

FRED S. KELLER SCHOOL

APPLIED BEHAVIOR ANALYSIS CORP.

A NOT-FOR-PROFIT CORPORATION

Dear Prospective FSK Parent,

I am so pleased you are considering placing your child in our school. Due to the number of children without a placement, as well as our long waiting list, we cannot hold a slot for more than our policy allows. If you would like to tour other programs, we can hold the slot for 5 DAYS if you fill out our "Placement Hold Form" which can be found on www.fredskellerschool.com. Click on Yonkers, then click on prospective students. Download the hold placement forms and email them to info@fredskeller.com or you can fax them to 914-965-1419. After the 5 days hold, you have 5 business days to return the "Full Welcome Packet", minus the forms that need to be signed by your medical doctor (we understand that they may take a bit longer) also located on the same webpage. This lets our school know you fully intend to send your child to Fred S. Keller.

If we do not hear from you by email, phone or mail within 2 weeks of sending this acceptance letter and receive the full welcome packet (minus the forms that need to be signed by a medical doctor, if needed), we will offer the slot to another family and child and you will be taken off our roster. We cannot hold slots for longer than 2 weeks.

Thank you for helping us help more children and good luck on your preschool journey!

Sincerely,



Robin Nuzzolo, Ph.D.
Executive Director

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WELCOME!

Dear Fred S. Keller School Family,

We are so excited to begin what I am sure will be a very rewarding educational year with you. When we enroll a student into our program we partner with that student's entire family if needed to help that child meet their goals and become as independent as possible when preparing for kindergarten. We want you to feel supported by our program as well as informed regarding your child's progress. If at any time you have any questions or concerns regarding your child's progress or any other general communication your first line of communication would be your child's classroom teacher or supervisor. In the event that you feel you require further clarification or a second opinion regarding something please feel free to call or email our school directors:

If your child is placed at our Yonkers campus please contact:
Dr. Jeanne Speckman-Kilroe – 914-965-1152 ext 246 or jspeckman@fredskeller.com

If your child is placed at the Piermont campus please contact
Ms. CC Valdes – 845-680-1481 or cvaldes@fredskeller.com

I would also invite you to call or email me anytime. I am Robin Nuzzolo, the Executive Director. I have worked for the Fred S Keller School for 20 years and will absolutely be available to speak to you at any time regarding your child or general school procedures and policies. My direct extension is 202 at 914-965-1152. It is easier for me to receive emails which I check multiple times daily at robinnuzzolo@yahoo.com so please feel free to communicate as much or as little as you would like throughout the school year.

Thank you so much and we are excited to start this journey with you!

Sincerely,

Robin Nuzzolo, Ph.D., BCBA-D

Executive Director

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Dear FSK Parents & Guardians,

One of the most important roles I have as the executive director is to ensure that each and every student and staff member is kept safe. Health and safety is something we take very seriously here at the Fred S. Keller School. We are a school whose license is registered through OCFS as a school for “well children” only. We do not employ a school nurse. I would love to be able to staff our schools with medical personnel such as nurses, but the budgets do not have a line for that position, so we cannot fund the salaries. Each parent that places their child at any of our campuses is given a parent handbook, and signs to reading and understanding our policies. One of the policies in the handbook is our sick policy for students. It is non-negotiable, as it would be at any school. If you, your spouse, a family member or an emergency contact cannot pick up your child within an hour of our school’s call on any given day, we are not the school placement for you. There may be other placements with infirmaries, and medical offices and personnel where you can place your child that will be able to care for them. We cannot. We do not have any free space to isolate a child with a fever, rash, a flu, COVID-19, etc. Skin rashes and viruses spread especially quickly in a setting such as ours, with students who place their hands in their mouths, eyes, ears etc. and then touch others. I am sure no one would like their child exposed to any unnecessary illness or rash due to an unwilling or unable family pickup.

If your child’s teacher or our school’s administrative staff calls you to come pick up your child please do not raise your voice, cuss, argue or tell them you are not going to come. Please do not tell them you are at work. We understand, we are trying to do our job as well. If you cannot come within 60 minutes, you will have to arrange for someone else to come pick them up. We cannot keep them in school. If there is an incident as described above, our schools have a zero-tolerance policy for not coming to get your child. A meeting will be scheduled shortly thereafter with myself and the school’s director to determine a new emergency plan and if we can continue to have your child enrolled. If this happens a second time, we will call your local CPSE chairperson and explain we are no longer an appropriate placement for your child.

Please understand that this policy is in place for a number of reasons. One, is to keep all of our other students in the building healthy and safe. The other is to keep our staff, many of whom suffer from autoimmune deficiencies, in good health so they can be present for your child.

If you have any questions regarding this policy please feel free to call me at 914-965-1152 ext. 202

Sincerely,
Robin Nuzzolo, Ph.D.
Executive Director

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SCHOOL SUPPLY LIST

We are excited to have your child with us in the pre-school program.

