Nassau County
Department of Health

Preschool Special Education Program

Manual

June 2018

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Revised

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This manual can be found on our preschool website - https://www.nassaucountyny.gov/4270/Preschool-Special-Education-Program

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I. COMMITTEE ON PRESCHOOL SPECIAL EDUCATION (CPSE) PROCESS

A. REGISTRATION/REFERRAL

Each school district must determine residency according to the district policy. Once residency is determined, the child can be registered in the school district; however, as per SED, a district cannot delay an evaluation or services due to issues with residency. The school district must provide the family with information on what documentation is required for registration. The school district designee must ensure that a Home Language Survey (Appendix A) is completed and maintained in the child's record.

Effective 7/3/13, school districts must obtain a one-time written consent from the parent before accessing Medicaid for the first time. (See Appendix I for sample Medicaid Consent forms and written notification). Prior to obtaining this consent, the district must provide the parent with written notification that ensures they are fully informed of their rights before Medicaid can be accessed.

SED Field Memo dated 7/13 amending section 200.5(b) of the Regulations of the Commissioner of Education
Refer to http://www.p12.nysed.gov/specialed/publications/parentalconsent-medicaid-July2013.htm
Go to http://www.p12.nysed.gov/specialed/publications/parentconsent-July2013-att3.htm to access SED's Medicaid Consent form in different languages.

A referral can come to the CPSE from:

- the Early Intervention Program (EI)
- Pediatrician
- Early Child Care/Nursery Teacher
- Parent
- Early Childhood Direction Center (ECDC)

Although any of the above can refer a child to the school district CPSE, **the school district must receive consent in writing from the parent/guardian for the process to begin.**
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 provides the parent with a detailed written packet which includes:

- List of State Education Department (SED) approved Evaluation Sites contracted with Nassau County Department of Health (NCDOH)
- Due Process/Procedural Safeguards Notice in native language
- Parent consent for evaluation
- Written notification and Medicaid parental consent

The school district informs the parent of the CPSE process including the following timelines established by the New York State Department of Education:

- 60 calendar days from signed consent to evaluate to CPSE meeting and recommendations
- 30 school days from recommendation of the CPSE to onset of programs and services
- 60 school days from signed consent to evaluate to delivery of programs and services

The parent informs the school district of the selected evaluation site. (Parent can choose current EI provider agency to evaluate child through CPSE.)

- The parent signs an informed consent for the evaluation.
- If the parent does not sign the consent, the process ends.

The school district forwards the following information to the evaluation site:

- Signed consent for evaluation
- List of evaluations authorized by the school district to be completed
- Home Language Survey
- Consent for Bilingual Evaluation if necessary
- Date of proposed CPSE meeting
- Medicaid parental consent

If the child is currently in the Early Intervention Program, the school district is asked to complete Form EI 5294 School District Request for Early Intervention Progress Reports (Appendix B) so current Early Intervention evaluations and progress reports can be forwarded to the chosen evaluation site.

B. HOMELESS

According to the McKinney-Vento Homeless Education Assistance Improvements Act, which was reauthorized in 2001, the definition of homeless children is:

> individuals who lack a fixed, regular, and adequate nighttime residence . . . and includes-
>
> (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
>
> (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings . . .
>
> (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
>
> (iv) migratory children . . . who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

The Homeless Eligibility Clarification Act of 1986 removed permanent address requirements and other barriers to existing programs. If a child is homeless it is the family's choice to register with one of the following districts:

- school district before becoming homeless;
- school district where last enrolled or;
- current school district

ENROLLMENT- (i) The school selected . . . shall immediately enroll the homeless child or youth, even if the child or youth is unable to produce records normally required for enrollment, such as previous academic records, medical records, proof of residency (emphasis added), or other documentation.

NYS Education Law:

Upon receipt of the designation form (Appendix C), the designated school district shall immediately:

(1) admit the homeless child;

(2) treat the homeless child as a resident for all purposes

C. EVALUATION PROCESS

- The evaluation site receives the information from the school district.
- The evaluation site reviews any Early Intervention evaluations and/or progress reports upon parental consent.*
- The evaluation site schedules all necessary authorized components of the evaluation with the parent.
- If there is any question about additional evaluations, the evaluation site must communicate with the school district and, if deemed necessary, obtain further written authorization for additional evaluations.
- The evaluator ensures that timelines are followed.
- The evaluation site forwards all evaluations to the school district and parent. During the evaluation

process, the evaluation site will ensure that the parent understands the CPSE process and evaluation data.

* Note of clarification: EI Reports, if available, should be reviewed by the district and evaluation site to ensure that they are reflective of the child's current ability and performance. As a guideline, testing done within three to six months of the CPSE Referral date **can** be used as part of the initial evaluation.

An individual evaluation for a three or four-year old child suspected of having a disability means any procedures, tests or assessments used selectively with an individual child as necessary to determine whether a child has a disability and the extent of his/her special education needs. Upon referral of a child with a suspected disability to the CPSE, the Board of Education, with parent's consent, must arrange for an evaluation of the child. The CPSE has the primary responsibility to identify and authorize the specific components, in writing to the evaluator, for each individual preschool evaluation, including the required components, and any other appropriate assessments or evaluations. No reimbursement is available for any evaluations not specifically authorized by the CPSE in writing.

The parent selects an evaluator from the list provided by the school district of SED approved evaluation sites contracted with NCDOH and provides written consent for the proposed evaluation pursuant to Section 200.5(b)(1) of the Regulations of the Commissioner of Education. The initial multidisciplinary evaluation of a preschool student pursuant to Sections 200.4(b) and 200.16(c) of the Commissioner's Regulations must include at least:

- a physical examination in accordance with the provisions of sections 903, 904 and 905 of the Education law;
- an individual psychological evaluation;
- social history;
- an observation of the child in the current educational placement, or other natural setting; and
- other appropriate assessments or evaluations, including a functional behavioral assessment for a student whose behavior impedes his or her learning or that of others, as necessary to ascertain the physical, mental, behavioral and emotional factors which contribute to the suspected disabilities.

1. FUNCTIONAL BEHAVIORAL ASSESSEMENT

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 Functional Behavioral Assessment (FBA) is a component of the multi-disciplinary evaluation process and should be integrated throughout the process of developing the IEP.

While performing an evaluation on a child whose behavior impedes his or her learning or that of others, the evaluator should communicate any behavior concerns with the school district. The school district may then approve a **Functional Behavioral Assessment** as part of the initial evaluation. If the school district is contemplating approving an FBA then the Functional Assessment Interview (school and family version) should be completed, as appropriate. Based on the result of this information, a determination is made if an FBA is warranted and if the school district will approve.

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
- 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;
- information from the student, the student's teacher(s), related service provider(s); (see the Functional Assessment Interview, school version - Appendix K) 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 (see the Functional Assessment Interview, family version - Appendix K).
- The FBA cannot be based solely on the student's history of presenting problem behaviors.

Ideally the FBA should be completed within two to four sessions over a two-week period.
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 (see ABC Checklist - Appendix K), 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.

If concerns arise with a child already receiving services as a Preschooler with a Disability, an FBA may be completed as part of a psychological or educational evaluation. PWN and parental consent is required for this additional evaluation. Please note: an FBA is an assessment therefore the evaluation must include at least one standardized test.

Although NYSED has said the appropriate professional to complete an FBA is a psychologist, IF an FBA is authorized for a child already receiving preschool special education services, the FBA may also be done by a SEIT who holds a New York State license as a BCBA or a social worker. The SEIT or social worker performing the FBA should never be the same individual currently providing services to the child as per SED.

The Functional Behavior Assessment checklist (Appendix K) should be completed by the school district prior to authorizing a Behavioral Intervention Plan. A reconvene meeting must be scheduled two to three weeks after authorizing the FBA to discuss if a BIP is warranted. If it is determined by the CPSE at the reconvene meeting that a BIP is necessary, discussion regarding the results of the FBA and/or completion of a BIP occurs. Any behavior intervention plan that may arise from the FBA must be discussed with the district and parent and authorized in the IEP.

The determination of other appropriate assessments or evaluations to be included as part of an initial evaluation or reevaluation must be made on a case-by-case basis by a group that includes the CPSE with the input of the child's parent(s) and other qualified professionals of various disciplines. (See Section 200.16(c)(2) of the Regulations of the Commissioner of Education). This may include the child's teacher, the speech and language therapist or other related service providers, or the approved evaluator selected by the parent(s). The group must review existing data on the child including evaluations and information provided by the child's parent(s), and current classroom based assessments and observations by teachers and related service providers. For the child transitioning from the Early Intervention Program, the school district should request, with parental consent, the most recent progress reports and evaluations from:

1. the parent(s)
2. the EI provider
3. the Early Intervention Official Designee (EIOD)

The evaluation must include sufficient information for the CPSE to determine a child's eligibility for special education programs and services. If the CPSE requires additional evaluation components, the identified components are part of the initial evaluation.

Should the evaluator find that a child requires an evaluation beyond the limits identified on page three, or should the CPSE during the course of the school year, or at the time of annual review, require formal testing of any area, the CPSE must provide written authorization to the evaluator. If a child experiences a change during the year in health, family structure or a related circumstance, the CPSE must provide written authorization for the evaluator to conduct an update or reevaluation of the psychological or social history. The approved evaluator must conduct the evaluation in accordance with Section 200.4(b) of the Commissioner's Regulations and must provide copies of the evaluation, including all assessment reports and a summary of findings, to the members of the CPSE.

The summary report shall include a detailed statement of the preschool student's individual needs, if any. The summary report **shall not include** a recommendation as to the general type, frequency, location and duration of special education services and programs that should be provided; shall not address the manner in which the preschool student can be provided with instruction or related services in the least restrictive environment; and shall not make reference to any specific provider of specific services or programs. Reports of the assessment and/or evaluation and a summary portion of the evaluation shall be provided to the members of the Committee on Preschool Special Education and to the person designated by the municipality in which the preschool student resides so as to allow for a recommendation by the committee to be made to the Board within 60 calendar days of the receipt of consent. The approved evaluator shall provide the parent with a copy of the statement and recommendation provided to the committee. Such statement and recommendation including the summary evaluation shall be provided in English and when necessary, in the native language of the parent or other mode of communication used by the parent unless it is not feasible to do so.

The summary must be on a form developed by SED. This form is included in a SED field memo "Updated Preschool Student Evaluation Summary Report Form and Clarification on New Provisions Required Pursuant to the Reauthorization of the Individuals with Disabilities Education Act (IDEA)" (January 2000) and is available at http://www.P12.nysed.gov/specialed/publications/policy/evalsappb.htm.

It is recommended that if an evaluation site knows upon receiving an evaluation referral that it cannot complete that evaluation within the mandated timeframe or does not have the appropriate staff to perform an appropriate, comprehensive evaluation (i.e. bilingual, vision evaluation) that the site should immediately inform the school district.

2. BILINGUAL EVALUATION

After meeting the family, if the evaluator determines that the child should have a bilingual evaluation, the evaluator should contact the school district immediately and discuss any concerns. If the district has authorized a bilingual evaluation and the evaluator concludes that there is no indication for such, the evaluator should contact the district immediately to discuss. While a family can refuse a bilingual evaluation, the school district sets policy regarding what type of evaluation they will approve. The family then has a choice to agree to the bilingual evaluation or not have an evaluation through the district, as preschool is not mandatory.

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 evaluator. The notification must be sent five days prior to the meeting date.

Prior to the meeting, ensure that the evaluations have been shared with the parent.

At the CPSE Meeting:

1. Reasons for referral are reviewed.
2. Results of evaluations are reviewed**.**
3. Present levels of performance are described.
4. Strengths and needs are identified.

5. CPSE determines eligibility for classification, based on SED eligibility criteria. If the child is found ineligible, the process ends.
6. If eligible, goals are developed based on the child's need(s). **The goals and benchmarks/objectives that comprise the IEP are developed at the CPSE meeting. Evaluation sites may bring proposed goals for the CPSE to consider, but it is the responsibility of the CPSE, not the evaluation site, to develop the child's goals.**
7. **An appropriate level of service is discussed to address specific goals**.
8. Recommendations for programs/services and placement recommendation are determined.
9. Transportation options are identified, including parent driving (Parent Mileage Reimbursement round trip and one-way is available) and bussing. The CPSE must "encourage parents to transport their child . . ." (Section 200.16(e)(5) of the Commissioner's Regulations)
10. A coordinator of services **must** be designated by the CPSE and be indicated in the IEP, as noted:
    - The SEIT (Special Education Itinerant Teacher) is automatically the coordinator of services for a Preschool Student with a Disability when SEIT and related services only are recommended.
    - If SEIT is recommended in addition to a Center Based program, the CPSE must designate which of those will be the coordinator of services.
    - If only related services (more than one) are recommended, one of the disciplines must be designated as the coordinator of services by the CPSE.
    - When only one service is recommended, there is no coordinator of services.

    Reimbursement is available for ten ½ hour sessions during the school year (September to June), and two ½ hour sessions during the summer session. If a child begins services at any point after September, the service provider can only bill for coordination of services at a rate of one session per month. The Contact and Comments section on the treatment log should be utilized to document coordination of services activities.
11. 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. (See section VA of this manual)
    Go to http://www.p12.nysed.gov/specialed/spp/earlychild.htm for further information.

The CPSE must submit their recommendation for classification and services to the Board of Education so services can be arranged.

Required paper work:

- Attendance form- must be signed by all participating members. A teleconference by a CPSE member is permissible upon parental notification and consent. The teleconferencing members must have copies of the evaluation packet. The chairperson should note the name, discipline and title of the teleconferencing member on the attendance form.
- Notification to NCDOH EIP of Eligibility Determination for Transitioning EI Child form (Appendix D) - must be completed for all children transitioning from the Early Intervention Program.
- STAC-5- The CPSE chairperson prepares and signs STAC 5 form. The completed form must be submitted to the Department of Health STAC Unit within 30 calendar days of the CPSE meeting.

