



PARENT HANDBOOK
for Center-Based Programs
2020-2021

Easterseals of Southeastern PA

Connect with us



August, 2020

Dear Easterseals Parent,

We welcome you to the beginning of our new Easterseals program year. Obviously the pandemic has had huge impact on all of us and our new program year will look different this year. However, whether your child is enrolled in our Approved Private School, Preschool program, or is to receive home or community-based intervention, all of us - administration, staff and volunteers – continue to strive to be of help to your child and your family.

Your child's development in our program is our primary concern. As you know from meeting with some of our teachers and therapists, our academic curriculum is individualized for each child. And, as a parent, you are an important member of the team as we work together to set goals and work with your child to achieve them.

Good communication will enable us to work closely to maximize your child's progress. We hope you will take advantage of the many communication and information vehicles available to you in order to maintain the relationship between home and the Easterseals program. We encourage you to call or send notes whenever you have a question. All of us – teachers, therapists, social workers, and administrative staff – welcome your inquiries. We also encourage you to participate in Back-to-School events, training opportunities, and parent support meetings, as well as Easterseals fund raising events.

There may be times when you do not understand the reason for a policy or procedure or perhaps you would like to see a change in your child's program. You should not hesitate to discuss your concerns with any member of your child's team. Please also remember that our door is open and we hope that you feel free to discuss any issues or concerns with us.

We look forward to an interesting and fulfilling year of working with you and your child. Watching your child grow and acquire physical, social, cognitive, communication and social-emotional skills will be exciting for all of us.

Welcome!

Carl G Webster

Carl G. Webster
Executive Director/CEO

AGENCY MISSION

The mission of Easterseals of Southeastern Pennsylvania is *“to provide exceptional services to ensure that all people with disabilities or special needs and their families have equal opportunities to live, learn, work and play in their communities.”*

Easterseals staff fulfills this mission by incorporating these values into their work as the foundation of Easterseals and a guide to our actions:

Integrity

We conduct business ethically, and with a commitment to moral integrity. We expect people to hold a high moral standard. When faced with an ethical dilemma, we do what is right, regardless of the consequences.

Respect

We respect each other. We value the uniqueness and dignity of each individual, and appreciate the strength of diversity and inclusion.

Shared Purpose

We share a sense of purpose. We have an enthusiastic sense of mission. We believe that to better meet our mission, we must work as a unified organization.

Excellence

We value excellence. We value people who get involved and show a sense of urgency. We believe it takes excellent, confident and accountable people to create innovative solutions that are valued by the people we serve.

Responsiveness

We strive to continually understand and proactively respond to the increasing and changing needs of the people we serve as well as those who pay for the services.

PHILOSOPHY OF THE SCHOOL

The intent of our school program is to maximize each child's ability to benefit from an educational experience that addresses the "whole child" - their cognitive development, socialization opportunities, ability to communicate effectively with others, and physical needs.

Our school program strives for programming which integrates therapeutic intervention with the acquisition of educational goals through a model of integrative programming. Integrative programming is a process which occurs when parents, teachers, and therapists have a coordinated approach to the use of therapeutic techniques and the implementation of goals throughout the naturally occurring routines in a child's day.

The expectation is that staff is accepting of family values, concerns, and priorities, and that these needs are taken into consideration in the development of individualized education plans.

It is important for all children to be accepted by their peers and to feel a part of the larger community outside of their school environment. To give our children the opportunity to interact and develop relationships with their typical peers, we continue to seek out inclusive opportunities within our own classrooms, or with other community preschool and school age programs. Our goal is to develop activities that allow the children enrolled in Easterseals to learn and play together with their peers.

NATIONAL ACCREDITATION AND STATE REGULATION

Easterseals values the validation of quality provided by national and regional accrediting or regulatory bodies. Some of our center-based educational programs located in Easterseals facilities hold accreditation from the National Academy of Early Childhood Programs. This is a division of the National Association for the Education of Young Children (NAEYC) that administers the accreditation system. The aspects of our programs that are evaluated include: children (relationships, curriculum, teaching, assessment of child progress, and health); teachers; family and community partners; and program administration (physical environment and leadership and management).

Easterseals programs are also regulated by the Office of Child Development and Early Learning. As such we participate in periodic compliance monitoring activities and also follow the State's Early Learning Standards for Infant, Toddler, and Pre-Kindergarten programs.

Most Easterseals programs have been designated as Keystone STARS programs. Keystone STARS designation varies by program. This is a state-wide system which assigns programs to a STARS level which is indicative of their demonstration of quality indicators.

Programs which operate child care programs also either maintain licensure with the Department of Human Services as Child Care centers or Private Academic Licensure.

GOALS FOR YOUR CHILD

The goal of Easterseals school programs is to provide your child with an appropriate educational program with state-of-the art techniques, and to assure a successful transition to the next step in his/her education.

To accomplish this goal, the following strategies are used:

- Educational and therapeutic goals are integrated in the school and home program to enable the child to become as independent as possible.
- Activities that stimulate cognitive, physical, sensory, communication, social and emotional development are the focus of our planned learning program.
- A coordinated team works with each child. The team may include one or more of the following:

Teacher	Teacher Assistants/Aides
Physical Therapist	Physical Therapy Assistant
Occupational Therapist	Occupational Therapy Assistant
Speech Therapist	Nurse
Music Therapist	Behavior Specialist
Social Worker	
Assistive Technology Specialist	

GOALS FOR THE FAMILY

Our goal is to involve parents fully as team members in planning, implementing, and adding to your child's individualized program.

To accomplish this goal, the following strategies are used:

- Family members (parents, grandparents, aunts, uncles) are welcome to observe the programs and to attend parent meetings. Please check with the Program Director regarding any observation procedures.
- Parents are encouraged to communicate freely by telephone, by notes sent with their child and/or by prearranged conferences. If you prefer to communicate via e-mail, please check with your child's team.
- Parents actively participate in developing their child's individualized program.
- The staff welcomes collaboration and consultation with parents to ensure the best possible program for each child.

THE EASTERSEALS SCHOOL PROGRAM

EDUCATION: The Easterseals School is an educationally based program combined with therapeutic support services designed to enhance the academic services. Our classrooms are led by certified teachers who assess each child to determine his/her level of knowledge and readiness/ability to learn. The teacher leads a team of therapists and the child's parents to develop specialized teaching strategies for each child. In this way, each child has a wide range of learning experiences/opportunities appropriate to their developmental level.

EVALUATION PROCEDURES: An evaluation and initial Individualized Education Program (IEP) is developed by the agency that refers your child to our school program. This agency can be an Intermediate Unit or School District. In preparation for your child's initial IEP, your child is evaluated by at least one educational or therapy professional. All areas of development are addressed. An Evaluation Report (ER) is then compiled which includes the reason for referral, history or update of educational, social and physical status of the child, a summary of evaluation findings, and conclusion and recommendations regarding eligibility and programming needs. Data collection and review of progress will determine when further assessment is needed. The team working with your child will continue to collect information about your child's progress, and this information will be shared with you.

