

The Douglass School Parent Handbook

2017-2018



We are pleased to present you with this handbook which contains information that we feel will be useful. We hope you will take the time to read the information. If you have any questions or concerns, please feel free to call either of us.

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Program Philosophy

The Douglass Developmental Disabilities Center is a university-based facility providing specialized educational services for individuals with autism and their families. The largest single unit is the Douglass School Program, which operates a full day and extended school year program. The Center also offers comprehensive family involvement, which strives to facilitate cooperative planning, programming, and evaluation. The school supports the Department of Education's mandate for a free, appropriate public education [N.J.A.C. 6A:14-1.1].

Programs at the Center are individually planned and committed to the principle of normalization by blending behavioral interventions with least restrictive options. The main goal for all the individuals with autism is to prepare them to be as independent as possible in the least restricted environment, ideally, community based programs that are more normalized and less structured. To this end, transitional experiences begin very early as these individuals are systematically weaned from intensified programming and exposed to more diversified and normalized situations and activities.

The Center strives:

- ❑ to educate individuals with autism using the best, current methodology
- ❑ to advance contemporary knowledge about appropriate treatment for autism
- ❑ to train parents in the skills necessary for home management of their child with autism
- ❑ to teach graduate and undergraduate students working at the Center the most advanced procedures known for the treatment of individuals with autism
- ❑ to educate the general public and serve as a demonstration facility for the treatment of autism

In addition, the Center actively strives to comply with **P.L. 94:142, N.J. 6A:14 Section 504 of the Rehabilitation Act of 1973, and P.L. 105-17**, Individuals with Disabilities Education Act, 1997. This includes, but is not limited to planning, implementation and evaluation of Individualized Education Plans; provisions for normalization and least restrictive alternatives; and accessibility to services by all students regardless of handicap. These goals are reviewed regularly by the Center's administrative and educational staff at regularly scheduled staff meetings and by families through meetings and consumer satisfaction surveys.

University-based Status

As a Rutgers University program, affiliated with the Graduate School of Applied and Professional Psychology, the Douglass Developmental Disabilities Center is governed fully by the University Board of Governors. School operations reflect university policies in areas such as personnel, civil rights, etc. and budgets and policies are submitted annually to appropriate officials. A complete copy of university rules and regulations is kept in the Director's office.

Affiliations

Affiliated with the Graduate School of Applied and Professional Psychology (GSAPP), the DDDC and, in turn, the Douglass School is governed fully by the Rutgers University Board of Governors, School operations reflect university policies in areas such as personnel and business practices. A complete copy of university rules and regulations is housed in the Center Director's Office.

The DDDC is also a member of the **Autism, NJ** (formerly COSAC). **Autism, NJ**, a non-profit organization, is a resource center providing information to parents and all interested persons about schools, services and programs available for individuals with autism in the State of New Jersey. **Autism, NJ** also provides short-term emergency care to family members with autism and makes arrangements for speakers through the Speaker's Bureau. In addition, the DDDC is an affiliate of the New Jersey Association for Applied Behavior Analysis (NJABA), Applied Behavior Analysis International (ABAI), and a collaborative partner with Rutgers- Robert Wood Johnson University School of Medicine.

THE DOUGLASS SCHOOL PROGRAM

OVERVIEW

The Douglass School is a NJDOE approved public college operated program and a receiving program for students having an autism spectrum disorder who need specialized education and behavior intervention services. It offers a full-day (5.5 hours) 180 day school year, an extended school-year (full day, approximately seven weeks) and comprehensive services for learners ages 3-21 having a diagnosis of autism spectrum disorder. The School has two campuses, 151 Ryders Lane and 25 Gibbons Circle. [N.J.A.C.6A:14-4.1(c) and N.J.A.C.6A:14-7.6(i)]

The Douglass School is committed to meeting the unique educational needs of individuals of a variety of ages and abilities using the science of Applied Behavior Analysis to guide individualized programming for skill acquisition and behavior intervention; and, using the most current, empirically validated and least intrusive strategies that are appropriate for each individual. In addition, we are dedicated to providing families with the skills necessary to support skill acquisition and generalization, and behavior management in the home and community settings; and, to inform members of both the professional and lay communities about autism and to serve as a model for other educational facilities.

GENERAL INFORMATION

- There are 10 classes of students: (see **Class Descriptions**)
- Locations:
 - 25 Gibbons Circle, Douglass Campus, Rutgers University, New Brunswick, NJ
 - Phone: 848-932-9137 FAX: 732-932-8011
 - Operating hours: 8:00 a.m. to 4:00 p.m.
 - Students attend the program from 9:15 a.m. to 2:45 p.m.
 - 151 Ryders Lane, Douglass Campus, Rutgers University, New Brunswick, NJ
 - Phone: 848-932-4500 FAX: 732-932-4509
 - Operating hours: 8:00 a.m. to 4:00 p.m.
 - Students attend the program from 9:15 a.m. to 2:45 p.m.

CURRICULUM

The Douglass School supports the New Jersey Department of Education's mandate for a free, appropriate education and links curriculum to the Preschool Teaching and Learning Expectations: Standards of Quality and the New Jersey Common Core Curriculum. The Verbal Behavior Language Classification System is used as a framework to guide language instruction. In addition, a full range of ABA strategies is used and may include, but is not limited to: discrete trial instruction, natural environment training, incidental teaching, shaping, and chaining. Functional behavior assessment is the cornerstone for the development of behavior interventions. The Douglass School Program has its own curricular guide but also integrates assessments, materials or lessons from other curricular resources such as:

- *Teaching Language to Children with Autism or Other Developmental Disabilities* by Mark L. Sundberg, Ph.D. and James W. Partington, Ph. D. 1998. Behavioral Analysts, Inc.

- *The Assessment of Basic Language and Learning Skills™-Revised (ABLLS™-R)*
- *The Verbal Behavior Milestones and Placement Program (VB-MAPP)* by Mark L. Sundberg, Ph.D.
- *A Work in Progress: Behavior Management Strategies and a Curriculum for Intensive Behavioral Treatment of Autism* by Ron Leaf and John McEachin. 1999 DRL Books.
- *Edmark Reading Programs*
- *Hooked on Phonics*
- *Language for Learning*
- *PCI Reading (PCI Education)*
- *Reading Mastery*
- *Reading Milestones*
- *Pace Math*
- *Touch Math*
- *Everyday Math*
- *Handwriting Without Tears*
- *The Sensible Pencil*
- <http://www.readwritethink.org>

Technology:

- Laptops and iPads in all classes
- Access to a variety of educational apps through iTunes as well as a web-based resources
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The Douglass School’s curriculum is individually applied and a primary goal is to prepare students to return to their home schools, and to provide them with skills necessary to function in community settings. The school and its families work cooperatively to develop programming, evaluate progress, and problem-solve as necessary. Those students who continue to require a specialized setting and remain with us through adolescence are provided with programming for adaptive living, pre-vocational training and job sampling, as well as post secondary transition services.

STAFF

- 2 Principals: Certificated and also Board Certified Behavior Analysts who oversee daily operations, staff training and staff supervision
- Assistant Directors: Certificated Educators and Board Certified Behavior Analysts (BCBAs) who oversee classes and supervise Coordinators and Teachers
- Behavior Analysts /Coordinators: BCBAs, who also may be certified educators, provide training and support to teachers, lead instructors, speech and language specialists, and para-professionals for skill acquisition and behavior intervention

- Teachers and Teaching Behavior Analysts: Certificated staff (meeting NJDOE requirements [N.J.A.C.6A:14-1.2(b)13]) who assess, develop, implement and evaluate individualized programming; provide direct instruction; and, supervise para-professionals Lead Instructors: Sub-certified Teachers who provide in-class and home-based support
- Speech and Language Specialists: Certificated staff [N.J.A.C.6A:14-1.2(b)13] who provide expertise in speech and language programming and speech therapy services for learners
- School Nurse: Certificated staff member [N.J.A.C.6A:14-1.2(b)13] who provides support for medical emergencies, staff training, manages and distributes medication, and manages healthcare information
- Behavior Support Specialists: BCBAs, BCaBAs and Certified Clinical Faculty members and a cohort of doctoral students in psychology who provide support for behavior intervention. (see Behavior and Research Services at the DDDC)
- Para-Professionals: Support staff, some of whom are substitute teacher certified, providing direct service to students in each class (substitute teachers assume teacher responsibilities when teachers attend required meetings)

CLASSES

The Douglass School serves preschool, elementary, intermediate, and secondary level students. Common to all classes is a consistent structure:

- A small staff to student ratio
 - Staffing: Teacher, Lead Instructor, Speech and Language Specialist, 4-6 para-professionals
- Oversight by a BCBA or BCaBA
- Class size: 6 (Preschool and Elementary age students); 7-8 (Intermediate and Secondary age students)
- Individually applied ABA strategies
- Functional Communication Training and Visual Supports
- Parent training and support (observations, clinics, home consultation as needed and requested)

Classroom descriptions:

Primary Classes.

