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Child Development Center Locations:

Farmington CDC	56 W. Main, Farmington 72730	(479)	267-5760
Fayetteville CDC	1760 Woodland Ave., Fayetteville 72703	(479)	443-4420
Huntsville CDC	913 N. College, Huntsville, 72744	(479)	738-1751
Siloam Springs CDC	1300 N. Patriot, Siloam Springs 72761	(479)	373-6488
Springdale CDC	2871 American St, Springdale, 72764	(479)	927-1350

Welcome to ERC

Our **mission** is to "enhance the quality of life for individuals with disabilities." We wish to do this by **E**nhancing lives, **R**emoving barriers, and **C**reating opportunities.

ERC provides a broad range of services to meet the needs of our children and adult consumers. Some of our services include **Developmental Day Treatment Clinic Service (DDTCS)**, Child Care, Waiver, Adult Development, Intermediate Care Facilities, Supported Employment, and Vocational Rehabilitation.

It is ERC's **vision** to be the regional provider of choice for services and solutions for people with disabilities throughout their lives.

ERC's core **values** are:

- We are a mission-driven organization. All activities, services, and programs are a manifestation of the mission.
- In our constant pursuit of excellence in quality and effectiveness, we strive to be clearly recognized as one of the top five programs in the state of Arkansas.
- We constantly build upon the strengths of the organization and the individuals within it. We "play to our strengths."
- We are good stewards of all assets.
- We maintain a customer-service attitude in our staff toward external and internal customers.
- We strive to increase the number of clients we serve as well as the variety and quality of the services we offer.
- We cultivate cooperative ventures with like-minded organizations locally on an as-needed basis to expand services in such a way that it produces a win-win all around.
- We internalize the motto: ***"It's a good place to work, if you want to work."***
- We maintain ethical and reciprocal relationships at all levels within the organization and community. These relationships are based on respect, dignity, integrity, and fairness.

CARF has accredited the Elizabeth Richardson Center (ERC) for the following programs & services: **Community Services:** Child & Youth services; **Community Services:** Community Housing; **Employment Services;** Organizational Employment Services and all **Governance Standards** have been applied.

1**) Capacity**

- Service capacity for the Farmington CDC is 30, Fayetteville CDC is 75, Huntsville is 30, the Springdale CDC is 36, and the Siloam Springs CDC is 28.

2) Service Options

- Developmental Day Treatment Clinic Service (DDTCS): This Program is a center-based program licensed to serve children from 6 weeks to 5 years of age, who have orthopedic, neuromuscular, and/or developmental disabilities and who require intense special education and enhanced therapies.
- Occupational, Physical, and Speech therapy services are available.
  -Eligibility Criteria for occupational, physical, and speech therapy services are based on current Arkansas Medicaid requirements and are subject to change.
- Childcare Service: ERC Child Development Centers also offer regular daycare services to typically developing children in the community.

3) Interest List

- ERC is unable to keep a waiting list, but does maintain an interest list. ERC will refer parents, guardians, or surrogate parents seeking services for their child to other appropriate services if an opening is unavailable. Parents, guardians, or surrogate parents may request that ERC place their child on the interest list at this time.

4) Required Documents

- Please bring the following documents to be copied during your first appointment:
  - Birth Certificate
  - Immunization Record or ***Medical*** Exemption form from the Arkansas Department of Health
  - Current Well-Child Check-Up and EPSDT
  - Medicaid Card
  - Social Security Card
  - Vision and Hearing Screening (If Available)
  - Private Insurance Card

5) Eligibility

- Children must meet eligibility criteria in order to initiate and continue services with ERC.

Eligibility for Developmental Day Treatment Clinic Service (DDTCS) is defined according to age and Developmental Disabilities Services (DDS) criteria.

Age requirement of 6 weeks to 5 years of age:

- The delay must be 25% or more of their chronological age in two or more developmental areas on two different tests for children who are 6 weeks to 35 months old.
- The delay must be -2.00 SD below the mean on a standardized test in two developmental areas for children who are 36 months to 5 years old.
- The child must have a medical diagnosis or condition that has a high probability of resulting in a developmental delay
- The child must have a funding source such as Medicaid to include: TEFRA, SSI, or AR KIDS

A, or private insurance that will pay for all needed services.

- The child must be able to attend at least 80% of scheduled days.
- The child must have a current well child exam.
- The child must have all the required immunizations or notarized Arkansas Department of Health immunization exception. Applicant must be age appropriate immunized prior to and throughout enrollment or provide a current letter of approved **medical** exemption from Arkansas Department of Health
- The child must have an assigned Primary Care Physician (PCP) and have been seen by the PCP and be up-to-date with all required well-child exam or EPSDT appointments.
- The child must not be medically fragile (i.e. no medical needs that pose a barrier to program participation or exceed the level of nursing care that can reasonably be provided by the preschool nursing staff).
- Children from the age of six (6) weeks to three (3) years must be able to receive services in a 1:4 staff to child ratio.
- Children from the age of three (3) years to five (5) years must be able to receive services in a 1:7 staff to child ratio.

6) Conference Participation

- ERC requires parent(s), guardian(s), or surrogate parent(s) participation in conferences and other program planning activities. Failure to participate in required conferences may result in suspension and/or dismissal of the child from the child development center.

7) Service Outcomes

- Each child will work on a Program that meets active treatment requirements (known as training goals). Parents, guardians, and/or surrogate parents will receive updates on their child on at least a quarterly basis.
- It is ERC's goal that each program's service outcomes are at least 80%.
- Depending on what you are interested in and what your goals are for your child, being in the Early Childhood program may help them to learn cognitive, communication, motor, personal-social and self-help skills.

8) Possible Risks

If you choose for your child to be in the Early Childhood Program, your child will be interacting with many other children and adults. ERC makes every effort to create a safe learning environment. However, being in the Early Childhood Program may have these risks:

- Exposure to common illnesses (cold or flu for example)
- Exposure to potential playground injury while at ERC
- Exposure to potential travel hazards while in route to and from ERC
- Exposure to other children who have socialization issues such as hitting, yelling, screaming, crying, biting, and/or physical outbursts
- Being discharged if attendance is less than 80% of the scheduled days and hours.

9) Discontinuation of Services

A child may be discharged from services for the following reasons:

- The child no longer requires ERC service(s)
- The child no longer meets eligibility criteria (see above)

- The child moves out of the ERC service area
- The child's parent(s)/guardian(s)/surrogate parent(s) withdraws the child from ERC services
- A family member/guardian/personal acquaintance interferes with the delivery of services by being generally disruptive or through verbal or physical threats or acts of violence to ERC personnel
- The child's attendance falls below 80% without extenuating circumstances
- Parent(s)/guardian(s)/surrogate parent(s) do not follow through with required medical and/or financial reporting
- The child's funding source no longer covers program costs
- The child's behavior puts themselves or others at risk.
- If a parent/guardian chooses to discontinue childcare services for any reason, the parent/guardian will provide ERC with a two week advance notice, prior to discontinuing childcare services.
- The child does not maintain age appropriate immunizations or provide a current letter of medical exemption from the Arkansas Department of Health

10) Readmission

- The parent(s), guardian(s), or surrogate parent(s) must complete the admission process, as a new referral.

11) Staff Training

- ERC's training program meets state and federal licensing requirements.
- As a condition of employment, all new employees must complete ERC regularly scheduled New Employee Orientation, On-Site Training orientation and Annual In-Service training.

12) Cost for Services

- Arkansas Medicaid and/or private insurance pay for Child Development Services for children that meet ERC admission criteria for DDTCS. ***Parent/Guardian(s) are responsible for maintaining the funding source.***
- There is no cost to the parent(s), guardian(s), or surrogate parent(s) to apply for either program.
- Full-time childcare services and before and after-school care services are charged on a weekly basis. The parent/guardian is responsible for paying all required fees for childcare services. Failure to pay child care fees by the due date may result in suspension and/or dismissal of the child from the child development center.

13) General Program Information

It is the goal of the Early Childhood Program to help your child learn skills that will make him/her more independent.

While in this program:

- Your child will be expected to attend school regularly as well as their scheduled therapies.
- If your child is running late for school, please notify the school as soon as possible-we make lunch orders early in the morning and need an accurate count.
- Your service delivery team will consist of the child's parent/guardian, certified teacher, service coordinator, nursing staff, and physical, occupational or speech therapists based

on your child's needs.

- Your child's school day will begin at 8:30 am and end at 3:00 pm.
- Your child will need to be checked in daily by using the ProCare system.
  Check-In Procedure:
    1. Do not leave a child unattended at any time.
    2. Check- in time is between 8:15 AM and 8:30 AM
    3. Check-in using the ProCare system
    4. Escort child to classroom and notify the child's classroom staff that child has arrived.
    5. Bus riders will be escorted to class by ERC staff.
- Day Habilitation hours are 8:30 AM to 3:00 PM. Check-in, for children who are not enrolled in before school daycare, is no earlier than 8:15 AM. Check out is no earlier than 2:50 PM and no later than 3:00 PM. Charges may apply for early drop off or late pick up.
- Before and after school daycare are available and are not considered to be part of the school day.
- Before care begins at 7:30 am and ends at 8:30 am.
- After care begins at 3:00 pm and ends at 5:00 pm.
- The ERC school year begins in July and continues until the last day of June the following year.
- Payment for childcare services must be current or childcare will be discontinued.
- Children's personal items are to be stored in their personal storage area.
- Children's personal items and clothing must be clearly marked-ERC is not responsible for lost or damaged items.
- Bringing personal toys to school is discouraged.
- No pictures are allowed to be taken with any electronic device unless written permission is given for each party in the picture for each incidence.
- Inclement Weather: When severe weather such as snow, ice or other circumstances occurs, ERC CDC's will be closed. Each CDC will be closed whenever their local school district is closed for the day.
- ERC provides training and drills on a regular basis, including fire, tornado, power loss, bomb and other threat drills.
- We encourage you to ask us questions. We will be happy to answer your questions about the Early Childhood Program and your child's plan for services.
- Transportation service to and from the child development center is available to children whose families qualify for transportation services and are available through Medicaid transportation services.