Parents of an eligible young child have the right to obtain an independent educational evaluation. Please refer to your copy of the Procedural Safeguards Notice for more information about independent educational evaluations.

YOUR CHILD'S IEP: An IEP is an Individualized Education Program for children aged three years and older who are eligible for early intervention services. This is a plan for meeting your child's special learning needs written by you and your child's Easterseals team. The IEP addresses some very important things about your child and what s/he will be doing in school.

A review of each child's program plan is scheduled annually. Easterseals will be involved in the development and annual review of your child's IEP, once they are enrolled in our program.

The frequency of therapy provided during school is based upon your child's educational needs. The term *educational needs* refers to the amount and type of therapy required for your child to participate in his/her educational program, and will be different than medically-based therapy needs.

The IEP addresses these questions:

- What skills and abilities does my child have now?
- What can I expect my child to be taught this year?
- What are the strategies or specially designed instruction that will be used to help my child accomplish these learning goals?
- How will my child's learning progress be measured?

Your child's program plan has information in it to answer each of these questions and will be used by everyone working with your child.

POSITIVE BEHAVIOR SUPPORTS: Easterseals is a member of the State's Positive Behavior and Intervention Support (PBIS) network. PBIS is a framework for supporting the social and emotional development of our students. The goal of implementing PBIS is to create an environment where every child feels good about coming to school. This is accomplished by designing classroom settings that promote engagement and by building positive relationships among students, families, and school staff. Through the process of PBIS, classroom staff will work together to ensure that children understand behavior expectations, receive instruction in social skills, and those with the most persistent challenging behavior receive individualized assistance. We will use positive approaches when addressing behaviors that interfere with learning. All staff will receive foundation training in PBIS and each of our Easterseals Divisions have established/will establish Core Leadership Teams to provide ongoing support to staff and families regarding PBIS.

Here are a few examples of what to look for in our programs implementing PBIS:

- Emphasis on building caring, responsive relationships with students and families.
- Behavior expectations and rules posted in common areas and classrooms. Behavior expectations and rules are developmentally appropriate and focus on teaching our students what to do (rather than what not to do).
- Safe classroom environments that are designed to promote positive social interactions.
- Positively stated directions and language are used by all program staff. We focus on teaching our children by using positive language such as "walking feet," "quiet voice," and "hands to self."
- Visual aids to assist students are used throughout the day. These may include visual schedules, visual timers, and pictures to remind students of appropriate behavior.
- Emphasis on social emotional skills and development of social skills. Friendship building, emotional vocabulary, anger management, and coping/problem solving skills are incorporated in large and small group activities.
- **For complete information on Easterseals Policy on Positive Behavior Intervention Supports (PBIS)/Discipline, please see attached Appendix #1.**

INTEGRATED PROGRAMMING: Teachers and therapists work together to plan classroom activities which incorporate therapy goals. If therapy is part of the routines of the classroom, these goals can be addressed at many times throughout the day. In this way, a team works closely and cooperatively in planning, developing strategies, and implementing activities to reach desired outcomes for each child. In addition to an integrative approach to programming, there may be times when, based on the individual needs of the child or the skill being learned, a child will need to leave the on-going classroom activity to be seen individually by a therapist.

ACCESS TO RECORDS: Easterseals recognizes the family's educational right to review, inspect and copy any educational records related to their child's program here at Easterseals. Easterseals will comply with any written requests from parents within five working days. Easterseals can release any records that were created by our agency for your child which would normally include the IEP, therapy and/or educational evaluations, attendance record, and Monthly Service Reports which document therapy provided and progress.

CONFIDENTIALITY: Easterseals respects the privacy of each family we serve and adheres to strict confidentiality guidelines. These include regulations which govern the exchange of educational records (FERPA - Family Educational Rights and Privacy Act) and those which deal with protected health information (HIPAA-Health Insurance Portability and Accountability Act).

MANDATED REPORTING: Under federal and state laws, Easterseals is required to report any suspected cases of child abuse and/or neglect, and to report any incidents that involve client health and safety. If an investigation is required by State law, it will be conducted by a Certified Investigator.

For more information about mandated reporting, please check the Keep Kids Safe website at www.keepkidssafe.pa.gov/laws.

****To review our Easterseals Policy on Child Abuse-Protection and Reporting, please see attached Appendix #2.**

CONFLICT RESOLUTION: Easterseals strives to provide an appropriate program for students, and to respond to concerns or disagreements that a parent might have about the school program. Disagreements can occur at any stage in a school program - when initial evaluations are completed, as a comprehensive program is developed and implemented, or as a child completes his/her school program with Easterseals.

The first step in conflict resolution would be to contact the staff working with your child. The Social Worker is also available to facilitate this process, if needed. If no resolution is achieved, the next step would be to contact the Program Coordinator/Director or Division Director.

Under Federal and State Law, parents have specific rights and safeguards in obtaining a free and appropriate public education for their children; these are called "due process rights." A more complete guide for parents entitled The Right to Special Education in Pennsylvania is available from the Disability Rights Network at (800) 692-7443. In addition, whenever a placement or program is started or changed, parents of children in our schools who are three years of age and older will be given a *Procedural Safeguards Notice* issued by the Pennsylvania Department of Education.

For parents of children under the age of five the Office of Child Development and Early Learning has issued an Announcement entitled *Early Intervention Complaint Procedures*. The purpose is to deal with procedures to facilitate the prompt and amicable resolution of disagreements and conflicts among parents, County Administrators, agencies or other parties. This announcement includes a fact sheet on Problem Solving in Early

Intervention.

EMERGENCY PLANS: Easterseals maintains an emergency plan for each Division that addresses the use of the school as a shelter for children/staff in the event of a declared emergency. Each school also has a posted emergency evacuation plan, and practices evacuation procedures on a regular basis. During monthly fire drills, staff continue to refine plans to move children quickly and safely out of the building.

In addition, each site maintains its own daily security procedures which involve signing in to the building and may also include receipt of a Visitor's Badge. A list of designated people authorized to pick up your child in your absence will be required. You can revise this list at any time with a phone call to the program.

THERAPIES/SUPPORTS

Educationally relevant therapy services are provided as per each child's individualized plan. Within our school program, a single therapy session can be direct hands-on treatment, equipment adaptation, classroom consultation, or a group activity. Since your child spends the majority of the day within the classroom, the classroom staff must be aware of your child's handling and positioning needs and the goals and objectives for your child. Because of this aspect, the therapists spend therapy time in the classrooms working along with staff and children. This reinforces the therapists' treatment plans and provides consistency in proper positioning.

Your child's therapist is determined by your child's needs and staff availability. Therapists will be happy to schedule a time for you to observe or participate in a therapy session; just call in advance to arrange a convenient time.

We may request a prescription for Occupational and Speech therapy identified on your child's IEP. We must have a physician's prescription for treatment on file in order for your child to receive physical therapy and feeding therapy. We will require that a new prescription be obtained annually. A physician's prescription may also be requested for an oral motor evaluation, and/or feeding clearance.

When a child in the program has a surgical procedure, a revised prescription for therapy services will be required to resume therapy and address any changes or limitations.

