 4) Quarterly progress reports.*
- 5) Orders by physician(s) or other health care professionals as required.*
- 6) Written correspondence with or regarding the child/family.*
- 7) Notes recording any relevant discussions with Parents or other contractors regarding the child and family and/or notes recording any relevant discussions with the County regarding the child and family.*
- 8) Any signed and dated parental consents for the provision of evaluations and Preschool services and/or to obtain and/or release information.*
- 9) Any circumstance resulting in the non-delivery or delay in the delivery of any services shall be recorded in said case file.*
- 10) Record Access form.*
- 11) Discharge and or Declassification documentation.*

*In cases where services are provided through a subcontractual arrangement, the direct provider of service shall retain the complete and original case records related to the Preschool Services they deliver to a Child and a Child's family.*

October 2009

ii) Review and Inspection. Case records shall be available to the Child's Parent, upon such Parent's request, for such Parent's inspection and review. Such Parent may request that their child's records be amended if a record contains misleading or inaccurate information about the child or family or violates the privacy or any other rights of the child. Case records shall also be available for review and inspection by representatives of the County and/or NYSED or their respective designee during working hours at the Contractor's place of business or other location as agreed to by the Contractor and the County and/or NYSED.

The Contractor shall keep its clinical and all other Preschool Services records available at all reasonable times for inspection, review, evaluation and audit by properly authorized personnel of the County, the State and federal government, subject to any limitations or restrictions imposed by any statutes, rules or Regulations governing confidentiality of child records, for a period of not less than that required by applicable law, regulations, or record retention schedules of the County, State or federal government.

iii) Maintenance of Case Records. The individual case records for each Child participating in the Preschool Services conducted pursuant to the Agreement shall be kept and maintained in a confidential manner in compliance with all applicable laws, regulations and guidelines of Federal, State and local governments and their agencies, including requirements that apply to professions licensed, registered, or certified under State Education Law. The maintenance of records shall also be subject to those confidentiality provisions contained in this Agreement.

The Contractor shall continue to maintain the confidentiality of individual case records and safeguard such case records against destruction, as set forth above, after termination of this Agreement or any subsequent agreements, until final disposition of such case records is made in accordance with all applicable laws, regulations and guidelines.

All case records pertaining to this Agreement, including copies of all progress reports and other case records pertaining to this Agreement, shall be retained by the Contractor and shall be submitted to the Department as required. All case records pertaining to this Agreement shall be retained by the Contractor for a period of three (3) years after the Child attains age 18.

**VIII. TRANSPORTATION**

In accordance with: The University of the State of New York, THE STATE EDUCATION DEPARTMENT, Office of Vocational and Educational Services for Individuals with Disabilities REGULATIONS OF THE COMMISSIONER OF EDUCATION, Pursuant to Sections 207, 3214, 4403, 4404 and 4410 of the Education Law, [PART 200 Students with Disabilities](#) Section 200.16 (e) (5)

*In developing its recommendation for a preschool student with a disability to receive programs and services, the committee must identify transportation options for the student and encourage parents to transport their child at public expense where cost-effective.*

The Nassau County Department of Health Preschool Special Education Program Administration would like to remind the CPSE Chairs that all transportation for preschoolers with a disability that the CPSE authorizes and the Board of Education approves is considered special transportation. The IEP must state Special Transportation “Yes” and either “Door to Door” or “Per County Policy”. If the IEP does not authorize transportation correctly, the center based programs can not arrange transportation for the child to the authorized center based program at public expense.