  Nassau County Department of Health
  Preschool Special Education Program – STAC Unit
  60 Charles Lindbergh Boulevard, Suite 100
  Uniondale, New York 11553-3683
- STAC-1- the district should complete this as soon as possible prior to the initiation of services and submit to the County at the above address.
- Department of Health Notification form- must be submitted along with the STAC-1.
- For Center Based Programs, additional transportation forms must be completed at this time.
- Individualized Education Program (IEP) - the school district is responsible for providing a copy to all special education and related service providers prior to the initiation of services, including the child's preschool teacher/daycare provider, if applicable. The service provider is required to have the IEP **prior to** beginning services.

Note: When the parent elects for their child to remain in Early Intervention, an IEP is still created. An IEP must be developed by the CPSE at each meeting or it is not a valid meeting.

E. INITIATION OF SERVICES

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.

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(s)*
  - **Child's daycare/preschool 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 cannot accept a copy of the IEP from the parent.

The school district determines the dates the provider submits the quarterly progress reports to the parent and school district. The following is a typical school district schedule:

Service Period	**Due Date of Quarterly Report**
September-November	November 15
November-January	January 31
February-April	April 15
April-June	June 30
July-August	August 31 *

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

Upon request the progress reports will be sent to the NCDOH Preschool Special Education Program.

F. DECLASSIFICATION

Prior to declassifying a preschooler with a disability, a reevaluation must be completed. As part of any reevaluation, the CPSE and other qualified professionals review all **existing** data to determine if any additional data is needed to establish the present levels and needs of the child, whether the child continues to have a disability, whether the child continues to need special education, and whether any additions or modifications to the special education services are needed. A reevaluation does not mean automatic formal testing. (Section 200.4(b)(5)(ii)(a-d) of the Commissioner's Regulations)

If the committee determines that additional data is needed, the school district must authorize tests and other evaluative materials as may be needed to produce this data. Pursuant to Section 200.4(b)(5)(iv), if the school district determines that no additional data is needed to make a determination on the above, the parent must be informed of this (via Prior Written Notice) and of their right to request an assessment to determine whether the child continues to be a student with a disability and to determine the child's educational needs.

See SED Q&As for Prior Written Notice (Notice of Recommendation) Attachment 5 under proposed initial evaluation or reevaluation, forth bullet and SED Training Q&As for Prior Written Notice under D-initial/reevaluation (updated May 2011)

A formal meeting is not necessary to review the data. However, the results of the reevaluation, which would include a review of any existing data used by the CPSE as part of the reevaluation, must be reviewed at a CPSE meeting. The reevaluation meeting should be consolidated with another meeting; i.e. the annual review meeting, when possible, to review and revise the IEP or declassify the student. A meeting notice must inform the parent of the purpose of the meeting; i.e. annual review and reevaluation to determine continued eligibility.
For preschool students with a disability there are no declassification support services.

II. CONFIDENTIALITY

A. CONFIDENTIALITY OF RECORDS

In accordance with the Family 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 by the Provider, District, Agency and County 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 Special Education Services without explicit permission from administrative staff.

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

- Every individual provider and agency must adhere to FERPA and have a written confidentiality procedure.
- To ensure confidentiality, all records are to be kept in **locked, fireproof** file cabinets and made available only to authorized individuals.
- 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.
- Requests for access to a child's record by a person other than authorized individuals shall be directed to the administrator of each program or individual provider. If the request for access is approved, a record of such access shall be maintained in the child's file, which will indicate the date, person and reasons for the access.
- Records may be inspected during monitoring visits by the NCDOH Preschool Special Education Program or NYSED at the place they are regularly maintained.
- Procedural safeguards shall be utilized to ensure that such records are not destroyed or altered in any way.
- All file storage units shall have a notice that they contain confidential records and that access is limited.
- Correspondence or record of one child shall not reveal the name of another Preschool Special Education Program child or family.
- Individuals shall not verbally convey information about a child or family without written parental consent.
- Records transported must be secured to maintain confidentiality.
- No personally identifiable information shall be transmitted electronically, i.e. computer or email, unless the data is encrypted and password protected. Information on encryption software is available from SED.
- A 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 public.
  Refer to: http://www.oms.nysed.gov/medicaid/handbook/handbook_6/hipaa_ferpa_guidebook_6.pdf
- Records are disposed of by shredding.

B. GUIDELINES FOR RECORDS CONTAINING SENSITIVE INFORMATON

Nassau County Department of Health Program Staff and all approved preschool service providers must adhere to the confidentiality requirements of the Preschool Special 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.

C. RETENTION OF RECORDS

The Nassau County Department of Health, contracted agencies and contracted individual service providers must maintain and retain each child's complete and accurate record, documents, accounts and other evidence in locked, fireproof file cabinets until the child reaches the age of 21 years.

Original documentation must be maintained by the individual or entity that holds the contract with the Nassau County Department of Health under which the service was provided unless services are provided by a subcontractor. In these cases, the direct provider must maintain the original documentation.

School districts and BOCES must maintain the student information sheet, most recent year's IEP, evaluation record, and summary record six years after the student graduates from high school or six years after the student turns 21 years old, whichever is shorter. Other special education records including, but not limited to, attendance record, student progress reports, referral form, individual evaluations, IEPs, etc. must be maintained for six years. For further details, refer to NYSED's Records Retention and Disposition Schedule ED-1 (1997).

Destruction of Records

Signed and dated copies of each child's IEP, attendance records, log notes and billing records for SEIT and related services must be maintained until the child reaches the age of 21 years. Records may only be destroyed by shredding or any other current method that ensures confidentiality of the child's records.

D. 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 the Preschool Special 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 receiving services.**

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

- **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 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.

HIV CONFIDENTIALITY

Article 27-F of the New York State Public Health Law strictly protects the confidentiality of information about people 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 to ensure that the person is not discriminated against because 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 release 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 <u>further</u> 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 *<u>not</u>* sufficient authorization** for the release of confidential HIV information.

DISCLOSURE NOTICE

NASSAU COUNTY PRESCHOOL SPECIAL EDUCATION PROGRAM

NOTICE PROHIBITING REDISCLOSURE OF CONFIDENTIAL INFORMATION

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.

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 <u>not</u> sufficient authorization for further disclosure.

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 stated in a memo from the State of New York Department of Health dated February 25, 2004.

The second amendment addresses timely transition planning only for those children thought to be eligible for Preschool Special Education Programs and services pursuant to Section 4410 of NYS Education Law. These amendments were made under the direction of the federal government are specified and in a memo from New York State Education Department dated March 2004.

Effective April 1, 2013, EI regulations require that the Early Intervention ongoing service coordinator provide notification of the child's potential eligibility to school districts at least 120 days prior to the first date of eligibility for services under Education law. Districts should contact the parents three months before the child turns three years old so that the evaluations and the CPSE meeting are completed before the child's third birthday.

In addition, with parental consent, the ongoing service coordinator is required under Section 2548 of Public Health Law to arrange for a transition planning conference among 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 discuss the referral process for CPSE, review the child's program and service options, determine if a referral should be made to the CPSE, and develop 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 ongoing service coordinator 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 the 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.

B. ELIGIBILITY CRITERIA

A child is eligible to remain in the EIP until the day before their third birthday. Only those children who have had an 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 three between January 1 and August 31 may continue in the EIP until August 31.
A child turning three between September 1 and December 31 may continue in the EIP until December 31.

C. CPSE ELIGIBILITY

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

Service Coordinators and providers need to consider the needs of a child when assisting parents as to **when** to transition.

D. NOTIFICATION OF ELIGIBILITY DETERMINATION FOR TRANSITIONING EI CHILD

It is essential that CPSE chairpersons complete the Early Intervention to Preschool Notification of CPSE Eligibility Form (EI 5235) at the child's CPSE meeting (Appendix D). Fax the completed form to the Department of Health immediately following the meeting and 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.

E. PENDENCY

Child transitioning from EI to CPSE

- When an EI child is eligible for CPSE and services on the current IFSP are in dispute, the district is not required to provide those specific services.
- 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 that are not in dispute while a determination from the CPSE is pending.

F. CHILDREN ELIGIBLE FOR CPSE SERVICES

If a child is found eligible for CPSE services prior to their third birthday, parents have the option to have child:

- transition to Preschool Special Education at that time prior to aging out of Early Intervention or
- remain in the Early Intervention Program until he/she ages out, if the child continues to meet EI eligibility requirements, and then begin CPSE services.

G. TRANSITION TO CSE

If the CPSE determines that the child remains eligible for special education programs/services, it automatically refers the child to the Committee on Special Education (CSE).

1) The school district reviews the child's record to determine if additional evaluations are necessary.
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 eligible for kindergarten 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.

IV. EVALUATIONS AND ELIGIBILITY

A. EVALUATION SITE/CONTACT WITH PARENTS

The individuals with whom the family first comes in contact often set the tone for future involvement in the Preschool Special Education Program. Since evaluations usually occur early in the process, it is important that the evaluation team attempt to set the family at ease.

- Once the evaluation site receives consent from the district, the parent should be contacted immediately.
- Elicit the family's concerns for their child to ensure that the evaluations conducted address the concerns of the family. Include these concerns when determining components of the evaluation.
- Parents should complete required forms: permission to evaluate and consent for release of records.
- When scheduling the evaluation, consider such factors as convenience for the family, child's naptime, and parent's work schedule to allow for the optimal testing of the child and parental participation at the evaluation.
- Schedule evaluations as soon as possible following receipt of referral from the CPSE to allow CPSE the opportunity to hold the initial CPSE meeting within the mandated 60 calendar days from date of signed parental consent.
- Assure parents that their child may not be able to answer every question or complete every task successfully and that 100% correct response is not expected. Testing may not be predictive of future abilities and identifies a child's strengths and possible areas of delay/challenge/weakness.
- Evaluators should keep the CPSE informed in writing of any reasons that may cause a delay in meeting timelines, i.e., child sick or evaluation date cancelled.
- All contacts by evaluators with parents or others involved in the evaluation process must be dated, documented, signed and placed in the child's record.
- With parental consent, evaluators may review any current medical information/previous reports that are pertinent to the decision-making for the child's eligibility and CPSE services.
- Families must be informed that the evaluation is not complete, nor can eligibility be determined, without a review of a current Physical Examination Report. The evaluation site can request that the family provide a Physical Examination Report.
- Assure parents that their input is an important part of the process and that they will be provided with an opportunity to share their input during the evaluation.

B. CONDUCTING THE EVALUATIONS

In conducting the evaluation, evaluators will take into consideration the following:

- The evaluation team will regard parents as an important part of the evaluation and partner(s) in the process.
- If a child is fatigued and becomes unresponsive and noncompliant, evaluators should look to reschedule the evaluation appointment. Evaluators should never judge a child's response during testing as incorrect if fatigue was the factor. The assessment should not continue if the child is or becomes ill.
- Evaluators must include a statement in the written report indicating that determination of eligibility for services will be made by the CPSE.
- At the conclusion of the evaluation, the evaluator will elicit and document within the written report a statement from the parent whether they felt the evaluation depicted a typical picture of their child.
- An audiological assessment may be done as part of the initial evaluation if there are significant concerns, particularly speech and language delays. A referral signed by a Physician, Physician's Assistant, or Nurse Practitioner must be obtained in advance for this assessment.
- If the family is unable to provide a current Physical Examination Report, the evaluation site must arrange for one to be completed.

- **Evaluators may not make verbal recommendations during the evaluation regarding specific services, frequency, duration or specific providers, or discuss eligibility.**

Latest Evaluation Date for CPSE

The CPSE will evaluate a child as long as there is time for that child to receive services. The CPSE meeting should be held in June before the end of the school year. That way, services in the summer are possible if deemed appropriate. If the evaluations cannot be completed by then, the district needs to decide how to handle the referral. Initial CPSE meetings or reevaluation meetings for extra services for entering Kindergartners cannot occur in the summer since those recommendations are for elementary school services, not preschool services. The county will not pay for those evaluations.

C. BILINGUAL EVALUATIONS AND WRITTEN TRANSLATIONS

The school district conducts the Home Language Survey to determine if a bilingual evaluation is necessary and then forwards the completed survey to the evaluator. If the school district determines that a bilingual evaluation is necessary or the parent requests *translation of documentation* into another language or mode of communication, they must sign a Nassau County Request for Translation Form (Appendix E) prior to the evaluation. Either the CPSE or the evaluation agency can have this form signed, however, it is suggested that the "Request for Translation" form be included as part of the initial CPSE packet.

SED allows for a higher rate of reimbursement to cover the costs of a bilingual evaluation.

If an evaluator that speaks the language cannot be located, an interpreter can be used. SED has indicated the order of preferences for a bilingual evaluation:

1. Bilingual therapist with qualifications in language sought
2. Bilingual therapist not in specific language sought with interpreter
3. Therapist with interpreter

If an interpreter cannot be found, a family member or friend can be used to interpret; however, this is not considered a bilingual evaluation. School districts should document all attempts to locate a bilingual evaluator.

NYSED memo dated March 1995 reads:

> "Program may bill the municipality at bilingual rates when:
>
> A component(s) of a student's evaluation is performed by one or more qualified evaluators who are bilingual;
>
> or
>
> An interpreter is required to be present during the performance of an evaluation component to assist a monolingual evaluator with the completion of the evaluation component.
>
> These rates include the cost of any translated documents. Translation costs may not be billed separately and/or in addition to billing at the bilingual rate." (emphasis added)

Written Translations:

When evaluations are conducted in English, yet the parent requests that the summary report and/or the evaluation be translated into their native language or other mode of communication, the costs for these additional expenses are reimbursable. The translation of written reports, either summary and/or evaluation is reimbursable **only if an additional cost is incurred by the evaluator**.

The district must have a "Request for Translation" form signed by the parent on file. A copy must be sent to the County along with the corresponding STAC-5 and Evaluation Verification Form (Appendix F) in order for reimbursement to be made for these additional expenses.