14) ERC Child Development Centers are inclusive learning programs, meaning the centers work with children that have developmental delays and/or disabilities and children without developmental delays and/or disabilities. Children without developmental delays or disabilities are enrolled at each of the five child development centers depending on availability.

15) DHS Child care Vouchers.

ERC accepts DHS Child care Vouchers with the following requirements:

- Documentation and verification of the vouchers must be provided prior to a child enrolling in the ERC childcare program.

- DHS vouchers must be obtained and maintained by the parent/guardian.
- If there is a lapse in DHS voucher coverage, the child may be suspended and/or dismissed

Client Rights

INDIVIDUAL/PARENT/GUARDIAN RIGHTS

A. Being free from physical or psychological abuse or neglect, retaliation, humiliation, and from financial exploitation.
B. Having control over their own financial resources.
C. Being able to receive, purchase, have, and use their own personal property.
D. Actively and meaningfully making decisions affecting their life.
E. Access to information pertinent to the person served in sufficient time to facilitate his or her decision-making.
F. Having privacy.
G. Being able to associate and communicate publicly or privately with any person or group of people of the individual's choice.
H. Being able to practice the religion of their choice.
T. Being free from the inappropriate use of a physical or chemical restraint, medication, or isolation as punishment, for the convenience of the provider or agent, in conflict with a physician's order or as a substitute for treatment, except when a physical restraint is in furtherance of the health and safety of the individual.
J. Not being required to work without compensation, except when the individual is residing and being provided services outside of the home of a member of the individual's family, and then only for the purposes of the upkeep of their own living space and of common living area and grounds that the individual shares with others.
K. Being treated with dignity and respect.
L. Receiving due process.
M. Having access to their own records, including information about how their funds are accessed and utilized and what services were billed for on the individual's behalf.
N. Informed consent or refusal or expression of choice regarding:
    1. Service delivery.
    2. Release of information.
    3. Concurrent services.
    4. Composition of the service delivery team.
    5. Involvement in research projects, if applicable.
    6. Involvement in campaigns for publicity efforts or raise funds.
O. Access or referral to legal entities for appropriate representation.
P. Access to self-help and advocacy support services.
Q. Adherence to research guidelines and ethics when persons served are involved, if applicable.
R. Investigation and resolution of alleged infringement of rights.
S. Rights and responsibilities of citizenship
T. Other legal and constitutional rights
    - The right to freedom of speech and expression.

- The right to freedom of religion.
- The right to association.
- The right to meaningful and fair access to courts, including legal representation.
- The right to privacy.
- The right to be free from cruel and unusual punishment.
- The right to equal protection and due process of the law.
- The right to fair and equal treatment by public agencies.
- The right to an equal educational opportunity.
- The right to have residential and educational services provided in a humane and least restrictive environment.

RECORDS OF PERSONS SERVED

ERC maintains a complete record of each individual served and treats all information as confidential. Access to case records are limited to:

- Individual/Parent/Guardian/Surrogate Parent, professional staff providing direct services to the person served, plus such other individuals as may be authorized administratively or by the consumer,
- Children's records are located in the CDC in which they attend. A notice will be posted in the newspaper when records are to be destroyed.
- ERC requires written authorization from the parent, guardian, or surrogate parent before releasing records containing identifiable information.
- ERC may release records to law enforcement agencies and state investigative agencies as needed without parental consent.
- ERC may only release information that it has generated.
- Law enforcement agencies and state investigative agencies may speak to the child(ren) without parental consent.

Parents, guardians, or surrogate parents may review the files pertaining to their children upon request.

A Therap account may be provided to outside providers and qualified parties to individuals we serve upon request. One of the key benefits of using Therap is that it increases communications between care providers and family members of people with developmental disabilities, by providing them with easy and secure access to the information they need. Access will be limited to each provider or qualified party to ensure confidentiality and HIPAA standards.

OTHER

Consumers/Parents/Guardians/Surrogate Parent are not required to acknowledge dependency on or gratitude to ERC facility or staff.

ERC will provide to the consumer, parent, guardian, or surrogate parent upon request, a summary of any monitoring or evaluating parts of this facility prepared by and received from federal, state, or local authorities.

Child(ren) may be subject to interviews by licensing staff, child maltreatment investigators and/or law enforcement officials for determining licensing compliance or for investigative purposes.

VIOLATION OF RIGHTS

If a parent, guardian, or surrogate parent believes that ERC has violated their rights, they can do the following:

1) Speak to the professional staff at ERC.
2) Initiate the Grievance Procedure (pg 12).
3) Call Advocacy Services, Inc. at 1-800-482-1174 between the hours of 8:00a.m. and 5:00p.m. (CST). An answering machine is available for messages after business hours.
4) Call The People First Self-Advocacy Group at 1-888-488-6040 for assistance.

NOTICE OF PRIVACY PRACTICES
ELIZABETH RICHARDSON CENTER
Effective September 2013

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY

This notice will tell you how we may use and disclose protected health information about you. Protected health information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In this notice, we call all of that protected health information, "health information."

This notice also will tell you about your rights and our duties with respect to health information about you. In addition, it will tell you how to complain to us if you believe we have violated your privacy rights.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

We use and disclose health information about you for a number of different purposes. Each of those purposes is described below.

- **For Treatment.** We may use or disclose health information about you to provide, coordinate or manage the services, supports and care you receive from ERC and other providers. For example, we may disclose health information about you to doctors, nurses, case managers, therapists, teachers psychologists, social workers, direct support staff, volunteers and other persons who are involved in supporting you or providing care. We may consult with other health care providers concerning you, and as part of the consultation, share your health information with them. We may share information to coordinate needed services, such as medical tests, doctor visits, therapy appointments, etc.

- **For Payment.** We may use or disclose health information about you so we can be paid for the services we provide to you. This can include billing a third party payor or other state agency, or your insurance company. For example, we may need to provide the state Medicaid program information about the services we provide to you so we will be reimbursed for those services. We may also need to provide the state Medicaid program with information to ensure you are eligible for the medical assistance program.

- **For Health Care Operations.** We may also use and disclose health information about you for our day-to-day operations. For example, we may use health information about you that review and evaluate the services we provide and the performance of our employees supporting you. We may disclose health information about you to train our staff and

volunteers. We may also use your health information to study ways to more efficiently manage our organization, for accreditation or licensing activities, auditing, or for our compliance program.

- **Individuals Involved in Your Care.** We may disclose to a family member, other relative, a close personal friend, or any other person identified by you, health information about you that is directly relevant to that person's involvement with the services and supports you receive or payment for those services and supports. We also may use or disclose health information about you to notify, or assist in notifying, those persons of your location, general condition, or death. In the event of your death, we may disclose to any of those persons who were involved in your care for payment for health care prior to your death, health information about you that is relevant to that person's involvement, unless doing so is inconsistent with any prior expressed preference of you that is known to us.

  If there is a family member, other relative, or close personal friend that you do not want us to disclose health information about you to, please notify ERC's Privacy Officer or tell our staff member who is providing care to you.

- **Health Plan.** We will not use or disclose your genetic information for underwriting purposes, which includes determination of eligibility (including enrollment and continued eligibility) or benefits under the plan; the computation of premium or contribution amounts under the plan (including discounts, rebates, etc. for participating in a health risk assessment or a wellness program); and the application of any pre-existing condition under the plan.

- **Disaster Relief.** We may disclose health information about you to an entity assisting in a disaster relief effort so that your parents/guardian, family, relatives or close personal friends can be notified about your condition, status, and location.

- **As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.

- **Public Health Activities.** We may use or disclose health information about you for public health activities and purposes. This includes reporting health information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease. It also includes reporting for purposes of activities related to the quality, safety or effectiveness of a United States Food and Drug administration regulated product or activity.

- **Proof of Immunization.** We may use or disclose immunization information to a school about you: (a) if you are a student or prospective student of the school; (b) the information is limited to proof of immunization; (c) the school is required by State or other law to have the proof of immunization prior to admitting you; and, (d) we obtain and document the agreement to the disclosure from either: (1) your parent, guardian, or other person standing *in loco parentis* of you if you are an unemancipated minor, or (2) from you if you are an adult or an emancipated minor.

- **Reporting Abuse, Neglect or Domestic Violence.** We may disclose health information about you to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when it is authorized by law.

- **Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- **Judicial and Administrative Proceedings.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also discuss health information about you in response to a subpoena, discover request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- **Law Enforcement.** We may also disclose health information about you to a law enforcement official for law enforcement purposes:
    - As required by law.
    - In response to a court, grand jury or administrative order, warrant or subpoena.
    - To identify or locate a suspect, fugitive, material witness or missing person.
    - About an actual or suspected victim of a crime and that person agrees to the disclosures. If we are unable to obtain that person's agreement, in limited circumstances, the information will be disclosed.
    - To alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct.
    - About crimes that occur at our facility.
    - To report a crime in emergency circumstances.