**Documentation process:**

The Center Based and Transportation Options Notification Form PS CB2001, revised 09/23/09 (Appendix G) should be reviewed, completed and signed by the parent and the CPSE Chair at the CPSE meeting. Depending upon which transportation option is selected and signed for by the parent, additional documentation may need to be completed. If the parent checks and signs the Transportation Option:

- Option A, Mileage Reimbursement, completed form PS CB2001 is submitted to the Nassau County STAC Unit and completed form PS T1002 is given to the parent/guardian to give to the Center Based Program’s transportation unit.
- Option B, “Self- no mileage reimbursement, only the completed PS CB2001 form is submitted to the Nassau County STAC Unit with the STAC-1.
- Option C, “No”, completed forms PS CB2001 and PS T1003 are submitted to the Nassau County STAC Unit. The parent/guardian will complete the Servisair Transportation Request Form (TRF) at the Center Based program.

The following transportation forms are in the appendix of this manual:

<b>Form Number</b>	<b>Form Name</b>	<b>To</b>	<b>Return to</b>	<b>Forwarded To</b>
PS T1001 March 2009 Appendix M	Preschool Special Education Program Center Based Program Transportation Options Submission Authorized Signatures	Agency	County	Servisair
PS CB2001 revised 9/23/09 Appendix G	Center Based and Transportation Options Notification Form	Districts	County	NA
PS T1002 revised 9/23/09 Appendix H	Notification of Mileage Reimbursement and Change of Address Requirements	Family by District	Agency	County
PS T1003 revised 9/23/099 Appendix I	Non-Mileage Reimbursement Notification	Family by District	District	County

October 2009

### **Center Based Provider Transportation Documentation Responsibility**

Nassau County requires that each Center Based Agency submit a list of staff members on the Preschool Special Education Program Center Based Program Transportation Options Submission Authorized Signatures form PS T1001 (Appendix M) who are authorized to review the students' IEPs and attest that transportation was correctly authorized

by the school district prior to submitting the request for a bus to the contracted transportation agency or the mileage reimbursement request to the Nassau County Fiscal Unit.

The IEP states Special Transportation "Yes" and "Door to Door" or special Transportation "Yes" and "Per County Policy".

When the IEP states Special Transportation "No" or does not indicate "Door to Door" or "Per County Policy" these authorized signers will not submit the Preschool Transportation Request Forms (TRFs) and Mileage Reimbursement Notifications to either the contracted transportation provider or the NCDOH Transportation Liaison.

October 2009

## **IX. MEDICAID**

The following appears in the Nassau County Department of Health contract with providers,

### *MASTER SPECIAL EDUCATION SERVICES AGREEMENT*

*(xii) Medicaid Assistance Program. The Contractor shall cooperate with the Department in ascertaining whether a Child is eligible for or enrolled in the Medical Assistance Program. The Contractor shall forward to the Department monthly, at the same time as its claims, all documentation and information necessary to support the County's billing of the Medical Assistance Program, in such form as prescribed by the Department. The Contractor shall further notify the Department or its designee if the Contractor knows that a Child has such payment sources.*

Nassau County has contracted with Cost Management Services, Inc (CMS) to assist in maximizing Medicaid reimbursement for evaluations and services provided to children who are suspected to, or found to have, special education needs, by approved Preschool Evaluators and Providers. Contracts with Nassau County require service providers to provide documentation pertaining to the delivery of services upon request.

In most cases, the service provider is unaware of a child's status with regard to Medicaid, it is required to have the appropriate documentation for **all** children evaluated and serviced within Nassau County. CMS has standardized all of the required forms. Dianne Rutherford is the contact person at CMS and can be reached at (518) 383-7996 or e-mailed at [DR31313@aol.com](mailto:DR31313@aol.com).

Nassau County currently requires all providers to obtain consents and medical prescriptions annually for all students regardless of their current Medicaid status.

Nassau County has assembled a Medicaid Manual with required forms which are released annually and revised as needed. This called the:

Nassau County Department of Health *annual* Medicaid Medical Assistance Claims and can be requested electronically if and when needed.

## **X. ASSISTIVE TECHNOLOGY DEVICE (ATD)**

An assistive technology device is defined as “any item, piece of equipment or product system, whether acquired commercially off the shelf, modified or customized that is used to increase, maintain or improve functional capabilities of children with disabilities.”

