



Stepping Stones Early Intervention Program

6 Kingsbridge Road Unit 3

Fairfield, NJ 07004

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:

- **SS EI General Information**
- **SSEI Program Description**
- **Student Contact Information**
- **Student Directory Form**
- **Photo Release**
- **Health Care Contract**
- **HIPAA Form**
- **Emergency Medical Treatment Release Form**
- **Influenza vaccine information**
- **The Arc of Essex County Membership Form**
- **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 or Alexis Soled. Call 862-210-8781 and press 7.



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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 Naylor Avenue, Livingston, NJ 07039.

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 2023-2024

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
2023-2024

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 2023-2024 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/Early Intervention
Health Care Contract
2023 - 2024

Stepping Stones School understands that it is difficult for a parent to leave or miss work, therefore, it is suggested that parents/guardians make alternative arrangements for occasions when children must remain at home or be picked up from school due to illness. For the continued health and safety of your child it is important to always inform the school nurse whenever your child has an illness, injury, surgery or medical procedure.

If your child has any of the following conditions or symptoms we will contact you to make arrangements to pick up your child from school (within 1 – 1½ hours) 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 Health Office until the end of the school day as this impacts health services to other students.

- Fever (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 and/or diarrhea
- Red eyes with white or yellow discharge.
- Nasal discharge
- Cough
- Any contagious illness which is reportable to the Department of Public Health. 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. This list can be found at www.nj.gov/health/cd. Please note per NJ state regulations children who are exempted from immunization for religious or medical reasons *may* be excluded from Stepping Stones School 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.
- **A doctor’s note is required if the child is absent for three (3) consecutive days or more.**
- Children with immunization exemptions may return to school when the risk posed by the vaccine preventable disease outbreak has passed.

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

- The doctor should state *in writing* the date the child may return to school and the date the child may resume their therapies (please note these dates 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.
- If your child undergoes surgery/medical procedure, please ask the nurse for our Medical Clearance form.

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

 Child’s Name (PLEASE PRINT)

 Parent/Guardian Signature

 Date



Stepping Stones School/Early Intervention

Authorization for Disclosure of Health Information (HIPAA)

2023-2024

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:

Pediatrician:

ENT:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Dentist:

Cardiologist:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Endocrinologist:

Orthopedist:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Other:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

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.

*Individual is defined as the participant in the Arc of Essex County Services

___ 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 and/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 ()

New Student Intake Form
Stepping Stones School/EI
SOCIAL HISTORY

CHILD'S NAME: _____ DATE OF BIRTH: _____

Date Intake Completed: _____

Parents:

Sibling Names & Ages:

Who lives in home with child:

Who is involved in child's care (parents, siblings, babysitter, family, friends of family):

Pets: _____

Parents' Occupations:

Mother _____

Father: _____

Languages Spoken in home: _____

New Student Intake Form
Stepping Stones School/EI

HEALTH HISTORY

CHILD'S NAME: _____ DATE OF BIRTH: _____

PARENTS: _____

HOSPITAL/ LOCATION OF CHILD'S BIRTH: _____

PREGNANCY:

Number of pregnancies: _____

Miscarriages: _____

Mother's age at time of delivery: _____

Birth weight: _____

Were there any complications during pregnancy? _____

DS Diagnosis Made: _____ Prenatally _____ at Birth

Diagnosis: _____ Trisomy 21 _____ Mosaicism _____ Translocation Other: _____

BIRTH HISTORY:

_____ Full-term _____ Premature: _____ Weeks _____ Single _____ Multiple:

Type of delivery (Normal, breech, caesrian): _____

If caesarian, what was the reason?: _____

Were there any delivery or birth complications? _____

POST DELIVERY PERIOD:

Number of days infant was in the hospital after delivery: _____

Respiratory Distress (specify # of days for oxygen or ventilation): _____

Infection (specify): _____

Was hearing screening normal? _____

New Student Intake Form
Stepping Stones School/EI

Any eye problems? _____

Any other problems (e.g. seizures, heart problems, operations, feeding by tube, head bleed): _____

MEDICAL HISTORY:

Date of last thyroid test: _____

Results: _____

Date of last vision exam: _____

Results: _____ Normal _____ Cataracts _____ Glaucoma

Other: _____

Eyeglasses: _____

Date of last hearing test: _____

Type of hearing test: _____ ABR _____ OAE _____ Sound field-test

Results: _____

Tubes placed? _____ YES _____ NO

Date of last cardiac exam: _____

Results: _____

Date of last orthopedic exam: _____

Results: _____

Stepping Stones School **ONLY**: Atlanto-Axial Instability test: _____

Prosthetics/ Equipment (Past/Current):

Other tests completed/pending:

List any problems gastrointestinal problems (eating and/or bowels):

New Student Intake Form
Stepping Stones School/EI

Conditions that have required hospitalization and/or surgeries (with approx. dates & name of hospital):

Does the child have the any of the following health conditions?

- Yes No Breathing Problems/Asthma:
- Yes No Gastroesophageal Reflux
- Yes No Hirschsprung's Disease
- Yes No Duodenal Atresia
- Yes No Ear infections/Otitis Media: Number in last year or since birth: _____
- Yes No Aspiration
- Yes No Pneumonia
- Yes No Sleep Apnea
- Yes No Blocked Tear Ducts
- Yes No Diabetes
- Yes No Kidney Problems
- Yes No Tuberculosis
- Yes No Orthopedic/Joint Problem-
- Yes No Epilepsy/Seizures
- Yes No Anemia/Polycythemia (increased red blood cells)
- Yes No Chronic constipation or diarrhea
- Yes No Coughing while eating
- Yes No Periodic tearing/Reddening of eyes while eating or after
- Yes No Noisy breathing when asleep/snoring
- Yes No Restless sleep
- Yes No Pacemaker If yes, where? _____

If the child has any of the health conditions above, describe the history and current status below.

MEDICATIONS:

New Student Intake Form
Stepping Stones School/EI

List all of the prescription medications the child takes:

List all of the over-the-counter drugs, natural products, vitamins and homeopathic substances the child takes:

SLEEP HABITS:

Sleep studies completed/pending?: _____

Please describe your child's sleep routine (bedtime, wake up time, rituals, etc.): _____

ALLERGIES:

List any medications your child is allergic to: _____

List any food allergies or other sensitivities: _____

Does the child have latex sensitivity? _____ Yes _____ No

Other: _____

Please provide the names of the medical professionals that follow your child:

Primary Care Physician:

Pediatric Cardiologist:

Endocrinologist:

ENT:

Ophthalmologist:

Gastroenterologist:

Geneticist:

Dentist:

Other:

For EI **ONLY**: Does the child currently receive early intervention services in the home? _____ Yes _____ No

_____ PT _____ OT _____ Speech If yes, how often? _____

Did the child attend any other school in the past? _____ Yes _____ No

School Name _____ How long? _____

List any therapists, therapies, holistic measures or other programs that the child currently receives or has received in the past.

List any restrictions in activities, diet, medications, etc.

Information for the health history was provided by: _____

**The Arc of Essex County's Stepping Stones EIP
Emergency Medical Treatment Release Form 2023-2024**

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:

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
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Hearing problems	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	Chronic illness	<input type="checkbox"/>	<input type="checkbox"/>
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	Vision problems	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

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 # _____

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 si



August 2023

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 2023-2024 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 of 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, 2023 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 Yours Truly,

School Nurse



Stepping Stones Early Intervention Program

6 Kingsbridge Road-Unit 3

Fairfield, NJ 07004

(862) 210-8781; press 7

Early Intervention Hours:

TUESDAY & THURSDAY

Step II Group 10:00-12:00

THURSDAY

Step I Group 12:30-1:30

2023-2024 STEPPING STONES E.I. CALENDAR

September 26, 2023	First day of Early Intervention – Step II
September 28, 2023	First day of Early Intervention – Step I
September 28, 2023	Back to School Night
October 13, 2023	Fall Festival
November 7, 2023	CLOSED – Election Day
November 23, 2023	CLOSED – Thanksgiving Recess
December 14, 2023	Holiday Party/Santa
December 26 - Jan 1	CLOSED – Winter Break
January 2, 2024	REOPEN – E.I. Step II
February 20, 2024	CLOSED – President’s Day
April 2 and 4, 2024	CLOSED – Spring Break
June 13, 2024	LAST DAY – Early Intervention