PHYSICAL THERAPY: concerns gross motor skills and mobility. One focus of physical therapy is review the positioning for each child which could include selecting and adapting chairs and equipment.

OCCUPATIONAL THERAPY: typically focuses on the fine motor and sensory activities children participate in every day. These can include playing with other children and toys, self-care, and moving from place to place. The therapist helps to adapt activities to maximize each child's ability to meet their educational goals.

SPEECH THERAPY: addresses how your child understands language and the use of language to communicate. Speech therapists work on improving the understanding of and increased use of both verbal and non-verbal communication skills. If a child is unable to communicate his/her wants or needs verbally, a speech therapist will work to establish alternative means (signs, pictures, or special devices) for communication,

while continuing to encourage the development of verbal language skills.

FEEDING THERAPY: Easterseals has a protocol to guide the safe oral feeding of children while attending our school program. If your child appears to be at risk for unsafe swallowing, difficulty with chewing or drinking, and/or oral/facial weakness, the feeding protocol will be followed, and you will be asked to work with us in obtaining necessary information and medical permission to allow for safe oral feeding. Forms will be sent home for your permission to evaluate oral/motor functioning as it relates to feeding. Any recommended feeding therapy would be based on the evaluation results and information received from your child's physician.

BEHAVIOR THERAPY/SUPPORTS: Behavior Support is a systematic and research based approach to identifying the causes of inappropriate behavior and development of strategies to minimize them. At Easterseals this can include completion of Functional Behavior Assessments (FBA) and development of Positive Behavior Support Plans (PBSP). Behavior specialists are assigned to each program and can provide formal and informal support and training to all of our classrooms.

ASSISTIVE TECHNOLOGY: Assistive or educational technology means any item, piece of equipment, or product system which is used to increase, maintain, or improve the functional capabilities of children with disabilities. Assistive technology devices range from a simple switch for a child with particular physical limitations to a sophisticated vocal output augmentative communication device for a child with severe speech impairment.

AUGMENTATIVE AND ALTERNATIVE COMMUNICATION:

Augmentative Communication services are available to all children enrolled in our programs. The staff is trained to assess your child's ability to communicate with whatever methods they are using and evaluate their ability to expand their communication skills using AAC systems or strategies. We provide evidence-based practices and training to assist the family and caregivers to use the augmentative communication system in the home, school, and the community environments.

FAMILY SUPPORT SERVICES

Having a child with disabilities may raise questions for parents concerning, among other things, their child's development, daily living skills, and relationship/roles with siblings, family and their community. Other issues related to your child's abilities may also become cause for concern.

Staff social workers or other designated staff are available to work with families to address parent concerns and to help reinforce a child's newly learned skills at home. The social worker can attend parent conferences, IEP meetings, and can offer a home visit during the school year to assist parents with school concerns. S/he can sit in on school team meetings to support the family, or help parents sort out medical information and provide requested emotional support during family crises. Parents of students completing an Easterseals program will receive support from the Social Worker or designee throughout the transition process. It is the goal of Easterseals to support parents in their efforts to become effective advocates for their children as they move through the educational system.

We are fortunate to be able to offer a variety of services. Help in seeking funding for equipment, as well as Parent Support groups, may also be provided. Support Group meetings provide parents and significant others with the opportunity to get together to discuss issues of mutual importance.

PARENT INVOLVEMENT

Parents are a vital part of what happens in Easterseals programs. Parents are an integral part of the team. Effective communication between parents and staff is an important component of each child's program. Involvement with other parents provides a rich resource of information, ideas and skills.

PARENT GROUPS: There are a number of different types of parent groups available. In some Divisions, there is a Parents Auxiliary group. This is a group of parents and extended family members who work together by phone and in meetings as needed. Auxiliary activities could include the following: planning, organizing and holding local fund raising events; arranging special events for the children; developing program ideas for parent evening programs; or producing a periodic school newsletter. In other Divisions, there are a variety of parent support and engagement activities. A variety of parent discussion groups are offered during the year, based on the particular interests of parents and families. Groups provide an opportunity to share experiences, concerns, problems and information. Topics are selected by parents.

INTERAGENCY COORDINATING COUNCIL

Each county is mandated to have a Local Interagency Coordinating Council (ICC). The ICC is a group of parents and professionals joined in collaboration and coordination of resources to ensure that all children and families in need of early intervention services are identified and receive needed services.

The ICC's purpose is to offer comments and suggestions on the development of local services and supports for children and their families. Parents and professionals work together to communicate directly with the various State Departments involved with education. For more information about your local ICC or State ICC, contact your school Social Worker or Division Director.

GENERAL INFORMATION

SUPERVISION: Teaching staff directly supervise all children by sight and hearing at all times, even when the children are in quiet areas. Staff regularly count children on a scheduled basis at every transition, and whenever leaving one area and arriving at another to confirm the safe whereabouts of every child at all times. Developmentally appropriate child to staff ratios are met during all hours of operation, including indoor and outdoor play and field trips, following precautions for specific areas and equipment.

ATTENDANCE: Prompt and regular attendance is important in allowing your child to get the most out of their educational program. School staff will follow up with parents on patterns of absence and lateness, especially if it interferes with what needs to be accomplished to implement a child's IEP goals.

ABSENCES: Parents are to contact the school in the event that their child will be absent. Easterseals requires that a written or emailed excuse be submitted on the day of a child's return to school following any absence of three or more days. Excuses should be addressed to the teacher or nurse and include the dates and reason for absence. Following a contagious illness, a doctor's note stating the child is cleared to return to school is required in order for your child to return to school.

CLOTHING: Your child should wear comfortable play clothing to school. For safety reasons, we strongly recommended that you send your child in wearing sturdy shoes or sneakers.

Please send a complete change of clothing for your child in case of a toileting mishap or messy activity. Bring or send them to school marked with your child's name.

Send replacement clothes whenever your child has had to use the original supply, when the seasons change, or when your child has outgrown the clothes. Children do have outside activities almost daily, so please apply sun screen at home before your child comes in to school during the summer.

Please make sure that every item of clothing you send, or that your child wears, has your child's name on it. This includes all outer clothing such as coats, scarves, mittens,

boots and any equipment that your child uses.

TOILETING NEEDS: If your child is not independent with toileting, please send a periodic supply of disposable diapers and wipes to school. You will be notified by your child's teacher when additional diapers are needed. If your child is in the process of being toilet trained, let us know how it is being done so that we can support your efforts in the same way during the school day. During this learning period, it is helpful if you send your child to school in clothes that are loose and easily removed. Please try to avoid belts or one piece outfits without leg snaps. Please let us know of any special word or gesture your child uses to indicate his/her need to use the bathroom.

LOST ARTICLES: Easterseals is not responsible for lost, misplaced, stolen or broken items, articles of clothing, and equipment sent to school. Easterseals will make every effort to ensure that personal items are properly handled on our property. It is best if your child does not wear expensive jewelry to school.