- 1 black marble composition notebook to be used to communicate daily with the classroom staff. Please include emergency phone numbers on the inside front cover.
- 1 complete change of clothing
- 1 package of diapers or pull-ups, if applicable
- 2 packages of wipes
- 2 boxes of tissues
- 1 pack of **washable** crayons
- 1 box of **thin washable** markers
- 1 check or money order for \$25.00 payable to the Fred S Keller School for our student fund which pays for reinforcers, snacks, and special activities for the class.
- **If your child is a full day student, please send lunch daily.**

If you require any further information, please feel free to contact the office at 914-965-1152 ext. 200.

Thank you very much for your interest in our school.

Sincerely,

Jeanne Speckman

JeanneMarie Speckman, Ph.D.
Associate Director

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March 6, 2024

The Fred S. Keller School policies on COVID-19 mimic the CDC guidelines:

If your child tests positive for COVID-19 they no longer have to quarantine for any period of time IF they have no symptoms AND can wear a well-fitting mask for the entire school day. If they have any symptoms, your child may return to school once they are symptom free for 24 hours and can wear a well-fitting mask through day 10. Day 0 is the day the symptoms started.

If your child was exposed to someone who tested positive for COVID-19 they must be able to wear a tight-fitting mask for the entire school day in order to stay in the school building. If they are exposed at school, we will contact you and let you know that we will be providing them with a mask to wear at school. If they cannot or will not wear the mask for the entire school day, they will need to be picked up immediately. They will need to isolate for 10 days from the day of exposure. We will let you know what that day is when we call. If they can wear a tight-fitting mask, they do not need to isolate, they can wear the mask at school each day until day 10.

We cannot control how many times your child will be exposed to COVID-19 in a school year. We, of course, hope it will be zero occasions, but this may not be the case. We ask for your cooperation at any time when called. This is not a negotiable policy. All health and safety guidelines must be followed by all staff and student families to ensure that those in the building with compromised immune systems and other health concerns remain safe and able to be present at the workplace.

Thank you.

Sincerely,

Robin Nuzzolo, Ph.D.
Executive Director

Parent Name

Parent Signature

Date

ONBOARDING PAPERWORK CHECKLIST



This checklist contains a list of documents that are required to be completed by all incoming students to the Fred S. Keller School in Yonkers. We will need all the documents below for your child to begin Pre-School at the Keller School in Yonkers. **All documents under the responsibility of the parents must be completed within five business days to avoid any delays to the start of your child's program/ services.** We understand documents under the responsibility of the doctor may take longer than five business days but all other documents under the responsibility of the parents must be turned in within five business days for processing.

DOCUMENT	RESPONSIBILITY	IMPORTANT NOTES
<input type="checkbox"/> General Consent Form	Parents	To hold placement
<input type="checkbox"/> Parental Agreement for Emergency Procedures	Parents	To hold placement
<input type="checkbox"/> Day Care Enrollment	Parents	
<input type="checkbox"/> Naptime Waiver/ Topical Ointment, ETC.	Parents	
<input type="checkbox"/> Parent Pick-Up Release Form	Parents	Must include two or more contacts other than parents
<input type="checkbox"/> Emergency Health Care Plan for Allergies	Parents	If N/A please complete student name, date of birth, sign and indicate "N/A". If your child has an EPI pen please notify the school immediately via info@fredskeller.com. Additional forms may be required to be completed by the medical practitioner.
<input type="checkbox"/> Emergency Health Care Plan for Seizures	Parents	If N/A please complete student name, date of birth, sign and indicate "N/A"
<input type="checkbox"/> Procedures for Student Absences & Dismissal	Parents	
<input type="checkbox"/> Parental Consent for Publication and Presentation of Student Data	Parents	
<input type="checkbox"/> Policy on Provided Related Services	Parents	
<input type="checkbox"/> IRIS Text Alert Form	Parents	
<input type="checkbox"/> Child in Care Medical Statement (Physical/Immunization)	Doctor	Please make sure the date of exam is written on physical.
<input type="checkbox"/> Recommendation for Related Service Form (Prescription for OT/PT Services)	Doctor	Follow the Medicaid checklist to avoid service delays and errors that could lead to rejection.

END OF CHECKLIST

Please forward all completed forms to info@fredskeller.com



General Consent Form

Child's Name: _____

Parent/Guardian: _____

If the child is placed at the Keller School:

Yes/No

Permission to:

Photograph or videotape my child for "within-school" purposes only (e.g. class pictures, teacher training, parent education, ect.). Special permission must be gained if any photographs, slides, or video tapes are to be used for other purposes (presentations, etc.).

Provide copies of my child's progress reports to other agencies which have contact with my child (other preschools, day care facilities, social agencies, etc.)