The Small Wonders -1st (3-7) and Primary 1 (Ages 7-10)

The development of the Douglass School's preschool program was based on the premise that an initially segregated learning experience may promote some students' ability to thrive in an ultimately integrated environment. Consequently, the Small Wonders Preschool classroom is structured to maximize the student's capacity to transition systematically from one-to-one instruction to working in dyads, and on to integrated experiences with typically developing peers. In this model, those students are provided more intensive teaching upon entering the program, and then gradually transition to more naturalistic educational experiences with typical peers based on general guidelines developed by the staff for that purpose. The Primary 1 program is for students who complete the Preschool-1st program but who continue to require specialized programming and supports.

General Program Goals

- Develop a variety of skills outlined by the New Jersey Preschool Teaching and Learning Expectations: Standards of Quality or the New Jersey Common Core and Curriculum Content Standards
- Develop sitting and attending/joint attention, imitation, following directions
- Develop functional communication using the Verbal Behavior Language Classification System
- Develop discrimination skills
- Develop adaptive skills (e.g. toileting, dressing)
- Develop social skills: (e.g., functional play, sharing, reciprocal interaction)

Upper School Classes:

Elementary (Ages 9-13; Upper School Classes 1 and 2)

Programming for Elementary-age students augments the skills acquired in the preschool. Students may have 1:1 and/or small group instruction. Programming continues to address instructional readiness, behavioral control, functional communication, and social skills, with additional focus on functional academics, independence and life skills.

General Classroom Goals

- Expose students to the New Jersey Common Core Curriculum
- Increase functional vocabulary
- Develop more complex discrimination skills
- Strengthen independent work skills: (e.g., using photographic activity schedules)
- Increase independence with functional routines
- Generalize skills to community settings
- Expand social skills (e.g., turn taking and games)

Intermediate (Ages 13-15: Upper School Classes 3-5)

Programming for Intermediate-age students provides strategic individual support but also encourages small and large group instruction. This level continues to work on core curriculum and provides greater opportunities for community based instruction.

General Classroom Goals

- Expose students to the New Jersey Common Core Curriculum through functional academics
- Develop more complex skills for social interactions (e.g., expanding conversations, initiating interactions with adults and peers)
- Develop more complex self-help and daily living skills
- Introduce pre-vocational skills
- Develop independent leisure skills
- Increase community experiences (gradually introducing eating out and food shopping)

Secondary (Ages 15-21; Upper School Classes 6-8)

Secondary-age students have a wide range of skills. Individualized programming builds on previously acquired skills in all core curriculum areas with a particular focus on skills to promote a successful transition to post secondary placements.

General Classroom Goals for Secondary Classes

- Expose students to New Jersey Common Core Curriculum through functional academics
- Refine and expand communication skills for social interaction in the work place and/ or leisure activities (either verbally or via augmentative communication devices)
- Develop skills relevant for community-based job experiences
- Promote independent daily living skills (e.g., cooking food, shopping, ordering lunch in a restaurant, using money, setting the table, wiping tables, etc.)
- Refine skills in hygiene and personal awareness
- Provide opportunities for age-appropriate recreational activities (e.g., exercising, bowling, miniature golf, dining in a restaurant, playing video games, etc.)
- Refine and expand vocational skills and community-based job sites

Other General Information

- 1) Operating hours are 8:00 a.m. to 4:00 p.m. Professional staff are available 8:15 a.m. to 3:45 p.m. Students attend the program from 9:15 a.m. to 2:45 p.m.
- 2) Educational services are provided to individuals having a diagnosis of Autistic Spectrum Disorder ages 3-21.
- 3) There are 10 classes of students: 1 integrated preschool class, 9 classes serving school age children 5-21 across 2 locations.
- 4) Administrators, supervisors/behavior analysts, teachers, and speech language specialists are all certified professionals.
- 5) The school provides speech services, an extended school year, transition services, sibling groups, and a parent-professional organization, D.O.O.R.S., which supports an after school/after work program, summer camp and a number of other activities. In addition, the school maintains a library of resource materials on the diagnosis and treatment of autism and related disorders. If needed, Occupational Therapy/Physical Therapy are provided through a consultative model arranged and monitored by the referring school district (see Policy on Related Services).
- 6) Additional services are available through another unit of the Douglass Developmental Disabilities Center: Douglass Outreach – 848-932-4500.
- 7) Students are supervised at all times. If there is an occasion when a child's bus is late, the staff member on bus duty, or the child's teacher, in addition to an administrator, will remain with the child; a staff member will also remain with a child in the event of a medical emergency until the parents arrive.

- 8) All medical emergencies, accidents, or unusual incidents are documented in Incident Reports. All such incidents are reported to the supervising administrator and the School Nurse.
- 9) If a child arrives at the school ill or becomes ill during the day, staff contact the School Nurse/Administrator. Parents are contacted as necessary (see **Medical Procedures**).
- 10) For security purposes, all doors remain locked at the school buildings (doors are alarmed). **All visitors** should enter through the main door and report to the receptionist and sign-in/sign-out at the reception desk. The receptionist will direct visitor(s) to a waiting area until the person with whom the visitor(s) has an appointment is available. Visitors are not permitted to walk through the school building or into classrooms unless accompanied by staff.
- 11) Telephone calls are an important means of communication; however, staff need to focus their attention on students throughout the day. Therefore, parents are requested to call the school to speak to staff between 8:30 a.m. and 9:15 a.m., or after 3:00 p.m. unless it is an emergency. Due to staff meetings and professional development activities, some teachers have specific days/times they are available. Please consult with your child's teacher to clarify their availability. Secretarial staff will put messages through to voice mail when staff are unavailable to take calls unless it is an **emergency**.
- 12) If a staff member must be out of the building, arrangements are made in advance for an alternate staff member to assume legal responsibilities. The staff member must be certified to assume responsibilities.
- 13) Children are only allowed off school property with a certified staff member.
- 14) All playground activities are organized and supervised by at least 2 adults per class.
- 15) The DDDC website is <http://dddc.rutgers.edu>
- 16) For directions: See website <http://dddc.rutgers.edu/directions>
- 17) Parent-Professional Organization - D.O.O.R.S (see <http://doorsnj.org>)

Family Services

Many types of services are offered to the parents and families of Douglass School students. On-going parent training is provided through home-based consultation, seminars, and visits to the center. In addition, there may be some evening meetings during the year where guest speakers will present on topics of importance to the families of students with autism. Sibling support groups are run for both children and adolescents who have brothers or sisters with autism. These groups allow the siblings to interact with peers who share similar experiences and to address issues and express feelings related to having a brother or sister with autism.

Other Departments of the DDDC

Behavior and Research Services

This department is closely linked with the School and Adult programs. As service providers, the clinical faculty members in this department provide behavioral and educational consultation within the DDDC, clinical oversight for staff supervising skill acquisition and behavior reduction programming for learners within the DDDC, and educational and functional behavior assessment for learners within the DDDC's center-based programs and for learners receiving Outreach Services. In addition, BRS provides research and scholarly support through applied research evaluating ABA educational interventions; oversight for undergraduate and graduate students at Rutgers University enrolled in field work or practicum classes; collaboration with other Rutgers University faculty and with investigators from agencies outside of Rutgers; leadership and participation in state, national and international organizations; and, through publications including books and journals, and presentations at state, national and international conferences.

Douglass Outreach

Douglass Outreach, another unit of the DDDC, provides training and consultation in applied behavioral analysis to community-based schools and professionals who are implementing programs for students with autism. Additionally, this branch of the DDDC has a state certified child study team that can provide evaluations upon request. Douglass Outreach also offers state approved Early Intervention services, home-based services to individuals with autism and their families, and has support services available for Rutgers University students having Aspersers Disorder.

Douglass Adult Program**

Established in 1997 as a separate unit of the DDDC, the Douglass Adult Program provides employment and related day services to adults with autism. A major focus of the Douglass Adult Program is on training the skills necessary for life in the community. Utilizing an ABA model of skill development, the Douglass Adult Program seeks to develop individual competencies in the areas of job development, employment maintenance, transportation, life skills, communication, social skills, and self-care. With attention paid to individual preferences the Douglass Adult Program promotes a learning environment that recognizes and supports individual competencies, encourages skill development, minimizes the need for display of problematic behavior, and respects, to the extent possible, appropriate consumer choice and control.

****Please Note: At this time the DDDC Adult Program is full.**

Admissions Policy

The Douglass Developmental Disabilities Center's School Program serves individuals 3 to 21 years of age having a diagnosis of an autism spectrum disorder. School districts, parents, and other affiliated professionals are welcome to express interest in admissions; however, official referrals must be made by school districts. Upon referral, Child Study Teams and parents are encouraged to visit the program if they have not already done so. A brochure and class descriptions are provided at the time of the visit. Additionally, information is available at <http://dddc.rutgers.edu/>.

General Information

- The Douglass School is an approved program. See NJDOE website at <http://www.nj.gov/education/specialed/dir/college.shtml>
- The CDS code is 24-8333-001
- Related Services: Speech and language therapy; parent training (clinics, live-video observations, home-based); adaptive physical education; 7-week extended school year
- Progress Reports: four times a year
- The DDDC is an approved APA, NJASK and HSPA testing site. All students participate in state-wide testing as determined by their IEPs. The majority of students are APA students. The Director of Educational Services is the Testing Coordinator. [N.J.A.C.6A:14-4.10]

Criteria for admission

- A diagnosis on the autism spectrum
- Referral from Child Study Team or other agency (we do not accept private pay)
- Confirmation of diagnosis during on-site screening/intake.