Evaluators who bill for a bilingual evaluation may not bill translation costs separately or in addition to billing at a bilingual evaluation rate. The bilingual evaluation rates include the cost of any translated documents required by Section 200.16 of the Regulations . . .” (SED memo August 2003)

GUIDELINES FOR SERVICES FOR CULTURALLY AND LINGUISTICALLY DIVERSE (CLD) PRESCHOOL STUDENTS WITH DISABILITIES (SED Memo, March 1997)

“For CLD students, a member of the evaluation team or district employee who is familiar with assessment and programming for culturally and linguistically diverse preschoolers must attend the meeting. If no CPSE member speaks the language of the parent of the referred child, the CPSE is responsible for providing an interpreter. Where possible, this person should serve as a culture and language mediator to ensure that the parent’s areas of concern are addressed and that the parent participates in the decision-making process.”
When an interpreter is *required at the CPSE meeting, but NOT necessary for the evaluation itself*, the school district is responsible for the cost of the interpreter. The district can then recoup this additional expense through the “Administration Charges and Overruns Report” that they submit to SED.

D. ASSESSMENTS

Courtesy of American Speech-Language-Hearing Association (ASHA). Permanent Childhood Hearing Loss. Available at http://www.asha.org/Practice-Portal/Clinical-Topics/Permanent-Childhood-Hearing-Loss/

Hearing plays a vital role in the acquisition of speech and language and the achievement of other developmental milestones in young children. When there are concerns regarding a child’s hearing or when hearing status is unknown, a comprehensive pediatric audiology assessment is essential.

Mounting evidence on the impact of hearing loss on speech-language, social–emotional, cognitive development, and academic achievement supports the need for early identification, complete assessment, and rehabilitation of children with hearing loss.

Due to Medicaid regulations, agencies cannot self-refer a child for an audiological assessment. A Medical Doctor, Physician’s Assistant, or Nurse Practitioner must make this referral in advance.

Clinical Indicators

An audiological assessment is indicated for any child from birth to 5 years of age who is at risk of, suspected of, or identified with auditory impairment, disorder, or disability (Joint Audiology Committee Clinical Practice, 1999) including, but not limited to,

- Children referred from infant hearing screening or other audio-logic screening regarding impairment, disorder, and/or disability;
- Children whose parent/primary caregiver, educator, or primary care physician has concern for delayed communication development and/or inconsistent response to auditory stimuli;
- Children whose case histories include risk indicators that are associated with delayed onset or progressive hearing loss (JCIH, 2000);
- Children whose family history is positive for late-onset hearing loss;
- Children with developmental delay;
- Children referred from professionals for determination of auditory status;
- Children identified with fluctuating or permanent hearing loss; and
- Children referred for determination of hearing status as a result of a “refer” result on a pre-K or Kindergarten school hearing screening.

E. WRITTEN REPORTS AND CONTENT

- All evaluation results from all evaluators should be fully integrated to present a clear picture of the child's functioning and needs. Any differences in findings (i.e. discrepancies between standardized testing results and clinical observations between evaluators' testing or between parent perception and clinical findings) must be explained in full and reconciled.
- The evaluator must provide copies of the multidisciplinary evaluation reports, summary, and the New York State Child Outcomes Summary Form to the:
  -parents
  -school district
  -Nassau County Department of Health Preschool Special Education Program upon request
- The written/oral summary must be translated into the parents' dominant language.
- Evaluators may not make written recommendations in the **summary section** of the evaluation report regarding eligibility, specific services, frequency, duration, or specific providers**.**
- Evaluations should be written in family friendly language. If a professional term must be utilized that is not clear in meaning, an explanation should be inserted. Describe a child's strengths as well as areas of concern. The evaluation report should be strength-oriented rather than deficit-focused. If the child does demonstrate a delay, the area of deficit must be clearly described. When describing a child's inability or lack of a particular skill, make sure it is age expected and indicate when it is expected. **Do not list skills a child is unable to perform if they are skills expected above the child's age level.**
- Observation:
  If a child is enrolled in a preschool or childcare program, the observation must be conducted in that setting. If not, the observation can occur in another natural setting such as a playground, home, or in a classroom setting with other children, where the child's interactive skills may be observed. **Ideally, the observation should occur in a familiar place** where the child is comfortable and will have the opportunity to demonstrate typical behaviors. This observation may be completed in conjunction with the administration of another evaluation component such as the psychological or other needed assessments and evaluations.
  The observation should include information on the following:
  - Location of the observation
  - Number of adults and children in the setting
  - Transition in and out of the classroom
  - Transition between activities
  - Interactions with other children
  - Interest level in classroom activities
  - Interactions with classroom staff
  - Ability to follow directions/classroom routine
  - Level of compliance
  - Level and type of communication
  - General affect
  - Quality of motor movement
  - Use of adaptive equipment, glasses, hearing aids
  - Academic performance and behavior in the area of difficulty (Section 200.4 (b)(iv))

Within the body of the observation, indicate whether the classroom teacher believes that the observed behavior is typical for the child. *Do not* make clinical judgments regarding observed behavior.

F. CRITERIA FOR ELIGIBILITY FOR PRESCHOOL SPECIAL EDUCATION PROGRAMS AND/OR SERVICES

Refer to http://www.p12.nysed.gov/specialed/publications/preschool/guide/eligibdeter.htm

Part 200 of the Regulations of the Commissioner reads, "Eligibility as a preschool student with a disability shall be based on the results of an individual evaluation which is provided in the student's native language, not dependent on a single procedure, and administered by a multidisciplinary team in accordance with all other requirements as described in Section 200.4(b) and 200.16(c) of the regulations."

To be identified as a *Preschool Student with a Disability*, a preschool student shall either:

(i) exhibit a significant delay or disability in one or more functional areas related to **cognitive, language and communicative, adaptive, socio-emotional or motor development** which adversely affects the student's ability to learn. Such delay or disability shall be documented by the results of the individual evaluation which includes but is not limited to information in all functional areas obtained from a structured observation of a student's performance and behavior, a parental interview and other individually administered assessment procedures, and, when reviewed in combination and compared to accepted milestones for child development, indicate a:

a. 12-month delay in one or more functional area(s); or
b. 33 percent delay in one functional area or a 25 percent delay in each of two functional areas; or
c. if appropriate standardized instruments are individually administered in the evaluation process, a score of 2.0 standard deviations below the mean in one functional area, or a score of 1.5 standard deviations below the mean in each of two functional areas; or

(ii) meet the criteria set forth in these current disability classifications in the Part 200 Regulations:

- autism
- deaf-blindness
- deafness
- hearing impairment
- orthopedic impairment
- other health impairment
- traumatic brain injury
- visual impairment, including blindness

FACTORS TO CONSIDER: There is a wide range of variation in early development and skill acquisition among young children. This range needs to be considered when making determinations about eligibility for Preschool Special Education Programs and/or services. **While each functional area is discussed separately in this section, it is understood that the CPSE determines if eligibility criteria as stated in the Regulations, relative to months delay, percent delay, and standard deviation are met.** To determine a child's eligibility for special education programs and/or services, there must be a significant delay or disability in child's development.

G. DELAY OR DISABILITY IN COGNITIVE DEVELOPMENT

1. Definition

A child with a cognitive delay or disability demonstrates deficits in intellectual abilities beyond normal variations for age and cultural background. This might include difficulties in:

- the ability to acquire information,
- problem solving,
- reasoning skills,
- the ability to generalize information,
- rate of learning,
- processing information,
- memory,
- attention, and
- organization skills.

2. Factors, Considerations, and Observable Behaviors that Support or Demonstrate the Presence of a Cognitive Delay or Disability

- The child has significant delays in cognitive abilities, as reflected in intellectual assessment scores, neuropsychological findings, teacher or parent rating scales, and/or results of structured observations in a classroom or other setting.
- The child shows significant discrepancies beyond what would be normally expected within or between skill development areas, such as differences between verbal and nonverbal skills, differences within verbal sub-areas, or within perceptual-motor sub-areas. For example, a child with good acuity to visual details may show significant deficits in problem-solving spatial skills.

H. DELAY OR DISABILITY IN LANGUAGE AND COMMUNICATION

1. Definition

A child with a delay or disability in language and communication demonstrates deficits beyond normal variation for age and cultural background that adversely affect the ability to learn or acquire skills in the primary language in one or more of the following areas:

- receptive language,
- expressive language,
- articulation/phonology,
- pragmatics,
- fluency,
- oral-motor skills, or
- voice (such as sound quality, breath support).

2. Factors, Considerations, and Observable Behaviors that Support or Demonstrate the Presence of a Language and Communication Delay or Disability

- The child does not use communication effectively with peers and/or adults. For example, the child does not express needs and wants in most situations.
- The child's speech and language cannot be understood by others in the child's environment, who speak the same language. This may include family members or other children in the child's preschool program.
- The child exhibits observable severe or frequent frustration because of communication difficulties.
- The child exhibits speech sound and/or phonological process errors that impair intelligibility and are not developmentally appropriate. For example, speech sound production impairs listener's ability to understand the child within multiple settings.
- The child has difficulty understanding and using age-appropriate vocabulary, language concepts, and/or conversation (for example, limited vocabulary, sentence structure, and functional use of language restrict communication). In dual language acquisition, delays in both languages in young children are typical.
- The child demonstrates specific weaknesses in pragmatic language ability. For example, limited turn-taking, eye contact, asking, and responding to questions, or knowledge of the speaker/listener role interfere with communication.
- The child demonstrates difficulty processing auditory information. For example, following simple directions or answering simple questions present problems for the child.
- The child demonstrates oral motor difficulty, such as in swallowing or feeding, and/or developmental apraxia, the inability to coordinate speech muscle movement to say words. For example, the child has difficulty combining sounds to say words and/or there is excessive drooling or weak oral muscle movement.
- The child demonstrates speech dysfluency (stuttering) that interferes with communication abilities. For example, word sound repetitions and/or speech productions that interrupt smooth flow of speech.

I. DELAY OR DISABILITY IN ADAPTIVE DEVELOPMENT

1. Definition

A child with a delay or disability in adaptive development demonstrates difficulty learning or acquiring skills necessary for daily living and learning through play. These occur over time, in a variety of situations, and interfere with the effectiveness of the child's ability to meet personal needs, social responsibility, or participation in developmentally appropriate situations. Adaptive behavior demonstrates the effectiveness with which the individual copes with the natural and social demands of his/her environment.

2. Factors, Considerations, and Observable Behaviors that Support or Demonstrate the Presence of an Adaptive Delay or Disability

Adaptive behavior areas would include activities of daily living such as toileting, eating, dressing, personal hygiene, as well as development of play skills including the acquisition of developmentally appropriate pretend or exploratory play and engagement in peer and adult social play. Consideration should be given to the following factors:

- Family history, culture, family expectations, and opportunities to develop self-help skills.
- Motor contributions to functional skills, such as fine motor skills necessary for managing, fastening, or engaging in object exploration, oral motor components to eating or the gross motor abilities that support environmental exploration.
- The child's ability to accomplish activities of daily living adequately and as efficiently as the child's typically developing peers.
- The necessity for extensive task adaptations needed to support adaptive skills that are unusual for typically developing peers. For example, while the use of a covered cup or diaper is common for a two-year-old, it is not expected of a four-year-old.
- An inflexibility or rigidity in play behavior. For example, ritualistic self-stimulating behavior or engaging in spinning or rigid horizontal alignment of objects during free play rather than exploratory manipulation that is based on object properties.
- An avoidance of peer social interaction during play, with a preference for interaction exclusively with adults or observation of peers rather than active engagement with them during free play opportunities.
- Limitations in the initiation of play activities in either independent or free play. For example, some children will seem passive during free play either unaware of the play potential of a situation or afraid to engage in activities unless invited.

J. DELAY OR DISABILITY IN SOCIAL-EMOTIONAL DEVELOPMENT

1. Definition

A child with a delay or disability in social-emotional development demonstrates deviations in affect or relational skills beyond normal variation for age and cultural background. These problems are exhibited over time, in various circumstances, and adversely affect the child's development of age-appropriate skills.

2. Factors, Considerations, and Observable Behaviors that Support or Demonstrate the Presence of a Social-Emotional Delay or Disability

- The child shows significant observable behaviors such as perseveration, inability to transition, overdependence on structure and routine, and/or rigidity.
- The child exhibits significant patterns of difficulty in the following relational areas: trust building, aggressiveness, compliance, lack of age-appropriate self-control, oppositional/defiant behavior, destructive behavior, poor awareness of self and others, or inappropriate play skills for age.
- The child has significant affect difficulties such as depression/withdrawal, limited range of emotions for a given situation, low frustration tolerance, excessive fear/anxiety, radical mood swings, and/or Inappropriate fears; i.e. a child who misinterprets the approach of other children or adults as hostile.

Note: While some behaviors can be symptomatic of an emotional, social, or neurological problem, they may also be part of children's normal development. The behaviors listed above must be clearly understood in their clinical context and must be significant before being considered a sign of a delay or disability.

K. DELAY OR DISABILITY IN MOTOR DEVELOPMENT

1. Definition

A child with a delay or disability in motor development demonstrates a deficit beyond normal variability for age and experience in either coordination, movement patterns, quality, or range of motion or strength and endurance of gross (large muscle), fine (small muscle), or perceptual motor (integration of sensory and motor) abilities that adversely affects the child's ability to learn or acquire skills relative to one or more of the following:

- maintaining or controlling posture,
- functional mobility (for example, walking or running),
- sensory awareness of the body or movement,
- sensory-integration,
- reach and/or grasp of objects,
- tool use,
- perceptual motor abilities (for example, eye-hand coordination for tracing) and
- sequencing motor components to achieve a functional goal.