The student’s need for assistive technology is determined through the individual evaluation, which is reviewed by the CPSE. In many instances, the assistive technology needs of a student can be determined as a component of an evaluation conducted by an occupational therapist, physical therapist, speech language pathologist, or audiologist.

An assistive technology service is “any service that directly assists a child with a disability in the selection, acquisition or use of an assistive technology device.”

- Assistive technology services include the evaluation of the child’s needs including a functional assessment of the customary environment;
- Selecting, designing, fitting, adapting, or repairing assistive technology devices;
- Coordination and using other therapies, interventions or services with assistive technology devices;
- Training or technical assistance for a child with a disability or if appropriate that child’s family;
- Training or technical assistance for professionals who are substantially involved in the major life functions of children with disabilities.

Under Federal Regulation each school district must ensure that assistive technology devices and/or services are made available to a preschool age student with a disability as part of a student’s special education program. These devices and/or services are implemented by the preschool provider and paid for by the County. When the CPSE approves an assistive technology device/service, appropriate and timely application must be made to the County for the purchase of the device/service.

The assistive technology device belongs to the County that provided it to the child and should be returned when the child no longer requires it. When the student transitions from preschool, if the device is still required for the child to meet the IEP goals, then every effort should be made for the device to be transferred, with appropriate compensation to the County for its remaining value. The school district is responsible for developing policies to transfer the ownership of the ATD from the County to the school district.

The following documentation is necessary and must be sent to the county by the school district when requesting any assistive technology device:

- STAC 1 (both sides of form)
- STAC 5 (both sides of form) – only when an evaluation is done for the ATD
- Evaluation Verification Form – only when an evaluation is done for the ATD
- Request and Authorization to Purchase Assistive Technology Equipment Form (to be filled out by the school district)
- Quotation from assistive technology vendor (on vendor letterhead, must be current, and include any postage, shipping, and handling fees, or tax)
- Individualized Education Program (IEP) – must state ATD being requested
- Nassau County Department of Health Notification Form
- Evaluation/justification for ATD

When the ATD is received the school district must send a copy of the invoice and a signed statement\* on school district letterhead that includes the following information:

- The date the ATD was received
- The item (s) that were received

October 2009

-A statement that the school district and parents are aware that the ATD is the property of Nassau County Department of Health.

\*some school districts also have the parent sign this letter

October 2009

**XI. HEALTH AND SAFETY**

The following appears in the Nassau County Department of Health contract with providers,

*MASTER SPECIAL EDUCATION SERVICES AGREEMENT*

Recommended NYS Day Care Regulations Minimum Staff/Child Ratio Based on Group Size for Infants, Toddlers and Preschoolers

Age of Children	Staff/Child Ratio*	Maximum **
6 wks to 18 months	1:4	8
18 months to 36 months	1:5	12
3 years	1:7	18
4 years	1:8	21
5 years	1:9	24