Referrals

- Send to the Director of Educational Services, DDDC, 151 Ryders Lane, New Brunswick, NJ 08901-8557 or call 848-932-4500 x 20840
- Include the diagnostic report and the most recent IEP and Progress reports

The admissions process typically begins in late January and early February and proceeds as follows:

- The review of all referral information
- A screening/intake which allows for observation of the prospective student in a low demand situation by educational and administrative staff (Child Study Team consent required).
- A parent interview, and there may be a visit to an appropriate class
- A recommendation meeting at which the administrative and educational staff review all available information in order to determine if the prospective student's needs can best be met by our program
- A school or home visit if additional information is necessary
- Intake results are discussed with the Child Study Team who will contact the parent(s)
- Prior to final admission, the administrative and educational staff will review a student's IEP to determine if the DDDC can implement the IEP in our setting [N.J.A.C.6A:14-7.5 (b)1]; or, the DDDC, upon invitation, will participate in IEP development for an incoming student [N.J.A.C. 6A:14-2.3(k)2]

Upon acceptance the DDDC ensures that all students with disabilities who are placed in our School Program are provided special education and related services at no cost to their parents according to **N.J.A.C. 6A:14-1.1(d) and N.J.A.C. 6A:14-7.5(b)3**. If a change in the delivery of special education or related services is necessary, due to a change in personnel or student need, the DDDC will contact the sending district to convene an IEP meeting to review and, if appropriate, revise the IEP.

Evaluating Progress

Student progress is evaluated daily by the use of discrete trial data, log data, pre-test post-test data, and individual program graphs. This close monitoring of progress facilitates ongoing and active fine-tuning of programming in accordance with IEP specifications. Reports, based on accumulated data documenting progress, are prepared four times a year and copies are sent to sending school districts and reviewed with parents [N.J.A.C.6A:14-7.9(b)]. Suggested or necessary changes in services or substantial modifications of programming are shared both with the sending school district and a student's parents/guardians, and a meeting is scheduled. [N.J.A.C.6a:14-1.1]

There are regularly scheduled contacts with parents at school and at home to discuss educational programming and progress. These frequent school/home contacts cement a cooperative planning effort. Child Study Teams are encouraged to visit the school as often as possible to review programming and progressed. Each student's annual review is conducted at the school or other designated location, and is attended by a school administrator, the student's teacher, parent(s), school district representative(s), and any other necessary personnel. Placement status is also reviewed yearly.

Transitions

As students are identified as ready to progress into a new classroom or a less restrictive educational setting, both the "sending" and "receiving" staff, along with the student's Child Study Team, create a systematic transition plan (for outside placements, this is dependent on the receiving program). The sending staff carefully organizes a transition schedule that may include preliminary visits. Students are often accompanied by a familiar staff member for initial transition visits and are observed by the receiving teacher. Based on the student's experiences during the initial transition visits, teachers/staff identify areas in need of additional skill acquisition and practice. These areas are then addressed through specific skill programming and the student is provided with systematic opportunities to practice the necessary skills. Parents are informed and involved in all aspects of transition planning; they meet with their child study teams to finalize all educational placement decisions.

The Secondary level classes have a certified Community-based / Structured Learning Experience coordinator who completed community-based/structured learning experience training at the Boggs Center who coordinates individualized programming which builds on previously acquired skills in all core curriculum areas with a particular focus on skills to promote a successful transition to post-secondary placements. This means building on strengths and capitalizing on the preferences of each learner, which will assist in matching learners with appropriate jobs as they prepare for life after the DDDC.

General Goals

- Expose learners to common core curriculum through functional academics (meaningful goals that will build on previously learned skills)
- Refine and expand communication skills for interaction in the work place and/ or community and leisure activities (either verbally or via augmentative communication devices)

- Promote the development and generalization of daily living skills (e.g., food prep, shopping, ordering lunch in a restaurant, using money, setting the table, wiping tables, etc.)
- Refine skills in hygiene, personal awareness, and safety
- Provide opportunities for age-appropriate recreational activities (e.g., exercising, bowling, miniature golf, dining in a restaurant, playing video games, etc.)
- Develop pre-requisite pre-vocational skills relevant for community-based job sampling experiences
- Generalize these skills to campus or local community settings as appropriate and available
- Transition learner skills into jobs in their own local communities

This process occurs over several years (14-21). Each learner will follow an individual path based on his/her skills, preferences and community resources and connections. Typically, skill building begins in-house, contrived as necessary, followed by a progression to local community job sampling, as available. At that point, in collaboration with our parent/guardian and school district partners, there will be a focus on generalizing skills to specific jobs in each student's local community. At graduation, all necessary supports to maintain these jobs will be assumed by the New Jersey Division of Developmental Disabilities (e.g., self-directed funding, community-care waivers, etc.).

With regard to the above, it is essential that the DDDC and our parents/guardians develop a strong parent-professional partnership in order to accomplish this task together. Throughout this transition timeline, all team members, including parents and school districts, will have an active role. Most important is that dialogue be student-focused. Your thoughts and input regarding your son or daughter is encouraged, considered, and necessary, and will be incorporated within the parameters of the DDDC program. The DDDC maintains the right to make administrative Center-wide decisions regarding secondary level programming, the educational environment, allocation of resources, delegation of staff and supervisory oversight. Please be assured that such decisions are carefully considered in light of the available research, student information, outcome data and the ethics and philosophy of applied behavior analysis.

Adolescent students aging out of the school age program receive support to access post secondary services administered by the NJ Division of Developmental Disabilities. The process varies by individual.

Confidentiality of Pupil Records

N.J.A.C. 6:32-7 regulates policies and procedures regarding the compilation maintenance, access to and confidentiality of pupil records. In keeping with these regulations an appointed Douglass Developmental Disabilities Center (DDDC) secretarial staff person assigned to the Director of Educational Services will:

1. Sort and file all incoming information on pupils referred to the DDDC
2. Maintain all administrative and educational data on pupils attending the DDDC including, but not limited to, referral information, intake reports, IEP documents, Progress Reports, evaluations, classification summaries, Child Study Team correspondence, consent forms, and information related to transition.
3. Keep these files in orderly fashion and maintain them in a locked cabinet.
4. Return referral files to the referring school district after one year if placement seems unlikely (with written approval).
5. Return files on all transitioning/terminating students, with the exception of a copy of final student exit summaries (**with written approval only**) which will be kept for reference purposes in the event a school district resubmits student records for readmission to the program
6. Coordinate computer passwords for electronic files with the Administrative Staff.
7. Arrange for secure disposal/dumping of electronic data five years after graduation

The DDDC instructional staff will:

1. Request access to confidential files with permission of Administrative Staff
2. Not remove confidential files from the DDDC at any time
3. Sign for each file
4. Sign out no more than one file at a time and return the file to the locked cabinet before leaving for the day
5. Refrain from discussing confidential information with anyone other than relevant instructional staff, pupils' parent (s) or Child Study Teams
6. Refrain from making statements in the open classroom or any public setting referring to a pupil's educational classification, home environment, or any other confidential information not directly relating to a pupil's education program
7. Refrain from sharing computer access information with anyone other than instructional staff and secretarial staff responsible for data input
8. Utilize a screen saver to ensure restricted access to staff and visitors not involved in student programming
9. Keep all classroom programming information in a locked storage area along with other confidential information pertaining to student programming

This policy applies to all operations of the DDDC.

Labeling Of Students with Educational Disabilities

It is a shared responsibility between any school district sending students to the Douglass Developmental Disabilities Center (DDDC) and the DDDC to abide by the state and federal statutes preventing needless public labeling of pupils with educational disabilities [N.J.A.C.6A:32-7.1]. With this mandate the DDDC staff is instructed to:

- Keep all identifiable data on each pupil confidential and restrict public access by storing all such information in locked cabinets;
- Delete the surname and any reference to an individual's educational classification on clipboards and bulletin boards, in notebooks and folders, from public announcements, classroom descriptions, or any circulation of correspondents, photographs and video tapes; and,
- Refer requests for educational information to the sending district, or provide such information to parent (s) or guardian by obtaining a special release form signed by the parent (s) or guardian.

This policy applies to all operations of the DDDC, including any public meetings involving Center business.

Parent-Professional Partnership

It is central to the Douglass School's educational policy that parents and siblings be fully involved in the education of the child with autism. We follow a number of procedures to ensure that this policy is fully implemented. [N.J.A.C.6A:14-1.2(b)14]

- Parents are invited to participate fully in the planning and evaluation of their child's IEP. In fact, a parent-professional partnership is necessary and required.
- According to NJ administrative code parents are free to review any files necessary to participate in the planning and evaluation of the child's IEP.
- Parents and sending school districts are sent copies of the child's progress reports four times a year.
- Before any behavioral intervention is implemented for the child's educational program, an individualized plan will be discussed with parents and their informed, written consent for implementation must be obtained.
- In order to facilitate communication between school and home, regularly scheduled face-to-face visits between teacher and parent(s) will be arranged (clinics/home visits).
- When staff at the school believe that a child would benefit from placement in another facility parents and school districts will be informed and invited to participate in transition planning. An initial discussion of such a plan will begin as far in advance as possible and will typically occur at least six months before the transition (this most often occurs with preschoolers aging out of the preschool and who are ready for a less restrictive setting, or adolescents transitioning to post-secondary placements at age 21).
- Home consultation services will be available to all families and individually determined.
- Special evening presentations on relevant parent training topics may be presented throughout the year
- Sibling groups will be offered to families who are interested (siblings must be age appropriate). This program is usually offered in late spring or summer.