2. Factors, Considerations, and Observable Behaviors that Support or Demonstrate the Presence of a Delay or Disability in Motor Development

- The child is unable to maintain a stable posture or transition between positions (i.e. to go from standing to floor sitting) to support learning or interactive tasks.
- The child is unable to move about the environment in an efficient way that is not disruptive to others. Efficient mobility refers to both the time required for moving from one place to another and the amount of energy the child must expend to move.
- The child uses an inefficient or abnormal grasp or reach pattern that limits the ability to either explore or use objects. An inefficient grasp or reach is one which does not enable flexible manipulation, limits use of tools such as writing implements or silverware in functional tasks, leads to fatigue, or limits the child's ability to obtain or use learning materials.
- The child has problems with learning new gross and/or fine motor abilities or in using motor skills in a flexible functional way. The child does not seem to accomplish motor tasks automatically after practice and attends to the motor aspects rather than cognitive or exploratory components of play or pre-academic programming.
- The child may achieve developmentally appropriate skills as measured on formal testing but has significant asymmetry that interferes with bilateral manipulation or tool use (for example, child is unable to transfer objects from hand to hand or stabilize paper when writing or cutting).
- The child is unable to sequence one or more motor actions to accomplish a goal. This includes the child with clumsiness that consistently interferes with goal-directed social or object interaction.
- The child has difficulty participating in gross motor activities, is unable to complete many of the tasks performed by typically developing peers, or may refuse to participate in activities rather than seem uncoordinated.
- The child has problems in the neurological processing of information from any of the senses and organizing it for use.

Note: A determination must be made on the child's lack of exposure or familiarity with the function of instruments used to determine motor behavior. For example, does the child know how scissors are supposed to work?

V. THE COMMITTEE ON PRESCHOOL SPECIAL EDUCATION MEETING

A. INITIAL CPSE MEETING

1) A CPSE meeting must be convened by the school district within 60 calendar days from the date of receipt of the signed parental consent to evaluate.

2) All members of the CPSE are to be notified in writing by the school district at least five days prior to the meeting of the purpose, date, time, and location of the meeting and the name and title of those who will attend the meeting. Parents can invite the EIOD or ongoing service coordinator (OSC) or request the school district to send a meeting notice to the EIOD/OSC.

Meeting Notice

As per NYSED Questions and Answers on Special Education Meeting Notice and Related Requirements (updated 4/11):

- The district must notify the parent of any individual who will attend the meeting, to the extent known by the school district.
- The name of the additional parent member is to be included in the chart listing names and titles of the persons who will attend the meeting. *
- The district does not have to include the name of a parent advocate on the notice of meeting nor send an invitation to a parent advocate.
- The meeting notice must identify the name of the agency invited to send a representative. If the name of the individual who will attend is known to the district, this information could, but is not required to be identified on the meeting notice.
- The district should, to the extent this information is known to them, identify attendees by name and title. When this is not possible, the district should identify the individual by title.
- Parents cannot "waive" their right to the five-day notice. However, a parent and district can agree to a meeting date within five days, which would make it impossible for the parent to receive the notice five days in advance of the meeting and for this reason, State regulations provide an exception to the five-day requirement. In agreeing to a meeting to be conducted within five days, the school district must consider its obligation to invite the municipality representative to the meeting.
- If one or more of the members of the Committee, pursuant to Section 200.3(f) of the Regulations of the Commissioner of Education, cannot attend the meeting, the meeting should be rescheduled except when:
    - alternative means of participation can be arranged; or
    - the school district and parent, in accordance with the procedures established in state law and regulation, reach an agreement that the attendance of an individual(s) is not necessary or that the individual could be excused for all or a portion of the meeting.

Meeting Notice form can be found at www.p12.nysed.gov/specialed/formsnotices/meetingnotice/home.html

*** Effective 7/31/13 the parent member is only a required member of the CPSE if requested in writing by the parent or CPSE member 72 hours prior to the meeting.**

The school district must send proper written notice of parents' right to have a parent member attend any CPSE meeting along with a statement explaining the role of the parent member. NYSED revised the Meeting Notice form to include the required statement.

It is the district's responsibility to arrange for and pay for an interpreter or translator should one be requested by the parent.

3) To determine eligibility and develop an Individualized Education Program (IEP), the following should occur:

   i. Summarize the evaluation reports.
   ii. Determine the student's present level of educational performance (PLEP, also referred to as SPAMs-social, physical, academic levels and management needs).
   iii. Determine eligibility. Consider the child's current levels and needs to determine if the child is a Preschool Student with a Disability according to Part 200 Regulations.
   iv. Write Annual goals and benchmarks. A**nnual goals and benchmarks/objectives are developed at each CPSE meeting by the CPSE. There is no requirement that the evaluation site submit proposed goals for the CPSE meeting. However, should they wish to do so, these goals may be considered by the CPSE.**

IEP template can be found at www.p12.nysed.gov/specialed/formsnotices/IEP/home.html

4) If the child is determined to be a Preschool Student with a Disability, the CPSE then recommends programs and/or services to meet the child's needs, with consideration to their provision within the Least Restrictive Environment.

5) Identify transportation options. Most students with disabilities receive the same transportation as non-disabled students. Non-disabled preschoolers are typically driven to school by a family member. If the CPSE determines that the student's disability prevents the student from using the same mode of transportation as non-disabled students, then special transportation must be indicated on the student's IEP. **The CPSE must encourage parents to transport their child.** (Section 200.16(e)(5))

6) Consider whether an extended school year is appropriate for the student. A student is eligible for a 12-month service or program when the period of review or re-teaching required to recoup a skill or knowledge level attained by the end of the prior school year would be anticipated to exceed 8 weeks. Since the purpose of this is to prevent substantial regression it is appropriate to consider a decrease in services for this time period.

7) All preschool children who were initially evaluated on or after March 1, 2006 and found eligible for Preschool Special Education Programs and/or services are required to have entry assessment results. The New York State Child Outcomes Summary Form must be completed. The narrative will be completed by the evaluators; the rating scale should be completed by the CPSE committee.

8) The school district must give the parent(s) prior written notice a reasonable time before the district proposes to initiate services for the child.

PRIOR WRITTEN NOTICE (PWN)

Prior written notice is a statement from the school district informing the parent about recommendations relating to the initiation or change in the identification, evaluation, or educational placement of the child. If a proposed action by the school district requires parental consent, then PWN must be given at the same time.

The SED required PWN form can be found at www.p12.nysed.gov/specialed/formsnotices/PWN/home.html

Refer to http://www.p12.nysed.gov/specialed/formsnotices/PWN/att5-qa.htm for further detailed information.

The school district is responsible and must arrange for the provision of the IEP mandated services within 30 school days from the CPSE recommendation.

If the preschool student has been determined to be ineligible for special education, the recommendation shall indicate the reasons the student was found to be ineligible. A copy of such recommendation shall be provided to the parent consistent with the prior notice requirements in Section 200.5(a) of the Regulations.

INDICATOR SEVEN INFORMATION

The New York State Performance Plan is designed to evaluate the State's effort to implement the requirements and purposes of IDEA and describe how the State will improve results for all students with a disability. As of March 1, 2006, all approved preschool evaluators will administer entry assessments as a component of the initial evaluation for all preschool students.

The evaluators must report the child's assessment results in the three outcome areas to the CPSE on the preschool child's Summary Evaluation Report. The CPSE is required to review the assessment results as part of the initial determination of eligibility and use the Early Childhood Outcomes (ECO) tool for collecting child outcome data to summarize the child's current functioning in: **positive social relationships, acquiring and using knowledge and skills and the use of appropriate behaviors to meet their needs**. The ECO scale from 1-7 describes performance of typically developing children in each of the three preschool outcome areas. This information must be retained in the child's educational record at the school district and be provided as part of the student's record if the student transfers to another school district.

School districts will be asked to report data on the amount of progress preschool children have made between entry into preschool special education and "exit" from the program after receiving preschool special education services for at least six months.

"Exit" is defined as either:

1. declassification or

2. a point in time within the last six months of the child's eligibility for preschool programs and services and the child's annual review or upon the preschool student's transition from preschool special education to referral for determination of eligibility for special education for school age students.

Preschool children with disabilities referred for school-age eligibility determination: To collect exit assessment data the CSE must arrange for exit assessments in the three early childhood outcome areas to be conducted as part of the reevaluation process to determine the child's eligibility for school age special education. The results are provided to the CSE for review and to determine the child's progress rating in the three identified areas.

Preschool children recommended for declassification: When considering declassification of a preschool child with a disability the CPSE must arrange for a reevaluation by an approved evaluator selected by the parent. The CPSE reviews existing data and identifies what additional data, if any, is needed to determine the student's individual needs, educational progress and achievement, the child's ability to participate in appropriate activities, and the child's continuing eligibility. The reevaluation process must include conducting exit assessments that measure the child's progress in the three early childhood outcome areas. The results of the reevaluation and exit assessments must be provided to the CPSE, including the child's parents and the person designated by the municipality in which the child resides. The CPSE must review the reevaluation and assessment results and determine the child's progress rating in each of the three identified areas.

The determination will be summarized using the child outcomes summary form.

As per NYSED, formal evaluation testing is not required to collect exit assessment data.

Click the following link for the schedule of your school district's submission for Federal Indicators:
http://www.p12.nysed.gov/sedcar/sppschedule2011-2019.html

B. MEMBERS OF THE COMMITTEE ON PRESCHOOL SPECIAL EDUCATION (CPSE)

Each CPSE must include, but is not limited to:

- **The parents of the preschool child;**
- A general education teacher of the child whenever the child is or may be participating in the general education environment, including daycare setting;
- A special education teacher of the child, or, if appropriate, a special education provider of the child;
- A representative of the school district who is qualified to provide or supervise special education and who is knowledgeable about the general curriculum and the availability of preschool special education programs and services and other resources of the school district and the municipality. (The representative of the school district shall serve as the chairperson of the committee);
- An individual who can interpret the instructional implications of evaluation results, provided that such individual may also be the individual appointed as the general education teacher, the special education teacher or special education provider, the school psychologist, the representative of the school district or a person having knowledge or special expertise regarding the student when such member is determined by the school district to have the knowledge and expertise to fulfill this role on the committee;
- Other persons having knowledge or special expertise regarding the child, including related services personnel as appropriate, as the school district or the parents shall designate. The determination of knowledge or special expertise of such person shall be made by the party (parents or school district) who invited the individual to be a member of the Committee on Preschool Special Education.
- For a child in transition from Early Intervention Programs and services, at the request of the parent, the appropriate professional designated by the agency that has been charged with the responsibility for the preschool child; and
- A representative of the municipality of the preschool child's residence provided that the attendance of the appointee of the municipality shall not be required for a quorum.

Effective 7/31/13, the parent member is only a required member of the CPSE if requested by the parent or member of the CPSE in writing 72 hours in advance of the meeting.

The parent member can provide important support and information to the parents of the student during the meeting. In addition to the student's parents, the parent member participates in the discussion and decision making from the perspective of a parent of a student with a disability. The parent member is a member of the CPSE, *not* a parent "advocate."

C. ANNUAL REVIEW (OF THE IEP)

According to SED, PWN and parent consent are required for annual reviews when formal assessments are included in the annual reports. The CPSE can decide to include formal testing/assessments in the IEP under the goals section on the IEP. This would be used only to <u>monitor progress toward goals</u> and would not require PWN or parental consent because it is included on the IEP. As per SED - the school district CPSE is responsible for recommending measurable annual goals, including the evaluation criteria to measure the progress on the annual goals. The CPSE should expect the preschool program/provider to provide the data collected for each goal, consistent with the evaluation criteria established for each annual review.

1) Each IEP must be reviewed at least annually by the CPSE to determine appropriateness of services and review progress towards goals.
2) The district sends notices indicating the date, time and location of the meeting to all members of the CPSE, <u>including the child's current providers and preschool (nursery school) teacher</u>.
3) The CPSE meeting agenda procedures and required paperwork is completed as outlined previously in the Initial CPSE Meeting section (Section VA).

D. CHANGING INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES

Only the CPSE can amend an IEP.

At times a child's services need to be modified (increase/decrease/discharge). These modifications should be the result of a child's progress or lack thereof in meeting IEP goals and objectives. It is not necessary to wait until a scheduled Annual Review to request a review by the CPSE. These requests must be made in writing to the CPSE.

It is always appropriate for the therapist to review recommendations for a change in services with a supervisor or agency coordinator before formalizing the recommendation and discussing it with the family.

The parent/guardian should be contacted to notify them of the recommended change and the reason why.

Be sure the parent understands that this is just a *recommendation* and that the change can only be made by the CPSE.

If the parent/caregiver or team members feel that the current service configuration does not meet the child's needs, the CPSE must be notified. The service provider needs to complete a progress report which includes a rationale for the requested changes.

Changes to the IEP after the annual review meeting

The parent and district may agree to change the IEP without a meeting under the following circumstances:

-If the parent requests changes, and the district and the parent agree.
-If the district proposes changes, submits a written proposal in a language understandable to the parent and provides the parent an opportunity to discuss the changes with the providers.
-After an agreement in writing, the parent receives Prior Written Notice and a copy of the IEP or document that amends the IEP.

VI. WORKING IN THE HOME, CHILD CARE CENTER, OFFICE/FACILITY/SCHOOL

In addition to following the procedures outlined in each agency or school's procedure manual, it is important to consider the following guidelines when providing services in various locations.

A. GENERAL INFORMATION AND REMINDERS

Service providers should introduce themselves as they would like to be addressed. Use last names with appropriate titles (e.g. Mrs. Jones) unless the parent/caregiver asks you to use first names. The service provider is there as a professional, not a friend. Some providers find that continuing to use more formal address helps maintain a professional relationship.

As per NCDOH regulations, all providers are to wear visible photo identification as provided by their agency. Independent providers must provide their own photo ID. Each photo ID should include name, picture, professional title, and, if applicable, the agency name.

Texting and telephone calls should not be performed during the session. Pagers should be on silent mode. Cellular phones should be off. Wait until after the session to return any electronic messages.

Do not drive the child/parent/siblings anywhere for any reason. Do not take pictures of the child or their family without written permission from the parent/guardian. If providing services in a community setting the parent/guardian must remain in the setting for the duration of the session.