LUNCH AND SNACK: If your child is in a full-day program, they must bring their own lunch including a beverage. To ease the lunch process, please perform all necessary preparations (puree, chopping, etc.) at home. Please pack hot or cold foods in a thermos or insulated container. Remember to label both the lunch box and the thermos. Please send nutritious food that your child likes to eat. Send only the amount your child will eat. Please notify the teacher in advance if you would like to send something in for a special occasion. Staff encourage children to try each food, but recognize that they do not always eat everything. If your child is not permitted snacks and is on a special diet, make certain you send in a list of foods that are not allowed.

If your child's program plan has feeding goals, his/her teacher, working with a speech therapist, may contact you to discuss changes in your child's lunch. You may be asked to send in certain types and consistencies of food. Feel free to contact staff if you have any questions regarding the nutritional needs of your child.

ALLERGY-FREE ZONES: Some of our children do have serious food or environmental allergies. If there is a restriction (e.g. no peanuts or peanut products, fragrances, latex products) in the school building, you will be notified by the program.

COMMUNICATION: Each child will have a communication book/folder that will go back and forth between home and school. Please be sure to check your child's book every day and initial each entry as you read it. Active use of this book is the best way to assure timely communication between home and school. These books are a quick and easy way for you to get notes as well as notices and memos to and from the staff. Please do not expect a note each day from the teacher or the therapists. They will try to answer specific questions and mention events that are important, but they do not have the time to write daily in each book and fulfill program schedules as needed by each child.

Parents can also speak to the teacher about setting up email as the preferred way to stay in touch in some divisions.

We recognize that there may be times when you would like to discuss certain issues involving your child's care in addition to regularly scheduled program planning

meetings. Please contact the necessary team member before or after school to schedule a mutually convenient time for all parties.

SCHOOL CLOSURES: Easterseals uses a “robo” call notification system for school closing, late openings, and early dismissals. In addition, the school usually follows the decision announced for the school district where the school is located.

PHONE CALLS: If there is an issue that requires immediate attention, do not use the communication book. Call your child's teacher directly. Please time your calls to teachers and therapists before morning arrival or after dismissal when staff has the time to talk with you at greater length. For issues that need immediate attention, you can also reach the school’s Program Coordinator/Director during the school day.

SCHOOL OBSERVATIONS: We know how important it is for you to be able to trust us with your child’s daily care and supervision. One of the ways to ensure this trust is for you to observe the school program. If you choose to do so, it is best to call and check on the activities planned for the day to make the most of your visit. Please check with the Program Director regarding any observation procedures.

SCHOOL VISITORS: Throughout the school year, we have many visitors that come in to see the school program. Some visitors may be interested in making donations to support our programs.

As students make decisions about future careers, their high schools or colleges may often require them to spend time in various settings that provide services to children and their families. Visiting students may either observe or participate in classroom activities under the direct supervision of our teachers and therapists. We try to accommodate visitors without disruption to our school program.

VEHICLE IDLING: In an effort to maintain optimum outdoor air quality, families are asked not to idle their vehicles in the parking lot areas, and in the drop off/pickup lines as well.

CLASS ASSIGNMENTS: Your child has been assigned to a class with several factors in mind, including safety and health conditions, chronological age, degree of social interaction with peers, developmental level of cognitive reasoning, learning style, degree of dependence/independence, degree of mobility and sensory-motor needs.

Because a child’s rate of development is not always predictable, there may be a time during the year when the school staff may feel a particular child would be more appropriately placed in a different class. We will discuss any change of placement with you.

FIELD TRIPS: In some Divisions, these may be scheduled occasionally during the year, and planned to facilitate educational goals of the children. If a field trip is scheduled, a note will be sent home informing you of the trip, noting whether any help is needed, and requesting your written consent for your child to participate. Trips are scheduled to facilitate overall goal attainment and development.

HOLIDAY PARTIES: Parties or special activities are often provided by community groups, parent groups, and/or staff. You will be informed in advance about these special events.

BIRTHDAY PARTIES: We will be happy to celebrate your child's birthday in school. Please notify your child's teacher a few days in advance. If you choose to send in party snacks, please check with the teacher to discuss nutritional choices and any accommodations that would need to be made for allergies. Invitation to at-home parties may only be distributed if each child in the class received an invitation.

TRANSLATION: Translation of forms or interpreter services for meetings is available for families.

GIFTS FOR STAFF: Easterseals policy prohibits individual staff from accepting any gift of a personal nature or substantial value. Items that can be shared by all staff are acceptable, such as homemade gifts, flowers. Easterseals gratefully accepts gifts/donations at any time of the year to support the work we do.

SPECIAL EVENTS: Throughout the year, Easterseals holds various special events and fundraising activities. We hold numerous local events as well as benefitting from fundraising events by our national corporate partners. Parents and families are welcomed and encouraged to participate in these fun events and promotions to benefit Easterseals programs and services. To learn more about our events or how you can get involved, please call our Development Department at 215-879-1000.

YOUR CHILD'S HEALTH

IMMUNIZATIONS: Pennsylvania schools maintain a record of immunization for each student. Failure to produce the proper evidence of immunization within 60 days of the start of school may result in exclusion from school until the records are up to date. A list of the updated immunization requirements, as per the Advisory Committee for Immunization Practices (ACIP) Schedule for preschool group settings is as follows:

- For attendance in **preschool group settings:**
 - 3 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given)
 - 4 doses of tetanus, diphtheria and acellular pertussis (5th dose to be administered between 4-6 years of age)
 - 1 dose of measles, mumps, rubella(preferably given as MMR; 2nd dose to be given between 4-6 years of age)
 - 3 doses of Hepatitis B
 - Rotavirus: 2 doses of RV1 or 3 doses of RV5
 - 1 doses of Varicella or chicken pox from vaccine or by history of disease (2nd dose to be given between 4-6 years of age)
 - 3-4 doses of Haemophilus influenza type b (Hib) dose requirement is dependent upon vaccine used in primary series
 - 4 doses of Pneumococcal conjugate (PCV13)
 - 2 doses of Hepatitis A (Hep A)

We strongly urge you to consult with your child's healthcare provider as soon as possible. If your child has already received these vaccinations, please submit a copy of the record immediately. If your child has not received the required immunizations, please schedule an appointment and send in a copy of the documentation as soon as it is completed. We also ask parents to send in printed updates when their child receives their four or five year-old immunizations.

Immunization verification from a health care provider must be received within 60 days following the first day of attendance to be able to continue attending school.

Our school nurse will check your child's immunization record, when received, and discuss with the child's parent any differences from the above schedule so proper documentation is on file before the 60 days is up.

Any exemption from immunizations must be documented on a Pennsylvania state form. For a medical exemption, a doctor' letter will be accepted.

Any child who is not fully immunized for age may need to be excluded from school for a period of time if a vaccine-preventable disease to which children are susceptible occurs in school.