- **Coroners, Medical Examiners and Funeral Directors.** We may disclose health information to a coroner or medical examiner. This may be necessary to identify a deceased person to determine cause of death. We may also disclose health information to funeral directors as necessary to carry out their duties.

- **Organ, Eye or Tissue Donation.** To facilitate organ, eye or tissue donation and transplantation, we may disclose health information about you to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue.

- **To Avert Serious Threat to Health or Safety.** We may use or disclose health information about you if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We also may release information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation, in a violent crime or who is an escapee from a correctional institution or from lawful custody.

- **Military and Veteran.** If you are a member of the armed forces, we may disclose health information about you as required by military authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

- **National Security and Intelligence.** We may disclose health information about you to authorized federal officials for the conduct of intelligence, counter-intelligence, and other national security activities authorized by law.

- **Protective Services for the President.** We may disclose health information about you to authorized federal officials so they can provide protection to the President of the United States, certain other federal officials, or foreign heads of State, or to conduct investigations authorized by certain federal laws.

- **Correctional Institution.** Should you be an inmate of a correctional institution, we may disclose to the institution or its agents health information necessary for your health and the health and safety of others.

- **Worker's Compensation.** We may disclose health information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

- **Fundraising Activities.** We may use and disclose health information about you to contact you to raise funds for ERC. We may disclose health information to a business associate of ERC, so that business associate may contact you to raise money for the benefit of ERC. We will only release: (a) demographic information relating to you, including your name, address, other contact information, age, gender and date of birth; (b) dates of health care provided to you; (c) department of service information; (d) treating physician; (e) outcome information; and, (f) health insurance status.

  You have the right to opt out of receiving fundraising communications. If you do not want ERC to contact you for fundraising, please notify ERC's Privacy Officer.

CERTAIN USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

- **Psychotherapy Notes.** Your authorization is required before we may use or disclose psychotherapy notes unless the use or disclosure is: (a) by the originator of the psychotherapy notes for treatment; (b) for our own training programs for students, trainees, or practitioners in mental health; (c) to defend ourselves in a legal action or other proceeding brought by you; (d) when required by law; or, (e) permitted by law for oversight of the originator of the psychotherapy notes.

- **Marketing.** We will not disclose your health information for marketing purposes without your written authorization.

- **Sale of Information.** Your authorization is required for any disclosure of your health information when the disclosure is in exchange for direct or indirect remuneration from or on behalf of the recipient of the health information. However, your authorization may not be required under certain conditions if the disclosure is: (a) for public health purposes; (b) for research purposes; (c) for treatment and payment; (d) if we are being sold, transferred, merged or consolidated; (e) to a business associate of ours for activities undertaken on our behalf; (f) to you when requested by you; (g) required by law; (h) when permitted by applicable law where the only remuneration received by us is a fee permitted by law.

- **Employers.** We will not disclose your personal health information to potential or current employers without your written authorization.

OTHER USES AND DISCLOSURES

Other uses and disclosures will be made only with your written authorization. You may revoke

such an authorization at any time by notifying ERC's Privacy Officer in writing of your desire to revoke it. However, if you revoke such an authorization, it will not have any effect on actions taken by us in reliance on it.

YOUR RIGHTS WITH RESPECT TO HEALTH INFORMATION ABOUT YOU

Although your records are the property of ERC, the information belongs to you. You have the following rights regarding your health information.

- **Right to Request Restrictions.** You have the right to request that we restrict the uses or disclosures of health information about you to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to: (a) a family member, other relative, a close personal friend or any other person identified by you; or, (b) for no public or private entities for disaster relief efforts.

  To request a restriction, you may do so at any time. If you request a restriction, you should do so to ERC's Privacy Officer and tell us: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and, (c) to whom you want the limits to apply. *With one exception, we are not required to agree to any requested restriction.* The exception is that we will always agree to a request to restrict disclosures to a health plan if: (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and, (b) the information relates solely to a health care item or service for which you, or someone on your behalf (other than the health plan), has paid us in full.

  If we agree to a restriction, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction. However, we will not terminate a restriction that falls into the exception stated in the previous paragraph.

- **Right to Receive Confidential Communications.** You have the right to request that we communicate heath information about you to you in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work or that we cannot leave appointment reminders on your answering machine. We will not require you to tell us why you are asking for the confidential communication.

  If you want to request confidential communication, you must do so in writing to ERC's Privacy Officer. Your request must state how or where you can be contacted.

  We will accommodate your request. However, we may, when appropriate, require information from you concerning how payment will be handled. We also may require an alternate address or other method to contact you.

- **Right to Inspect and Copy.** With some exceptions, you have the right to review and copy your health information. *You must submit your request in writing to the Privacy Officer for ERC. We may charge a fee for the cost of copying, mailing or other supplies associated with your request.* Your request should state specifically what health information you want to inspect or copy. Your request should also state the form of access and copy you desire, such as in paper or in electronic media. We will act on your request within thirty (30) days after we receive your request. If we grant your request, in whole or in part, we will inform you of our

acceptance of your request and provide access and copying. We may deny your request if the health information involved is psychotherapy notes or is information compiled in anticipation of, is use in, a civil, criminal or administrative action proceeding. If we deny your request, we will inform you of the basis for the denial, how you may have our denial reviewed, and how you may complain. If you request a review of our denial, it will be conducted by a licensed health care professional designated by us who was not directly involved in the denial. We will comply with the outcome of the review.

- **Right to Amend.** If you feel that health information in your record is incorrect or incomplete, you may ask us to amend the information. You have this right for as long as the information is kept by ERC. *You must submit your request in writing to the Privacy Officer for ERC. In addition, you must provide a reason for your request.* We will act on your request within 60 days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying and we will seek your identification of and agreement to share the amendment with relevant other persons. We also will make the appropriate amendment to the health information by appending or otherwise providing a link to the amendment. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the health information kept by us; or is accurate and complete.

  If we deny your request, we will inform you of the basis for the denial. You will have the right to submit a statement of disagreement with our denial. Your statement may not exceed five (5) pages. We may prepare a rebuttal to that statement. Your request for amendment, or denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the health information involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, or, at our election, we may include a summary of any of that information. If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial with any subsequent disclosures of the health information involved. You will also have the right to complain about our denial of your request.

- **Right to an Accounting of Disclosures.** You have the right to receive an accounting of disclosures of health information about you. The accounting may be for up to six (6) years prior to the date on which you request the accounting but not before April 14, 2003. Certain types of disclosures are not included in such an accounting:
  a. Disclosures to carry out treatment, payment and health care operations;
  b. Disclosures of your health information made to you;
  c. Disclosures that are incident to another use or disclosure;
  d. Disclosures that you have authorized;
  e. Disclosures for disaster relief purposes;
  f. Disclosures for national security or intelligence purposes;
  g. Disclosures to correctional institutions or law enforcement officials having custody of you;
  h. Disclosures that are part of a limited data set for purposes of research, public health, or health care operations (a limited data set is where things that would directly identify you have been removed).
  i. Disclosures made prior to April 14, 2003.

Under certain circumstances your right to an accounting of disclosures to a law enforcement official or a health oversight agency may be suspended. Should you request an accounting during the period of time your right is suspended, the accounting would not include the disclosure or disclosures to a law enforcement official or to a health oversight agency.

To request an accounting of disclosures, you must submit your request in writing to ERC's Privacy Officer. Your request must state a time period for the disclosures. It may not be longer than six (6) years from the date we receive your request and may not include dates before April 14, 2003.

Usually, we will act on your request within sixty (60) calendar days after we receive your request. Within that time, we will either provide the accounting of disclosures to you or give you a written statement of when we will provide the accounting and why the delay is necessary.

There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, we may charge you for the cost of providing the list. If there will be a charge, we will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.

- **Right to Copy of This Notice.** You have the right to a paper copy of this Notice of Privacy Practices even if you have agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time.

  You may obtain a copy of this Notice at our website, www.ercinc.org.

  To obtain a paper copy of this Notice, contact the Privacy Officer of ERC.

OUR DUTIES

- **Generally.** We are required by law to maintain the privacy of health information about you, to provide individuals with notice of our legal duties and privacy practices with respect to health information, and to notify affected individuals following a breach of unsecured protected health information. We are required to abide by the terms of our Notice of Privacy Practices in effect at the time.

- **Our Right to Change Notice of Privacy Practices.** We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all health information that we maintain, including that created or received by us prior to the effective date of the new notice.

- **Availability of Notice of Privacy Practices.** A copy of our current Notice of Privacy Practices will be posted at each ERC facility in a common area. A copy of the current notice also will be posted on our web site, www.ercinc.org.

  At any time, you may obtain a copy of the current Notice of Privacy Practices by contacting ERC's Privacy Officer.

- **Effective Date of Notice.** The effective date of the notice is stated on the first page of this notice.

- **Complaints.** You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us.
  To file a complaint with us, contact ERC's Privacy Officer. All complaints should be submitted in writing.

  To file a complaint with the United States Secretary of Health and Human Services, send your complaint to him/her in care of: Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201. Complaints also may be filed online. Go to: http://www.hhs.gov/ocr. You will not be retaliated against for filing a complaint.