The service providers will not discuss their personal information or problems, or billing issues with the parent/caregiver. This helps keep boundaries between personal and professional relationships and allows the focus to remain on working with the child. If the parent/caregiver shares with you their personal problems (e.g. marital issues), encourage them to seek out the appropriate professional to discuss their concerns. Talk to your supervisor about specific situations.

B. SCHEDULING

The provider should keep family considerations in mind i.e. nap times, work and family schedules. It is important to maintain a consistent schedule throughout the IEP period (e.g., Tuesday at 10:00 a.m. and Friday at 11:30 a.m.). Keep as close to your scheduled appointment times as possible. Notify the family/caregiver as soon as possible if you will be unavoidably and significantly late. If the therapy appointment must be canceled due to illness or emergency, contact the family directly, as well as the site at which the service is being provided. It is always important to have the current phone numbers (home/work/cell) of the family.

If the parent/caregiver states that the child is not up to a session, respect their decision. When a session is canceled indicate the cancellation on the Nassau County Department of Health SEIT/Related Services Treatment Log as well as who cancelled. The Verification of Absence and Make-up Session form (Appendix G) must be completed only when the SEIT cancels the session. Always offer a make-up session, according to Section VIII C of this manual.

C. FAMILIES AS MEMBERS OF THE TEAM

The provider should discuss his/her working style with the parent/caregiver when beginning services. Parents are encouraged to be involved in their child's education. If a parent or another designated caregiver is not present during a session it is important to discuss what IEP goals and objectives are being addressed. This can be accomplished with phone contact, daily notebook, etc. *It is the provider's responsibility to initiate the contact.*

Suggestions should be offered to parents regularly about what they can do to carry over the provider's activities with their child. Be sure to coordinate with the coordinator of service so parents do not become overwhelmed by too many "assignments." Use a notebook to communicate with other team members as well as to provide written information

for parents about their child's education. Select activities for the parent/caregiver to do to incorporate into the child's daily activities.

Discuss any recommended changes in service provision with other members of the child's team, provider agency and the CPSE chairperson before discussing them with the parent.

If the parent/caregiver or team members feel that the current IEP does not meet the child's needs, a CPSE meeting must be convened, unless this occurs after the annual review (see section VD- Changing the IEP Services). The service provider needs to complete a progress report which includes a rationale for the requested changes.

In conversation with the parents/caregivers, do not diagnose outside your professional discipline, comment on another provider's intervention, or answer questions related to another field. It is appropriate to direct questions to the provider in that field. If a parent is unhappy with another provider's intervention, encourage the parent to contact the provider's agency or in the case of an independent provider, the CPSE chairperson.

Be respectful and aware of cultural differences (e.g. removing shoes, child rearing practices, appropriate dress, etc.)

Acknowledge the needs of siblings in a positive way. If appropriate, involve them in a session. Siblings can be great motivators.

D. WORKING IN THE HOME

Establish specifics such as where to park, whose materials (toys) will be used (provider's or family's/caregiver's) and where in the house to work with the child. **It is preferable to use the child/family's toys and equipment**.
Ask the parent/caregiver to remain within close proximity during the session and to be available as needed. A responsible adult (18 or over) must be present in the home at all times. Do not close a door or go into another area of the house without family permission.

Use the bathroom if needed, but do not ask to use other facilities in the home (e.g. refrigerator, telephone). Do not bring any food or beverages for personal consumption during a session.

Do not bring your children, other family members, friends or other non-professionals on a home visit. Obtain parental consent before bringing a supervisor, student/intern or other professional to the home.

If a service provider arrives at a home and finds an unattended child (there are no parents /adults home), a call is to be made **immediately** to the Nassau County Police Department (911) and to the Preschool Special Education Program at the Nassau County Department of Health (516 227-8674). Stay with the child until the Police arrive.

E. CHILD ABUSE AND NEGLECT

When child abuse or neglect is observed or suspected, the service provider **must immediately notify:**

- The NYS Child Abuse and Maltreatment Register by telephone at 1-800-635-1522 and in writing within 48 hours of oral report.
- The Special Victims Squad of the Nassau County Police Department by telephone at 516 573-8055 if the allegation involves non-familial sexual abuse.

Many professionals in New York are mandated to take a course in the "Identification and Reporting of Child Abuse and Maltreatment" to obtain or maintain certification/licensure. It is strongly recommended to take the course even if you are not required to do so (refer to https://www.nysmandatedreporter.org/TrainingCourses.aspx to register for the online course.)

F. HEALTH AND SAFETY PROCEDURES

Wash hands at the beginning and end of each visit and explain to the parent/caregiver why that is important. After a session, toys and equipment must be washed with an appropriate cleanser before using them with another child.

Diapering and toileting needs that occur during a home visit should be taken care of by the parent/caregiver who is in attendance. Gloves must be worn while changing or toileting a child and hands must be washed immediately afterwards. Soiled diapers should be disposed of in a covered pail.

Before beginning feeding therapy the provider must obtain medical clearance to do so. Gloves must always be worn when working with food or having direct contact with a child's mouth. **Food reinforcers should not be used without the parent/caregiver's permission**. As indicated by the family, providers need to adhere to dietary restrictions and cultural values.

Do not enter a building if it does not appear to be safe. Leave a building if you do not feel safe. Immediately notify the agency supervisor with safety concerns. It may be possible to modify the IEP to provide services in a different location. Discuss with the family ways to make your visit safer. For example, ask them to restrain a dog or have someone meet you outside a multi-family dwelling.

Universal Infection Control Policies and Procedures

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) and wear disposable gloves when assisting children who are unable to feed themselves.
- Staff should use disposable gloves when assisting children in toileting or changing diapers.
- All toys used by children must be disinfected daily. This process should reflect green laws (no 10% bleach). Refer to: www.p12.nysed.gov/facplan/HealthSafety/EnvironSafeCleaning_EdLaw409i.pdf Refer to https://greencleaning.ny.gov/products.asp for list of green products.
- 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). Refer to Health and Safety (Section XV of this manual) for further information.
- 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 be disinfected following the green laws.
- 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.

G. WORKING IN AN OFFICE/FACILITY-BASED PROGRAM

- Parents/caregivers must remain on-site at all times during their child's session according to the policy of the facility.
- Before the first session, make sure the family has directions to the facility, is familiar with the parking arrangements and other aspects of the facility: handicapped accessibility, elevators vs. stairs, etc.
- If a child comes to an Office/Facility-Based program seeming sick, it is in the discretion of the program director/administrator whether or not to cancel that session.
- Do not have any discussions with parents concerning their child or any other child in any public area. Respect family's privacy and confidentiality and maintain the same level of confidentiality when discussing a child with other professionals. Never show frustration or anger in the presence of families.
- Never, under any circumstances, leave a child unattended in any area of the facility. Children should always be accompanied by an adult. Always accompany children to the restroom. Appropriate facilities and supplies must be available and utilized when needed for changing diapers.
- Use of a two-way mirror is intended for the family/caregiver for observation and to assist in family training. The doors to observation rooms and other treatment rooms should be closed when not in use.

H. WORKING IN A CHILD CARE CENTER / COMMUNITY BASED PROGRAM

Child care can take place in family child care or day care centers, or nursery schools. Although they may operate all year long or just during the school year and may offer part-time, vacation and holiday care schedules, IEP mandated services will be provided in accordance with the appropriate calendar, as indicated on the IEP. Any questions or clarifications regarding a child care facility can be addressed by contacting the Child Care Council of Nassau at (516) 358-9250.
Additional considerations for working in child care facilities are as follows:

1) New York State Office of Children & Family Services (NYSOCFS) (the regulatory agency for all forms of child care) regulations prohibit any individual who has not been cleared through the State Registry for Child Abuse and Neglect from working with a child in isolation. The child and provider must always be under direct supervision of the caregiver.
2) Any child care facility that has a contract or agreement with Nassau County Department of Social Services requires that all caregivers must be fingerprinted and have a criminal record check.
3) A letter of introduction must be sent by the service provider prior to the onset of services at any child care facility.
4) Preschool service providers should request an orientation of the child care facility at the beginning of the first visit. They should obtain a copy of the facility's safety procedures and all other facility policies regarding scheduling, cancellations, etc.
5) The provider must implement a procedure for the inclusion of both parent and caregiver for progress updates and any other applicable communications.

I. WORKING IN A SPECIAL EDUCATION CENTER BASED PRESCHOOL PROGRAM

Guidelines for employees of center based programs are as follows:

- New York State Office of Children & Family Services (NYSOCFS) regulations prohibit any individual who has not been cleared through the State Registry for Child Abuse and Neglect from working with a child in isolation.
- Employees should understand and follow policies and procedures of the program set by their administration.
- Employees should always maintain a professional appearance.
- Employees should report to their administrator any observed breach of policy or any concerns regarding children and/or their families.
- Employees should follow all confidentiality and privacy laws.
- Teachers and related service providers should communicate frequently regarding a child's progress and plan together in developing strategies to address IEP goals.

- Related service providers should work with children across school settings to facilitate the carryover of skills to the classroom.
- Teachers and related service providers should communicate with parents/guardians on a regular basis.

Guidelines for non-employees working in center based programs are as follows:

- A letter of introduction must be sent from the agency listed on the IEP to the center based program introducing the service provider.
- Service providers must have identification to enter the facility and provide the service.
- Service providers should obtain a copy of the facility's safety procedures and any other applicable facility policies.
- **Follow all rules and regulations of the center based program**.
- Ensure that the service can be delivered as indicated on the child's IEP at the program.
- Request instructions as to what space and property within the facility can be utilized prior to the initiation of services.
- Report any problems that may arise to the Director of the program or the designee.
- Notify the center based program if you are unable to provide the service on the scheduled day.
- Before beginning services, the provider must have a copy of the most recent IEP

VII. DELIVERY OF SERVICES

A. CALENDAR

Services for Preschool Students with Disabilities are provided in accordance with the dates specified on the IEP and in accordance with a "school calendar." School calendars exclude weekends, certain legal holidays, and school vacations. Since calendars vary from school district to school district, school to school, and agency to agency, **the calendar utilized must be indicated on the child's IEP** (i.e., Great Kids UFSD school calendar, Jingle Bells Nursery school calendar, XYZ Agency calendar).

The school district determines 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. 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 shared with the provider.
- Services may not be scheduled or made-up on legal holidays.* However, if a scheduled session falls on a legal holiday, that missed session can be made up.
- Services may be scheduled on Election Day, Washington's Birthday or Lincoln's Birthday per NYS Education Law Section 3604(8) if the school district is open.
- 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 unexpectedly due to inclement weather conditions or other emergency, services may be provided even if the school calendar is being followed.

*State Legal Holidays (no services of any kind can be provided)

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

Service Providers must follow the calendar designated on the IEP summary form.

B. LOCATION

The service location is a site determined by the school district CPSE and is specified and written in the IEP.

In keeping with the New York State Department of Education (NYSED) policy regarding least restrictive environment (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; or a child care location. "Special location" and "non-integrated" are not an appropriate location choice under the Preschool Special Education Program and should not be chosen.

When a child attends a typical preschool, it is expected that SEIT and Related Services will be provided at that location. Related Services can be provided in an office when it is determined that the child needs equipment.

The service location is written on the IEP and cannot be changed without a CPSE meeting or written agreement from the parent and CPSE.
If there is a recommendation for the same service to be given in two separate locations, the school district must specify the locations on the STAC.

C. BEHAVIORAL INTERVENTION PLAN (BIP)

Behavioral Intervention Plan is defined in Section 200.1(mmm) of the Regulations of the Commissioner of Education as a plan 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.

The Behavior Intervention Plan checklist (Appendix L) should be completed by the school district prior to the implementation of the BIP.

If a BIP is developed for a child, a psychologist, social worker or SEIT can 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 (8-12 weeks is considered best practice). The results of the monitoring must be documented and reported to the child's parents and CPSE and shall be considered in any determination to revise a student's BIP or IEP.

Refer to SED May 2011 memo on Behavior Intervention Plans.

D. CONTINUUM OF SERVICES

Part 200 of the Commissioner's Regulations requires consideration of different service delivery models to determine how best to educate each child in the Least Restrictive Environment (LRE). To the maximum extent appropriate, children with disabilities are educated with children who are non-disabled in the LRE.

The CPSE must consider providing services in the LRE, according to the following hierarchy:

1) Related Services only
2) Special Education Itinerant Teacher (SEIT)
3) SEIT and Related Services
4) Special Class in an Integrated Setting (SCIS)
    a. Half-Day (2.5 hours)
    b. Full-Day (3-5 hours)
5) Special Class (SC)
    a. Half-Day (2.5 hours)
    b. Full-Day (3-5 hours)
6) Residential

No matter what the level of service along the continuum, one thing remains constant and that is the need for all members of the child's team to cooperate and share their skills and information with each other. This must occur whether the student is receiving only related services and/or SEIT or if s/he is in a special class placement.

E. MODELS OF SERVICE DELIVERY

Frequency, duration, location, and group size are determined by the CPSE after establishing the goals and objectives that will be addressed. The service configuration should be consistent with the needs that they delineate.

RELATED SERVICES

Related Services currently include the following:

- Assistive Technology Services
- Audiology
- Psychological Counseling Services
- Occupational Therapy
- Orientation & Mobility
- Physical Therapy
- Parent Counseling & Training
- School Social Work
- School health services/Nurse
- Speech Language Pathology

Related Services can be provided in a variety of settings (e.g. special school, daycare, nursery school, or clinician's office).

- Children receive their related services within the context of the school day unless otherwise indicated on the IEP.
- Related services may be provided individually or in groups of two to five students.
- There are no prescribed amounts of related service that must be provided.