\* Staff/Child ratio refers to the maximum number of children per staff person

\*\* Group size refers to the number of children cared for together as a unit

**General Indoor Areas**

Yes	No	
		Floors are smooth and have nonskid surfaces. Rugs are skid-proof
		Doors to places that children can enter, such as bathrooms, can be easily opened from the outside by a child or by an adult.
		Doors in children's areas have see-through panes so children are visible to anyone opening the door.
		Doors have slow closing devices and/or rubber gaskets on the edges to prevent finger pinching.
		Glass doors and full-length windows have decals on them that are at the eye levels of both children and adults
		Windows cannot be opened more that 6 inches from the bottom or have window guards
		All windows have closed, permanent screens
		Bottom windows are lockable
		Walls and ceilings have no peeling paint and no cracked or falling plaster
		The child care setting is free of toxic or lead paint and of crumbly asbestos
		Safety covers are on all electrical outlets
		Electrical cords are out of children's reach. Electrical cords are placed away from doorways and traffic paths
		Covers or guards for fans have openings small enough to keep children's fingers out
		Free-standing space heaters are not used
		Pipes, radiators, fireplaces, wood burning stoves, and other hot surfaces cannot be reached by children or are covered to prevent burns
		Nobody smokes or has lighted cigarettes, matches, or lighters around children
		Trash is covered at all times and is stored away from heaters or other heaters or other heat sources
		Drawers are closed to prevent tripping or bumps. Drawer locks are present
		Sharp furniture edges are cushioned with cotton and masking tape or with commercial corner guards
		There is an operable flashlight or battery powered lantern on premises
		Regular lighting is bright enough for good visibility in each room
		All adults can easily view all areas used by children
		Enough staff members are always present to exit with children safely and quickly in an emergency
		Poisonous plants are not present either indoors or outdoors in the child care areas
		All adult handbags are stored out of children's reach

October 2009

		All poisons and other dangerous items are stored in locked cabinets out of children's reach. This includes medicines, paints, cleansers, mothballs, etc. Material Safety Data Sheets (MSDS) are on site/
		Cleansers and other poisonous products are stored in their original containers, away from food, and out of children's reach
		Cots are placed in such a way that walkways are clear for emergencies
		Children are never left alone in infant seats on tables or other high surfaces
		A well-stocked first aid kit is accessible to all caregivers
		Non-porous gloves are readily available for caregivers in all areas where child care is provided
		Heavy equipment or furniture that may tip over is anchored

**Toys and Equipment**

Yes	No	
		Toys and play equipment have no sharp edges or points, small parts, pinch points, chipped paint, splinters, or loose nuts or bolts
		All painted toys are free of lead
		Toys are put away when not in use
		Toys that are mouthed are washed after each use
		Toys are too large to fit completely into a child's mouth and have no small, detachable parts to cause choking. No coins, safety pins, or marbles for children under 4 years of age
		Toy chests have air holes and a lid support or have no lid. A lid that slams shut can cause pinching, head injuries or suffocation
		Shooting or projectile toys are not present
		Commercial art materials are stored in their original containers out of children's reach.
		Rugs, curtains, pillows, blankets, and cloth toys are flame-resistant
		Hinges and joints are covered to prevent small fingers from being pinched or caught
		Cribs, playpens, and highchairs are away from drapery cords and electrical cords
		Infant walkers are not used without supervision
		Five gallon buckets are not accessible to infants and toddlers

**Hallways and Stairs**

Yes	No	
		Handrails are securely mounted at child height
		Handrails are attached to walls for right-hand descent, but preferably are attached to the walls on both right and left sides
		Stairway gates are locked in place when infants or toddlers are nearby. Gates should have openings small enough to prevent a child's head from fitting through. No accordion-type gates are used
		Doorways to unsupervised or unsafe areas are closed and locked unless the doors are used for emergency exits
		Emergency exit doors have easy-open latches
		Safety glass is used in all areas of potential impact
		Caregivers can easily monitor all entrances and exits to keep out strangers
		Stairways and hallways are clear of objects that can cause a fall

October 2009

**Serving of Snacks/Meals**

Yes	No	
		Infants and toddlers are not permitted to eat small objects and foods that may easily cause choking, such as hot dogs, hard candy, seeds, nuts, popcorn, and uncut round foods such as whole grapes and olives
		Caregivers always wash hands before handling food and wear gloves when serving food
		Caregivers always wash children's hands before mealtimes
		Trash is always stored away from food preparation and storage areas
		Cleansers and other poisonous products are stored in their original containers, away from food, and out of children's reach
		Food preparation surfaces are clean and are free of cracks and chips
		Eating utensils and dishes are clean, free of cracks, chips and lead
		Appliances and sharp or hazardous cooking utensils are stored out of children's reach
		Trash is stored away from the furnace, and hot water heater
		Hot foods and liquids are kept out of children's reach
		Stable step stools are used to reach high places