Policy on Community-based Experiences

Community-based experiences provide opportunities for students to actively connect their acquired skills with direct experience in the natural environment. By combining hands-on work in the community with the acquired skills from the classroom, students learn to generalize academic, daily living and vocational skills; it is the final layer of learning to make skills functional. To that end, the DDDC allocates a budget to each class – a budget that is determined based on the variety and number of appropriate community experiences for an age group. The majority of community-based expenses are managed through this budget. However, like typically developing school age children, there are times when parents and caregivers contribute to this budget for lunch programming in the community, shopping for lunch preparation programs, and special reinforcers/snacks, and special trips.

Each teacher manages his/her own budget with administrative oversight, and determines what community-based experiences are appropriate for students/classes and what contribution will be requested from parents/caregivers. At the beginning of the school year, or prior to each month, parents/caregivers will be advised of their contribution for community lunch and shopping programming. Parents/Caregivers may opt out of this programming by limiting their child's community experiences and/or by providing a bag lunch and snacks for the student. If parents/caregivers want their child/children to have a full range of experiences and choose to contribute to community lunch/shopping/special trip programming, the contribution **must be in the form of a check or money order made out to the Douglass Developmental Disabilities Center.** The DDDC **cannot** accept cash.

More details about your child's community programming are available through your child's educational team.

Policy on Home Consultation

While the school day provides children with 5 ½ hours of educational services 5 days a week, research supports the benefit of Applied Behavior Analysis in the home setting beyond those 27 ½ hours a week. To assist families in meeting this goal, the Douglass School provides home consultation embedded within educational services provided at school. The goal of this model is to empower parents with skills to expand the teaching environment to the home setting and to ensure this home teaching is consistent with instruction and strategies used at school, with appropriate adaptations to unique home circumstances. This is an extension of the Parent-Professional Partnership. [N.J.A.C.6A:14-1.2(b)14]

Frequency of visits to the home and in-school meetings focused on home topics are determined individually based on each student and family's circumstances. Approximately one to two formal consultations about home per month will be provided at home or at school, with phone contact as needed. Should a crisis situation warrant more intensive support, this can be arranged on a short term basis until additional resources can be procured. The teacher and lead instructor in each classroom work together to help parents prioritize needs, assess skills, and develop, implement and evaluate programming for the home and community. In addition, they are responsible for helping parents facilitate the generalization of skills from school to home and the community. This consultation is also available to help parents to access outside resources (e.g., registering for respite services with the Division of Children and Families); find and train job coaches; support transitions to subsequent educational placements, etc.

Behavior Management in the Home

Individuals with autism often demonstrate challenging behavior at one time or another. These behaviors include, but are not limited to, self-injurious behavior, aggression, disruption, property destruction, repetitive behavior, and ritualistic behavior. These topographies of challenging behavior may hinder an individual's opportunities to benefit from the educational environment, or may put the individual or staff/family members at risk for injury. To effectively intervene with challenging behavior, we conduct Functional Behavior Assessments (FBAs) prior to intervention to determine the cause (or function) of the behavior. The assessment, which may include functional analysis of the target behavior, will determine the strategies that we use to intervene.

While these assessments are frequently conducted at the Center, we recognize that behavior problems often occur in the home and may require assessment in these settings. Our general policies for assessing and intervening with challenging behavior in the home are as follows:

- Data collection is critical for assessing why behavior occurs as well as for evaluating the effectiveness of any treatment we develop. If home services are requested, parents/family members may be asked to collect basic functional assessment data (e.g., ABC data) as well as data on how often challenging behavior occurs (e.g., data estimating how often behavior occurs).
- Before an intrusive behavioral intervention is implemented, positive alternatives must be exhausted. That is, it is our policy to attempt reinforcement-based procedures prior to considering more intrusive interventions.

To request behavioral services, parents should contact their classroom teacher to arrange for an observation/assessment to be conducted. Following the request, the teacher will notify Behavioral Intervention Services staff and parents will be contacted to create a plan for assessment and intervention.

Policy on Behavior Management

Some individuals with autism may demonstrate challenging behavior(s) at one time or another. Behavior(s) could hinder an individual's opportunities to benefit from the educational environment, or may put the individual /staff at risk for injury. Behavioral challenges may occur regularly, sporadically, or without precedence. The Douglass Developmental Disabilities Center has expertise in addressing challenging behavior and, therefore, does not typically suspend or expel students for engaging in challenging behaviors. Alternatively, regularly occurring behaviors that negatively impact learning or which place the individual/staff at risk are formally addressed through applied behavior analysis. In addition, the following guidelines are followed:

- The Clinical Teams make data-based decisions regarding all interventions
- Before a behavioral intervention is implemented, signed, informed and uncoerced parental consent must be obtained
- Behavioral interventions are based on the results of functional assessments. They are designed to address skill deficits, are required to include differential reinforcement, and when a consequence is deemed necessary, they are included on a least to most intrusive hierarchy with additional positive behavioral supports as necessary.
- Behavioral interventions will be considered after a student has had time to adapt to his/her environment (three to four weeks).
- There must be at least three days of baseline prior to the implementation of any behavioral intervention
- All behavioral interventions are subject to review criteria (see Behavioral Intervention section of the teacher/home-school consultant manual).
- Behavioral interventions are implemented consistently, immediately, and in a neutral manner,
- Any student whose behavior intervention includes time-out must be constantly monitored. A record is kept of the incident, especially documenting duration, which should not last more than five minutes without supervisor approval.
- A supervisor is notified whenever any intrusive intervention is necessary (e.g., restraint, exclusionary time-out, etc.). All intrusive interventions are documented, case managers informed, and parents notified unless otherwise stated in the approved plan (see Policy on Seclusion and Restraint)
- Staff are encouraged to be vigilant in documenting and reporting negative side effects of behavioral interventions; and, staff are required to report any suspicion or observation of abuse (see specific policy on "Abuse...").
- Unauthorized use of behavioral interventions by employees is prohibited

Behavior Management: Personal Protection Equipment (PPE)

Personal Protection Equipment (PPE)

Students

The use of PPEs with students is determined based on several factors including but not limited to:

1. Behavior that puts the student/client at risk for serious injury
2. Behavior that has not responded to less intrusive measures
3. An intervention that has the informed consent of the parents/guardians, child study team and the supervising behavior analyst(s)

Personal Protection Equipment available for use with students/clients at the DDDC:

1. A full or partial helmet with/without a face shield – The use of this PPE will be determined as outlined above. It will be specifically marked for its use with one student/client only, cleaned with mild detergent and water daily, and stored out of sight in a clean location when not in use.
2. Arm/hand guards/gloves to protect students/clients from self-inflicted biting/scratching – These PPEs are worn **by students/clients** (not staff as discussed below). Approved arm/hand guards/gloves will be provided by supervisors for students/clients who have known self-injurious biting/scratching behavior(s) until such time as the behavior is remediated in frequency and intensity. A minimum of two pair of arm/hand guards/gloves per student/client will be specifically designated with the student/client's name. On a daily basis all plastic PPEs will be wiped down with mild detergent and water and left to dry overnight; and, all Kevlar soiled arm/hand guards/sleeves will be placed in a mesh-like bag labeled by class and then machine washed without bleach and dried in the dryer. Soiled Kevlar materials are not to be reused but may be washed every other day if and only if there is a sufficient supply of replacements. Clean, dry arm/hand/shin guards/gloves will be stored out of sight in a secure, clean location when not in use. Soiled arm/hand/shin guards/gloves will be kept in a separate bin away from the clean guards. **

Staff

Personal protective equipment (PPE) is worn by DDDC employees under specific conditions in keeping with industry standards for staff who work in healthcare, or other facilities serving developmentally/ intellectually disabled, or behaviorally/mentally compromised individuals. Consistent with the DDDC Specific Exposure Control Plan (ECP) for Clinical Client Care developed in conjunction with Rutgers Environmental Health Services (REHS), and incorporating recommendations made by Rutgers Occupational Health Services, this equipment is worn for the purpose of protecting both students and staff from transmitting blood-borne pathogens, and/or to protect staff from other serious injuries.

PPE use is specifically designated by an administrator, or in some instances the school nurse depending on the circumstances. Examples of this equipment include but may not be limited to:

1. *Non-latex protective gloves* - These are worn by any staff member in accordance with training on Blood-borne Pathogens when client care requires the handling of blood or other bodily fluids. Gloves will be removed and discarded according to protocol. A set of gloves will never be reused.
2. *Eye goggles* – These are used to protect the eyes from the splatter of bodily fluids as necessary.