Make-up Policy:

- Missed sessions should be made up whenever possible. Make-up sessions may not be added to a scheduled session, i.e. a regularly scheduled session and a make-up session of the same service type may not be given on the same day. Make-up sessions can only be scheduled after a session has been missed.
- When a session is missed, ONE MORE session per week than the number specified in the child's IEP may be provided within two calendar weeks (Monday to Friday) of the missed session. The make-up session must fall within the authorized service dates on the IEP.
- If you reschedule a session on a different day **within** the same week of services, this is not considered a make-up session. You can change the day of treatment, as long as the frequency of sessions remains the same as indicated on the IEP.
- When a child receives services 5 days per week, no make-up sessions are allowed.
- You must indicate on the Treatment Log if the session is a make-up (M/U).
- Related Services (Speech, OT, PT, etc.) **cannot** be added onto a session in lieu of another session at any time.

SPECIAL EDUCATION ITINERANT TEACHER (SEIT)

A certified special education teacher from an approved program provides services on an itinerant basis at a site determined by the CPSE including, but not limited to:

- Approved or licensed pre-kindergarten
- Head Start program
- Student's home

- Hospital
- State facility
- Child care location as defined by Section 4410 of the Education law

Services shall be for the purpose of providing

- Individual or group instruction
- Direct and/or indirect services

Indirect services mean instruction provided by a certified special education teacher to assist the child's teacher in adjusting the learning environment and/or modifying their instructional methods to meet the individual needs of a Preschool Student with a Disability who attends an early childhood program.

SEIT services must be provided for a minimum of two hours per week and should be provided within the context of the school day.

SPECIAL CLASS IN AN INTEGRATED SETTING (CENTERBASED)

SCIS may be a class that has a special education teacher and at least one Supplementary School Personnel in a classroom made up of no more than twelve preschool students with and without disabilities or may be a class that is made up of no more than twelve preschool students with disabilities staffed by a special education teacher and at least one Supplementary School Personnel that is housed in the same physical space as a class of preschool students without disabilities taught by a non- special education teacher.

SPECIAL CLASS (CENTERBASED)

Special classes consist of students with the same disabilities or differing disabilities who have been grouped together because of similar individual needs for the purpose of being provided a special education program.

F. SUPPLEMENTARY AIDS AND SERVICES

Supplemental School Personnel:

- 1:1 Aide
- Teacher Aide
- Certified Teacher Assistant

Should the CPSE consider supplemental school personnel, such as, 1:1 aides, those services are indicated in the IEP in the aforementioned section.

SUPPORTS FOR SCHOOL PERSONNEL

Supports for School Personnel are those supports that would help staff to more effectively work with the student such as, training in the use of American Sign Language or information on a specific disability, and indicated in this specific section of the IEP.

G. EXTENDED SCHOOL YEAR SERVICES (ESY) (12 MONTH) SUMMER AND VACATIONS

- Extended school year services must be available for a minimum of 30 school days during July and August.
- The CPSE should indicate on the IEP the beginning and end dates of the program and location and frequency of the service.
- The CPSE must determine if student should be considered for ESY in order to prevent substantial regression.

Substantial regression would be indicated by a student's inability to maintain developmental levels due to a loss of skill, set of skill competencies or knowledge during the months of July and August. In accordance with Section 200.16(i)(3)(v) and 200.6(k)(i) of the Commissioner's Regulations, preschool students may be considered for twelve-month special services and/or programs to prevent substantial regression **if** they are:

- Preschool students whose management needs are determined to be highly intensive and require a high degree of individualized attention and intervention (includes preschoolers in 6:1:1 class ratio);
- Preschool students with severe multiple disabilities, whose programs consist primarily of habilitation and treatment (includes preschoolers in 12:1:4 class ratio);
- Preschool students whose special education needs are determined to be highly intensive and require a high degree of individualized attention and intervention or who have severe multiple disabilities and require primarily habilitation and treatment in the home
- Preschool students whose needs are so severe that they can met only in a seven-day residential program; or
- Preschool students whose disabilities are severe enough to exhibit the need for a structured learning environment of 12 months duration to prevent substantial regression.

Both quantitative and qualitative information should be reviewed by the CPSE to substantiate the need for providing such services and programs. Regression data can be documented by using the NCDOH regression tool to gather data (Appendix H). The CPSE may consider a student eligible for a twelve-month service or program when the period of review or reteaching required to recoup the skill or knowledge level attained by the end of the prior school year is beyond the time ordinarily reserved for that purpose at the beginning of the school year. The typical period of review or reteaching ranges between 20 and 40 school days. As a guideline for determining eligibility for an extended school year program, a review period of eight weeks or more would indicate that substantial regression has occurred.

H. PRESCRIPTIONS/ORDERS FOR THERAPY

Effective 1/1/2014, all ordering/referring physicians, physician's assistants, nurse practitioners, Speech Language Pathologists and psychologists must be enrolled as a NYS Medicaid provider in order for the prescribed/recommended service to be Medicaid billable for all dates of service starting May 2013.

To provide Medicaid reimbursable Occupational Therapy or Physical Therapy, a written prescription from a medical professional is required.

- The following medical professionals can prescribe PT for Preschool Special Education Program (PSEP) services - a NYS licensed and NYS registered physician, physician assistant, or nurse practitioner.
- The following medical professionals can prescribe OT for PSEP services - a NYS licensed and NYS registered physician, physician assistant, or nurse practitioner.
- Initial prescriptions are typically issued by a child's primary care physician. Initial and updated prescriptions must be kept in the child's file at the location of the provider.
- The OT/PT prescription must be renewed in conjunction with the annual IEP review. If the OT/PT is recommending continued services, **it is the responsibility of the OT/PT to obtain the renewed prescription.**

To provide Medicaid reimbursable Speech Therapy a recommendation for therapy services or prescription from a medical professional is required.

- The following professionals can recommend ST for PSEP services - NYS licensed and NYS registered physician, physician assistant, nurse practitioner, or speech language pathologist.
- The recommendation for ST must be renewed in conjunction with the annual IEP review. This recommendation must be in the child's file.

To provide Medicaid reimbursable Psychological Counseling a recommendation for therapy services from a medical professional is required.

- The following professionals can recommend psychological counseling –NYS licensed psychiatrist or psychologist, NYS licensed and NYS registered physician, physician assistant, nurse practitioner or an appropriate school official, such as a school administrator or chairperson of the CPSE.

All prescription and recommendations must include:

- The name of the child for whom the order is written;
- The complete date the order was written and signed;

- The service that is being ordered, specifying frequency and duration or referencing the IEP;
- Provider's contact information (office stamp or preprinted address and telephone number);
- Signature of a NYS licensed and registered physician, physician assistant, or licensed nurse practitioner acting within his or her scope of practice (for psychological counseling services this also includes an appropriate school official, psychiatrist or psychologist and for speech therapy services, a speech language pathologist);
- The time period for which services are being ordered;
- The ordering practitioner's National Provider Identifier (NPI) and license number; and,
- Patient diagnosis and/or reason/need for ordered services.

Prescriptions and recommendations must be renewed for each new IEP period or change in service that requires an amendment to the current IEP.

See NYSED website- SSHSP Questions and Answers #32-39, #91-98, #114-116 and #156-159 and Preschool/School Supportive Health Services Program Medicaid in Education Provider Policy and Billing Handbook (update #9 issued March 2018, page 21)

Original prescription must be maintained by the individual or entity that holds the contract with the Nassau County Department of Health under which the service was provided.

I. MEDICAL CLEARANCE

If a child's health status (e.g. heart condition, hip instability) may pose a risk in treatment, medical clearance must be secured from the appropriate medical professional (i.e. pulmonologist, cardiologist, orthopedist).

Medical clearance must be obtained any time there is a significant change in the medical status of a child prior to returning to special education, and/or related services. Services provided without securing the appropriate prescription are illegal and a violation of Education Law for OT (Article 156) and PT (Article 136).

VIII. 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 as 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.

All SEIT providers must have an employer-employee relationship with the approved preschool program. (see June 2011 SED memo)

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

SEIT services are provided for two or more hours per week, but not for the entire time the 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 instruction to the child's typical classroom teacher to adjust the environment and/or modifying the methodology, materials, or whatever is necessary 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/Special Education *Guide for Determining Eligibility and Special Education Programs and or Services for Preschool Students with Disabilities* available on the New York State Special Education web site at:
www.p12.nysed.gov/specialed/publications/preschool/guide/home.html

B. FREQUENCY AND DURATION

The NYSED mandates that SEIT services be provided for a minimum of two hours per week. If the CPSE has not met this mandate 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. 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.

C. ABSENCES AND MAKE-UP SESSIONS

CHILD ABSENCES:

When sessions are missed due to a child's absence, the log note should indicate an explanation for the child's absence and be signed by the parent/designee or, if using the CPSEPortal, enter appropriate code and obtain signature either on Confirmation of Service Delivery form (Appendix Z) or electronically. The following contract language applies:

(v) The Contractor shall notify the Department and the child's CPSE by facsimile transmission within 24 hours when a service is not delivered for more than five consecutive Sessions and shall indicate the reason for said missed sessions, if known. The Contractor shall attempt to contact the Child's Parent(s) to ascertain the reason for the absences.

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 IEP. (See NYSED Special Education Field Advisory dated October 2015 available at: http://www.p12.nysed.gov/specialed/publications/2015-memos/SpecialEducationItinerantServicesforPreschoolChildrenwithDisabilitiesSEIS.html Please refer to Appendix J, Notification of Extended Non-Delivery of Services.

TEACHER ABSENCE:

When sessions are missed due to a SEIT's absence, the SEIT must make up the session if the parent(s) agrees to reschedule. If 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, the agency should schedule a substitute SEIT for the session. The Verification of Absence and Make-up Session form (Appendix G) must be completed in cases where makeups are provided and then submitted with associated vouchers.

PROLONGED TEACHER ABSENCE:

In the case of a prolonged teacher absence (more than five 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 the SEIT and produce a timeline for that replacement.

MAKE-UP SESSIONS

Make-up sessions cannot be performed prior to the child missing the session and parents must consent to the make-up session. As per section 200.20(b)(6), the SEIT must make up a missed session within 30 days unless there is a documented child-specific reason why the makeup session could not be provided within that time period (NYSED Field Advisory, June 2016) Each make-up session should be documented as such in the log/session notes signed by the parent or caregiver.

The make-up session may be done on a day the child has already received or will be receiving SEIT services. A make-up session can NO LONGER be split among different days (ex: 30 minutes on Tuesday and 30 minutes on Friday) as per new information from NYSED.

The New York State Education Department in Albany has requested that NCDOH report any provider agencies not in compliance with the Best Practice guidelines for make-up sessions, specifically agencies not providing consistent make-ups.

D. 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 the 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, County and CPSE.
- 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 **(including CPSE meetings)**, center-based 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 typical classroom staff, 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 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.) The Contact and Comments section on the SEIT treatment log or the activity log in the CPSEPortal (on a monthly basis) can be utilized to document coordinator of services activities.

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

E. CERTIFICATION

To provide SEIT services, the SEIT must retain their certification status with NYSED. (See NYSED website at: 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 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.

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

F. 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 NYSED this rate includes any coordination of services that is required as per the IEP.

IX. REQUIRED PAPERWORK

A. PROGRESS REPORTS

All service providers must prepare periodic progress reports for each child receiving services as per the IEP. There are two types of progress reports:

Quarterly progress reports
Annual review progress reports

QUARTERLY PROGRESS REPORT

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

- CPSE Chairperson
- Coordinator of Services
- parents/guardians

Please note, it is the school district's responsibility to ensure families receive all progress reports.

If services to a child 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 child's record maintained by the provider.

The school district determines the dates the provider submits the quarterly progress reports to the parent and school district. The following is a typical school district schedule:

Service Period	**Due Date of Quarterly Report**
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 to receive ESY services

See Appendix S for Quarterly Progress Report and guidance for SEIT and Related Services (RS).

ANNUAL REVIEW PROGRESS REPORT

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 calendar days prior to the date of the meeting.

It is the responsibility of the provider to send copies of the annual review progress report to the:

- CPSE Chairperson
- Coordinator of Services
- parents/guardians

In addition, the original copy of the annual review progress report must be included in the child's record maintained by the provider. A copy of 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 child's IEP and other current information pertaining to the student's performance. Formal and/or informal assessment of the student's progress as a means of documenting a student's current level of functioning and progress towards IEP goals and objectives should be performed and documented in the annual review progress report. Data must be kept regarding goal progress according to the evaluation schedule. Assessments may be performed during a student's regularly scheduled therapy session(s). No additional compensation is allowable for assessments in accordance with SED policy.

As noted under section V C (Annual Reviews), PWN and parent consent is not required for annual reviews unless the provider decides to use formal testing that was not indicated on the IEP under the goals section as a method to monitor progress. As per SED- The school districts (CPSE) are responsible for recommending measurable annual goals, including the evaluation criteria to measure the progress on the annual goals. The CPSE should expect the preschool program/provider to provide the data collected for each goal, consistent with the evaluation criteria established for each annual review.

See Appendix T for Annual Progress Report and guidance for SEIT, RS, and CB.

B. TREATMENT LOG FOR SEIT/RS PROVIDERS OUTSIDE A SPECIAL EDUCATION CENTERBASED PROGRAM

The NCDOH requires accurate Treatment Logs/session notes, therefore, the following procedures must be observed:

- Record accurately the date of service rendered and the arrival and departure time. 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/caregiver sign in advance or for any other time than that specific date. This is fraudulent and illegal. Any proven falsification of records may result in termination of contract for agency or provider and possible grounds for revocation of professional license/certification. In addition, full legal action may be pursued.**
- All canceled sessions should be documented and include the date, reason and who canceled. Treatment Logs/session notes must indicate reason for lapse in services as per NCDOH. Notify school district if there is a lapse in services. See Appendix J for Notification of Extended Non-Delivery of Services form.
- Keep your appointed schedule, arrive for sessions on time, and **stay for the allotted time!!!!**
- Treatment Logs/session notes 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 (coordination of services).
- Treatment Logs/session notes must be kept accordingly: Independent service providers are to keep all originals. Agencies that are service providers will keep the originals.
- Treatment Logs/session notes must contain the necessary information to support claims for third party or Medicaid reimbursement.
- Treatment Logs/session notes must be signed by the parent/caregiver (**parent/caregiver is defined as any person 18 years or older)** and the licensed professional (along with credentials after signature) after each session or if using the Portal, obtain signature electronically or on Confirmation of Service Delivery form (Appendix Z).
- Treatment Logs/session notes should record intervention when done in conjunction with another provider. The name and discipline of that provider should be included in the Treatment Log/session notes.
- Treatment Logs/session notes should include communication with other IEP team members.
- Treatment Logs/session notes should include only generally accepted abbreviations.
- Treatment Logs/session notes should be maintained in the child's file in a manner that insures appropriate access and confidentiality for a period of **three years after the child reaches the age of 18.**

See Appendix U for SEIT and Related Services Treatment Logs and instructions.