**Bathrooms**

Yes	No	
		Toilet facilities are age appropriate, clean and are supplied with toilet paper, soap, disposable towels, and tissues accessible to children
		Stable step stools are available where needed
		Electrical outlets have safety covers or are modified to prevent shock
		Electrical equipment is stored away from water and not accessible to children
		Cleaning products and disinfectants are locked in a cabinet out of children's reach
		If potty chairs are used, they are easy to clean with a bleach solution in a utility sink used only for that purpose, if possible
		Potty chairs are not used in the food preparation or dining areas, and potty chairs cannot be reached by children when they are not in use
		Caregivers and children always wash hands after toileting and diaper changing
		The changing of diapers or soiled underwear is done in a special, separate area away from food and play
		The diapering and changing table has rails to keep the child from rolling off
		Trash cans for diapers, tissues, and other materials that come in contact with body fluids can be opened with a step pedal and are lined with a plastic bag, emptied daily, and kept clean
		Paper towels and liquid soap are readily available at the sink
		Diaper changing area are washed and disinfected with a germicidal solution after each use
		Children are never left alone on a changing table, bed, or any other elevated surface
		Children are never left unsupervised in or near water

**Active Play Areas Including Playgrounds**

Yes	No	
		Surfaces underneath indoor and outdoor play equipment are covered with impact absorbing materials in accordance with the U.S. Consumer Product Safety Commission standards.
		Playground area is fenced in
		The active play area offers a wide range of parallel and interactive activities and are developmentally appropriate
		Water for drinking and first aid is available near the play area
		A well-stocked first aid kit is accessible to all caregivers during outdoor play

October 2009

**Surfacing**

Yes	No	
		The following surfacing materials are not in use underneath indoor and outdoor play equipment that children can climb: asphalt, concrete, soil or hard-packed dirt, grass, turf, linoleum, or carpeting
		There are no toys or objects (including surfacing material) with a diameter less than 1 ¼ inch accessible to children who are still placing objects in their mouths

**Protrusion & Entanglement**

Yes	No	
		All metal edges are rolled
		Any exposed bolts do not protrude more than two threads beyond the face of the nut; exposed bolts have no burrs or sharp edges

**Entrapment**

Yes	No	
		There are no openings in any pieces of active play equipment between 3 ½ and 9 inches that could cause head entrapment
		All spaces are too big or too small to entrap a child's finger.

**Equipment Spacing**

Yes	No	
		There are at least 6 feet of open space on all sides of each piece of equipment
		Play equipment pieces are spaced at least 12 feet apart from each other (each has its own 6 foot use space)

**Trip Hazards**

Yes	No	
		All anchoring devices, such as footings and bars at the bottom of climbers, are below the playing surface
		There are no exposed tree/plant roots
		Changes in elevation are made obvious by the use of brightly colored visual or other barriers

**Appropriate Activities & Equipment**

Yes	No	
		Age-specific play areas are separated by distance or physical barrier

**Maintenance**

Yes	No	
		Daily checks include: broken glass and/or equipment, trash, displaced surfacing, puddles of water, inc.
		All hardware fasteners, permanent coverings, or connecting devices are tight and cannot be removed without tools
		All surfaces are intact

October 2009

		All structures are sturdy enough that they will not move or tip over when the weight of an adult is put against them
		There is no peeling paint. (Lead in peeling paint on play equipment is a common hazard.)
		All ropes are tight and strands cannot be pulled apart

**Supervision**

Yes	No	
		All areas where children can play are in view of an adult at all times
		Every child is accounted for at all times by a supervising adult. Some method of assuring that no child is hidden or missing from the group must be used
		When children must leave the play area to use the toilet, to get first aid, or for any other reason, supervision of the child who leaves and the children who remain in the play area is secure and consistent with staff/child ratio requirements
		Children are prevented from playing in a way that challenges them beyond their abilities or that puts others at risk of significant injury