3. *Gowns* – These are used when cleaning up a large accumulation of bodily fluids
4. *CPR mask* – These are used to deliver CPR as necessary. They are sterile and used only once.
5. *Face shields* to protect the face against blood, saliva or feces. The use of shields will be determined by supervisory staff. These will be disinfected each day after use.
6. *Arm/hand guards and gloves* to protect against the exchange of bodily fluids (blood and saliva) from bites; and *shin guards* to protect staff from severe bruising. Approved guards will be provided by supervisors to staff who work with students/clients who have a known biting/scratching/kicking behavior(s) until such time as the behavior is remediated in frequency and intensity. A minimum of two pair of arm/hand/shin guards/gloves per student/client will be specifically designated with the student/client's name to be used by staff working with those students/clients. On a daily basis all plastic PPEs will be wiped down with mild detergent and water and left to dry overnight; and, all Kevlar soiled arm/hand guards/sleeves will be placed in a mesh-like bag labeled by class and then machine washed without bleach and dried in the dryer. Soiled Kevlar materials are not to be reused but may be washed every other day if and only if there is a sufficient supply of replacements. Clean, dry arm/hand/shin guards will be stored out of sight in a secure, clean location when not in use. Soiled arm/hand/shin guards will be kept in a separate bin away from the clean guards. Staff will wear arm/hand/shin guards underneath clothing (which will be supplied to staff as necessary), and staff will apply and remove arm/hand/shin guards in private areas unless a crisis situation warrants their use in the moment. **
7. *Chest protectors*. The use of this PPE will be determined by supervisory staff. They will be cleaned routinely and stored properly.

**** NOTE: If any PPE is contaminated with student/client/staff blood, that equipment is to be replaced immediately with clean equipment, and the contaminated equipment must be given to the DDDC nurse for proper disposal.**

July 21, 2016

Policy on Crises Management

On occasion, an individual may engage in a serious behavior that requires intervention though a formal plan of action does not exist and/or parental consent is not available. The behavior must be serious, putting the individual or others at risk of injury. In such cases, **crisis management procedures** may be implemented by direction of the staff member in charge during the time of the incident. Crisis management intervention should be terminated as soon as the situation is under control. A supervisor should always be called when crisis management is deemed necessary.

Crisis Management training is required for all staff members during in-service training each year. It is a NJ State approved course taught by trained professionals. CPR training is also provided to designated staff at each campus.

At times, a student may engage in a behavior that is putting themselves or others at risk of injury. Though staff have crisis management training, and a formal behavioral intervention may be in place,

the training and plan may not be enough to contain a serious aggressive behavior. In order to preserve the integrity of the educational setting for all students the protocol for addressing a serious spontaneous aggressive behavior of a student whose behavior is momentarily unique, and/or whose behavior momentarily is not responding to the formal behavioral plan, will be as follows:

- Crisis management will be initiated by a certified staff member
- Crisis management restraint procedures will be utilized to contain the initial behavior
- The crisis management systematic release protocol will be utilized once the student manifests a calm demeanor
- If the behavior does not become manageable, the parents/guardians will be notified of the seriousness of the behavior and that they may be needed
- Restraint, where numerous opportunities for release are available but the aggressive behavior continues at a serious intensity level, will necessitate that the parent(s)/guardian(s) be called to remove the student from school
- The DDDC will document any series of short-term removals that accumulate to more than 10 in a given school year.
- The student's referring school district will be informed of the above and a meeting will be scheduled with the school district, the parents and the professional staff to determine a plan of action which may require the advice of a medical professional or an alternative placement
- The student will return to school within 10 days time with a new plan in place to manage the behavior whenever possible*

[N.J.A.C.6A:14-1.1 and N.J.A.C.6A:14-7.7(a)and(b)]

*No student with behavioral challenges will be excluded from the DDDC School Program as long as the behavior can be contained without jeopardizing the safety of others in the environment.

Policy on Research

The DDDC uses ABA teaching methods relying heavily on the use of precise instructional techniques. As you know, we use data to track your son's or daughter's progress and to make decisions regarding his or her educational program. We are committed to ensuring that your son or daughter is receiving the maximum benefit from his or her program at the DDDC.

As a program that uses the principles of ABA and relies on direct observation and data for decision-making, the DDDC research and training staff, as well as the supervisory staff of each division, regularly observe your son or daughter's classroom or teaching sessions, educational assessments and data over the course of each year to ensure quality of instruction. None of these activities interfere with or alter your son or daughter's educational program in any way. Occasionally, videotapes are used to minimize disruption to the classroom or teaching session and to allow for more extensive collection of data. These observations and data reviews are conducted to ensure that maximal educational opportunities are provided and that socialization is fostered. Whenever we identify issues that could be improved, we share the information with teaching staff.

In addition to the ongoing clinical use of the data gained by observation and assessments, we also sometimes use these data to document the effectiveness of our teaching technology. It is central to the mission of the DDDC to share information about the impact of our strategies with the professional ABA community and the autism community.

The teaching strategies used at the DDDC have empirical evidence for their success. Consistent with that goal, the staff of the DDDC seeks to identify new state-of-the-art teaching strategies. These new strategies are learned through professional conferences and research reports. It is our goal at the center to continually update our methods and utilize the most effective technology available. In some cases, there may be more than one method or procedural variation of a method for teaching skills to our learners. In an attempt to find the best teaching strategies for each student or client, our staff may wish to compare teaching methods. This is often done on a case-by-case basis as part of our teaching practices. Sometimes, we are interested in making broader comparisons of teaching methods across a number of students or clients.

Evaluations of teaching methods may sometimes require that students participate in specialized teaching or assessment sessions conducted by DDDC staff outside of the classroom in assessment space or workspace with minimal distractions. This alternate setting will be a location regularly used by students for assessments and/or work sessions that require less distracting environments. In these cases, sessions are coordinated with classroom staff to be minimally disruptive to daily classroom schedules. The information being evaluated in these sessions is directly relevant to the students' learning and will be shared with parents and staff in the ways that all programming information is shared (e.g., clinics, communication logs).

Data that are collected, analyzed and shared in the ways described above are always presented as group data, with no identifying information or the identification of particular students or clients is disguised. For any research project that requires a change or disruption to your son or daughter's regular educational activities or that involves data in any other way than described above, a specific description and letter requesting your informed consent will be sent to you according to the guidelines set forth by the University's Institutional Review Board (IRB).

Please call Kate Fiske Massey, Ph.D., Associate Director, Behavior and Research Services at 848-932-4500 x147 if you have any questions or would like additional information.

The School Program Observation Policy and Procedures

We provide a live-video feed observation system so that parents, child study teams and other visitors can make regular observations of students in the classrooms at the Center. This equipment is used only for live observation; we do not record the images in the Douglass School at 25 Gibbons Circle or 151 Ryders Lane buildings.

During observations a staff member accompanies visitors to explain all programming and answer any questions. We feel this greatly enhances the quality of observations.

For each family, a maximum of two observations per month can be accommodated to allow for staff availability. These visits should be arranged one week in advance unless an unusual circumstance warrants immediate access. Observations generally are one-hour in length, and will include explanations from a staff member from the classroom. Child Study Teams are welcome to observe any time, keeping in mind that staff availability is easiest to arrange with some notice.

[N.J.A.C.6A:14-7.6(g)]

Notice on quality of video

Because the video is live there will be times when there may be intermittent obstructions to the view, or noise that makes it difficult to hear specific responses. This is unavoidable, but we cannot go into the classroom and rearrange things or ask instructors to move to different spaces. Those intrusions are costly in terms of learning opportunities for our learners who might be drawn off track by the commotion of rearranging the room.

Special Arrangements

Because the observations from the live-feed video system are not always clear, we are sometimes able to make special arrangements for specific purposes such as observing a target behavior of interest, functional skill assessment, etc. The following can be requested:

- A. We can arrange for a student to be **moved to a different location** for the observation interval
- B. In-class observation where the student will not be distracted by the visitor's presence and it does not disrupt the staff or programming for other learners. This may be arranged under specific circumstances. However, space is limited in most instructional spaces and *frequent* requests of this kind cannot be accommodated.

Etiquette and other policies

There are expectations of courtesy, civility, and respect for the privacy of parents and others who are observing and using the observation equipment at the same time.

Video and sound recordings inside the DDDC are **prohibited** without written consent of the DDDC. This rule applies to the observation rooms and the classrooms.

Douglas School Attendance Policy

Students attending the Douglass School do so according to the Douglass School calendar. The calendar is prepared in advance and sent to Child Study Teams, transportation coordinators, and parents. On the first day of school it is also distributed to each bus company.

If a student will not be attending school on a given day, the parent/guardian must call the school by 8:45 a.m. to advise the office the student will not be in. In the event of an illness that may be contagious, it is important that the parent/guardian also speak to the school nurse so that the nurse can alert other students' families and staff. Should a student become ill on the way to school or after arriving at school (e.g., vomiting, seizures) *and the student is unable to participate* in class due to illness/debilitation, it is up to the discretion of the school nurse and/or the supervising administrator if the student needs to be picked up by his/her parent or guardian. In addition, it is the responsibility of the parent/guardian to notify the bus company that the student will not need transportation that day(s) when the student will not be attending school, or for later that day should the student leave school early. On the occasion that a student will be late, the parent/guardian should notify the school and make sure that transportation is arranged for dismissal.

