

Section F

Students with Special Needs

Special Needs Informational Guidelines

THE SCHOOL BOARD OF BROWARD COUNTY Before & After School Child Care (BASCC) BASCC Special Needs Informational Document

Underlying Premises

Guidelines were developed by the Before & After School Child Care (BASCC) Department, the Exceptional Student Learning Support(ESLS) Department, and the Equal Education Opportunities (EEO) Department of the School Board of Broward County (SBBC). These guidelines were based on the premises that:

1. BASCC is not a part of the educational process; it is a service for parents/guardians and students.
2. Programs need to provide students with disabilities equal access, and follow the American Disability Act (ADA) guidelines.
3. It is the responsibility of the schools, the providers, and the School Board of Broward County, to inform parents/guardians about BASCC opportunities.

Student Information

1. Student Eligibility: All pre-school, elementary, middle and high school students enrolled in a Broward County Public School (BCPS) are eligible to participate in a BASCC program. A student with disabilities must have equal access to attend before and/or after care.

SBBC provides students with disabilities equal access to BASCC programs, and accommodations are provided to meet the unique needs of these students. SBBC's procedures for BASCC include a process for identifying and implementing accommodations to meet students' unique needs.

2. When applying for services, the parent will complete the BASCC Special Needs Informational Document, identifying all of the student's needs. Failure to provide true and accurate information to the program will result in the student being removed immediately. As students' needs will vary, the program will determine if the student's immediate needs can be met at that time. For example: is there staff in place who can service the student, or does the program need to hire additional staff? If staff are not available, the program will hold the spot until staff can be put into place to meet the needs of the student.

The purpose of the BASCC Special Needs Informational Document is to determine: staffing, special training needs for staff, special equipment, transportation, and anything else necessary. The designated person from the school can be the ESE Specialist, the 504 Liaison, the ESE teacher, and/or a

classroom teacher who may be asked to assist the program. The designated person will review the document. The program may request that an observation of the student be conducted to best determine the needs of the student.

3. When necessary, an attempt will be made to provide transportation after enrollment in a BASCC program. Transportation to the program is arranged by the school with the BCPS transportation department. If transportation cannot be provided by BCPS, then it will be the parent's responsibility to provide the transportation.
4. Discussions between the provider and the parent/guardian regarding the Special Needs Informational Document will determine the program staffing needs. For accommodations to be met, additional staff may be needed. This includes: finding a person by advertising, screening, fingerprinting, and training to meet the student's needs.
5. Students with special needs will be included with their non-disabled peers to the fullest extent possible. Lower student-to-staff ratios, if needed, will be provided on a case-by-case basis.

Current general population ratios required by BASCC:

- Pre-K 1:10
- K-5 1:20
- 6-8 1:25

6. Eligible PPOs must adhere to these guidelines, or it will be deemed a breach of RFP requirements, and may be cause for termination.
7. If a parent/guardian feels that their child has been discriminated against, and the program/school or parent/guardian needs additional information, contact the Equal Opportunities (EEO)/American Disabilities Act (ADA) Compliance Department of BCPS at 754-321-2150.

Any other concerns or questions should be directed to the Before & After School Child Care (BASCC) department at 754-321-3330.

THE SCHOOL BOARD OF BROWARD COUNTY
Before & After School Child Care (BASCC)
BASCC Special Needs Informational Document
Document completed in PDMS

Parent/guardian requests before or after care services for a student with special needs.

1. A meeting must take place to determine accommodations that will best meet the student's needs. This meeting may include the parent/guardian of the student, the student, the BASCC supervisor or program designee, the ESE Specialist, the 504 liaison or classroom teacher, and additional staff that work with the student during the school day. At this time, an answer cannot be given to the parent or guardian, as all options for the best care must be fully considered.
2. The BASCC program supervisor, or provider designee, and the ESE Specialist will discuss several options:

- a. Services can be provided

The BASCC program supervisor, or provider designee, the ESE Specialist, the 504 Liaison or classroom teacher agree that the student's needs for before or after care can be met in an inclusive setting within the program. This team decision is based upon the level of support needed to meet the student's needs, as well as the available program resources. IEP requirements do not apply to before or after school programs. The BASCC supervisor or provider designee will notify the parents/guardians that their child may complete registration for the before or after care program.