Signature

Date



PARENTAL AGREEMENT FOR EMERGENCY PROCEDURES

Child's Name: _____

Parents Name: _____

In case of a medical emergency occurring while my child is at the Fred S Keller School, I understand that the procedures outlined below will be followed:

1. The school will call 911 to obtain emergency assistance.
2. The school will attempt to contact me at home, work, or emergency numbers.
3. An ambulance will transport my child to the hospital closest to the school.

Signature

Date

PHOTO OF CHILD (Optional)		NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES DAY CARE ENROLLMENT				
		PROGRAM NAME: Fred S. Keller School		ADDRESS: 1 Odell Plaza, Yonkers, NY 10701		PHONE NUMBER: (914) 965 - 1152
		CHILD'S FULL NAME: PREFERRED NAME/NICKNAME:			DATE OF BIRTH: / /	GENDER:
		CHILD'S HOME ADDRESS:				
		NAME OF PERSON ENROLLING CHILD:		RELATIONSHIP TO CHILD: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____		
PHONE NUMBER(S) OF PERSON ENROLLING CHILD: () - <input type="checkbox"/> ok to text			ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):			
EMAIL ADDRESS:						
EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES		Authorized to Pick Up Child	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL	
	PRIMARY CONTACT:		<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text	
FOR PROGRAM USE ONLY DATE OF ENROLLMENT: / /			FOR PROGRAM USE ONLY DATE OF DISENROLLMENT: / /			

CHILD'S FULL NAME:		DATE OF BIRTH: / /
Check boxes below to indicate if your child has any special needs/services: <input type="checkbox"/> None <input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Allergies (Please list) _____ <input type="checkbox"/> Other _____		
Please provide information here AND discuss with your child care provider:		
CHILD'S PRIMARY CARE PHYSICIAN'S NAME/ GROUP:		PHONE NUMBER: () -
PREFERRED HOSPITAL:		PHONE NUMBER: () -
CHILD'S DENTAL CARE:		PHONE NUMBER: () -
Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/		
AGREEMENTS <ul style="list-style-type: none"> • I consent to emergency medical treatment for my child..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I provided information on my child's special needs to the program to assist in caring for my child..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I agree to review and update this information whenever a change occurs and at least once every year..... <input type="checkbox"/> Yes <input type="checkbox"/> No 		
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:		DATE: / /



NAPTIME WAIVER

I _____ (parent/guardian) waive the requirement for my child _____ to participate in naptime at the Fred S. Keller School. If I do not waive this, I understand that my child will nap for 30 minutes each school day.

TOPICAL OINTMENT, SUNSCREEN, AND INSECT REPELLANT

I _____ (parent/guardian) am granting permission to the Fred S. Keller School employees to apply (TO/S/IR) on my child, _____ when needed.

The Office of Children & Family Services requires the brand of the following:

Diaper Rash Cream: _____

Sunscreen and SPF#: _____

Insect Repellant: _____



Parent Pick-Up Release Form

To better ensure the safety of your child, we are asking that all parent/guardians fill out this Pick-Up Release Form. We realize that there may be times when someone other than yourself may have to pick up your child at school and you are unable to send a note or call the school to notify us. Please complete the form at the bottom of this page and return it to your child's teacher. If we do not know the person coming in to pick up your child, we will ask for identification. If the person coming in is not on the list. We will not release your child to that person. **We still ask that, if possible, you write a note or call the school if someone other than yourself will be picking up your child. If this form is not returned, we will not release your child to anyone other than the parent/guardian.** If you have any questions, please call the school.

Name	Relationship	Phone Number
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Print Student's Name: _____

Parent/Guardian Signature: _____

Date: _____

EMERGENCY HEALTH CARE PLAN FOR ALLERGIES

Student Name: _____ Date of Birth: _____

Does your child have any known allergies: ☐ Yes ☐ No

Primary Health Concern: _____

Secondary Health Concern: _____

Identified Allergen(s): _____

Other relevant health concerns: _____

Student Picture (Optional)	FILL OUT CONTACT INFORMATION
	Mother Name: _____ #: _____
	Father Name: _____ #: _____
	Emergency Contact: _____ #: _____
	Additional Information: _____ _____ _____

In the case of an allergic reaction, initiate the following plan of care:

1. Rinse the area or mouth with a large amount of water.
2. Provide epinephrine _____

*If epinephrine is given, 911 should be called immediately. Report that your student is having an allergic reaction, and you require Advanced Life Support with additional epinephrine.

Specific Directions as per Physician: _____

Health Care Providers Name: _____ #: _____

The school will share this information with staff on a "need to know" basis.

