



Stepping Stones Early Intervention Program
19 Harrison Avenue
Roseland, NJ 07068
Phone: 862-210-8781 Press 7

Dear Parents/Guardians:

Welcome to the Stepping Stones Early Intervention Program. Each year we send home forms for completion by either yourself and/or your child's doctor. Please review, complete and return the forms listed below:

- o **SS EI General Information**
- o **SSEI Program Description**
- o **Student Contact Information**
- o **Student Directory Form**
- o **Photo Release**
- o **Health Care Contract**
- o **HIPAA Form**
- o **Emergency Medical Treatment Release Form**
- o **Influenza vaccine information**
- o **The Arc of Essex County Membership Form**
- o **SSEI 10 month calendar**

We thank you in advance for your cooperation. If you have any questions please do not hesitate to contact Judy Bellina at 862-210-8781 Press7.

Sincerely yours,

Sue Brand, Director,
Early Childhood and Education



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Roseland, NJ 07068
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General Information

The Arc of Essex County's Stepping Stones Early Intervention Program (SSEIP) is designed to provide a center based, therapeutic, supportive, and educational opportunity to families with children who have an intellectual and/or developmental disability, ages birth to three. This program is comprised of education professionals, therapists and volunteers who, in conjunction with parents/caregivers, work collaboratively to provide a variety of social and academic experiences geared towards helping each child attain his or her potential. Utilizing individualized/group instruction, along with a combination of therapeutic play, sensory activities, speech and language intervention, caregiver training and therapeutic feeding, the achievement of critical developmental milestones is facilitated. Parent support is provided as an essential component of the program.

The program is staffed by a coordinator, professional staff, educators, therapists, social worker, and volunteers.

A calendar for the school year is attached. Classes meet as follows:

- **Step I Babies:** **Thursday 12:30 p.m. – 1:30 p.m.**
- **Step II Toddlers:** **Tuesday 10:00 a.m. – 12:00 p.m.**
and
Thursday 10:00 a.m. – 12:00 p.m.

Due to the generous contributions of the Candle Lighters, the Tuition for Step I is **free**. The tuition for Step II is offered at a subsidized rate. Tuition for Step II is due upon receipt of invoice. Timely payment of tuition is expected. Checks should be mailed to The Arc of Essex County, 123 Naylon Avenue, Livingston, NJ 07039. If you need to discuss tuition or would like to arrange a payment plan, please call Sue Brand at 862-210-8781 x 5.

In emergency situations, or extreme weather, the SSEIP may be cancelled. You will be notified via telephone chain.

A parent or caregiver needs to be present each time the program meets.



Stepping Stones **Early Intervention Program**

Program Description

Stepping Stones I Group Model is for children from birth to 18 -24 months of age. The program is led by a Physical Therapist, Occupational Therapist or Speech Therapist and a Social Worker. The therapist will provide direction to parents regarding issues specific to helping a baby with a developmental disability develop and achieve their milestones. The Social Worker will be working with the families regarding the issues of raising a child with a developmental disability.

Stepping Stones II Group Model is for children from 18 -24 months to 36 months of age. It provides a comprehensive developmental program built on a Professional/parent/volunteer partnership model. During class sessions, the group will be facilitated by a Special Educator and Occupational Therapist and programming will focus on cognitive development, social interaction, gross motor, fine motor, speech and sensory based activities. Parents will receive information that can easily be integrated into the daily routine of child and family at home. A parent support group takes place two sessions per week and is facilitated by the team Social Worker. Information and guest speakers are brought in on an as needed or requested basis.

Please let the Stepping Stones Team know if your child receives services in other settings. It is important to provide them with our phone number so that we can share and coordinate information.



Stepping Stones School and Early Intervention

STUDENT CONTACT INFORMATION FORM 2021-2022

Please complete this form and return to Stepping Stones.
(PLEASE PRINT CLEARLY)

Name of Student: _____

Date of Birth: _____ Age: _____ Sex: _____

Address: _____
(Number & street) (City) (State) (Zip)

Name of Parents/Guardian: _____

Home Phone Number(s): _____

Father Cell phone: _____ Mother Cell phone: _____

Father Work phone: _____ Mother Work phone: _____

Father email: _____ Mother email: _____

Name and phone number of relatives/friends/neighbors who can be contacted in case of emergency:

_____ (Name)	_____ (Phone #)	_____ (Relationship)
_____ (Name)	_____ (Phone #)	_____ (Relationship)

How did you hear about The Stepping Stones Early Intervention Program?:

Please note by signing this form you consent to the entry of your contact information into the One Call phone alert system and school email distribution lists.