- b. Two-week trial period option

The BASCC program supervisor or provider designee will attempt to address ways to meet the student's needs and document attempts on the form provided. A two-week trial period is in effect for all students attending a BASCC program. During this time, the BASCC program supervisor or provider designee, will look at how well the program is meeting the student's needs.

- c. Referral for an alternative placement for a student with "complex needs"

If the special needs of the student cannot be met at the program, and every attempt has been made to find appropriate alternatives, a referral for an appropriate alternative program placement will be made.

A student with "complex needs" may not be able to function with assistance in an elementary group with a ratio of 1:20 or a middle school group with a ratio of 1:25.

If all of the above requirements have been met, and an appropriate program is available, the program provider will contact the parent or guardian with the before or after care options.

If no options for placement are available, the program provider will draft a letter to the family, stating that it has made every attempt to locate services for the family, but is unable to recommend program placement at this time. The provider will continue to explore alternatives to meet the family's needs for the future.

Exceptional Student Learning Support, 754-321-3400 (can arrange training).

Director, BASCC, Broward County Public Schools, 754-321-3330.

SUPPLEMENTAL DOCUMENTATION SECTION

Supplemental documentation can be found in the subpages below.

Document Completed in PDMS
Before and After School Child Care (BASCC)
Special Needs Informational Document

Student Number: _____ Date Submitted: _____

Name of Student: _____

Date of Birth: _____ Age: _____ Grade: _____

Registering Adult: _____

Home Phone: _____ Work Phone: _____

Emergency Phone: _____ Cell Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

After School Provider and Program Location: _____

Student's School: _____

Does the student have an IEP (Individualized Education Program) or 504 Plan? Yes No

If no to the above, is the student being considered for testing? Yes No

If yes, will you provide a copy of the plan? Yes No

Please check the special education services received at school:

Full-time Cluster Class

Part-time Other _____

Please indicate classroom staff to child ratios: _____

Please indicate student's Matrix of Services required:

- | | | |
|--|--|---|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Gifted | <input type="checkbox"/> Specific Learning Disabled |
| <input type="checkbox"/> Deaf or Hard of Hearing | <input type="checkbox"/> Language Impaired | <input type="checkbox"/> Speech Impaired |
| <input type="checkbox"/> Developmentally Delayed (Age 0-5) | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Trainable Mentally Handicapped |
| <input type="checkbox"/> Dual-Sensory Impaired | <input type="checkbox"/> Orthopedically Impaired | <input type="checkbox"/> Traumatic Brain Injured |
| <input type="checkbox"/> Educable Mentally Handicapped | <input type="checkbox"/> Other Health Impaired | <input type="checkbox"/> Visually Impaired |
| <input type="checkbox"/> Emotional/Behavioral Disabilities | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Diabetic |
| <input type="checkbox"/> Established Conditions (Age 0-2) | <input type="checkbox"/> Profoundly Mentally Handicapped | <input type="checkbox"/> Other |

Please list any secondary diagnosis: _____

COMPLETE MEDICATION INFORMATION IS NECESSARY IN A MEDICAL EMERGENCY

Please list ALL current medication and daily dosage:

Please list any side effects to the above medications: _____

Document Completed in PDMS

Before and After School Child Care (BASCC) Special Needs Informational Document

Student's Name: _____ Student Number: _____

Do medications need to be administered during the program? Yes No

If yes, please complete Medication Authorization Form.

Special Diet: _____

Please list any allergies: _____

In order to best meet the needs of the student, please complete the following information completely and accurately.

The student is able to:

Dress Independently Needs Partial Assistance Needs Total Assistance

Use the Bathroom: Independently Needs Partial Assistance

Wears Pull-Ups or Diapers Needs Total Assistance

PLEASE NOTE! PARENTS MUST PROVIDE DIAPER/PULL-UP SUPPLY AND ADEQUATE CHANGES OF CLOTHES

If the student requires toileting assistance, do they indicate the need or show signs of the urge?

Yes Sometimes No

Has the student been included in a 1:20 staff to child ratio?

Yes Sometimes No

Does the student need assistance to participate in activities?

Yes Sometimes No

Does the student play with toys appropriately?

Yes Sometimes No

Does the student requires 1:1 care?

Yes No

If yes, please explain: _____

Does the student receive public school transportation?

Yes No

Has the student ever required physical restraint?

Yes No

Has the student ever become aggressive towards others?

Yes Sometimes No

Does the student run away from a group or designated area?