The Douglass School secretarial staff maintains student attendance records in accordance with regulations outlined by the New Jersey Department of Education. Any student absence of five or more consecutive days is reported to the sending school district. In addition, students arriving *after 10:45am* or leaving school *before 1:15pm* can only be logged as having attended school for one half day. Please note that routine doctor's appointments, family vacation, and similar reasons for absence are not considered *excused* absences under the NJ Department of Education Administrative Code and we are required to report such absences as *unexcused*. [N.J.A.C.6A:14-23]

Policy on Professional Development

The Douglass Developmental Disabilities Center is committed to providing an effective, stimulating, and positive learning environment for its students. Well-trained staff are essential to creating this quality learning environment. All of our professional staff are appropriately certified by the state of New Jersey [N.J.A.C. 6A:14-1.1 et.seq.] and are encouraged to participate in professional development activities. Annually, the DDDC develops a Professional Development Plan as required by the NJDOE for all approved receiving schools for learners needing special education. Content for staff training programs is derived from staff surveys and other data collected for the Professional Development Plan. Prior to the first day of each school year, *all* staff are required to attend training that includes three full days, and two half days of workshops on relevant topics. These workshops are instrumental in promoting best practice in education and applied behavior analysis. In addition, there are half day in-service programs in October, January and April, and round table presentations or Journal Club at various staff meetings.* The following are sample topics:

- Professional Ethics
- Parent-Professional Partnership
- Data-based Decision-making
- Integrating NJ Core Curriculum Content Standards
- Curriculum Tools by grade/subject
- Annual State Testing (APA, NJASK, and/or HSPA training)
- Web-based technology

Following each workshop, DDDC administrators and supervisors facilitate group discussions focused on integrating new information into daily practice in the classrooms. In addition, team coordinators follow-up with hands on training in the classroom, and use video-tape of teaching sessions to improve staff performance.** [N.J.A.C.6A:14-1.2(b) 14]

*The DDDC documents attendance at all trainings, and keeps a computerized record of staff professional development activities.

** These video-taped teaching sessions are used for staff training purposes only; all other videotape used for presentations to the broader community requires a formal parental consent process.

Policy on the Delivery of Outside Related Services (Occupational, Physical, or other therapies)

The DDDC is committed to working as members of each student/client's interdisciplinary educational and clinical team. When occupational and physical therapy services are indicated for a learner, though these are not provided by the DDDC, the DDDC strives to coordinate with all related team members to ensure appropriate services can be provided in the most effective means possible.

To this end, we believe that it is in the best interest of the learner, that whenever feasible, physical and occupational therapy objectives be implemented within a consultative model, so that target skills can be addressed throughout a learner's typical school day and within as many functional environments as possible. The educational and clinical staff members are invested in collaborating to identify ways in which these objectives can be embedded into ongoing programming and activities, and to further advance the therapeutic goals of such services.

When specific assessment indicates that more intensive and direct therapeutic sessions in these disciplines are required, it is our expectation that service providers work collaboratively with the staff at our Center to identify and arrange the most appropriate schedule for the learner so he or she can participate in individual sessions without compromising the integrity and intensity of the services provided at the DDDC. Specific considerations of this may depend on the setting within the DDDC, but involve factors such as scheduling individual sessions at times that are not disruptive to group learning situations or which do not interfere with specific programming. Often, times most amenable to individual sessions by external service providers include recess or other transitional times. Also, these sessions should not exceed 1 hour per week for each type of therapy.

There may also be circumstances which raise important issues of continuity of structure, programming or intervention. As an example, learners with serious challenging behavior concerns may require continuation of specific behavior intervention plans and instructional strategies, even throughout participation in related services. In some cases, this may be accomplished by having therapeutic sessions conducted within the classroom environment so that DDDC staff can administer specific behavioral strategies or support the service provider in implementing these plans.

Additionally, DDDC staff members are committed to working with team members providing related service to monitor progress toward specific objectives during individual sessions. We expect that goals identified in these domains will be measurable and observable; and our staff may be available to support the development of these objectives or assist with periodic data collection, if indicated. Such objectives and data are critical for assessing the effectiveness of intervention; the fine tuning of programming; and are extremely useful in circumstances requiring joint decision making among team members about the most effective strategies and scheduling for helping the team meet all of the learner's programming needs. **[N.J.A.C.6A:14-1.1(d) and N.J.A.C. 6A:14-7.5(b)3]**

Medical Procedures and Policies

General Information:

1. In order to provide appropriately trained emergency care, all DDDC staff shall participate in a health in-service to be conducted by the DDDC nurse as deemed appropriate.
2. The telephone number of the poison control center and emergency services shall be posted in several locations throughout the DDDC, and staff shall be informed regarding procedures for calling these numbers.
3. In the event of a medical emergency, the staff/nurse is expected to take those life saving measures that are essential and to contact the rescue squad and DDDC administrative staff as rapidly as possible. Whenever feasible, one or more persons should render CPR/first aide while another individual makes the appropriate telephone calls. A child's teacher or assistant will accompany the child to a medical facility. An administrative staff member will meet parents if appropriate.
4. In the event of serious emergencies, the DDDC staff will call 911 immediately. In the event of a lesser injury, the parent will be notified and the child will be transported to the University Health Center by the Campus police or a Douglass van by a certified staff member and a driver. If the child requires emergency treatment at a local hospital emergency room, **the parent(s) must come at once to meet the staff at the hospital.**
5. Accident reports will be filed in the DDDC medical log. Medical expenses incurred as the result of an onsite accident and not covered by a family's insurance will be reimbursed by the DDDC.
6. Any minor injuries such as scratches, bruises, splinters, etc., that occur at the DDDC, and are treated by the DDDC nurse, should be further treated by the parents/guardian when the child/adult gets home. (Example: ointment, cream, change the bandages, etc.)
7. In an effort to minimize the choking hazards associated with foods that may lead to blockage of a child's airway, we strongly suggest that when sending in hotdogs, or similar foods to the DDDC, you cut them vertically into quarter bite-sized pieces.
8. Screening for special medical problems as required by the State Department of Education will be conducted by the DDDC Nurse (vision and hearing screenings cannot be done by the nurse due to the students' special needs).
9. Any student with a suspected or confirmed case of a communicable disease will be excluded from the program. A Physician's note will be required for his/ her return.
10. A complete physical examination with an updated immunization record (including the Hepatitis "B" and Varicella (chickenpox) vaccination) is required before entering the program. Upon being accepted into the program, every other year a physical examination will be required.

11. Failure to meet the requirement for immunization against communicable disease will result in exclusion from the program unless:
 - A) A physician's written statement submitted to the DDDC indicates that an immunization is medically contraindicated.
 - B) A parent or guardian's written statement submitted to the DDDC explaining how the administration of immunizing agents conflicts with the student's exercise of bona fide religious tenets or practices

12. Medical package including --Either Physical Examination or Health Information form
-- Permission to Diagnose and Treat form
-- Emergency Information Sheet

All the above forms will be sent home in the parent packet by the end of July. Forms must be signed and/or updated and returned back to the DDDC nurse on or before the first day of the program.

Parents of any student with known severe allergic reactions must complete the Emergency Health Care Plan (EHCP) in consultation with their child's physician, and have the physician cosign and authorize the emergency procedures (e.g. Epi-Pen). Please contact the nurse's office for the EHCP form.

For safety reasons, all students should wear sneakers or rubber-soled shoes that are suitable for protecting their feet in school, NO flip-flops or sandals are allowed on the playground.

Attendance Policy (as it relates to illnesses):

The purpose of this policy is to protect and maintain a safe and healthy program environment for all individuals associated with the DDDC. Therefore, if any unexpected health related issues arise, a supervisor and the nurse will evaluate, and the parent(s) or guardian(s) of the sick individual may be called upon to bring their son/daughter home in order to prevent further spread of infection.

The following are some indicators as to a few common ailments that would require the attention of the nurse and which may result in temporary exclusion of the individual from the program:

- Fever 100 degrees or greater
- Diarrhea more than 2 times within the hour
- Vomiting more than once without reasonable explanation
- Pink-eye with discharge
- Severe coughing, runny nose with heavy greenish discharge
- Uncovered weeping skin lesions

- Injury required to be evaluated by the physician at Rutgers Health Center
- The individual is too weak or tired to participate in routine daily activity

Please note that the list is not to be considered all-inclusive and that the supervisor and nurse may use their discretion in contacting parents.