- **Questions and Information.** If you have any questions or want more information concerning this Notice of Privacy practices, please contact:

  Cathy Obana, ERC Privacy Officer
  3917 S. Old Missouri Rd., Springdale, AR 72764
  479-872-4660
  cobana@ercinc.org

Program Policies, Procedures and Guidelines

Every business or organization MUST have rules! These rules are for protecting the rights and safety of ALL. Breaking these rules will result in disciplinary actions, ranging from a verbal reprimand to suspension or immediate dismissal from ERC program(s). These are listed alphabetically by subject.

ABSENTEEISM and TARDINESS

ERC programs are only effective when your child attends regularly. Please keep absences to a minimum. If your child must be absent or tardy, ERC asks that the parent, guardian, or surrogate parent call the Child Development Center office by 8:30 a.m. to report the absence or tardy. The parent, guardian, or surrogate parent should give the reason for the absence or tardy and when they expect the child to return to the Child Development Center. Please provide a doctor's note or other written note indicating reason child was absent.

ERC has an 80% attendance policy. Your child should attend school at least 80% of the time while attending ERC. Children only receive the full benefits of their therapy if it is done on a consistent basis. ERC reserves the right to discharge your child from the program due to non-compliance with regards to the 80% attendance policy.

ACCIDENTS/INJURIES

Staff trained in basic first aid will immediately attend to accidents and injuries. If a child requires emergency medical care, an ERC Representative will call 911, who will then transport him or her to the nearest hospital emergency room for treatment.
ERC staff complete an incident/injury report for each accident. A copy of the report will be available to the parent/guardian/surrogate parent, if applicable.

ALLEGED ABUSE/NEGLECT

ERC will report any alleged or suspected abuse and/or neglect to the appropriate agencies and departments. ERC and its employees are mandated reporters.

AUDIOLOGY SCREENINGS

An Audiologist will conduct quarterly hearing screenings at the Elizabeth Richardson Child Development Centers. The results of the audiology screenings will be provided to the parent/legal guardian. These screenings are conducted to comply with Medicaid and DDS guidelines that require all children to have current hearing screenings.

AUTHORIZATION FOR PICK-UP

All children will have written documentation of individuals authorized to pick-up the child from the child development center. Parent/guardian will provide an authorized list for pickup at time of enrollment and will authorize the initial list and any changes/updates with signed, written documentation. Each authorized individual will receive a code to utilize for the check-in and check-out procedure.

Right of Both Parent to Pick Up

Under the laws of the state of Arkansas both parents may have the right to pick up their child, unless a court document restricts that right. The enrolling parent who chooses not to include the other parent's name on the authorized list for pickup must file and official court document (e.g. current restraining order, sole custody decree, divorce decree stating sole

custody, judgment of adoption). Absent that document, the center may release the child to either parent, provided that parent documents the biological or adoptive parenthood of that child.

Consent to Safe Departure of Children from Our Program
If ERC has concern for a child's safety, regarding that child's departing with you, we will call another person on the authorized list to pick up the child. The appropriate local authorities will be notified if a child is in any immediate danger.

BEHAVIOR GUIDANCE
Conscious Discipline and positive behavior support is used exclusively at ERC

- Conscious Discipline integrates social-emotional learning, discipline and self-regulation.
- Conscious Discipline combines classroom management and social-emotional learning. It utilizes everyday events to teach critical life skills. http://consciousdiscipline.com/

Behavior guidance shall be:

- Individualized and consistent for each child
- Appropriate to the child's level of understanding
- Directed toward teaching the child acceptable behavior and self-control

Acceptable behavior guidance techniques include:

- Look for appropriate behavior and reinforce the child with praise and encouragement when they are behaving well.
- Provide verbal praise to encourage positive behavior in all children.
- Remind the child on a daily basis of the rules by using clear positive statements regarding how they are expected to behave rather than what they are not supposed to do.
- Attempt to ignore minor inappropriate behavior and concentrate on what the child is doing properly.
- When a misbehaving child begins to behave appropriately, encourage and praise small steps rather than waiting until the child has behaved for a long period of time.
- Attend to the children who are behaving appropriately and other children will follow their example in order to obtain your attention.
- Use redirection to engage the child in an appropriate activity.

Behavior Guidance shall consist of redirection and positive behavior support techniques as deemed appropriate by the teacher. Positive behavior support will be promoted.

The following activities or threats of such activities are unacceptable as behavior guidance measures and shall not be used for children. These include, but are not limited to the following:

- Restraints (Restraining a child briefly by holding the child is allowed when the child's actions place the child or others at risk of injury.)
- Washing mouth with soap
- Taping or obstructing a child's mouth
- Placing unpleasant or painful tasting substances in mouth, on lips, etc.
- Profane or abusive language
- Isolation without supervision
- Placing child in dark area
- Inflicting physical pain.

- Yelling (This does not include a raised voice level to gain a child's attention to protect the child from risk of harm.)
- Forcing physical activity, such as running laps, doing push-ups, etc. (This does not include planned group physical education activities that are not punitive in nature.)
- Associating punishment with rest, toilet training or illness
- Denying food (lunch or snacks) as punishment or punishing children for not eating.
- Children shall not be forced or bribed to eat.
- Shaming, humiliating, frightening, labeling, physically or mentally harming children
- Covering the faces of children with blankets.

All ERC children's services staff are trained in Therapeutic Alternative in Crisis Training (TACT). Approved TACT interventions include empathy (active listening), positive reinforcement, limit setting, structure and routine, and environment modification. Advanced TACT interventions also include defensive techniques and advanced restraint procedures to be used **only** in emergency situations in which there is an unanticipated serious threat of violence or risk of injury to self or others.

BITING PROCEDURE

When a child is bitten:

1. The biter will immediately be removed with no emotion, using developmentally appropriate words. Any immediate response that reinforces the biting or calls attention to the biter will be avoided. The caring attention is focused on the victim.
2. The biter will not be allowed to return to the play and is talked to on a level that the child can understand.
3. The child may be redirected to another activity.
4. A written General Event Report (GER) will be completed and parents of the biter will be notified.

For the victim:

1. Will be separated from the child who bit.
2. Comfort the child
3. Notify the center nursing staff.
4. A written General Event Report (GER) will be completed and parents of the victim will be notified.

If biting continues:

1. Classroom staff will meet with the CDC Coordinator on a routine bases for advise, support, and strategic planning.
2. Every occurrence will be documented, including attempted bites, and location, time, participants, behaviors, staff present, and circumstances will be indicated.
3. Classroom staff will "shadow" children who indicate a tendency to bite and children that may have a tendency to be bitten:
    - Head off biting situations before they occur.
    - Teach non-biting responses to situations and reinforce appropriate behavior.
    - Teach responses to potential biting situations: "No." or "Don't hurt me."
4. ERC will work together with parents of both biting children and victims to keep all informed and develop a joint strategy for change if needed.
5. A conference may be held with parents of the biting child to develop a plan of action.
6. Early transition may be considered for a child "stuck" in a biting behavior pattern for a

change of environment, if developmentally appropriate.

7. The biting child may need to be removed from the center if biting behavior persists. Parents will be informed and prepared for the possibility that the biting child may have to be removed from the center and the parent/guardian will be asked to pick-up their child. The duration of removal will be determined based on the severity and frequency of the biting behavior.
8. If it is deemed in the best interest of the child, center, and other children and depending on the frequency and severity of the biting, dismissal of the child from center enrollment may occur. Written notice will be provided to the parents before this action occurs.

CONCEALED WEAPONS

ERC prohibits staff, consumers, families and visitors to carry a concealed or unconcealed weapon (of any kind) onto ERC property. ERC defines its property as all facilities, vehicles and grounds (including parking lots) where ERC employees work or clients reside and all ERC vehicles used to transport employees or clients. Violation of this policy may be grounds for immediate termination.

CORPORAL PUNISHMENT

ERC does not use any type of corporal punishment. Any staff member engaging in such practices will be subject to dismissal.

DRESS and HYGIENE

Children should dress in clean, comfortable clothes that are appropriate to season and the "school" setting. Clothing should be weather appropriate since children participate in outdoor play. Shoes should have a secured heel, be nonskid, and closed toed. Minimal jewelry is encouraged. ERC is not responsible for any lost, stolen or damaged jewelry. Children should present with clean hygiene and be free from odors. A change of clothing should be provided in case clothing becomes wet or soiled during the school day. If clothing becomes soiled during the school day, the clothing will be placed in a bag and sent home. Soiled clothing will not be washed at the child developmental center due to inflection control procedures.

Clothing may not promote drugs, alcohol, weapons or other inappropriate messages. Children should not be sent to school with any item that promotes drugs, alcohol, weapons, or other inappropriate messages.

INAPPROPRIATE BEHAVIOR

Children frequently display inappropriate behavior when they are frustrated, tired, scared, etc. ERC staff will utilize appropriate methods of redirecting these types of behaviors and working with the child to learn more appropriate ways of getting their needs met. A Service Coordinator and/or Certified Teacher will schedule a Team Meeting with the parent, guardian, or surrogate parent if problem behavior is severe and poses a safety threat to the child or other children.

Children should:

1) Use their listening ears.
2) Use their inside voice.
3) Use their walking feet.
4) Be kind to each other.

ERC reserves the right to dismiss a child(ren) from services if their behavior puts themselves or others at risk.

INDIVIDUALS WITH AIDS OR HIV-RELATED CONDITIONS

ERC has a policy of non-discrimination against those individuals with AIDS or HIV-related conditions.