**Sand**

Yes	No	
		Sand digging areas are in the shade
		Sand digging areas are contained by smooth frames
		Sand is covered when not in use to prevent infectious disease and injury risk when animals and insects get into it

**Pinch, Crush, & Shearing Points**

Yes	No	
		All spaces are too big or too small to entrap a child's finger
		All wooden parts are smooth and without splinters
		All corners are rounded, especially at exit ends and sides along a slide bed
		Exposed ends of tubing have caps that cannot be removed without tools

**Other Hazards**

Yes	No	
		Play area is checked daily for litter, animals, animal feces or other hazards that may attract insects, hide hazards, and harbor infectious disease agents
		There are no attractive climbing hazards (such as trees) that are accessible from an object placed underneath them
		There are no toxic or thorny plants present
		If classroom animals are kept, only an adult should clean cages, etc. Materials and sinks used for this purpose separate from feeding and changing areas. If children are handling animals, it should be under supervision and followed by handwashing afterwards.

October 2009

**Emergency Preparedness**

Yes	No	
		A working telephone is readily available as well as an operable flashlight or battery powered lantern
		Emergency plan is available, staff are aware of plan and procedures include the following: <ul style="list-style-type: none"> <li>• How to phone emergency medical services (EMS) system</li> <li>• Transportation to an emergency facility</li> <li>• Notification of parents</li> <li>• Where to meet if the child care setting is evacuated</li> <li>• Plans for an adult to care for the children while a caregiver stays with injured children. This includes escorting children to emergency medical care</li> </ul> Alternate location for care is known to staff and parents, and is stocked with essential supplies (formula, diapers, toys, first aid supplies)
		Children's emergency phone numbers are posted near the phone and can be easily taken along in case of an emergency evacuation. Office has alternate emergency phone numbers in the event a parent cannot be reached. Alternate emergency phone numbers are updated on a routine basis
		Emergency procedures and telephone numbers are clearly posted near each phone
		Each room and hallway has a fire escape route clearly posted
		One or more caregivers certified in infant and child first aid and where children swim or children with disabilities are in care, one or more caregivers certified in infant and child CPR are always present
		Caregivers always take a first aid kit on trips
		Smoke detectors and other alarms are tested monthly
		All exits are clearly marked and free of clutter
		Doors and gates all open out for easy exit
		Information on children with allergies or other special needs is kept in each room and clearly posted in the event the regular caregiver is not there.

**First Aid Kit Inventory**

ITEM	DATE CHECKED (Restock after each use and inventory monthly)				
Disposable, nonporous gloves (use to protect hands from contact with blood or body fluids)					
Sealed packages of antiseptic (use for cleaning)					
Scissors (use for cutting tape or dressings)					
Tweezers (use to remove splinters)					
Thermometer (use for taking temperature)					
Bandage tape (hold gauze pads or splint in place)					
Sterile gauze pads (cleaning injured area and covering cuts and scrapes)					
Flexible roller gauze (hold gauze pad, eye pad, or splint in place)					
Triangular bandage (supporting injured arm or hold a splint in place)					
Safety pins (pin triangular bandage)					
Eye dressings (cover both eyes if foreign body is present and can not be removed)					

Pen/pencil and note pad (writing down information and instructions)					
Syrup of ipecac (to be used only with instruction from or poison control center – check expiration date)					
Cold pack (for bumps and bruises when away from ice)					
Current American Academy of Pediatrics or American Red Cross Infant/Child first aid resource or equivalent guide (instructions)					
Coins (for use in pay phone)					
Poison control telephone number					
Water (bottle or a water source for cleaning injured areas and hand washing)					
Small plastic metal splint (to immobilize an injured finger)					
Soap (washing hands or injured area)					
Bee/insect sting kit (if child with severe allergy is in care). Be sure to keep written instructions for use with the medication					
INITIALS OF PERSON WHO CHECKED					

**KEEP OUT OF THE REACH OF CHILDREN**

Adapted from American Academy of Pediatrics, American Public Health Association. (1992) *Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*. Washington, DC: AAP and APHA.