C. CASE RECORDS

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

(b) Case Records. (i) General. The Contractor shall maintain a complete and current primary case record ("Case Record") for each Child which accurately reflects the Services provided to such Child. At a minimum, the Case Record shall include:

1) *Child information (name, date of birth, gender, 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. Treatment Logs must be accurately completed and the signature of the treating therapist and Parent is 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 sub-contractual arrangement, the direct provider of the Services shall retain the complete and original Case Record related to the Services they deliver to a Child and a Child's family.

(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 all Case Records and other clinical records relating to the Services performed under the terms of this Agreement 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 Services conducted pursuant to the Agreement shall be kept in locked files or in rooms that are locked when the records are not in use with access provided only to those individuals deemed appropriate by the Department. The Records shall be 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 New York State Education Law. The maintenance of Case 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 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 years after the Child attains age 18.

All documents and records relating in any manner to Medicaid reimbursement for services require a minimum six-year retention period from the date services were paid.

Important- Do not destroy any records if damaged by flood, storm, etc. Contact the NYSED Archives Unit at (518) 474-6926 or ARCH_SOS@mail.nysed.gov to determine if records are salvageable. The Regional Advisory Office for the NYSED Archive Unit is (631) 952-6864.

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."

In many instances, the assistive technology needs of a student can be determined as a component of the initial evaluation conducted by an occupational therapist, physical therapist, speech language pathologist, or audiologist. This evaluation should be conducted in the child's customary environment. The provision of ATDs is limited to situations where the item is required in order for the child to receive a free appropriate public education (Section 300.308 of the Code of Federal Regulations); therefore, the CPSE must include a recommendation as to whether the ATD is appropriate for the child to meet the IEP goals.

If the child is attending a Center Based preschool program, the approved program would make available the ATD as part of its instructional program. "It is expected that approved preschool programs will provide all programs and services associated with the IEPs of children accepted into their program, including assistive technology devices and services." (SED memo from Thomas Neveldine September 1995).

As per NYSED, the school district is not responsible for devices that are required for non-school settings or activities or items that a child routinely requires for daily life functions, regardless of setting.
Examples:

- Hearing aids
- Wheelchairs
- Orthotics, etc.

If the child requires the use of the ATD at home **to meet the goal of a free appropriate public education**, then the IEP must indicate when and where the child will use the ATD and specify what goals are being addressed at home. The school district must have a written policy regarding loss or damage of equipment.

The TRAID program provides information, device demonstrations, and loans to individuals with disabilities. Therapists are encouraged to contact the TRAID center to borrow equipment prior to requesting items. For more information contact:

Long Island Communities of Practice
P.O. Box 5013
Montauk, NY 11954
(631) 668-4858
(631) 682-9034
www.licop.org

Please note: TRAID has a loan closet in Bethpage.

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 completed by school district)
-Prescription for ATD
-Price Quote from assistive technology vendor (on vendor letterhead, must be current and include any postage, shipping, and handling fees)
-Individualized Education Program (IEP) – must reflect 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 was received
-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

The assistive technology device belongs to the County 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 needs to happen once a child ages out of the preschool program:

- Transfer/purchase ATD from County
  1. In order for a School District to purchase an ATD from the County, the County needs to be aware of the district's interest in transferring the item. This may be accomplished by written or verbal correspondence to the County to inform of interest.
  2. The County will then send a letter specifying the procedure and purchase price (20% depreciation per year of original price).

OR

- Family/district returns ATD to County.

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.

Assistive technology services must be part of the IEP. The IEP must indicate the nature and extent of the AT services necessary to achieve the IEP goals. AT services must be provided by an approved provider. If the AT service is necessary in relation to the child's educational needs, then it is appropriate.

XI. TRANSPORTATION

In accordance with The University of the State of New York, THE STATE EDUCATION DEPARTMENT, Office of Special Education 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.

All transportation for Preschoolers with a Disability authorized by the CPSE and approved by the Board of Education is considered special transportation. The basis for this is most children with disabilities receive the same transportation services as non-disabled children (SED memo). If the CPSE determines that a child's disability prevents the child from using the same mode of transportation as non-disabled children, then the CPSE **must identify that disability within the IEP** and special transportation must be indicated on the IEP.

1. The IEP ***must*** read Special Transportation "Yes." (when bus or PMR)
2. The needs of the child relating to his/her disability should be considered, discussed and documented. The child's specific need or reason for this special transportation must be included on the IEP.
3. Once the need has been determined and documented, the CPSE must determine which accommodation is appropriate. The IEP must include the specific transportation recommendations to address each of the child's disability-related needs.

For the IEP to be complete, both the need/reason for the special transportation and the recommendation/accommodation must be indicated on the IEP.

DOCUMENTATION PROCESS

The Center Based and Transportation Options Notification Form (PS CB2001) should be reviewed, completed and signed by the parent and the CPSE Chairperson at the CPSE meeting.

Effective 1/1/14, if the parent checks and signs Transportation Option:

- **A**- Parent Mileage Reimbursement, the district gives family the PMR packet and submits the completed PS CB2001 form to the Nassau County STAC Unit. The parent's social security number is required when the reimbursement option is selected.

- **B**- "Self"- no mileage reimbursement, only the completed PS CB2001 form is submitted to the Nassau County STAC Unit with the STAC-1.

- **C**- Bus - the PS T1003 form is reviewed and signed at the CPSE meeting and filed in the child's record. Swissport's Regulations Governing Absentee Parents is given to family. The PS CB2001 and the Transportation Request Form (TRF- Appendix V) are completed. The TRF, PS CB2001 form, STAC 1, copy of the birth certificate and copy of IEP are submitted to the Nassau County STAC Unit.

- **A** and **C**- **one-way** Parent Mileage Reimbursement and one-way bus transportation, PMR packet and Swissport's "Absentee" letter is given to family at CPSE meeting. The PS T1003 form is reviewed, signed, and filed in child's record. The completed forms PS CB2001, TRF, IEP, and STAC 1are submitted to the Nassau County STAC Unit.*

***** Nassau County offers parents the option of driving their child one way and receiving reimbursement. Parents must choose AM or PM and this choice must be indicated on the IEP.

The following transportation forms are in the Appendix of this manual and may be found on our website:

Form Number	Form Name	Completed by	Return to	Forwarded To
TRF Appendix V	Transportation Request Form (English and Spanish)	Family and school district	County	Swissport
PS CB2001 Appendix W	Center Based and Transportation Options Notification Form (English and Spanish)	Family and school district	County	Swissport
CB 2010 Appendix X	Transportation Change Request Form (school district/provider)	school district	County	Preschool program
		Provider	Swissport and County	N/A
PS T1003 Appendix Y	Transportation and Change of Address Notification Requirements form	Family	N/A	N/A

AMENDMENTS TO TRANSPORTATION REQUEST FORM

When a family moves within the same school district, the school district is responsible for completing the Transportation Change Request form and forwarding it along with the STAC-1, IEP, and CB 2001 to the Nassau County STAC Unit.

When a family moves to a new school district,

- The old school district is responsible for completing section II on the TRF amendment form in order to cancel the bus pickup at the old location as of the new end date on the amended STAC-1 and forwarding it along with the amended STAC-1, IEP, and CB 2001 to the Nassau County STAC Unit.
- The new school district submits a new TRF, an interim STAC-1 and CB 2001, effective the day after the child leaves the old school district, based on the child's current IEP until a CPSE meeting is held to determine if the current IEP will be accepted as is, services will increase, decrease services or end. If there any changes to the child's plan, an amended STAC-1 and TRF would be sent to the County STAC Unit.

The preschool program is responsible for completing the Transportation Change Request form if there are changes in drop off or pick up location, daycare provider, or telephone numbers. The preschool program will send the TRF directly to Swissport.

XII. STAC INFORMATION

A. STAC -5

Parent/Guardian of preschooler refers child to CPSE for evaluation.
School District CPSE Chairperson authorizes evaluations by individual type (See August 2003 SED Memo).
Parent/Guardian chooses SED approved evaluator.
CPSE Chairperson makes referral for multidisciplinary evaluation to parent/guardian selected evaluation site.
SED approved evaluation site schedules, conducts and prepares reports of the evaluations. Evaluator mails copies of the reports to School District CPSE chairperson, parent and the County.

SCHOOL DISTRICT RESPONSIBILITIES

Prior to the CPSE meeting:

1. Complete the STAC-5 based on the written evaluation referral document sent to the evaluation site. To access the latest fillable form online, click on the following link: http://www.oms.nysed.gov/stac/preschool/evaluation/evaluation_reimbursement_request_form.pdf.

2. Create any SED required Explanation Letters. A written justification as to the need for additional evaluations from the CPSE must be attached to the STAC-5 form that is being submitted for manual processing. These

include a second psychological or social history within the school year, any physician evaluation, and any evaluation that could have been a component of another evaluation (listed as "OTHER" evaluations under Table 3). (See SED memo from August 2003, pages 8-10)

During the CPSE Meeting:

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

After the CPSE Meeting:

1. Review the STAC-5 for completeness.
2. CPSE Chairperson signs and dates the STAC-5.
3. Prepare a STAC-5 Packet consisting of the STAC-5, Evaluation Verification, and child's birth certificate or other proof of legal name and birth date (if it is an initial submission), SED required Explanation Letter and Request/Consent for Bilingual Evaluation/Translation if necessary.
4. File a copy of the STAC-5 Packet in the student's record.
5. Mail the original STAC-5 Packet within 30 days of the CPSE meeting where the evaluations were reviewed 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

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

Complete the Evaluation Verification and Detail Page (Appendix F)

B. STAC-1

SCHOOL DISTRICT RESPONSIBILITIES

After the CPSE meeting:

1. Complete the STAC-1 in accordance with the SED format based on the student's IEP and provider acceptance of the referral. See NYSED Power Point training (Appendix M) and Regulations at http://www.oms.nysed.gov/stac/preschool/.
2. Complete the appropriate County Notification form(s) (Appendix N).
3. Board of Education Representative signs and dates STAC-1.
4. File a copy of the STAC -1 packet in the student's record.
5. Mail 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.
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

C. CONFIRMATION NOTIFICATION

Evaluations:

The Electronic Provider Confirmation Notification (ePCN) is a listing of evaluations only entered from the STAC-5s that were submitted to the NCDOH Preschool Special Education Program STAC Unit for each child.

The ePCNS files that are uploaded weekly reflect the STACs received and data entered for each session as of the date the files were uploaded. ePCNS are viewable by school districts and providers

Services:

Center Based, SEIT, and Related Services are viewable by school districts and providers through the CPSE Portal once they are uploaded. All open sessions are uploaded weekly. The current session is uploaded at least 3 times during a work week.

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 Chairpersons.

Please note that due to NYSED electronic submission data constraints, some frequency, start, and/or end dates may be different than what is written in a child's IEP. If there is a material discrepancy between the data on the IEP and the Electronic Provider Confirmation Notification the provider must contact the CPSE Chairperson and request an amended STAC 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 three consecutive days for the service "From" and "To" dates.

Reminder, 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 is written on 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 can view ePCNS showing all their students and evaluation information as well as the CPSE Portal to view services information they have submitted via STACs to, and been entered by, the Nassau County STAC Unit.

To most effectively utilize the Provider Confirmation Notifications and the CPSE Portal:

- Review the information provided.
- If correct, no further action is needed.
- If discrepancies are noted, contact the school district CPSE chairperson in writing using the STAC-5 and/or the STAC-1-Research Request forms (Appendix O and P). Attach supporting documentation (Written authorization to perform the evaluation, Evaluation Verification-Detail Page and if necessary the Request/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, or any necessary corrections and/or amendments to a STAC.

Using the CPSEeXchange

Evaluations:

Navigate to https://www.CPSEPortal.com

1. Enter the User Name and Password that was emailed to you and click the ***Log In*** button. You will be on the CPSEeXchange home page.

2. To download an electronic PDF copy of the Confirmation Notification showing evaluations:

    a. Select the ***My Downloads*** option under the ***File Transfer*** menu.

    b. Click the Download link in the right-hand column, corresponding with the report you wish to download. Depending on your browser this may open in a new window or prompt you to save on your local machine.

3. After successfully downloading the report you can delete the report by checking the column for *Delete?* And then click the ***Delete*** button at the bottom.

Services

Navigate to https://www.CPSEPortal.com

1. Enter the User Name and Password that was emailed to you and click the ***Log In*** button. You will be on the CPSEeXchange home page.

2. Select the activity you want to view/work and follow the instruction on the Portal:
   Run the report Enrollment Listing, which is found as the Enrollment Listing option under the Reports menu.

XIII. 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 monthly. Effective January 2016 ebilling is required for all services except Nurse on the Bus and Evaluations. Please note below the new document requirements. As has always been required, a completed/signed Nassau County Claim Voucher is required with your billing.

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 to make payments. For SEIT and center-based services to be paid, a NYSED approved rate for the billing period must be in place.

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

Providers submitting requests for payment must use the Nassau County Claim Voucher (NIFS 560.11/98) (Appendix Q) with appropriate accompanying documentation as noted below. The claim voucher form can be found on the Nassau County website at https://www.nassaucountyny.gov/DocumentCenter/View/2735

The Nassau County Claim Voucher should be completed and signed in blue ink as per the instructions on the back of the form. Please include an invoice number using a four to 10 (max) character voucher numbering system (letters/numbers may be used). If it is not included, the Department will auto-generate an invoice number.