Policy No. 418

Individuals with AIDS or HIV-related conditions (or those who may be perceived as having AIDS or HIV-related conditions) will not be discriminated against in accordance with 29 U.S.C. 706 (8), 794-794 (b): U.S.C. 12101 et.seq. Each individual/parent/guardian(s) shall be provided a copy of this procedure.

Policy No. 418.1

Confidentiality will be maintained for all information concerning whether that person admitted for services or anyone proposed for admission has been the subject of an HIV-related test, has had an HIV infection, has a HIV-related condition, or has AIDS.

Policy No. 419

ERC will not discriminate against individuals with Hepatitis B in accordance with 29 U.S.C. 706 (8), 794-794 (b): U.S.C. 12101 et.seq. Each individual/parent/guardian(s) will be provided a copy of this procedure.

Policy No. 419.1

Confidentiality will be maintained for all information related to Hepatitis B concerning any person admitted for services or anyone proposed for admission.

HEALTH and SAFETY

Communicable disease/illness: The parent/guardian must provide a physician's release statement before their child can return to the Child Development Center if a doctor has diagnosed him or her with a vaccine preventable communicable disease or upon request of the nursing staff to verify medical treatment has been received and the child is medically appropriate to return to school.,

Children with a suspected vaccine preventable communicable disease will be removed from the classroom and monitored by ERC staff until the parent or emergency contact can take the child home. ERC nursing staff will inform the parent, guardian, or emergency contact of what needs to occur prior to the child returning to the CDC.

ERC staff will not report incidents of contagious disease or illness to other staff unless:

1) Your child has an exposure incident involving possible infectious body fluids;
2) Communicable incidents are not containable through routine universal precautions; or
3) Department of Human Services (DHS) or the Arkansas Dept. of Health specifies that you must be isolated and removed from the Child Development Center.

Parental Notification: Minimum Licensing Standards require that all parents be notified of a contagious illness within the center as soon as possible. However, personal identifying information will not be shared. Notification may be through a notice sent home with each child or posted in a central location.

Hand washing: ERC expects all staff, children, and visitors to flush toilets after use and wash their hands after toileting and/or assisting children with toileting or diaper changes and before handling food.

Safety Drills: ERC expects all staff, children, and visitors to participate in safety and evacuation drills.

ILLEGAL BEHAVIOR

Theft of Property: ERC will notify local law enforcement to investigate incidents of theft. ERC may choose to prosecute based on outcome of investigation.

Alcohol or Drug Use: ERC prohibits use of or being under influence of drugs (not prescribed by a physician) and alcohol when participating in ERC programs or being on ERC property. ERC may choose to notify local law enforcement based on situation.

Destruction of Property: ERC prohibits the deliberate or careless damage to ERC property. This includes deliberately destroying or defacing equipment and/or training materials.

KINDERGARTEN READINESS CHECKLIST

Parents/Guardians will receive a kindergarten readiness checklist when their child turns three (or when they enter the program if they are 3 years of age or older). This checklist will assist parents/guardians in preparing their child for kindergarten.

MEALS

Children are served a morning and afternoon snack, in addition to a hot lunch, which meets USDA guidelines for childcare centers. Parents/guardians must provide a written physicians statement to indicate a medical need for food and beverages, which are different from that provided to the other children in the class. Parents/guardians may be asked to provide alternative food/drinks to comply with physician orders.

MEDICATION

Over the Counter Medication

ERC staff will not administer over-the-counter medication without parent / guardian consent. A current, signed consent must be on file. Only medications listed on the ERC over-the-counter medication consent form will be given to children without a physician order. Before administration of oral OTC medication i. e. (Acetaminophen/Ibuprofen), nursing staff will contact the parent/guardian to inform them of child's symptoms and to confirm if any OTC medication was given prior to school. The child must be age appropriate for the label instructed dosage to receive the medication at school. All other over-the-counter medications must have a physician's order with instructions for administration.

Prescription Medication

All prescription medications must have the prescription labels on them or a copy of the label/prescription instructions must be provided to ERC nursing staff. The prescription information must contain the child's name and instructions for administration including dose and times. Parents/Guardians/Surrogate Parents must report all medications changes to the ERC nursing staff.

OUTDOOR PLAY

Outdoor play is an important aspect of the child development program and is an extension of our

instructional day. It is our intent to take children outside for outdoor play every day. It is a licensing policy that children are outside for a total of at least one hour of outdoor play per day in suitable weather. During colder temperatures and/or wind chill, outdoor play could be shortened or suspended. Please dress your child appropriately. Appropriate cold weather clothing includes closed toe shoes, socks, coat, hat, and gloves. Children will not go outside if the temperature or wind chill is below 32 degrees Fahrenheit.
When the heat index is forecast to be ninety (90) degrees Fahrenheit or above, outdoor play will be scheduled during early morning hours or the length of time spent outdoors should be reduced to avoid heat stress.

SECURITY CAMERAS

Security Camera Policy: (Approved by the ERC Board of Directors 4/19/2012.) It is the policy of ERC to have security cameras in service locations. ERC recognizes the need to strike a balance between the Individual's right to be free from invasion of privacy and the organization's duty to promote a safe environment for persons served, visitors and staff members. The purpose of security cameras at ERC is to:

1. Promote a safe environment by deterring acts of abuse, neglect, harassment or assault.
2. Deter theft and vandalism and assist in the identification of individuals who commit damage to ERC property.
3. Assist law enforcement and regulatory agencies with regard to the investigation of any crime or allegation of any crime that may be depicted.
4. Assist in the daily operations of ERC.

The use of security cameras *will not* replace or otherwise substitute for trained and available direct care staff at a sufficient level to provide active treatment and ensure safety of persons served.

SUNSCREEN USE

ERC must obtain written consent from parent/guardian before sunscreen can be applied to child.

TIMELINESS

We expect you to bring your child to the Child Development Center on time and to pick them up on time each day.

If your child must have an appointment during the day, please make it the first thing in the morning or late in the afternoon so the child's leaving or returning does not interrupt the school day. Please bring a note from your child's physician upon returning to school.

ERC reserves the right to dismiss a child(ren) from services if they do not follow the 80% attendance policy.

VISITOR AND ACCESS POLICY

ERC welcomes visitors to the Center. All persons entering the Fayetteville, Springdale, Siloam Springs, Huntsville, or Farmington Child Development buildings should use the front entrance for access and exit. ERC will make exceptions to this requirement for emergency situations (such as fire drills).

ERC asks that all visitors sign in and out. The receptionist will provide the visitors with a visitor badge prior to the visitor going beyond the lobby. The visitor must return the badge to the receptionist upon departure.

ERC generally expects that visitors will limit their visit to that time needed to conduct business at hand. Socializing in the halls, classrooms or office areas should not take place out of respect for the children's needs.

Conflict Resolution / Grievance Procedure

Program Appeals Policy:

1. All Service/Program related complaints shall be given prompt and fair consideration.
2. The use of this appeals procedure is the right of all clients, their guardians or their appointed representatives.
3. Those clients who pursue a complaint through the appeals procedure will not be discriminated against or suffer any reprisals for using the procedure.
4. At any stage in the appeals procedure, individuals may have a representative of their choosing to assist with their appeal. Our preference is to have the same representative(s) throughout the appeals process.
5. A "complaint" is a specific violation, misrepresentation, or unfair application of any of ERC's rules, policies, or procedures alleged by the client or client's representative.
6. Vague or general charges of "unfairness" that are not substantiated by facts will not be processed through the appeals procedure.

Program Appeals Procedure:

1. Intent of this procedure is to resolve complaints and find positive solutions as soon as possible with the grieving parties.
2. To accomplish this, complaining parties will use the following steps;

Step 1: Client shall first discuss their dissatisfaction or grievance with the direct care employee. If an agreement is not reached, proceed to Step 2.

Step 2: Client or client's representative shall meet and discuss dissatisfaction or grievance with the program/shift supervisor in an attempt to satisfy the grievance at this level. If an agreement is not reached, proceed to Step 3.

Step 3: Client or client's representative and the program/shift supervisor will meet with the Program Director in an attempt to satisfy the grievance at this level. If an agreement is not reached, proceed to Step 4.

Step 4: Client or client's representative along with the Program Director will meet with the C.O.O. in an attempt to satisfy the grievance. A written decision will be provided to the client and client's representative within five (5) working days of this meeting. If an agreement is not reached, proceed to Step 5.

Step 5: Client or client's representative may forward a written request for a meeting to the Executive Director within ten (10) working days from meeting date in Step 4. This request for meeting should fully state the facts pertaining to his/her grievance and request a meeting in an attempt to satisfy the grievance at this level. The

meeting should take place as promptly as possible, and no longer than twenty (20) working days from the Executive Director's date of receipt of the written request. A written decision will be provided to client and client's representative. If an agreement is not reached, proceed to Step 6.

Step 6: Client or client's representative may forward a written request for a meeting to the President of the ERC Board of Directors (BOD) within ten (10) working days from meeting date in Step 5. This request for meeting should fully state the facts pertaining to his/her grievance and request a hearing in an attempt to satisfy the grievance at this level. All written information pertaining to the grievance will be made available to the family. The BOD will listen to the grievance and review all of the written information. A written decision will be provided to client and client's representative within ten (10) working days of the meeting of the BOD, If an agreement is not reached, proceed to Step 7.