Date

Signature of Parent or Guardian



STEPPING STONES
STUDENT DIRECTORY
2021-2022

Each year The Arc of Essex County's Stepping Stones School and Early Intervention Program compiles a directory of families which is distributed to the families and staff members. If you wish to be included in the 2021-2022 Student Directory, please fill out the bottom portion of this page and return it to school. Only fill out the information you wish to have published in our directory.

(Please check one below)

I DO (☐)

DO NOT (☐)

Wish to be included in the Stepping Stones Student Directory

PLEASE PRINT CLEARLY

STUDENT'S NAME: _____

ADDRESS: _____

HOME PHONE #: _____

MOM CELL PHONE #: _____

DAD CELL PHONE #: _____

MOM E-MAIL ADDRESS: _____

DAD E-MAIL ADDRESS: _____

PARENT'S NAME(S): _____

CLASS: _____

Photo Release Form

THE ARC OF ESSEX COUNTY

Photographs may be taken and used for publicity purposes including but not limited to: publications in commercial periodicals; The Arc of Essex County newsletters and social media; The Arc of Essex County website; and various print, internet, and media publications of The Arc of Essex County.

Please check one:

_____ I give permission for my child to appear in the above publications, digital media and/or social media

_____ I do not give permission for my child to appear in the above publications, digital media and/or social media

Name of individual: _____

Signature of Parent/Guardian: _____ Date: _____

THE CANDLE LIGHTERS

Established in 1974, The Candle Lighters is a 501(c)3 organization dedicated to raising funds for The Arc of Essex County's unfunded and underfunded programs like Camp Hope, Stepping Stones Early Intervention, and recreation services.

Photographs may be taken and used for publicity purposes including but not limited to: publications in commercial periodicals; The Candle Lighters newsletters and social media; The Candle Lighters website; and various print, internet, and media publications of The Candle Lighters.

Please check one:

_____ I give permission for child to appear in the above named publications, digital media and/or social media

_____ I do not give permission for child to appear in the above named publications, digital media and/or social media

Name of individual: _____

Signature of Parent/Guardian: _____ Date: _____

*Photo releases will remain in effect, unless The Arc of Essex County is notified in writing.



**Stepping Stones School and Early Intervention
Health Care Contract: 2021 – 2022 School Year**

If your child has any of the following conditions or symptoms, we may ask you to take your child home from the Early Intervention program in order to prevent contagion of other children and staff and to ensure the comfort of your child. Please be aware that we are unable to keep sick children in the Nurse's Office as this impacts health services to other students.

- Fever accompanied by other symptoms (temperature of 100° F taken by mouth, 99° F under the arm, or 101° F taken by ear).
- Any rash suspicious of contagious childhood disease.
- Vomiting accompanied by other symptoms (fever, vomiting, rash, crankiness, or vomiting 2 times or more in a 24 hr. period, etc.)
- Diarrhea accompanied by other symptoms (fever, vomiting, rash, crankiness, etc.) or uncontrolled diarrhea (stool runs out of diaper or child unable to get to the toilet on time).
- Any skin rash, lesion or wound with bleeding or oozing clear fluid or pus.
- Red eyes with white or yellow discharge.
- Mouth sores with drooling.
- Scabies, head lice or other infestations.
- Constant, uncontrolled yellow or green nasal discharge or constant, uncontrolled cough.
- Complaint of throat pain (or evidence of throat pain) with inability to eat or swallow.
- Any illness or condition requiring one-to-one care.
- Any condition preventing the child from participating comfortably in usual program activities.
- Any contagious illness which is reportable ** to the Department of Public Health. Please note per NJ state regulations children who are exempted from immunization for religious or medical reasons *may* be excluded from Stepping Stones during a vaccine preventable disease outbreak or threatened outbreak.

After a child was excluded for any of the above reasons the following conditions must be met in order to return to the program:

- A child must be free from fever, vomiting, diarrhea (without symptoms or administration of medication to control these symptoms) for a **FULL 24 HOURS.**

- Any child prescribed an antibiotic for a current bacterial infection must take the prescription for a **FULL 24 HOUR** course before returning to school.
- A child must be able to participate comfortably in all usual program activities, including outdoor time.
- The child must be free of open, oozing skin conditions unless: 1) a health care provider signs a note stating that the condition is not contagious and 2) the involved area(s) can be covered by a bandage without seepage of drainage through the bandage.
- A child excluded because of lice, scabies or other infestation may return 24 hours after treatment has begun with a note from a doctor stating the child is larvae or nit-free.
- If a child was excluded because of a reportable**contagious illness, a doctor's note stating that the child is no longer contagious is required prior to re-admission.
- Children with immunization exemptions may return to school when the risk posed by the vaccine preventable disease outbreak has passed.