Illnesses:

1. When your child is ill, please call the DDDC 8:45 a.m. to say he/she will not be in.
2. If the illness is known to be contagious, it is even more important that you notify the DDDC so that the other parents can be alerted to the symptoms of the illness (e.g., pink-eye, chicken pox, strep throat, Roseola, etc.).
3. When your child has a fever, diarrhea, or any other kind of illness, he/she cannot return to school until symptoms subside or he/she has been treated with medication for 24 hours, or has a physician's note to return to the program. (Also see Attendance Policy).
4. If your child is ill or has a seizure before school, or during school, and is unable to participate in class your child will need to be picked up by you or your designated emergency contact person. This decision is up to the discretion of the nurse and/or supervising administrator.
5. If your child has a seizure for 5 minutes or more **and/or** requires that the school nurse administer Diastat while at school, 911 will be called. The decision to transport your child to the hospital for further treatment will be determined by the nurse or medical supervisor in conjunction with the paramedics on site. Consistent with best practice, when Diastat is administered, your child **will be sent** to the nearest hospital. Our number one priority is the safety of your child.

Policy on Head Injury

The DDDC nurse will assess whether a head injury is serious enough to warrant transport to a medical facility. At a minimum, any head injury that is the result of an individual's head striking a hard surface (e.g., window, wall, floor, pavement, etc.) will result in the following:

1. The school nurse will call the parent(s)/guardian(s), advise them about the nature of the injury and offer to take the individual to the hospital for evaluation if appropriate (any head injury involving loss of consciousness **will require** a 911 call and evaluation at the hospital). The parent(s)/guardian(s) will be instructed to meet DDDC staff there. For non-emergencies, staff will transport an individual to the hospital when, and if, he/she is safe to transport. If staff are unable to do so as a result of a behavior escalation, the parent(s)/guardian(s) will be informed and advised that they or their designee must come to pick up the individual at which time staff will assist them.
2. Parents/Guardians can alternatively choose to pick up their child to be seen by his/her own doctor for any injury that is not deemed serious by the school nurse or medical supervisor.

3. Parents/Guardians who do not wish for their child to have immediate medical evaluation/treatment will be given the option to waive their right to it for non-critical injuries; however, if the nurse believes the injury warrants attention, the nurse will inform them that the child/adult will not be released for transport on a bus or van. The parent(s)/guardian(s) will be told that they or their designee must come and pick up the child/adult and that they must sign a release form waiving treatment.
4. The DDDC nurse will document all instances of head injury and parent/guardian responses/releases.

Revised 6/8/16

Policy for Administering Medication:

The Douglass Developmental Disabilities Center (DDDC) disclaims any and all responsibility for the diagnosis and treatment of the illness of any student. The DDDC recognizes that the attendance of a student may be contingent upon the timely administration of medication duly prescribed by a physician, and will permit the dispensation of medication in DDDC only when the student's health and continuing attendance in DDDC so require and when the medication is administered in accordance with this policy.

For the purpose of this policy, "medication" means any prescribed drug or prescribed over-the-counter medication or nutritional supplement and includes, but is not limited to, aspirin, ibuprofen, digestive enzymes, and cough drops.

No medication will be administered by anyone *except* the school nurse or his/her certified substitute (N.J.A.C. [6A:16-2.1\(a\)](#) 2). The nurse will administer medication at the time it is required. The following procedure must be followed before the nurse will administer medication to a student:

1. The medication must be delivered to the DDDC in its original prescription labeled container with the child's name, date, name of medication, dosage, schedule, and physician's name. Non-prescription drugs are to be in original container.
2. Physician's written and signed statement of the medication's name, the purpose of its administration, the specific student for whom it is intended, and the time when its use will be discontinued must accompany medication.
3. Written medication request from a parent or guardian giving permission to administer the medication prescribed by the physician must accompany medication.
4. When a long term medication is discontinued or changed, a written statement is required by the parent or guardian.

All student medication will be appropriately maintained and secured by the DDDC nurse. The nurse may provide the teaching staff members concerned with the student's educational progress with such information about the medication and its administration which may be in the student's best educational progress or best educational interests. The nurse may report any student who appears to

be adversely affected by the administration of medication and recommend to the DDDC director that the student be referred back to the physician for a review of medication.

Medication:

The Parent and physician Permission to Administer Medication forms can be obtained in the nurse's office upon request.

1. All medication should be delivered to the DDDC by the parent or guardian, if you choose to send the medication with the student to the DDDC, please make sure the bus driver keeps the medication in his/her possession. Upon arriving at the DDDC, the driver should deliver the medication to a staff member.
2. In order to provide the most current medication information to the student's best health concern, especially in the event of an emergency, please notify the nurse immediately of any medication changes.
3. All remaining medication will be sent home on the last day of each school year, the medication will be securely placed in a sealed envelope inside your child's book bag, it is your responsibility to check and make sure that the medication has not been tampered with. **For those who are on long term medication, the permission for administration of medication forms will be sent home with the parent packet in July and should be signed and renewed annually.**

Policy for Medication during an Emergency

There are times when extraordinary measures are necessary. As of September 1, 2011, all students/clients requiring medication/supplements during programming hours will need one prescription bottle with medication or supplements for the nurse to administer on a daily basis *as well as* one additional prescription bottle with a *one-time dose* in the event of an emergency. This second bottle will remain with the student/client in the classroom at all times. In the event there is an emergency requiring the students/clients to be in a lock-down situation, or to be evacuated to a safe haven outside the building, your child will still get his/her necessary dose of medication when the nurse is available. There are only two exceptions – Diastat and Epi-Pens. We do not require two of either of these as these will be kept accessible during programming hours. **Parents/Guardians are responsible to send in medications that will not expire for at least 12 months.**

In addition, please be advised that the Douglass School is unable to provide individual nursing care for each student who may require emergency medication off site. Consistent with N.J.A.C. [6A:16-2.1\(a\)](#) 2, if a student is in the community for community-based instruction (e.g., shopping, pool, Cook Gym, etc.) or job sampling, or on a class trip and requires emergency medication (e.g., seizure medication such as Diastat) and the school nurse is unavailable, **911 will be called.** School Program staff will accompany the student to the hospital when necessary and wait until a parent/guardian arrives. Only Epi-Pens for anaphylactic shock or Glucagon for a diabetic episode may be administered to students by non-medical staff and only if they have been trained. **If you have a concern about this policy, it should be discussed with your school district so that accommodations can be arranged.**

Revised 6/7/17

The above policy requires parent/guardian consent (see below). You will receive this form as necessary.

___ I have read and understand this policy. I give permission for the DDDC to keep one dose of emergency medication in the school, readily available to staff in an emergency; and, I will supply this extra dose in a separate, appropriately marked medication bottle. I understand that the nurse will periodically check expiration dates on medication, and continue to distribute daily medication as appropriate.

___ I have read and understand the new policy, but I decline my consent to provide one dose of medication or supplements for emergency purposes. I understand that in the event of an emergency my child **will not** receive his/her medication or supplements, and I take full responsibility for such action.

Student/Client's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

Policy on Missing Children or Suspicion of Abuse or Neglect

Any suspicion that a child may be missing, abused or neglected must be reported to the NJ Division of Child Protection and Permanency (formerly the NJ Division of Youth and Family Services) and RUPD. It is the responsibility of any individual associated with the school to make the Directors aware of any child who does not arrive at school when expected and without explanation; or, any reasonable suspicion of child abuse or neglect. Furthermore, the reporting individual is obligated by law to ensure that a report is filed with the appropriate governmental authority (NJCPP).

[NJSA 9:6-8.10]

Staff members will:

- have criminal background checks
- take a course on protecting minors
- make reasonable efforts to minimize being alone with a child in a secluded place (rule of three – two or more adults supervising minors at all times)
- refrain from using hands-on procedures without parent/guardian consent unless not to do so would create a more dangerous threat to the minor, other minors/adults, or serious damage to the environment (see Crisis Management)
- be vigilant regarding the release of children to non-family members, and to be aware of custody rights where there are custody issues;
- check substitute bus drivers to confirm their employment with the transportation company assigned to transport a child (any alternate transportation arrangements must be verified by a parent); and,
- call to determine the nature of an absence if a child is absent from school without a contact from home; report it as necessary
- report all reasonable suspicions of neglect or abuse immediately

The school nurse will:

- log any unusual bruising or patterns of bruising on a child
- take pictures as appropriate
- notify the parent/guardian or appropriate authority

***The NJCPP Toll Free Hotline is 1 877-NJ Abuse or 1-877-652-2873. RUPD 732-932-7211**

Procedure for Delayed Openings or Closings

The DDDC is now using the **Connect-Ed system** of notification. This system notifies all families and staff when a delayed opening, early dismissal or unscheduled closing is imminent (email, phone and text).* By completing information forms, we will get you connected. In addition, you can go to www.magic983.com or www.nj1015.com for school closing information. It will be listed under Weather: Storm Closings: under “D.”

If the school is on a **delayed opening, staff will report at 10 AM, and the students will arrive at 10:30 AM.**

If we have school during inclement weather and the conditions do not improve before midday, we will have an early dismissal at **1:15 PM**. If we have a delayed opening, we will not have an early dismissal. It will be one or the other.