Step 7: If the client or client's representative wishes to appeal to the licensing agency, they should do so within ten (10) working days of receipt of the written decision from the ERC BOD.

DDS Appeals Policy

ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES
DDS DIRECTOR'S OFFICE POLICY MANUAL

Policy Type: Administrative Appeals _ Subject of Policy: Policy No. 1076

1. Purpose. This policy is provided to allow for appealing decisions made by Developmental Disabilities Services (DDS) regarding the following programs:
   A. Human Development Centers (HDCs)
   B. Community Programs and Services
   C. Medicaid Home and Community Based Waiver Services
   D. Licensure of Community Programs/Services and Certification of Providers of Waiver Services, Providers of Developmental Day Treatment Clinic Service Voucher Services and Independent (Self-Employed) Certified Case Managers (CCMs)
   E. Nursing Facility, PASSAR determinations. These determinations are made, as required, by the 1987 Omnibus Budget Reconciliation Act (OBRA) for persons with a MR/DD diagnosis who seek admission or for whom admission is sought to a Nursing Facility. It includes annual reviews for continued stay.
2. Scope. This policy applies to recipients of services, their parents/guardians, Community Programs, Service Providers, and Certified Case Managers, other interested parties and all DDS employees.
3. General Provisions:
   A. Who May File An Appeal,. Only persons identified in Section 2. Scope may file an appeal relative to decisions made.

An appeal filed by anyone other than those listed in Section 2. Scope above is not a valid appeal and will be rejected and denied by DDS.

B. Conditions for Appeal - Each person who may file an appeal has specific conditions which must be addressed for an appeal to be considered.

All decisions listed will be made in writing and provided to the appropriate persons by certified mail with signed return receipt kept on file.

Any appeal of a decision that is determined as not made by or under the control of DDS will be acknowledged with an explanation and referral to the appropriate agency to which the appeal should be presented.

C. Time Frames. Time frames are established to resolve issues in an orderly and timely manner. Failure to meet the established time frames will result in the appeal being rejected and denied.

D. Contents of the Appeal. All appeals filed must be in writing and contain, at a minimum:

1) The name, address and telephone number of the person filing the appeal.
2) The relationship of the person who is filing the appeal to the individual requesting or receiving services or the relationship to the program that is affected.
3) The decision that is being appealed.
4) The reason(s) the decision is being appealed.
5) The desired outcome of the appeal; what the person is seeking through the appeals process.
6) The law and/or facts that are being relied upon in the filing of the appeal.
7) The person who will present the appeal.
8) Whether the person will be represented and if so, the name, address and telephone number of the representative. This is not limited to legal representation.

NOTE: Appeals that do not contain this information will be rejected and denied.

E. Appropriate Person with Whom to File an Appeal. Appeals must be filed with the specific person identified in the following procedures. Failure to do so can result in the rejection/denial of the appeal.

F. Review Process. The review process is outlined for each party who may file an appeal.

G. Final Agency Action.The final agency decision is outlined for the program/providers identified.

4. Procedures:

A. Human Development Centers (HDCsI. *(section removed)*

B. Community Programs and Services.

1) The individual applying for or receiving services or the parents, guardians or surrogate parents of the individual, and DDS Community Program Administrator or Board Chair may file an appeal.
2) Appeals may be filed on decisions regarding individual service eligibility, funding of services, program funding and service provision.
3) Appeals must be submitted within ten (10) working days of the receipt of notification of a decision.
4) Contents of an appeal is outlined in 3.D.
5) Appeals must be filed as follows:

- Eligibility - Assistant Director, Client Services, DDS
- Funding - Assistant Director, Program Management, DDS
- Early Intervention - Office of Chief Counsel, Appeals and Hearings.

The appeal for a fair hearing shall be mailed to:

OCC - Office of Appeals and Hearings
Donaghey Plaza South
P.O. Box 1437 - Slot 1001
Little Rock, AR 72203-1437

Request for fair hearing shall include the information required in 3.D. above - Contents of Appeal. Persons appealing under fair hearings will receive a copy of the procedures to be following during the hearing.

6) Within ten (10) working days of the receipt of the appeal, (Except Early Intervention) the Assistant Director will schedule and conduct a meeting with all the parties. All parties shall be notified of the meeting date, time and location in writing and shall be followed up by telephone. An extension of time frames may be allowed when either party has a valid reason for postponement and both parties agree to the delay, The meeting shall be recorded. Only the issues relevant to the appeal shall be discussed and considered. Within five (5) working days of the meeting, a written decision shall be rendered and submitted to all parties.

7) If the person who filed the appeal is still dissatisfied, the decision may be appealed.

If a party disagrees with a decision, the decision may be appealed within ten (10) working days by filing an appeal with the Director, DDS. Within fifteen (15) working days of receiving the appeal, the Director shall schedule and conduct a meeting with all parties. All parties shall be notified of the meeting date, time and location in writing and shall be followed up by telephone. An extension of time frames may be allowed when either party has a valid reason for postponement and both parties agree to the delay. The meeting shall be recorded. Only the issues relevant to the
appeal shall be discussed and considered. Within five (5) working days of the meeting, a written decision shall be rendered and submitted to all parties.

8) The decision of the Director is the final agency action except for decisions regarding Early Intervention.

9) Early Intervention Program. The decision of the Fair Hearing Officers is final agency action.

C. Medicaid Home and Community Based Waiver Services and or Nursing Facility Pre-admission and Annual Resident Review. *(section removed)*

D. Licensure of Community Programs/Services, Certification of Providers of Waiver Services, Providers of Early Intervention Voucher Services, and Independent (Self-Employed) Certified Case Managers (CCMs).

1) The President or Chair of the Community Program Board or Director of licensed Community Program/Services and for Certified Providers, the person certified may file an appeal.

2) Appeals may be filed on decisions regarding the granting of a license/certification or the taking of adverse action against a

license/certification, Decisions regarding investigations of services concerns/complaints.

3) Appeals must be submitted within ten (10) days of the receipt of notification of a decision.
4) Contents of an appeal is outlined in 3.D. above.
5) The appeal must be filed with the Assistant Director, Administrative Services, DDS.
6) Within ten (10) working days of the receipt of the appeal, the Assistant Director will schedule and conduct a meeting with all the parties. All parties shall be notified of the meeting date, time and location in writing and shall be followed up by telephone. An extension of time frames may be allowed when either party has a valid reason for postponement and both parties agree to the delay. The meeting shall be recorded. Only the issues relevant to the appeal shall be discussed and considered. Within five (5) working days of the meeting, a written decision shall be rendered and submitted to all parties.

   If a party disagrees with a decision, the decision may be appealed within (10) working days by filing an appeal with the DDS Director. Within fifteen (15) working days of receiving the appeal, the DDS Director shall schedule and conduct a meeting with all parties. All parties shall be notified of the meeting date, time and location in writing and shall be followed up by telephone. Extension of time frames may be allowed when either party has a valid reason for postponement and both parties agree to the delay. The meeting will be recorded. Only the issues contained in the appeal shall be discussed and considered.
7) Within five (5) working days of the meeting, a written decision shall be rendered and submitted to all parties.
8) The decision of the DDS Director is the final agency action.

DDS Complaint/Resolution Review and Process

Arkansas Department of Human Services
Division of Developmental Disabilities Services
DDS Director's Office Policy Manual

Policy Type	Subject of Policy	Policy No.
Administrative	Community Program & Certified Providers Complaint/Resolution Review & Process	1010

1. Purpose: This policy provides the administrative procedure for reporting and gathering information about complaints regarding services/supports provided by private organizations licensed and persons certified by the Division of Developmental Disabilities Services (DDS), i.e., Early Intervention Voucher Providers, Certified Case Managers, etc. and to bring resolution to complaints.

2. Scope: Persons who may report service complaints under this policy include, but are not limited to, DDS employees/volunteers, private organizations licensed by DDS, persons certified by DDS, individuals/families/guardians and staff of those services/supports and other interested parties.

This does not include employee/employer grievance/appeals issues, i.e., personnel issues or any other personnel issues unless it affects the services/supports of individuals/families, as outlined in their services/supports plan.

3. Service Complaint: Any problematic communication regarding services/supports provided to an individual with a developmental disability will be considered a service complaint.

NOTE: In the event the service complaint is an allegation/occurrence covered by Children's or Adult Protective Services, or DDS Director's Office Policy 1027, it is immediately reported to the proper authorities designated in those statutes/policy. Section 601: Title VI of the Civil Rights Acts of 1964 states: "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." Therefore, in the event the service complaint is an allegation of discrimination, it is immediately reported to the DHS EEO manager who will initiate an investigation and report findings to the DDS Director.

4. Reporting Procedure: Verbal or written service complaints will be immediately forwarded to the DS Program Evaluator Supervisor. All verbal complaints will be documented in writing by the person taking the complaint prior to any action being made, DDS Program Evaluator/Supervisor will inform complainant that there is an internal appeals procedure through the private licensed organizations. If the complainant chooses to use the procedure, the service complaint review process will stop unless the issue is covered under statute by Children's or Adult Protective Services or the immediate health and safety of the individual is threatened. Certified providers are not required to have a formalized appeals procedure but if they do, and the complainant chooses to use the procedure, the service complaint review process will stop unless the issue is covered under statute by Children's or Adult Protective Services or the immediate health and safety of the individual is threatened.