MEDICAL UPDATES: Please provide a medical update if your child has any of the following:

- A new physician with name, address and phone number
- A new evaluation
- A new orthopedic, medical, or surgical procedure
- Any change in medication
- New information is obtained from a medical specialist or developmental pediatrician, or from a specialized clinic such as Cerebral Palsy Clinic, Spina Bifida Clinic, Neurology, Ear Nose and Throat Clinic, Feeding Clinic, etc.
- A change of health insurance
- A selected HMO provider under Medical Assistance (ACCESS program)

Your completion and submitting a **Child Health Report** from an annual physical will allow us to keep all health information current.

PRIVATE DUTY NURSING

The parent/guardian(s) of any child attending school with a Private Duty Nurse (PDN) must take note of the following:

Your child's PDN will be working in a classroom with other staff and children while caring for your child in school. They will be expected to follow guidelines established by Easterseals of Southeastern Pennsylvania in order to have your child benefit fully from his/her program. This will include submission of a valid license and all required State clearances.

We need you to follow the same guidelines and work with school staff to be sure that all adults caring for your child are working together to provide the best care possible. Please do not use your PDN to carry messages back and forth to school. You must stay in touch with your child's teacher.

The agency providing your child's PDN coverage will at times provide a substitute PDN when the regular PDN is absent. Please be sure the sub PDN follows the same procedures.

A copy of the Medical Orders for your child as well as any prescriptions and medications for your child must be given to Easterseals. Without these things, it will be legally impossible for any substitute Nurse to provide the care your child needs.

WHEN YOUR CHILD IS ILL

MEDICAL POLICY: Sick children are to be kept out of school when they are unable to participate in school activities and need rest and care at home. Also, illness spreads among children and staff. A child who is ill should not be brought to school until s/he has been well, and without diarrhea/vomiting and/or fever (free without aspirin or Tylenol) for 24 hours.

AT HOME: While your child may not have a fever in the morning before school, if s/he is lethargic, very cranky, or crying excessively, you should consider keeping your child at home. These symptoms may indicate that your child is developing an illness. If your child is not able to participate in school-day activities, s/he should be kept at home. A sick or ailing child will not benefit from being in class or receiving therapy and would not enjoy the day in our program.

If your child has any of the following symptoms and/or illnesses, please do not send your child to school.

- fever 100.4°F or more
- diarrhea or vomiting
- severe headaches
- sore throat and/or swollen glands
- lethargy or weakness, no appetite, or irritability
- untreated rash or skin infection
- contagious illnesses such as fungal infections, lice, chicken pox, measles, mumps, pinworm, impetigo, ringworm, hand/foot/mouth disease.

Your child should be kept home until the symptoms are no longer present or your child's doctor has given permission for your child to attend school.

Contagious illnesses, if noted during the school day, will require that the parent pick the child up from school as soon as possible, in order to protect other children. Children who have had a contagious illness will also require a doctor's note for re-admittance to school. Easterseals follows the guidelines of the American Academy of Pediatrics regarding contagious illnesses.

For health and safety reasons, any child identified with lice will be excluded at the end of the day. Children may return only after treatment.

AT SCHOOL: Our teachers become quite familiar with your child's daily behavior. If they see behavior or symptoms that are atypical for your child, they will request that the school nurse monitor your child. If the nurse determines that your child is unable to participate, she will contact you.

If your child has been absent from school due to illness, please write a note or phone the school to inform his/her teacher or the school nurse as to the nature of your child's illness. It is helpful for the staff to know the reason your child was ill.

If anything on the preceding list of symptoms occurs while your child is in school, you will be asked to come and pick up your child. No medication can be given without written permission.

While we realize many of you are working, not all programs have the facilities to isolate your child. We will isolate children from other children as best as possible until arrangement can be made to pick the child up. If sick children remain in the classroom, they expose other children and staff. When staff is out sick, all programs are negatively impacted. Therefore we request that arrangements be made to pick your

child up as soon as possible when symptoms occur in school.

If you cannot be reached, the emergency contact person(s) you have identified will be notified to pick up your child. It is important that emergency contact information be up to date, and those persons listed are aware of their responsibility to come to the school to pick up your child if you cannot be reached when your child is ill.

If your child has been hospitalized, assessed and/or treated at an Emergency Room for a significant change of medical condition, the school must have a note from the doctor stating the reason for the hospitalization, and that your child may return to school and resume therapy. The school needs this note to ensure proper care for your child. We will be unable to allow your child to return to school without the note. It is necessary to give any written instructions that you receive from the hospital or doctor to the School Nurse. These can include discharge orders, new prescriptions, surgeon's treatment protocol, handling precautions, and/or a revised prescription for therapy following a surgical procedure.

PLEASE REMEMBER...if you send your child to school with any doubt about his/her health, please advise the nurse by way of your child's communication book or call her directly. If you will be somewhere other than home or work, give us that number or the number of a person to call who could come for your child.

MEDICATION POLICY

Your child may require medication or a special procedure during the school day. Sometimes your child may be well enough to attend school yet require medication to clear up an infection or medical problem. To give medication, or carry out a medical procedure, we need the following:

- An **EMERGENCY MEDICAL TREATMENT FORM** on file to enable staff to give medications or perform procedures without liability. Parents must supply materials and equipment needed for staff to carry out special procedures such as gastrostomy feeds, nebulizer treatments, etc. A physician's authorization form is needed as well as instructions and a demonstration in order to train our staff.
- A **MEDICATION INFORMATION FORM** stating the name of the medication, the dosage, the time intervals and the duration for giving the medication. All prescription medication **MUST** be in a pharmacy-labeled bottle (including the child's name, medication name, dosage strength, doctor's name and pharmacy name). Staff will maintain a log of each time medication is administered to your child.

Medications and forms are to be sent directly to the teacher or the nurse. No medication of any type (such as aspirin, cough drops, eardrops, prescription creams, and vitamins) will be given without written instructions and written parental consent. Certain procedures may require physician's orders. All medication will be kept in a safe and locked place inaccessible to children.

**** See attached Appendix #3 for more details regarding Information for Parents from our Nursing Department.**

EMERGENCY TREATMENT

Emergency situations do occur and we must be as prepared as possible. In case of an emergency, it is vital that we know where to reach parents and that we have at least two emergency numbers on file if we cannot reach you. Emergency contacts must have a working phone and be willing to pick up your child in the event of an emergency. If you do not have a working phone, you still must make arrangements so that we have a way of contacting you in case of emergency (such as, a neighbor's or relative's phone). It is the parent's responsibility to keep this information current.

None of us like to think that our children will become ill or injured while they are in school. However, we must make plans in the event that an illness or injury was to occur. You must complete a form authorizing the school to secure emergency medical attention for your child or give us specific instructions regarding how you would want your child medically treated. Turn in this form on or before your child's first day of school.

Several staff is trained in first aid. If further medical attention is necessary our standard procedure is to contact 911 for transport to the nearest hospital.

If taken to a hospital, your child will always be accompanied by one staff member. Staff will notify you immediately by phone. However, if you cannot be reached, we will contact the person listed as your emergency contact. Parents will always be notified as soon as possible, which may or may not be before treatment has begun. Automatic External Defibrillators are available in each building.

The **EMERGENCY MEDICAL FORM** must be signed and returned to us and will be kept on file in your child's record.