***Especially for unscheduled early dismissals, it is imperative that the DDDC have emergency numbers where we can reach you should the school have an early dismissal. The DDDC cannot release students to arriving buses without having your permission and assurance that someone will be home to receive your child. If the bus leaves without your child, you will then become responsible for your child’s transportation home.**

Arrival and Dismissal Procedures

Having a school on the campus of a large university is difficult. Parking and traffic are major issues. In order to provide for the safety of our students and make arrival and dismissal more manageable we have established rules that **everyone** must follow. Please be mindful of the following:

- The staff unload students from buses beginning at 9:10 AM. Parents dropping off students may do so between 9:00 and 9:10 AM to avoid the bus line. If you come later, then you will have to go on the bus line because the drop-off lane cannot be blocked per the Rutgers Police Department. Cars trying to go around have the potential for hitting a bus, staff person, or student(s). If you drop-off your child, **you must not leave** your vehicle. This holds up the line. A staff member will remove your child from the car and walk him/her inside.
- Dismissal is very similar. We will begin loading buses at 2:40 PM. Parents picking up students may do so between 2:35 and 2:40 PM. Please return to your car promptly so you do not get blocked in or so you do not block buses. After 2:40 PM you will have to wait on the bus line. **Please do not leave your vehicle.** Someone will bring your child to you. Please do not attempt to go around buses. For the safety of all involved, please wait for the line of buses to be waved on.

Note: If you have business in the school, you will have to park in the appropriate lot – Labor Education closest to Sears, **the two center lanes** for 151 Ryders Lane; or, **lot 74A in front of the dormitories** for 25 Gibbons Circle. You **cannot** park in front of the school. The lots on the side and in front of the school are for DDDC staff, outside agency visitors and campus residents only.

Transportation Guidelines for Parents

Most of the students who attend the Douglass School are transported by district contracted bus companies. For many parents, bus transportation presents some special concerns about their child's safety and well-being. Over the years, we have found that parents can reduce a great deal of stress by communicating directly with their child's bus driver and/or aides about their child's particular needs.

The following is a list of guidelines which may be helpful in ensuring that your child has a secure and enjoyable journey to school each day:

1. At the beginning of the school year ask your driver/aides if they are familiar with children who have autism and/or developmental disabilities.
2. Provide your driver/aides with a verbal or written summary about your child. Points you may want to include are:
 - (a) Your child's communicative style/ability (signs/speech/augmentative system).
 - (b) Your child's likes (e.g. music, sitting by window, etc.).
 - (c) Your child's dislikes (e.g. loud noise, sitting in the back of the bus, etc.
 - (d) Your child's important medical information (food allergies, seizures, etc.)
 - (e) Guidelines concerning snacks or rest while in transit.
 - (f) Guidelines for restraints (seat belts, etc.)
3. Inquire about emergency procedures. It is important for you to know at what point you will be contacted if there is an accident.
4. Please provide bus driver with emergency phone numbers and names. You may want to have these numbers on your child's person (out of sight), or with their belongings such as a backpack or lunchbox. Include your child's name, address, and any important medical information.
5. If your child is going to be absent from school or not using transportation on a given day, it is **your** responsibility to contact the bus company about such changes and to call the school **before 8:45 a.m.**
6. Please make it a point to find out the name and phone number of your child's bus company, and the bus driver.
7. Please be sure to notify the bus company/driver for variations in your child's schedule (e.g., doctor's appointments, therapies, illness, etc.).
8. Establish a transportation procedure with the bus company/driver for holidays when the DDDC is open or for snow days.
9. Holidays- If the company is not transporting and a parent transports, the parent is responsible to pick up the child at the appropriate time as well.
10. If your child is being picked up by someone other than the bus driver or yourself, please notify the school regarding the person's name, description, and the time of arrival.

11. If problems arise or you have questions about your transportation, speak with your **bus driver** (or aide as appropriate). The staff at Douglass cannot establish policy for the drivers and aides. If you are not able to resolve your concerns directly, contact the bus company or your Child Study Team. Douglass Staff can assist with guidelines for behavior management when necessary and solicited by the child study team **but is not responsible for the correct implementation of these guidelines and suggestions (a liability waiver is required).**

The Policy on Respite and Babysitting

From time to time the Douglass School may, as a courtesy, provide parents with a list of names of individuals known to the DDDC who are interested in providing respite and/or babysitting. **Should parents request assistance from anyone on the list, please be aware that it would be a private, fee for service agreement with individuals, and independent of the DDDC.** Staff members employed by the Douglass Developmental Disabilities Center (DDDC) and undergraduate students enrolled in courses under the jurisdiction of the DDDC, may not provide fee for service to families of children when the fieldwork / graduate student or staff member is in the same class as the child. This policy does not preclude the staff from making independent arrangements with families of children in other classes. Again, **the DDDC does not assume any responsibility for these employment arrangements.**

Policy on Gift Giving

There is sometimes discomfort about the appropriateness of gift giving to staff within the school context or the feeling that gifts might be expected, especially at holiday time or at the end of a school year. Some families use gift giving as a means to say “thanks,” but not all families are in a position to do so though they equally appreciate staff effort. At the DDDC gifts are **never** expected. The DDDC is ethically bound to ensure that all of our students and clients are treated equally and that no one has or might be perceived to have special advantages or influence. For those of you who want to give staff members a token of your appreciation, we recommend a card or letter, or small token such as homemade treat; or, you might consider a donation to a charity or organization such as the DDDC, Autism NJ or D.O.O.R.S. in honor of the staff member(s). However, if you are inclined to give any other kind of gift to any staff member it is our policy that the value of the gift be restricted to a maximum value of \$20.

Policy on Parties

The DDDC faculty and staff recognize that, on occasion, it is appropriate for our classroom communities to celebrate together as a class to mark a special event or the birthday of a classmate. While these events do provide a social learning opportunity, they do impose upon precious teaching time. The following guidelines are designed to allow for classroom parties and birthday recognitions, without unnecessarily infringing upon instructional time.

Class Parties

Historically, there have been several class parties each school year. These parties have been on Halloween, the last day of school prior to winter break, and promotions or graduations. Classroom teachers are assisted in the planning of the class parties by the designated classroom parents. Typically, refreshments for class parties may include light snacks and beverages with an emphasis on healthy snack choices such as cheese, crackers, fruits and vegetables. Any food or snacks sent in to

the DDDC must follow our policy on Food Allergy Restrictions. Class parties may include craft activities or games organized by the room parent, but these kinds of activities are not required. Class parties are to be scheduled near the end of the school day and are limited to a maximum duration of one hour, which includes time for cleaning up the classroom. All plans and details for class parties must be reviewed and approved by the coordinator and classroom teacher before being finalized by room parents. Parent and sibling participation in class parties will be individually determined due to space limitations.

Birthday Celebrations

If you would like to have a short class birthday acknowledgement for your child, please speak with your child's teacher in advance. Parents should be mindful of the DDDC's dietary restrictions for students in the classroom. These birthday recognitions are short (20-30 minutes) and limited to the classroom. Parents are asked to drop off the treats in the main office, and these treats will be delivered to the classroom.

Goody bags are not allowed due to dietary restrictions. Allowing balloons at parties will be determined on an individual basis as these can be distracting to students' learning.

We are unable to approve class trips as a means of celebrating a child's birthday or promotion/graduation. Those kinds of celebrations would be a lovely thing to do on a weekend or vacation day.

Picture Taking at Events and Parties

Please be advised that in order to protect each individual's right to privacy the DDDC restricts the use of cameras to the following:

- Parents/Guardians may take a picture only of their child/adult.
- Parents/Guardians may take a picture only of their child/adult and staff with staff permission.
- Parents/Guardians may take a picture of their child/adult with one or more other children/adults **only** if the parents/guardians of those individuals are present and give permission.

Thank you for respecting this policy.

(Updated 6/1/15)

Special Alert: Food Allergies

The DDDC has students and clients in the program with serious, life-threatening allergies to **fish and fish byproducts, to nut and nut byproducts, as well as sesame seeds**. In our continuing efforts to insure the safety of these individuals, we deem it **necessary to prohibit all fish, nut and sesame products** within the building for all adults and children. Please check the labels on your food.

Your cooperation in this matter is imperative. It may save a life. If you have any questions, please contact the school nurse. Thank you.

Disclaimer: While every effort is made to safeguard the Educational Environment, the Douglass Developmental Disabilities Center **cannot guarantee** the environment is “free” from all fish/nut products and by products due to a variety of external variables (i.e., visitors).

Addendum

In addition to the policies listed in this handbook, please be aware of the following:

- It is important to put identification on *all* your child's personal belongings (e.g., hats, thermos, mittens, swim suits and towels, boots, etc.) especially the small items.
- If your child needs to borrow clothing from another student, please clean and return the borrowed clothing as soon as possible (2-3 days).
- If your child is on a toileting program, please send more than one extra set of clothing. If your child wears diapers, please send a supply of disposables.
- Notify your child's teacher and/or the school nurse of any unusual circumstances (e.g., allergies, change in medication, new medication, changes in behavior, etc.).
- **When visiting please sign in at the reception area on arrival for security purposes.**
- If you need to meet with, or talk to your child's teacher during school hours based on something that concerned you during your observation, you can ask the receptionist if your teacher is available. Otherwise, please email or call between 8:15 and 9 a.m. or after 3 p.m. to talk to your child's teacher or to schedule an appointment. For emergencies, call any time.

In anticipation of your cooperation with all these policies, we thank you. If you have any questions, please call 848-932-4500 and ask for the Director of Educational Services.