Replacement Notation: This policy replaces Developmental Disabilities Services

Director's Office Policy #1010, effective December 1, 1993
Effective Date: July 1, 1998
The following information must be obtained for every complaint:

a. Complainant's name, address and phone number (unless complainant requests anonymity)
b. Private licensed organization name/Certified Case Manager's name; E.I. Voucher Provider name, etc.
c. Description of problem, including names, dates, places, etc.

NOTE: DDS Employees have the responsibility as a mandated reporter to report information they receive from any source regarding a service complaint. If the service complaint is covered under statute by Children's or Adult Protective Services, working agreements for investigations with those divisions will be followed.

A. The Program Evaluator Supervisor, in consultation with their immediate Supervisor, will convene a review team consisting of not less than two members. One member MUST be the Program Evaluator responsible for the entity. The other member(s) will be selected on a rotational basis from other Program Evaluator or Quality Assurance/Training Coordinators. All staff involved in review activities will receive formalized training on confidentiality, interview techniques, etc. Other DDS employees may be requested to participate based on expertise.

B. Information gathering includes, but is not limited to, contacting the entity involved in the complaint, calling, visiting, observing, and private and confidential interviews with complainant, service recipients, and entity personnel.
The actions taken for review are dependent upon frequency/intensity of complaints. Resolution may be achieved following phone contact with the complainant and the on-site administrator of the entity. All attempts to contact relevant parties will be documented in the file to include:

1) Date and time
2) Person placing the call and name of witness
3) Phone number called

If telephone contact with complainant is required and cannot be made within five working days from the start of the investigation, and complainant is known, a certified letter, return receipt requested, will be sent to the complainant. Letter contents will inform complainant of attempts to contact, as well as requesting notification of receipt of letter and intention to pursue complaint within three working days of receipt of letter. If complainant does not contact Program Evaluator/Supervisor within the specified time frame, the process will be closed unless the health and safety of individual receiving services/supports is jeopardized.

C. The review team gathers information relevant to the reported complaint within negotiated time frames not to exceed ten working days of receipt of report. If timely contacts cannot be made with the concerned parties, the process may be extended an additional ten working days to allow all parties to be contacted and visited, if necessary.

D. The team will submit a written report to the Program Evaluator Supervisor within fifteen working days of completion of complaint investigation. The Program Evaluator Supervisor will notify the appropriate DDS supervisory personnel, the DDS Director, the complainant if known, the on-site administrator of licensed or certified providers, and Board President of private licensed organization involved, of the results of the review. Notification to the complainant will exclude any confidential information not available for public release.

E. Within five working days of receipt of written report, the affected entity may request a meeting with the Program Evaluator Supervisor to discuss the findings and results of the review.
F. Copies of review results may be requested by complainant or the licensed/certified entity by submitting a written Freedom of Information request. All documents released shall follow guidelines of the Freedom of Information Act.

5. Plan of Correction: If the review team determines there is credible evidence to support the service complaint, the DDS Program Evaluator Supervisor will request a time-bound Plan of Correction (POC) from the licensed/certified entity involved and ensure necessary follow-up to monitor progress toward compliance.

A. The POC will be copied to appropriate parties
B. Progress reports on the POC will be documented by Program Evaluator and copied to all parties involved as determined in the plan
C. DDS staff will provide technical assistance for the POC compliance upon request
D. If at any time substantiation of the service complain threatens current licensure/certification status, the entity may appeal following procedures under DDS Policy #1076

Effective Date: July 1, 1998

To Order a Copy of the Special Education Guidelines,
Contact the Arkansas Special Education Resource Center at
(800) 482-8437 or (501) 376-0377

What You Should Know About Shaken Baby Syndrome

Arkansas Department of Health
Keeping Your Hometown Healthy

4815 West Markham
Little Rock, AR 72205
www.healthy.arkansas.gov

Special thanks to:
Arkansas Children's Trust Fund
UAMS Center for Children at Risk

What is Shaken Baby Syndrome?

- It is a serious brain injury.
- It often occurs when a baby is forcefully shaken, causing the brain to move about inside the skull.
- Shaking is often done out of anger or frustration with a baby who won't stop crying and can't be soothed.
- It is a form of child abuse that can be prevented.

Shaken Baby Syndrome Symptoms

- Limpness or lethargy
- Trouble breathing
- Poor sucking or swallowing
- Irritability
- Seizures or trembling
- Vomiting
- Pale or bluish skin
- Unresponsive/will not wake up

All babies cry.

- Some cry more than others.
- Babies cry because they can't talk and need to say they are hungry, wet, sick, or hurting.
- Babies sometimes keep crying even when we try to comfort them.
- Shaking a baby won't stop the crying and may cause brain damage or death.

Don't panic - Have a plan.

How to Cope with Your Crying Baby –
It's important to have a CRYING PLAN that you (or anyone watching your baby) can follow when the crying starts.

Check your baby's basic needs:

1. Is it time to eat?
2. Does he/she need to burp after eating?
3. Is it time for a diaper change?
4. Is the baby too hot? Too cold? Overdressed?
5. Are there any signs your baby is sick? (fever, vomiting)
6. Seek medical care if you have any concerns about your baby's health.

Try soothing your baby:

- Hold your baby close and rock, walk or sway side to side while standing.
- Offer a pacifier (don't force).
- Swaddle him/her with a blanket.
- Play soft music or a quiet sound.
- Take your baby for a walk in a stroller or a ride in a car seat.

If your baby is not sick or hurt, but continues to cry, remember:

IT IS NEVER OK TO SHAKE A BABY.

IT IS OK to put your baby in a safe place (crib, infant seat) and let him cry while you take a break, or call a friend or family member for help.

It is more important to stay calm than to stop the crying.

Calm yourself, so you can calm your baby safely:

- Go outside for fresh air.
- Take several deep breaths.
- Count to 100.
- Wash your face or take a shower.
- Exercise. Do sit ups or walk up and down the stairs a few times.

Choose your baby's caregivers wisely - Before leaving your baby with anyone, ask yourself these questions:

- Does this person want to watch my baby?
- Is this person good with babies?
- Will my baby be in a safe place with this person?
- Have I gone over my **CRYING PLAN** with this person?

Do NOT leave your baby with anyone:

- Who is impatient or annoyed when your baby cries.
- Who says your baby cries too much.
- Who will become angry if your baby cries or bothers them.
- Who might treat your baby roughly because they are angry with you.
- Who has a history of violence.
- Who has lost custody of their own children because they could not care for them.
- Who uses drugs or alcohol.

- **Babies need attention most of the time.**
- **Babies cry because they can't talk.**
- **Some babies cry more than others.**
- **It is all right to feel frustrated when a baby won't stop crying.**
- **It is NOT all right to shake a baby to stop the crying.**
- **Babies cry. Have a plan.**

Create your own crying plan at:
www.cryingplan.com

Other helpful resources:
www.arkansasctf.org
www.kidshealth.org
www.dontshake.org

ShakenBabyBrochure.indd 2 09/21/2011

How to pick a Medical Home

- The doctor and nurse believe that you know the most about your child.
- You are as important as the doctor and nurse when it comes to your child's health.
- You respect and trust the doctor, and the doctor respects and trusts you.
- The doctor respects your culture and beliefs. If you want a certain kind of treatment or care, the doctor agrees if he or she can.
- Your doctor asks you about what your child needs, and works with you and others to meet those needs.
- Your child gets his or her shots, check-ups and urgent care.
- Someone at your doctor's office helps you if your child needs a specialist or other services.
- The doctor makes sure everyone who helps take care of your child has the information they need.
- The people at your doctor's office help you if your child gets sick or has a special need. They help you learn about the problem and may help you find other resources.
- The doctor makes sure you know what your choices are when your child needs treatment.

To find out more:

ConnectCare

(ARKids First and Medicaid)

1-800-275-1131

www.arbetterbeginnings.com

(Division of Child Care and Early Childhood Education / Better Beginnings)

1-800-445-3316

Arkansas Foundation for Medical Care℠
www.afmc.org

ARKANSAS DEPARTMENT OF HUMAN SERVICES

This material was prepared by the Arkansas Foundation for Medical Care Inc. (AFMC) under contract with the Arkansas Department of Human Services, Division of Medical Services. The contents presented do not necessarily reflect Arkansas DHS policy. The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act. MBU-MH.BRO.1-2/10

Your Medical Home

A publication of the Arkansas Foundation for Medical Care, under contract with the Arkansas Department of Human Services, Division of Medical Services

What is a medical home?

It may sound like a building, but a medical home isn't an actual place. It's a doctor you or your child go to for check-ups or when you get sick. This doctor is called a "primary care physician," or PCP.

Why should you have a medical home?

It may seem easier to see any doctor you can when you or your child is sick. But having a medical home — one doctor or clinic you call every time — means you are more likely to get the best care possible. If you see the same doctor every time, that doctor will know what sicknesses and health care you have had. You and the doctor will also get to know each other.

When should you go to the doctor?

If something is wrong with your health or your child's health, you should see your doctor. Health problems are easier to treat or manage when they are new. You should also see your doctor for check-ups. Your doctor should know what problems to check for, and what shots or medicines you need to stay healthy.

What is "well-child care"?

Medicaid and most other insurance programs pay for children to see the doctor even when they're not sick. At these visits, the doctor will make sure your child gets all the shots he or she needs. These shots protect your child from sicknesses like measles, tetanus and chicken pox. The doctor will also check for health problems and make sure your child is growing and developing as expected. If problems are found early, they are easier to treat or manage.