Evaluations:	Evaluation Claim Summary (PSEP-3089) Evaluation Verification & Detail Page (PSEP-3091)
Related Services:	**Print out and sign the CPSEeXchange Voucher Summary Form**
SEIT Services:	**Print out and sign the CPSEeXchange Voucher Summary Form**
Center Based Services:	**Print out and sign the CPSEeXchange Voucher Summary Form**

B. EVALUATIONS

Complete the Evaluation Claim Summary form with provider information on top (provider name and voucher number). List each child's name alphabetically by their last name and the amount claimed with the total noted below. Have the form signed by the authorized representative. A stamp or electronic signature is permitted.

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 the authorized representative. A stamp or electronic signature is permitted.

C. RELATED SERVICES

Submit a signed Nassau County Claim Voucher in addition to a signed CPSE Exchange Voucher Summary form.

A therapist can bill for a CPSE meeting contingent on a minimum of 30 minutes participation. Please be sure that the CPSE meeting is properly documented on the log/session notes indicating "CPSE meeting".

D. SEIT SERVICES

Submit a signed Nassau County Claim Voucher in addition to a signed CPSE Exchange Voucher Summary form.

Please include any Verification of Absence and Make-up Session and Declining Balance forms, as appropriate.

E. CENTER BASED SERVICES

Submit a signed Nassau County Claim Voucher in addition to a signed CPSE Exchange Voucher Summary form.

F. NURSING TRANSPORTATION SERVICES

Complete the Nurse on the Bus Claim Summary form with provider information on top (provider name and voucher number). List each child's name alphabetically by last name, IEP approved daily hours, the total weekly hours 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 the authorized representative. A stamp or electronic signature is permitted.

Complete the "Timesheet for Nursing Transportation Services on the School Bus" form (PSEP 4080) for the billing period with information on top (child's name, drop off location, provider name, nurse's name/indicate RN or LPN, school district, transportation period). Have all boxes filled in related to the dates of service completed. Be sure to have parents and school districts initial, where appropriate. Have the form signed and dated by the authorized representative, the parent/guardian and the supervisor, where appropriate. Aggregate all forms for the billing month.

Nurse on the Bus - Regarding the Time Sheets and Claim Summary - Actual to and from times should be indicated reflecting when the nurse was on the bus with the child. Indicate the daily round trip time that will be billed. Ex: If the am trip was an hour and the pm was 42 minutes- total billing will be 1 hour 45 minutes. The bill must indicate the closest ¼ hour block of time. If a certain minimum number of hours have been approved on the child's IEP, still indicate the actual hours on the bus, but write the billing number of hours, as appropriate. For instance, if the IEP mandates a minimum of 3 hours a day round trip, but the total time the nurse is on the bus for the day is 2 ½ hours, 3 should be written in the round-trip area section. Please include the child's IEP with the first voucher submitted.

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 (Appendix R).

H. REBILLING

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

I. DOCUMENTATION

Nassau County has assembled required forms which are distributed annually and revised as needed. This is called the "Nassau County Department of Health Office of Children with Special Needs Claiming Procedures and Attendance Records" and can be requested electronically if and when needed.

XIV. MEDICAID

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

(xiii) Medicaid Assistance Program. The Contractor represents and warrants that it has fully and accurately complied with Appendix BB, attached hereto and incorporated herein by reference, entitled "Medicaid List for Restricted, Terminated or Excluded Individuals or Entities Review." 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 format as prescribed by the Department. The Contractor shall collect service encounter data and provide to the County annually, by September 1 after the close of each NYSED session ending June 30. The Contractor shall further notify the Department or its designee if the Contractor knows that a Child has such payment sources.

Nassau County contracts with James McGuinness & Associates Inc. Consultants (McGuinness) to assist in maximizing Medicaid reimbursement for evaluations and services provided to children who are suspected, 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. You may e-mail the HelpDesk at support@cpseportal.com (preferred method) or leave a message for Sabrena Lilkendey at McGuinness (518) 393-3635 ext 30. Nassau County currently requires all providers to obtain medical prescriptions as needed for all students regardless of their current Medicaid status.

Nassau County updates all Prescription and Referral forms and distributes annually and as needed. The Nassau County Department of Health Medicaid Medical Assistance Claims can be requested electronically if and when needed.

A. COMPLIANCE PROGRAM

Effective October 1, 2009 all school districts, 4201 providers and counties are required to have a written compliance program if they:

- Submit claims to Medicaid that total $500,000 or more per year; or
- Receive money from Medicaid that totals $500,000 or more per year; or
- Should reasonably be expected to claim or receive Medicaid money that totals $500,000 or more per year.

To determine if a compliance plan is required by your entity, refer to www.omig.ny.gov under the compliance tab.

The compliance plan must address all eight core elements, including protecting whistleblowers. Refer to Elements of Compliance Program. (see OMIG webinars at www.omig.ny.gov under compliance tab then Compliance Library and Compliance-Related Webinar #26-34.) The purpose of the compliance program is to ensure methods are established to detect and prevent inaccurate billing and inappropriate practices.

New York State Social Services Law (SSL) § 363-d and 18 NYCRR Part 521 require Medicaid providers to certify annually that they have an effective compliance program in place. The certification forms can be found on the OMIG website at www.omig.ny.gov under the compliance tab then Compliance Certification.

B. FEDERAL DEFICIT REDUCTION ACT OF 2005 (DRA)

The federal Deficit Reduction Act of 2005 instituted a requirement for health care entities (school districts, providers and counties) to establish written policies and procedures informing their employees, contractors and agents regarding federal and state false claim acts and whistleblower protections if they submit claims to Medicaid that total $5 million.

Medicaid providers must certify annually that they are compliant with the federal DRA.

To determine if DRA applies and annual certification is required, refer to www.omig.ny.gov under compliance tab and click the Compliance Certification sub tab and see DRA Certification.

C. DISCLOSURE POLICY

School districts and §4201 providers shall establish a confidential disclosure policy to include a mechanism enabling employees to disclose anonymously any practices or billing procedures, deemed by the employee to be inappropriate (ex. billing without documentation), to the State's Compliance Officer.

Deputy Director of Administration
Corning Tower- Room 2863
Albany, New York 12237
(518) 474-9868

This disclosure policy should be incorporated into existing policy.

All Medicaid providers are mandated to follow reporting, notifying and returning Medicaid overpayments requirements based on PHL section 32(18), PPACA section 6402, FCA and SSL section 363-d(2)(g), and 18 NYCRR Part 521.

D. RELEVENT EMPLOYEES

In an effort to ensure school districts and counties are familiar with the SSHSP billing and claiming requirements and all updates, NYS will continue to require the following main four relevant employees to attend an in-person "Medicaid Update" training session annually:

- School District Business Official/County Fiscal Officer
- School District/County Special Education Director
- School District/County Medicaid Billing Clerk
- School District/County Compliance Officer

These training sessions will be held quarterly at a Lower Hudson Regional Information Center (LIRIC) site and these main four relevant employees must attend at least one in-person "Medicaid Update" training session each calendar year.

E. NATIONAL PROVIDER IDENTIFIER (NPI)

The NPI # is the national standard for identifying health care providers. This is a federal requirement per HIPAA regulations.

A National Provider Identifier must be included on all claims submitted for Medicaid reimbursement. Effective January 1, 2012, school supportive health service claims submitted to Medicaid for reimbursement must contain both the billing provider's NPI and the attending provider's NPI.

For School Supportive Health Services Program (SSHSP) purposes, the following licensed, registered, and/or certified attending providers' NPIs must be reported on SSHSP claims:

- speech-language pathologists;
- physical therapists;
- occupational therapists;
- psychologists;
- psychiatrists;

- clinical social workers;
- registered professional nurses;
- audiologists; and,
- physicians, physician assistants, or nurse practitioners.

For SSHSP purposes, the following service providers are required to report their supervisor's (the attending practitioner's) NPI:

- certified teachers of the speech and hearing handicapped;
- certified teachers of students with speech and language disabilities;
- physical therapy assistants;
- occupational therapy assistants;
- licensed master social workers; and
- licensed practical nurses.

In cases where the servicing provider works "under the direction of" or "under the supervision of" a licensed clinician, the directing/supervising clinician is considered the "attending" clinician. The attending provider is the clinician who has overall responsibility for the child's therapy. The servicing provider is the clinician that provides services to the student on a regular basis. For purposes of reporting NPI numbers on SSHSP Medicaid claims, the attending provider's NPI number must be used where the attending provider and the servicing provider are not the same individual.

NPIs for billing providers and attending providers must be registered with the New York State Medicaid program before being included on a claim. School districts, counties, and §4201 schools are responsible for registering the NPIs of their affiliated providers with the New York State Medicaid program. http://www.oms.nysed.gov/medicaid/medicaid_alerts/alerts_2011/Medicaid_Alert_11_3_NPI.pdf

Important: To maintain the accuracy of this information going forward, you will be required monthly to:

- Update the Nassau County roster on the e-medny website for any newly hired employees/subcontractors/contractors of the disciplines listed above
- E-mail the newly hired employees'/subcontractors'/contractors' information to Maryellen.goebel@hhsnassaucountyny.us

See the National Plan & Provider Enumeration System (NPPES) website for more information and to apply for an NPI- https://nppes.cms.hhs.gov/#/

F. MEDICAID EXCLUSION LISTS

Providers must check at least monthly, all its employees and subcontractors against:

- The United States Department of Health and Human Service's Office of the Inspector General's Lists of Excluded Individuals and Entities or any successor list (or any successor system), HHS-OIG-Fraud Prevention & Detection - Exclusion Program - Search
- The New York State Department of Health's Office of the Medicaid Inspector General's list of Restricted, Terminated or Excluded Individuals or Entities (or any successor system), NYS Office of the Medicaid Inspector General

Individuals and/or business entities who are identified as Restricted, Terminated or Excluded Individuals or Entities must be reported to the director of the Nassau County Department of Health Preschool Special Education Program in writing within three days of discovery and are prohibited and excluded from providing evaluations and/or services to preschool students and receive payments from Nassau County or provide office support/claiming for the evaluations and/or services. These identified individuals and/or business entities must be removed from the student's case immediately until the individual and/or business entity has been granted Reinstatement into the Medicaid program and/or removal from the Restricted/Terminated/Excluded list by the OMIG.

Providers are prohibited from submitting claims to Nassau County for any evaluations and/or services provided to preschool students whose evaluations and/or services would be paid with funding from the 4410 program or provide office support/claiming for 4410 evaluations and/or services for the month in which they were identified as a Restricted, Terminated or Excluded Individuals or Entities and subsequent months until such time as the individual and/or business entity has been granted Reinstatement into the Medicaid program and/or removal from the Restricted/Terminated/Excluded list by the OMIG.

Restricted, Terminated or Excluded Individuals or Entities who have been granted Reinstatement into the Medicaid program and/or removal from the Restricted/Terminated/Excluded list by the OMIG can notify the Director of the Nassau County Preschool Special Education Program in writing of their status and request reinstatement to evaluate and/or provide services to preschool students. The independent provider, individual and/or entity will be notified in writing by Nassau County of the date on which the independent provider, individual and/or entity may begin to provide evaluations and/or services or provide office support/claiming 4410 evaluations and/or services.

Should the provider bill in error resulting in a fine to the County, the provider shall assume responsibility for the cost of the fine and shall reimburse the County in full.

XV. HEALTH AND SAFETY

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

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 than 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

		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

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 solution that follows the green laws 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

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, etc.
		All hardware fasteners, permanent coverings, or connecting devices are tight and cannot be removed without tools
		All surfaces are intact
		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 hand washing afterwards.

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: • How to phone emergency medical services (EMS) system • Transportation to an emergency facility • Notification of parents • Where to meet if the child care setting is evacuated • Plans for an adult to care for the children while a caregiver stays with injured children. This includes escorting children to emergency medical care 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 cannot 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)					
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*. Washing, 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)/911system for help.

Get help immediately for a child with any of the following conditions: (Please note that this is <u>not</u> 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
- 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, contact 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

XVI. APPENDICIES

Appendix A	Home Language Survey (English, Spanish, French/Creole, Mandarin)
Appendix B	EI 5294- School District Request for EI Progress Notes
Appendix C	STAC 202- Designation of School District of Attendance for a Homeless Child
Appendix D	EI 5235- Notification to DOH EIP of Eligibility for Transitioning EI Child and Eligibility Dates
Appendix E	PS 3092- Request for Translation and/or Bilingual Evaluation
Appendix F	PSEP 3091- Evaluation Verification & Detail Page (July2011- June 2012)
Appendix G	PS 4006R- Verification of Absence and Make-up Session
Appendix H	Sample Regression Measurement Tool
Appendix I	Medicaid Written Notification, Parental Consents and link to forms on NYSED website
Appendix J	PS 1201- Notification of Extended Non-Delivery of Services
Appendix K	Functional Behavior Assessment Checklist
Appendix L	Behavioral Intervention Plan Checklist
Appendix M	STAC training- power point presentation
Appendix N	PS 2002- NCDOH Notification form
Appendix O	STAC-5 Research Request
Appendix P	STAC-1 Research Request
Appendix Q	Nassau County Claim Voucher form
Appendix R	PS 4007- Request and Authorization to Purchase Assistive Technology Equipment
Appendix S	Quarterly Progress Report for SEIT/RS and instructional guidance forms
Appendix T	Annual Report for SEIT/RS and instructional guidance forms
Appendix U	Treatment logs for SEIT and RS and instructional guidance forms
Appendix V	TRF- Transportation Request Form
Appendix W	PS CB2001- Center Based and Transportation Options Notification form
Appendix X	Transportation Change Request form
Appendix Y	PS T1003- Transportation and Change of Address Notification Requirements
Appendix Z	Confirmation of Service Delivery (signature) form