**Get Medical Help Immediately\***

For some conditions, you need to get medical help immediately. If the caregiver can reach the parent, the parent must come right away. Parents should let the child’s doctor know that the caregiver has the parent’s permission to call for advice in an urgent situation. In situations that require immediate medical evaluation, if the parent or the child’s doctor is not available, the caregiver should contact the facility’s health consultant or emergency medical services (EMS)/911 system for help.

**Get help immediately for a child with any of the following conditions: (Please note that this is not a comprehensive list; when in doubt, call 911!)**

- Specific fevers:
  - A baby less than 4 months of age has a temperature of 101 degrees F. rectally or 100 degrees F. axillary (armpit)
  - A temperature of 105 degrees F. or higher in a child of any age
- For infants under 4 months, forceful vomiting more than once
- Looking or acting very ill or getting worse quickly
- Neck pain when the child’s head is moved or touched

October 2009

- A stiff neck or severe headache and looking very sick
- A seizure for the first time
- Acting unusually confused
- Unequal pupils (black centers of the eyes)
- A blood-red or purple rash made up of pinhead-sized spots or bruises that are not associated with injury
- A rash of hives or welts that appears and spreads quickly
- Breathing so fast or so hard that the child cannot play, talk, cry, or drink
- A severe stomachache that causes the child to double up and scream
- A stomachache without vomiting or diarrhea after a recent injury, blow to the abdomen, or hard fall
- Stools that are black or have blood mixed through them
- Not urinating at least once in 8 hours, a dry mouth, no tears or sunken eyes
- Continuous clear drainage from the nose after a hard blow to the head

**Note for programs that provide care for sick children:**

If any of the conditions listed above appear after the child's care has been planned, medical advice must be obtained before continuing child care can be provided.

(List modified from the American Red Cross Child Care Course, 1990. For information about the course, telephone the local chapter of the American Red Cross or write to the American Red Cross, national Headquarters, Health and Safety, 8111 Gatehouse Road, Falls Church, VA 22042)

Footnote: Recommendations are based on NYS Day Care Regulations and American Academy of Pediatrics Health and Safety Checklist

October 2009

## **XI. APPENDICIES**

Appendix A	PS 1201, Notification of Extended Non-delivery of SEIT Services
Appendix B	pspe/sca 01 09-15-06-revised, Child Absence Notification/ SEIT Service
Appendix C	psep/sta 02 2-25-08 – revised, Special Education Itinerant Teacher (SEIT) Absence Note
Appendix D - 1	PS 1100, revised 9-21-09 Treatment Log, revised
Appendix D - 2	PS 1100G Treatment Log, revised 9-21-09 Guidance Document 9/22/09
Appendix E - 1	PS 4002, revised 6/2009, Quarterly Progress Notes for Related Service
Appendix E - 2	PS 4004 6/2009, Quarterly Progress Notes for SEIT Service
Appendix F - 1	PS 4001 6/2009, Annual Review Progress Note for Related Service
Appendix F - 2	PS 4003 6/2009, Annual Review Progress Note for SEIT Service
Appendix G	PS CB 20017/2009, Center Based and Transportation Options Notification
Appendix H	PS T1002, revised 7/2009 Notification of Mileage Reimbursement and Change of Address Notification Requirements
Appendix I	PS T1003, revised 7/2009, Preschool Special Education Program Transportation and Change of Address Notification Requirements
Appendix J	EI 5294 10/07 School District Request for EI Progress Notes
Appendix K	EI 5235, Early Intervention to Preschool Eligibility Notification Form
Appendix L	PS 1200 9-2009, Parent/Guardian Consent for Alternate Signature Verification
Appendix M	PS T100, Preschool Special Education Program Center Based Program Transportation Options Submission Authorized Signatures