It is not a safe situation to have children in school without the proper emergency medical forms. The Emergency Medical Form must be turned in to the nurse/teacher by the first day of school, or your child cannot attend school.

In case of a life-threatening emergency, it is the policy of Easterseals to administer emergency medical treatment until authorized emergency medical personnel arrive at the school. If a "Do Not Resuscitate" order has been signed by the parent(s), we will not honor it while the child remains in our care at our facility. Once emergency medical personnel arrive, they will be informed of the intent of the signed order.

WHERE TO TURN...

From time to time, you will have questions for the Easterseals staff. Below is a guide to assist you in determining who is best suited to answer your questions.

Program and educational goals	Teacher or Program Coordinator
Therapy goals/progress	Therapist
Walkers, orthotics, braces, wheelchairs	Occupational or Physical Therapist
Medical or nursing needs	Nurse
Nutritional needs/progress	Nurse or Speech Therapist
Communication devices	Speech Therapist or Assistive Technology Specialist
Oral motor or feeding concerns	Speech or Occupational Therapist
Family issues	Social Work Supervisor
Community resources	Social Work Supervisor
Transportation questions	Program Coordinator
School volunteer involvement	Social Work Supervisor
General administrative policy	Division Director/Program Coordinator
Special events volunteer	Social Work Supervisor

**APPENDIX 1
Easterseals of Southeastern Pennsylvania
Operating Policies, Procedures & Practices**

**Subject: Positive Behavior Intervention & Supports (PBIS)
Guidance/Discipline**

Section: C Number: 5

It is the policy of Easterseals to use positive behavioral supports for the individuals we serve. Positive Behavior Intervention and Supports (PBIS) is a positive approach to behavior support that focuses on utilizing strategies that prevent challenging behavior. PBIS provides staff the skills to ensure that all individuals are free from demeaning treatment including coercion, psychological abuse, physical punishment, the use of aversive techniques and the unreasonable use of restraints. It is our goal to utilize PBIS to limit or eliminate the use of suspension, expulsion and other exclusionary measures in compliance with federal and state civil rights laws. This policy is reviewed with all new staff during initial orientation (see Policy –Orientation Section 1 Number 2.3 of Operating Policies, Practices and Procedures).

Exclusionary measures (as defined within this document) are never considered until all other possible interventions have been exhausted. The variety of techniques used help to develop and maintain positive social skills will enhance the child’s opportunity for learning, self-fulfillment and independence. The use of restraints are prohibited except in emergency situations where a child is in imminent risk of harm to themselves or others, there is no other way to prevent that harm, and the risk of not intervening is greater than the risk of intervening.

Staff is trained in Safety Care crisis prevention. The focus is on prevention, safety, and supportive evidence-based interventions.

Definitions [PA Regulations 14.133(b)]

With regards to a child’s behavior, the following words and terms when used in this policy have the following meanings, unless the context clearly indicates otherwise:

- Aversive techniques – Deliberate activities designed to establish a negative association with a specific behavior.
- Behavior support – The development, change and maintenance of selected behaviors through the systematic application of behavior change techniques.
- Positive techniques – Methods which utilize positive reinforcement to shape an eligible young child’s behavior, that range from the use of positive verbal statements as a reward for good behavior to specific tangible rewards.
- Restraints – the application of physical force, with or without the use of a device for the purpose of restraining the free movement of a student. The term includes physical and mechanical restraints.

Positive Strategies { PA Regulations 14.133 (a) }

Positive learner behaviors are vital components in the achievement of education success for all children. Inappropriate behavior may negatively impact on the programming for an individual. When behavior interferes with productive learning, a plan to address the behavior is needed. The promotion of social emotional development and the following positive approaches are to be considered when addressing behavior concerns:

- Proactive classroom management techniques such as: clear rules and procedures, effective teaching practices, natural reinforcements and consequences, direct instruction of desired skill, frequent monitoring, environmental adaptations, and curriculum adaptation.
- Positive social behavior strategies such as: adult/peer modeling, cueing, use of social stories.
- Behavioral techniques such as: manipulation of antecedents and consequences, systematic reinforcement, redirection, and ongoing communication between home and school.

Behavior Support Planning

In those situations where an individual may not respond to tier one and two positive behavioral preventative strategies and more support is needed to address the challenging behavior, the team will develop a Positive Behavior Support Plan (PBSP) that addresses the identified function (s) of the challenging behavior. Depending upon the individual situation, the development of this plan would be preceded by either an informal or formal behavior assessment of the child. The process would include the following steps:

- Review of any educational records
- Interview with families and teacher in regards to history of challenging behavior, daily routines, and strategies already in place
- Identify the behavior (s) of concern
- Gather information/data about the target behavior
- Develop hypothesis about the function of the behavior
- Design an intervention plan
- Implement the plan and collect data on effectiveness
- Modify plan as required
- Fade support according to plan hierarchy

The plan needs to include safety procedures for situations when a child may be of harm to themselves or others.

Prohibited Staff Practices

There are no circumstances when it is permissible to use the following practices as defined below:

- Physical Punishment: Shaking, hitting, spanking, slapping, jerking, squeezing, kicking, biting, pinching, excessive tickling, and pulling of arms, hair, or ears; requiring a child to remain inactive for a long period of time.
- Psychological abuse: shaming, name calling, ridiculing, humiliation, sarcasm, cursing at, making threats, or frightening a child; ostracism, withholding affection.

- Coercion: Rough handling (shoving, pulling, pushing, grasping any body part); forcing a child to sit down, lie down, or stay down, except when restraint is necessary to protect the child or others from harm; physically forcing a child to perform an action (such as eating or cleaning up).
- Chemical Restrain: Chemical restraint is a drug used to control acute, episodic behavior that restricts the movement or function of an individual and is not a standard treatment for the individual’s medical or psychiatric diagnosis.
 - When a physician orders a medication that is part of the ongoing individualized plan and has documented as such for treating the symptoms of mental illness, the medication is not considered a chemical restraint.
 - The use of Pro Re Nata (PRN) medication will be done in accordance with procedures outlined in MR Bulletin 00-02-09 entitled “Pro Re Nata Medication Usage For Psychiatric Treatment – Clarification of Interpretation. “When utilized, it shall include a post review protocol by Easterseals Health and Safety Committee (quality improvement/risk management committee) to ensure that use of the medication was consistent with the Bulletin’s expectations.
- Seclusion: placing an individual in a locked room. A locked room includes a room with any type of engaged locking device, such as a key lock, spring lock, bolt lock, foot pressure lock or physically holding the door shut.
- Exclusion: the removal of a participant from the participant’s immediate environment and restricting the participant alone in a room or particular area (if a staff person remains with a participant, this is not exclusion).

Restraints [PA Regulations 14.133(c)]

Chapter 14.133(c) defines restraints as the application of physical force, with or without the use of a device for the purpose of restraining the free movement of a student. The term does not include briefly holding, without force, a child to calm or comfort them; guide a child to an appropriate activity, or holding a child’s hand to safely escort them from one area to another.