What should I do for help when my doctor's office is closed?

Most doctors have a number you can call after hours or on weekends or holidays. If you feel like you need to get care for a health problem that is not life-threatening, call your doctor first. Your doctor can tell you if you need care right away, or if you can wait until the clinic opens again.

The Patient-Centered Medical Home in Arkansas is an approach to providing comprehensive primary care for children, youth, and adults. The Patient-Centered Medical Home in Arkansas is a health care setting that facilitates partnerships between individual patients and their personal physicians and, when appropriate, the patient's family.

— American Academy of Pediatrics (AAP) and American Academy of Family Physicians (AAFP)

Other ERC Services

ADULT DEVELOPMENT SERVICES

This program is designed for adults who have a developmental disability and are at least eighteen (18) years of age to acquire knowledge in the areas of home and community living. Just a few of these skills include social, money management, health, hygiene, cooking, and vocational/work-readiness skills (while earning money).

VOCATIONAL REHABILITATION PROGRAM

This Program is designed for adults with disabilities who are at least eighteen (18) years of age to first acquire work skills and work experience through participation in the workshop, and then to obtain employment in the community.

SUPPORTED EMPLOYMENT PROGRAM

This program is designed for adults with disabilities who are at least eighteen (18) years of age to obtain and maintain competitive employment in the community. A job coach provides on the job training and training as needed throughout duration of employment (while individual is enrolled in this program).

JOB PLACEMENT PROGRAM

This program is designed for adults with disabilities who are at least eighteen (18) years of age to obtain employment in the community.

SHELTERED WORK PROGRAM

This program is designed for adults with disabilities who are at least eighteen (18) years of age. The Individuals in this program will work in the sheltered workshop, but are not able to work in the community, do not meet criteria for any other ERC work program, and do not need active case management.

HIGH SCHOOL VOCATIONAL PROGRAM

This program is designed to assist high school students, who have disabilities, in learning how to complete light assembly work such as tool assembly, electronics assembly, packaging, sorting, collating, and labeling. The program assists people to gain various general vocational skills including staying on task, following directions, understanding the "chain of command", getting along with coworkers and supervisors, and proper dress and hygiene while earning money.

INTERMEDIATE CARE FACILITIES RESIDENTIAL PROGRAM

This program consists of three, 10-bed community based residences. Residents must be at least eighteen (18) years of age and have a developmental disability. Resident receives an active treatment program designed to help him or her [earn independent living skills. Training is generally provided on a one-to-five basis.

ALTERNATIVE MEDICAID WAIVER PROGRAM

This program services to persons who have a developmental disability while they reside in their own home. Each individual receives an active treatment program that is designed to help him or her learn independent living skills. ERC staff provide training on a one-to-one basis.

Important Phone Numbers

Child Development Centers

Farmington:	**479-267-5760**
Fayetteville:	**479-443-4420**
Huntsville:	**479-738-1751**
Siloam Springs:	**479-373-6488**
Springdale:	**479-927-1350**

NWA Educational Cooperative	479-267-5960
Boston Mountain Educational Cooperative	479-839-3030
Arkansas Child Care Services	479-632-0258

OTHER PHONE NUMBERS

Artie Herndon, DDS Service Specialist	479-521-1270
Adult Protective Services	800-482-8049
Arkansas DDS (Developmental Disabilities Services)	479-782-4555
LeFleur Transportation	855-548-4517

LOCAL ADVOCACY GROUPS

Advocacy Services, Inc.	800-482-1174
The People First Self-Advocacy Group	888-488-6040
Arkansas Coalition for the Handicapped	501-376-3423
Legal Services of AR, Inc.	501-376-8015
AR Assn. for Visually Impaired Children and Youth	501-664-3670
Arkansas Epilepsy Society	501-666-1355
AR Alliance for the Mentally Ill Help and Hope, Inc.	501-661-1458
AR Assn. for Hearing Impaired Children	501-661-1444
The Arc of Arkansas	501-375-7770
Learning Disabilities Assn. of Arkansas	501-666-8777

Therapy Providers

Jarvis Therapy	479-750-7778
Cross Therapy	479-582-2740
Thera Play	479-856-6400
Children's Therapy Team	479-521-8326
Helping Hands	479-273-2511
ABC Happy Kids	479-621-6126
Sunshine School & Development Center	479-636-3190
Kid's First	479-750-0130
NWA Educational Cooperative	479-267-5960
Arkansas Child Care Services	479-632-0258
Friendship Community Care	479-524-2456

Conflict of Interest Statement

No member of the Board of Directors of the Elizabeth Richardson Center, Inc., (ERC) or its principle employees may enter into business dealings or personal dealings with persons served by ERC that may in fact appear, or have the possible intent of being in conflict of interest.

FY 2016 - 2017

Jenna Johnston	*President*
Bill Bowen	*Vice President*
James Kennedy	*Treasurer*
Amy Bates	*Secretary*

Alexandra Fitzgerald
Ken Milbrodt
Joseph O'Connell
Jeremy Minchew *Ex-Officio Board Member*

ERC Funding Sources

- Title XIX (Medicaid)
- Arkansas Department of Human Services
- Division of Developmental Disabilities
- Arkansas Rehabilitation Services
- Service Fees
- Grants
- Contracts with Employers / Businesses
- United Way of Northwest Arkansas
- Donations - Individuals, Clubs, Foundations
- Memorials/Gifts Honoring Individuals
- Federal Contracts
- Schools LEA Tuition

Solicitation Policy/Guidelines

It is the policy of ERC, that neither the organization nor individual employees on behalf of the organization, will solicit services and that we will adhere to the guidelines established by the state regarding the solicitation of services.

"Solicitation" in this context means any attempt to unduly influence an individual or his or her family or guardian to transfer from another certified provider to ERC.

Americans with Disabilities Act (ADA)
U.S. DEPARTMENT OF JUSTICE
CIVIL RIGHTS DIVISION

EMPLOYMENT

1. Employers may not discriminate against an individual with a disability in hiring or promotion -- if that person is otherwise qualified for the job.
2. Employers may ask about one's ability to perform a job, but cannot inquire if someone has a disability or subject a person to tests that tend to screen out people with disabilities.
3. Employers will need to provide "reasonable accommodation" to people with disabilities. This includes steps such as job restructuring and modification of equipment.
4. Employers do not need to provide accommodations that impose an "undue hardship" on business operations.
5. All employers with 25 or more employees must comply, effective July 26, 1992.
6. All employers with 15-24 employees must comply, effective July 26, 1994.

TRANSPORTATION

1. New public transit buses ordered after August 26, 1990, must be accessible to people with disabilities.
2. Transit authorities must provide comparable para-transit or other special transportation services to bus services, unless an undue burden would result.
3. Existing rail systems must have one accessible car per train by July 26, 1995.
4. New rail cars ordered after August 26, 1990, must be accessible.
5. New bus and train stations must be accessible.
6. Key stations in rapid, light and commuter rail systems must be made accessible by July 26, 1993, with extensions up to 20 years for commuter rail (30 years for rapid and light rail).
7. All existing Amtrak stations must be accessible by July 26, 2010.

PUBLIC ACCOMMODATIONS

1. Private entities such as hotels, restaurants, and retail stores may not discriminate against people with disabilities, effective January 26, 1992.
2. Auxiliary aids and services must be provided to people with vision or hearing impairments or other people with disabilities, unless an undue burden would result.
3. Physical barriers in existing facilities must be removed, if removal is readily achievable.
4. All new construction and alterations of facilities must be accessible.

STATE AND LOCAL GOVERNMENT

1. State and local governments may not discriminate against qualified people with disabilities.
2. All government facilities, services and communications must be accessible consistent with the requirements of section 504 of the Rehabilitation Act of 1973.

TELECOMMUNICATIONS

Companies offering telephone services to the general public must offer telephone relay services to people who use telecommunication devices for the deaf (TDD's) or similar devices.
This information pertaining to ADA requirements is available in the following accessible formats:

- Braille
- Large Print
- Audio Tape
- Electronic file on computer disk
- Electronic bulletin board
  (202-514-6193)

TITLE VI of the Civil Rights Act of 1964

No person in the United States shall on the grounds of race, color, sex, national origin, be excluded from participation, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. ERC operates in compliance with this law.

This facility is an Equal Opportunity Employer. ERC may make exceptions only when age or physical requirements constitute bona fide occupational hazard. It is the responsibility of this facility to guarantee the basic rights of employees and clients.

Disclaimer: State and Federal Laws, Policies, and Procedures supersede any of the Policies and Procedures contained in this handbook.

Elizabeth Richardson Center

ERC Enhancing lives
Removing barriers
Creating opportunities

DOCUMENTATION OF RECEIPT
of Children's Program Handbook

I _____ (print name) have received a copy of the Elizabeth Richardson Center (ERC) Children's Services Consumer Handbook as well as its attachment; both have been explained to me. I understand that it contains the following information:

- ERC Mission Statement
- Core Values
- Client Rights
- ERC's Grievance Procedures
- Child Care Procedures and Other Information Including:
  - Descriptions of ERC programs
  - DDS Appeals Policy
  - Solicitation Guidelines
  - DDS Certification Standards for Services
- 80% Attendance Policy
- ERC Privacy Policy
- Consent to Safe Departure
- Shaken Baby Syndrome Information
- Medical Home Brochure
- List of the ERC Board of Directors
- Important Phone numbers

_____ _____

Signature of Parent/Guardian Date