Yes Sometimes No

Would the student attempt to hide?

Yes No

Do the student's siblings attend the program?

Yes No

Does the student have seizures?

Yes No

If yes, please complete Seizure Action Plan.

What is the student's level of speech and communication (including language spoken at home):

List any assistive technology or communication devices required:

List any challenging behaviors (for example: hitting, kicking, biting, pinching, screaming, tantrums, eloping):

Are there situations in which the student is more likely to engage in the above behaviors?

What is the response to these behaviors at home?

What is the response to these behaviors at school?

Document Completed in PDMS

Before and After School Child Care (BASCC)

Special Needs Informational Document

Name of Student: _____

Student's motivating rewards and reinforcers: _____

Please list the student's interests: _____

Special training recommended for staff: _____

Requested staff to student ratio: 1:1 1:4 1:10 1:20 other _____

(Not all programs provide these ratios)

I agree to release the information from my child/dependant's IEP (Individualized Education Program) or 504 Plan

Yes No

*THE PARENT / GUARDIAN'S SIGNATURE BELOW INDICATES AGREEMENT
WITH THE FOLLOWING LANGUAGE:*

- I understand this pre-enrollment conference is not a guarantee of my child's placement in the before and/or after school child care program. The purpose of the "Pre-enrollment Conference" is to determine if this program is most appropriate for my child.
- I understand that this program is not designed for therapeutic or one-on-one care. I understand this before and/or after school program operates within the provisions of the American's with Disabilities Act, which allows for equal access for students.
- I understand and agree that if my child is determined to be a threat to the overall health and safety of him/herself or others, he/she may be expelled from the before and/or after school child care program.
- After taking in considerations all needed accommodations, I understand that upon entering, all students have a two week trial period. If the program cannot meet the student's needs, the student may be withdrawn.
- I understand that all students, regardless of their diagnosis, are subject to disciplinary procedures. Parent conferences, probationary periods, and suspension are some of the steps that may be taken to ensure children and families are aware that their before and/or after school placement is in jeopardy. In some cases, students may be subject to emergency suspension or expulsion, at the sole discretion of the before and /or after school provider, if the student's behaviors are beyond our staff's ability to control.
- I give permission for information from this intake interview to be shared with the Before and After School Child Care (BASCC) Special Needs Committee, if special considerations need to be made for my child's after school placement.

School Representative: _____ Signature: _____

LIST other individuals present at intake:

Print Name / Relationship to student	Print Name / Relationship to student	1/18/2019
		Date:

Print Name / Relationship to student	Print Name / Relationship to student
--------------------------------------	--------------------------------------

Registering Adult: _____

Signature of Registering Adult: _____ Date: 1/18/2019

Agreed upon ratio: 1:1 1:4 1:10 1:20 other _____

Case Note Log

Name of Student: _____ Student Number: _____

Date of Birth: _____ Age: _____ Grade: _____

Registering Adult: _____

After School Provider and Program Location: _____

The following attempts have been made to assist the family of the above student:

Call(s) made to the following:

Contact 1

Name of Organization: _____

Date of call: _____

Spoke with: _____

Suggestions/Solutions: _____

Contact 2

Name of Organization: _____

Date of call: _____

Spoke with: _____

Suggestions/Solutions: _____

Contact 3

Name of Organization: _____

Date of call: _____

Spoke with: _____

Suggestions/Solutions: _____

Special Needs Contacts

Organizations for Assistance

211 First Call for Help, Special Needs Connections

Phone: 211 Mainline

Phone: 954-390-0493 Administration

www.211specialneeds.org or 211-broward.org

Special Needs Help-Line Counselors, Care Coordinators

Phone: Dial 2-1-1

2-1-1 can help you find food, housing, health care, senior services, child care, legal aid and much more. Visit our [Special Needs Connections](#), [Senior Touchline](#), and [TeenSpace](#) websites to see a complete list of our services.

Achievement & Rehabilitation Centers, Inc. (ARC)

10250 NW 53rd Street

Sunrise, FL 33351

Phone: 954-746-9400

TTY/TTD: 954-577-5357

Fax: 954-746-9496

arcbroward.com

Contact: Mainline

Ask for specifics department for needed services intake for a Team Leader (i.e., behavior/discipline or speech, etc.)

Visit website to see complete list of programs and services.

Ann Storck Center, Inc.