The term does not include hand over hand assistance with feeding or task completion and techniques prescribed by a qualified medical professional for reasons of safety or for therapeutic or medical treatment, as agreed to by the child’s parent as documented on the child’s *Therapeutic Positioning Agreement* and specified in the IEP.

The use of restraints are prohibited except in emergency situations where a child is in imminent risk of harm to themselves or others, there is no other way to prevent that harm, and the risk of not intervening is greater than the risk of intervening. If a child meets the criteria, staff trained in Safety Care will intervene. Safety Care is behavioral safety training for staff who work with children who exhibit challenging behavior.

If restraints are used, a meeting of the IEP team must convene within 10 days to review the current IEP for appropriateness and effectiveness. The use of restraints will not be included in the IEP for the convenience of staff, as a substitute for an educational program, or employed as punishment. When a restraint has been used, parents shall be contacted as soon as possible, but no more than one program day following the incident. The IEP team must convene within 10 days, unless the parent waives the meeting in writing. Following the use of any restraint, the Bureau of Early Intervention needs to be notified within 48 hours and the Incident Reporting form needs to be sent (attached).

Any time a restraint is used, it will be treated as a reportable incident as defined in the agency's incident management policy.

Mechanical Restraints [PA Regulations 14.133(d)]

Mechanical restraints, which are used to control involuntary movement or lack of muscular control of an individual when due to organic causes or conditions, may be employed only when specified by an IEP and as determined by a medical professional qualified to make the determination, and as agreed to by an individual's parents. Mechanical restraints shall prevent an individual from injuring him/herself or others or promote normative body positioning and physical functions.

55 PA Code § 6500.172, 6400.202, 2380.161

Mechanical restraint is a device used to control acute, episodic behavior that restricts the movement or function of an individual or portion of an individual's body. Examples of mechanical restraints include anklets, wristlets, camisoles, helmets with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, restraining sheets and similar devices.

Manual Restraint [55 PA Code § 6500.172, 6400.202, 2380.161]

Manual restraint is defined as a hands-on technique that lasts more than 30 seconds. The following manual restraints are prohibited:

- Prone (face down) manual physical restraint.
- Manual restraint that inhibits the respiratory and/or digestive system.
- Manual restraint threat involves compliance through inflicting pain, hyperextension of joints, and pressure on the chest or joints.
- No use of takedown techniques in which the individual is not supported and/or that allows for free fall as the individual goes to the floor.
- Manual physical restraint that exceeds 30 minutes within a two-hour time period.

Support staff must monitor an individual for signs of distress throughout the restraint process and for a period of two hours following

Training

Easterseals will train all staff annually as a proactive measure to reduce the probability of using restraints. Safety Care training focuses on positive behavioral strategies and using safety techniques that protect as well as minimize the risk of injury to the staff and the individuals.

Suspension and Expulsion

Our goal is also to limit or eliminate the use of suspension, expulsion and other exclusionary measures in compliance with federal and state civil rights laws.

All of the following actions are included in this definition of suspension:

1. Excluding a child from the classroom, whether by placing him/her in another part of the building, or excluding the child from the building;
2. Sending a child home early or limiting the number of hours per day (s)he can attend; or
3. Un-enrolling a child because (s)he is “not a good fit” with the program.

The only circumstances in which our actions may be included in this definition for are:

1. If a child is displaying unsafe behavior, we may need to remove vulnerable peers from the immediate location which may include leaving the classroom.
2. The team (which includes school staff, child’s family, LEA representative (if required), and outside providers at discretion of parent) may discuss hours per day a child attends based on developmental appropriateness.

Our programs include some children with typical development. If those children start to display persistent challenging behavior the following steps will be taken:

1. Families will be communicated with ongoing in regards to positive and negative behavior at school.
2. Easterseals internal behavioral supports team will be notified and PBIS tier 2 strategies will be put into place and communicated to classroom staff and family.
3. School staff and family will meet if tier 2 strategies are not effective (based on data collection) and outside referrals will be discussed (wraparound/CBH, Early Intervention Evaluation).
4. Depending on outcome (s) of outside referrals, appropriateness of classroom placement may be discussed. Internal behavior supports team will collaborate with any outside behavioral supports in order to ensure consistency of intervention.

Family Support

Although it is our goal to limit or eliminate the use of suspension, expulsion and other exclusionary measures, should it become necessary our team would assist family by providing any necessary support and information in order to facilitate a successful transition.

Detailed information about Easter Seals behavior policies and practices are communicated to parents upon enrollment in the program and on an annual basis.

References:

PaTTAN website “EI Program Guidance for Developing a Behavior Support Policy”

OCDEL Announcement:EI 12 #06

NAEYC Program Portfolio Tool, June 2018

APPENDIX #2
Easterseals of Southeastern Pennsylvania
Operating Policies, Procedures & Practices

Subject: Child Abuse - Protection & Reporting

Section: C Number: 4

First and foremost at Easterseals is a commitment to the health, safety and well-being of all the clients, particularly children, we serve. To this end we consider it vital to proactively respond to reasonable suspicion of child abuse and neglect when discovered.

As a school entity (per Pennsylvania Act 1084) and as individual service providers (per the Pennsylvania Child Protective Services Law Chapter 63) we have special responsibilities regarding child abuse and neglect. Under the Child Protective Services Law section 63.3, our staff is considered “Mandated Reporters” of suspected child abuse. This Easterseals policy has been developed to help ensure that we all do what is right by the clients we serve and be in compliance with the laws and regulations governing this important issue.

When there is a reasonable cause to suspect that a client of Easterseals has been abused or neglected, specific actions steps need to be followed regardless of whether the suspected abuser is a staff member, parent/guardian or other person. Reporting of suspected abuse may need to be made to various and/or multiple authorities depending on the child and alleged perpetrator.

It is important to know that an Easterseals staff member does not need proof that abuse has occurred to take action. It is only required that the individual have reasonable cause to suspect abuse. Reasons for suspicion may include such things as:

- ✓ Observation of a child’s physical appearance
- ✓ A child’s verbal or non-verbal communications
- ✓ A change in a child’s behavior (evidence of anxiety, withdrawal, fear or agitation)

The staff member with a reasonable cause to suspect that a child has been or is being verbally or physically abused is to report his/her suspicions to CHILDLINE. Employees who report suspicions of child abuse or neglect are immune from discharge, retaliation, or other disciplinary action, unless it is proven that the report is malicious.

Families will be informed of Easterseals responsibilities as a Mandated Reporter through the Parent Handbook.

Suspicion of Abuse by a Staff Member

While it might only occur rarely, suspicion of physical and/or verbal abuse of a client by a staff member is a possibility. When someone suspects that a staff member may have abused a client, they are to report that suspicion immediately to CHILDLINE. In any case of a report of suspected abuse by a staff member, the Executive Director/CEO is to be informed immediately.

Physical and/or verbal abuse of a client by a staff member will not be tolerated by Easterseals. Disciplinary action, up to and including discharge will occur if there is reasonable cause to suspect that a staff member has abused a client. In addition, if there is reasonable suspicion that abuse has occurred, the reporting requirements of Easterseals may also include law enforcement and/or prosecution authorities.