*** The state of New Jersey publishes a listing of communicable diseases (i.e measles, whooping cough, tuberculosis, etc.) which must be reported to the Department of Health upon diagnosis.*

If your child has had surgery, a medical procedure, or an illness/injury that may impact their ability to safely and comfortably participate in Early Intervention activities, a medical clearance from your doctor is required in order for your child to return. Please note that:

- The doctor should state in writing the date the child may return to the program and the date the child may resume all activities (please note these dates may or may **not** be the same). If necessary, the doctor can specify on the medical clearance any activities or movements the child should not do following the surgery, medical procedure or injury.

The final decision whether to exclude a child from the program is made by the school administrator.

Child's Name (PLEASE PRINT)

Parent/Guardian's Signature

Date

**The Arc of Essex County
Authorization for Disclosure of Health Information (HIPAA)**

Individual's Name: _____ Date of Birth: _____

I understand that the above named individual is using the services provided by the Arc of Essex County and the Arc of Essex County may require information from other agencies, providers, school districts or individual's in order to provide services. I also consent for the Arc of Essex County and the following designated agencies, school districts or individuals to disclose and communicate to one another information and records in their possession which relate to services and or treatment provided for the above named individual:

Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

My consent includes both verbal and written communication, which may include day-to-day observations of the following items (please initial beside each item you consent for):

- ___ Medical and physical health records (excluding psychotherapy notes)
- ___ Behavioral Health and Psychiatric records (excluding psychotherapy notes)
- ___ Evaluation, assessment, and/or treatment information including occupational, physical, and/or speech therapies, audiological testing, etc.

___ Evaluation materials including results of psychiatric evaluation, social work contact, psychological testing, medical, evaluation, learning disabilities consultation, and education classification report.

___ Report of classroom and academic an/or vocational progress includes adjustments to teachers, peers, and general routines

___ School records

___ Other: _____

I understand I have the right to revoke this authorization in writing at any time except to the extent that action has been taken in reliance on this authorization. The request to revoke this authorization must be provided to the Executive Director at 123 Naylor Ave., Livingston, NJ 07039. The revocation will be effective the date the Executive Director receives it.

I understand that I may refuse to sign this authorization. However, refusal to sign may limit the Arc of Essex County's ability to obtain information required to assess the support needs and/or services. I also understand that I may inspect and/or copy any written information used or disclosed under this authorization.

This authorization expires on _____ or one (1) year from the date of the individual's or legal guardian's signature.

Signature (or mark) of Individual or Legal Guardian

Date

Print Name of Legal Guardian (if applicable)

If mark is provided in place of signature, the mark must be witnessed:

Witness Signature

Title

Print Name of Witness

Check here if names are listed on an additional sheet ()

The Arc of Essex County's Stepping Stones EIP
Emergency Medical Treatment Release Form 2021-2022

Students Name: _____ Sex: M F
As it appears on the Birth certificate Last First *Circle one*
 Date of Birth: _____

Please indicate the order in which we should call in case of an emergency using 1, 2, 3...

Mother/Guardian
 Name: _____ Home _____
 Address: _____ Work _____
 _____ Cell _____

Father/Guardian
 Name: _____ Home _____
 Address: _____ Work _____
 _____ Cell _____

Additional person(s) authorized to pick up child and/or contact in the event of an emergency

Name	Phone Number	Relationship

Allergies: Does your child have any allergies to food, medication, insects, etc? Yes No

If yes, please list & indicate if epipen/medication prescribed:

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Health Conditions: Has your child currently or in the past been diagnosed with any of the following?

Check all that apply:

	Yes	No		Yes	No		Yes	No
<i>Asthma</i>			<i>Epilepsy/Seizures</i>			<i>Hearing problems</i>		
<i>Diabetes</i>			<i>ADD/ADHD</i>			<i>Chronic illness</i>		
<i>Heart Problems</i>			<i>Vision problems</i>					

If yes to any of the above, please specify:

Please list any procedures/activities that must be avoided:

Medications: Please list any prescriptions or over the counter medications given to your child regularly at home/in school

Medication Name	Dosage	Frequency
Does your child wear/use any prosthetic/internal devices?	Yes No (circle)	Specify:

Primary Care Physician _____ Phone Number _____

Name of Insurance _____
 Carrier/Medicaid _____ Policy # _____

If in the judgment of any responsible person employed by The ARC of Essex County Stepping Stones School, the above named student needs immediate care and treatment as a result of any injury, illness or sickness, I (we) do hereby request, authorize and consent to such care and treatment that may be given by any medical professional or school representative. I (we) give permission for transportation by ambulance or other insured vehicle to an emergency facility.