1790 SW 43rd Way

Fort Lauderdale, FL 33317

Phone: 954-584-8000

Fax: 954-321-8863

www.annstorckcenter.org

Contact: Dawn Terlizzese, ext. 377 dterlizzese@ascfl.org

Lori Mandke ext. 319, Pre-school Director

Cecilla Nanetti, ext. 325, Pre-school Coordinator

The Center is dedicated to enriching the lives of children and adult with developmental disabilities.

We provide service/program for preschool age children, and adults through agency programs, and teach empowerment skills to families in need by hosting ongoing events for their enhancement of life.

Organizations for Assistance

Broward Autism Foundation

P.O. Box 450476

Sunrise, FL 33345-0476

Phone: 954-465-4700

asabroward.org

info@asabroward.org

Contact: Fabiola Torrez, President

Providing "free" support groups and recreational services for anyone effected by autism, and for parents/guardians and/or caregivers. For more info visit the websites.

Center for Hearing & Communication (CHC) *aka League for the Hard of Hearing*

2900 West Cypress Creek Road, Suite 3

Fort Lauderdale, FL 33309

Phone: 954-601-1930 (Voice Direct)

TTY: 954-601-1938

Fax: 954-601-1399

chchearing.org

Contact: David Williams ext. 322, Programs Operations Manager, dwilliams@chchearing.org

Kim Schur, Director, Audiology, kschur@chchearing.org

CHC meets hearing and communication needs through professional services that provide the highest level of clinical expertise, and technical know-how available in the hearing healthcare field.

In addition, serves as an educational resource to consumers and healthcare professionals worldwide seeking information on hearing loss and hearing conservation.

Center for Independent Living

4800 N. State Road 7, Suite 102

Fort Lauderdale, FL 33319

Phone: 954-722-6400

TTY: 954-735-0963

Fax: 954-735-1958

Toll Free: 888-722-6400

cilibroward.org

Our mission is to offer assistance to people with disabilities in fulfilling their goals of independence and self-sufficiency.

In addition, providing core services of advocacy, independent living skills, information and referral, and peer support.

We offer programs/services in housing/ADA accessibility, nursing home transition, employment, high school high tech/youth services, assistive technology and equipment, and the Florida Telecommunications Relay, Inc. (FTR).

Organizations for Assistance

South Broward Hospital District (SBHD)

d/b/a Memorial Healthcare System (MHS)

7031 Taft Street

Hollywood, FL 33024

Phone: 954-584-7000

Fax: 954-985-0382

mhs.net

Contact: Tim Curtin

tcurtin@mhs.net

954-985-7004 (Voice Direct)

SBHD d/b/a MHS mission is to provide safe, quality, cost-effective, patient and family centered care regardless of one's ability to pay, with the goal of improving the health of the community.

We extend beyond medical care to address issues of all residents' quality of life, such as advocating air conditioning in local public housing and conduct programs to engage at-risk children and seniors.

The Children's Advocacy YMCA Family Center

900 SE 3rd Avenue

Fort Lauderdale, FL 33316

Phone: 954-623-5555

Fax: 954-623-5556

ymcabroward.org

Contact: Alison Bergman-Rodriguez, Executive Director, Special Needs

abregman-rodriguez@ymcabroward.org

754-551-7138 ext. 1103

Ratios: 1:2, 1:4, 1:6

The Advocacy engages programming and service coordination foster physical, social and academic development, as well as family strengthening. Our unique service approach strives to address key issues that impact school-age youth, teens, families and active older adults of all developmental levels.

We engage communities in our three areas of focus:

Youth development - nurturing every child and teen, Healthy living - improving the communities' health, and Social Responsibility - giving back & supporting others.

United Community Options, Inc. (UCO) (Formerly UCP)

3117 SW 13th Court

Fort Lauderdale, FL 33312

Phone: 954-584-7178

Contact: Jill Reipsa

954-315-4058 (Voice Direct)

jill.reipsa@ucpsouthflorida.org

Ratio is 1:5 and will take all children with special needs.

UCP serves more than 1,800 infants, children and adults with developmental disabilities. In addition to Cerebral Palsy, UCP service anyone with conditions such as Down syndrome, autism, spina bifida, prematurity, hearing, intellectual disabilities and speech delay.

We have programs and services designed to meet the special needs of each individual and family served, with a common goal: to enable people with disabilities to reach their greatest potential, and achieve rewarding and productive lives as fully participating members of their communities.