Suspicion of Abuse by a Parent/Guardian or Others

The staff member with a reasonable cause to suspect shall immediately make an oral report to CHILDLINE at 1-800-932-0313. The staff member shall complete a written report which may be submitted electronically within 48 hours to the Department of Human Services or County agency.

Immediately after making the report, the staff member will notify their Division Director.

If the child is registered with the Department of Human Services (DHS) system, the Division Incident Management Point Person is to be contacted so that the Incident Management protocol of the Agency can be initiated. If the child receives Early Intervention (EI) services, an EI Reportable Incident form must be filed with the Office of Child Development & Early Learning (OCDEL). If the child is from birth to 3 years of age, the County EI program is to be notified if the suspected abuse is alleged to have been committed by an Easterseals staff member.

The Easterseals Director of Programs and the Executive Director/CEO are to be informed if a report of suspected abuse has been made to CHILDLINE.

In all cases of a report of suspicion of abuse, complete documentation including conversations, observations, statements and evidence is to be collected and maintained in the child's file/chart.

If an investigative authority asks for additional information from Easterseals, we should ask that it be done in writing on the authority's letterhead. It is always our intent to cooperate fully with any investigation conducted by an authorized agency or entity.

Training

All new employees of Easterseals will receive training on the Agency policy and procedures regarding Child Abuse Protection & Reporting as part of the New Employee Orientation program which occurs within their first 90 days of employment.

As a school entity, it is also required that all employees within 90 days of hire must complete a minimum of three (3) hours of training within 90 days of hire and 3 hours of training every five years thereafter on Child Abuse Protection & Reporting specific to Act 31 of 2014. The initial approved training to be completed within 90 days of hire can be found at www.reportabusepa.pitt.edu. All employees hired December 31, 2014 or after are required to complete this online training module and submit proof of completion to their supervisor who will forward a copy to Human Resources for the employee's personnel file. The subsequent training will be conducted at the Division level and should encompass the following:

- Recognition of the signs of abuse, which is defined as conduct that falls within the purview and reporting requirements under the Child Protective Services Law;
- Recognition of the signs of sexual misconduct;
- Reporting requirements for suspected abuse and sexual misconduct in the Commonwealth, including those set forth in the Child Protective Services Law and the revised February 2014 Professional Educator Discipline Act;
- Provisions of the Professional Educator Discipline Act (P.L. 397, No. 141) Easterseals policy related to reporting of suspected abuse and sexual misconduct; and
- Maintenance of professional and appropriate relationships with students/clients.

A record of completion of training will be maintained in each employee's personnel file. A sample form for this purpose is attached.

Authority: Board of Directors
Approved: January 21, 2014
Revised: March 17, 2015
September 1, 2018

APPENDIX #3

Parent Information from Easterseals' Nursing Department

1. Daily or PRN medication-must be sent in a ***pharmacy-labeled bottle***. Medications are kept locked in a cabinet in the nurses' office. If you need the bottle back home the same day, let us know. We will send a note on the front of your child's communication book at least 2 days before more medication is needed. *Medication that is not labeled cannot be given.* We have Children's Tylenol, Ibuprofen, Benadryl and plain glycerin suppositories at school. If your child takes something similar not listed above, please send it in. We don't require signed doctor's orders for antibiotics, fever medications or diaper rash ointment. All other medications require a doctor's order which may be faxed to 215-368-1199.

2. If your child is not toilet trained, please send in diapers or hip-tab pull-ups. Changing regular pull-ups at school is time consuming and requires us to remove your child's shoes and pants.

You may have to talk to your doctor's office about this, if they are the ones who order diapers for you.

3. Communication between you and your child's team at school is very important. If there are health changes (even so minor as waking up at 3:00 a.m. and playing until the bus arrives), let us know. We need to know the reason your child is falling asleep in morning circle at 10:00 when he/she is usually active. Writing a short note or calling us will prevent us calling you later. The same goes for any scratches, bruises, etc. your child acquires outside school. If your child gets any bumps or boo boos at school, we'll let you know either by writing or calling.

4. If your child becomes ill at school, we will contact you. So, any changes in phone numbers or emergency contact phone numbers need to be given to us as soon as possible. If your child is hospitalized we will need signed doctor's orders stating that your child "may resume all therapies" upon return to school. The order may be sent to school or faxed to 215-368-1199 to the attention of the Nursing Department. Please continue to send in or fax immunization updates, including flu shots, as they occur.

5. Diastat or an EPI-Pen may be kept locked up at school, or go back and forth in the school bag. Let us know which you prefer.

6. A spare Mic-Key or Mini-One is to be kept at school in the event your child's gastric tube balloon deflates or comes out and needs to be replaced. We need a doctor's order for replacing the G-tube.

7. If your child has a private duty nurse, he/she will be oriented in the classroom by the classroom teacher about any specific routine for that classroom. Private duty nurses are expected to be with their assigned child at all times (with the exception of bathroom breaks). They usually eat in the classroom and usually bring lunch with them.

8. For safety, oxygen tanks must be attached to a wheelchair or be the carry-on type with a strap that can be attached to a car seat or wheelchair.

9. A fulltime nurse is in the building during school hours. The school nurse administers daily and emergency medications, if needed. Please call 267-263-6223 with any medical issues and questions. You may also write a note for the nurse in your child's communication book.



www.easterseals-sepa.org

PHILADELPHIA DIVISION AND HEADQUARTERS

YAFFE CENTER
3975 Conshohocken Avenue
Philadelphia, PA 19131

PHONE: (215) 879-1000
FAX: (215) 879-8424

EARLY INTERVENTION CENTER
3905 Ford Road
Philadelphia, PA 19131

PHONE: (215)-879-5010
FAX: (215)-879-5051

BUCKS COUNTY DIVISION

BROOKS CENTER
2901 Edgely Road
Levittown, PA 19057

PHONE: (215) 945-7200
FAX: (215) 945-4073

DELAWARE and CHESTER COUNTY DIVISIONS

468 North Middletown Road
Media, PA 19063

PHONE: (610) 565-2353
FAX: (610) 565-5256

85 N Malin Rd
Broomall PA 19008

709 Bartram Ave
Collingdale, PA 19023

MONTGOMERY COUNTY DIVISION

GRESH CENTER
P.O. Box 333
1161 Forty Foot Road
Kulpsville, PA 19443

PHONE: (215) 368-7000
FAX: (215) 368-1199

Accredited by: National Association for the Education of Young Children

Approved by: Pennsylvania Department of Education as an Approved Private School (APS)

Licensed by: Pennsylvania Department of Education’s Board of Private Academic Schools

Pennsylvania Department of Human Services as a child care center (Bucks, Delaware County – Marple and Montgomery County sites)

Accreditations vary by location.

Please remove this page, sign, and return to school. Thanks!

I have read and understand the policies and procedures of the Easterseals School/Program as stated in the Parent Handbook for School Year 2019/2020.

CHILD'S NAME: _____

PARENT NAME (please print): _____

PARENT SIGNATURE: _____

DATE: _____