Parent/Guardian Signature and date _____

Parent/Guardian Signature and date _____

Two signatures are not required for validity, but both parents/guardians are requested to sign

August 2021

Dear Parents and Guardians;

With the upcoming summer months many parents and guardians schedule annual check-ups for their children. The enclosed information will help you ensure that your child's immunizations will be up to date for the upcoming 2021-2022 school year.

As of Sept. 1, 2008 New Jersey enacted rules that made the flu shot and a shot to prevent pneumonia mandatory for preschoolers. All children going to day care or preschool programs are REQUIRED to get an annual flu shot and a one-time pneumococcal vaccine as follows:

N.J.A.C. 8:57-4.18 Pneumococcal conjugate vaccines

Every child 12 months through 4 years 11 months of age enrolling in or attending child-care center or preschool facility on or after Sept. 1, 2008 must receive at least one (1) dose of pneumococcal conjugate vaccine on or after their first birthday. Please note that children must receive the pneumococcal vaccine by Sept. 1, 2021 for the upcoming school year.

N.J.A.C. 8:57-4.21 Influenza vaccines

Children six months through 4 years 11 months of age attending any child-care or preschool facility annually must receive at least one dose of influenza vaccine between Sept. 1st and Dec. 31st of each calendar year. There is no grace period for unvaccinated children. Per state law, students who have not received the influenza vaccine by Dec. 31st must be excluded from the child care/preschool facility for the duration of the influenza season (through March 31st), until they receive at least one dose of the influenza vaccine or until they turn 60 months (5 years) of age.

Please feel free to share this information with your child's primary care provider. If there is a medical why your child cannot receive the immunizations a letter must be written by your provider stating the reason and a copy provided to the school. If you have any questions please do not hesitate to contact me; additional information is also available at http://www.nj.gov/health/cd/documents/vaccine_qa.pdf.

Very truly yours,

School Nurse

MEMBERSHIP APPLICATION

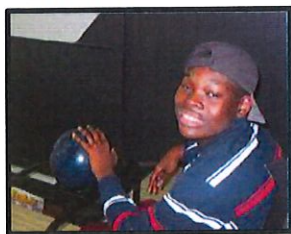
123 NAYLON AVENUE
LIVINGSTON, NJ 07039
973-535-1181

www.arcessex.org

EARLY CHILDHOOD
& EDUCATION



CHILDREN'S
SERVICES



ADULT DAY
SERVICES



ADULT RESIDENTIAL
SERVICES



☐ New Member

☐ Renewing Member

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

☐ \$25 Individual Membership ☐ \$350 Lifetime Membership

☐ Additional Donation: \$ _____ Total: \$ _____

Payment by: ☐ Check/Money Order ☐ Visa/MC/DISCOVER/AMEX

Card Number: _____ Expiration Date: _____

Signature: _____

Members of The Arc of Essex County are also members of The Arc of New Jersey and The Arc of the United States. The Arc of Essex County is a registered 501(c)3 charity and your dues are tax deductible.

Mail your application and payment to:

The Arc of Essex County
123 Naylon Ave.
Livingston, NJ 07039

For more information, please contact our Community Resource Associate at 973-535-1181 ext. 1227.

Achieve with us.

Stepping Stones Early Intervention Program

**19 Harrison Ave.
Roseland, NJ 07068
862-210-8781-Press 7**

Early Intervention Hours:

TUESDAY & THURSDAY
Step II Grp 10:00 12:00
THURSDAY
Step I Grp 12:30-1:30

2021-2022 STEPPING STONES E.I. CALENDAR

September 21, 2021	First day of Early Intervention – Step II
September 23, 2021	First day of Early Interventionm – Step I
September 30, 2021	Back to School Night
October 8, 2021	Fall Festival
November 2, 2021	CLOSED – Election Day
November 25, 2021	CLOSED – Thanksgiving Recess
December 16, 2021	Holiday Party/Santa
December 23 - Jan 1, 2022	CLOSED – Winter Break
April 19 and 21, 2022	CLOSED – Spring Break
June 9, 2022	LAST DAY – Early Intervention