Parent/ Guardian Signature: _____ Date: _____

AN ALLERGERIC REACTION MAY INCLUDE ANY OR ALL OF THESE SYMPTOMS:

- General: Dizziness, loss of consciousness, feeling of panic or doom
- Mouth: Swelling of lips, face, tongue, throat; a report that the mouth "feels hot"
- Breathing: Wheezing, difficulty breathing, congested, cough, tightness of throat
- Stomach: Discomfort, nausea, vomiting, abdominal cramps, diarrhea
- Skin: Hives, swelling, rash

EMERGENCY HEALTH CARE PLAN FOR SEIZURES

Student Name: _____ Date of Birth: _____

Does your child have a history of seizures: ☐ Yes ☐ No

Primary Health Concern: _____

Secondary Health Concern: _____

Seizure History:

Student Picture (Optional)	FILL OUT CONTACT INFORMATION
	Mother Name: _____ #: _____
	Father Name: _____ #: _____
	Emergency Contact: _____ #: _____
	Additional Information: _____ _____ _____

In the case of a seizure, initiate the following plan of care:

1. One staff dials 911 and reports that a student is having a seizure.
2. Time the seizure
3. Protect the student from injury (remove harmful objects)
4. Cushion the student's head.
5. DO NOT restrain the student, place anything in the student's mouth, offer him or her anything to eat or drink or try to move the student.

Specific Directions as per Physician: _____

Health Care Providers Name: _____ #: _____

The school will share this information with staff on a "need to know" basis.

Parent/ Guardian Signature: _____ Date: _____

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Procedures for Student Absences & Dismissal (updated 7/27/23)

1. Children with over 100°-degree fever, undiagnosed body rash, vomiting, diarrhea or behaving in a manner that leads a supervisor to believe that the child is extremely uncomfortable or ill, will be sent home.
2. Children who are sent home with undiagnosed body rash or symptoms of a contagious illness may not return to school without a doctor's note. If a student is sent home under these conditions and then sent back to school without a doctor's note, parents will be called to pick up the student.
3. Students who have been out of school sick for 3 days must be cleared by a doctor to return to school.
4. Students must be fever-free and/ or have had 0 instances of vomiting in a 24 period in order to return to school.
5. Students who have visited the emergency room or have had a medical procedure must be cleared by a doctor to return to school. The doctor's note must specify if the student is cleared for full physical activity or there are activities in which the student may not participate.
6. If students are sent to school without doctor's notes when doctor's notes are required, the bus company will be contacted that the student may not return to school until a doctor's note is in the school building clearing the student to return.
7. Parents and/or caregivers must be able to pick up their children within 90 minutes of having been notified of student illness/ severe discomfort. Please note that if you do not pick up your child after having received a phone call to do so, the Fred S. Keller School will request a program review with your district personnel to discuss a change of placement.
8. If a caregiver claims he or she cannot pick up a child, a FSK employee will accompany the student in a taxi to a location of an approved caregiver as per the parent. FSK will then bill the family for the cost of round-trip fare. This will also apply if a parent or caregiver has not picked up a student by 2:30 pm.
9. Students are dismissed at 2:00 and cannot remain in classrooms after 2pm. If a student is not picked up by 2:10 pm the parents will be charged \$1 a minute for daycare costs for each minute they are in our aftercare. School ends at 2pm sharp and our teachers and assistants have work to complete in preparation for the following school day.

I have read and understood the above procedures:

Student Name: _____

Print Name

Signature

Date

Fred S. Keller School Institutional Review Board

Parental Consent for Publication and Presentation of Student Data

Dear Fred S. Keller Parents and Guardians:

The Fred S. Keller uses a behavioral approach to schooling known as the Comprehensive Application of Behavior Analysis to Schooling or CABAS®. One of the most important components of this approach to schooling is the data that our teachers, supervisors and administrators collect on our students' responses to instruction, and on their progress in general.

Over the years, many tactics and procedures have been found to be effective in teaching and improving such skills as language, reading, math, adaptive behavior and "unwanted" behaviors. It is important that we continue to replicate these procedures with any student who may benefit from them. Also, we at the Keller School strive to always improve on these procedures as well as to identify new procedures that are most effective in teaching children. Behavior intervention plans are included and inherent in our program. Because we are a data-based program, and because we provide student teaching opportunities to Teachers College Masters and Doctoral students, much of the data we collect is either presented at professional conferences and/ or published in professional journals. We as educators and researchers have a responsibility to disseminate our work so that other teachers and therapists can also implement these effective strategies with their students.

By signing below, you are allowing employees of the Fred S. Keller School to 1) present your child's data at professional conferences and/ or 2) publish your child's data. Please note that at no time will your child's identity be used (typically participants would be assigned a letter or number). You will be informed of any instructional procedures used to teach your child new skills. Please feel free to discuss any of this information with your child's teacher or supervisor or contact me with any questions at (914) 965-1152 Extension 246.

Sincerely,

JeanneMarie Speckman, Ph.D.
Associate Director
Institutional Review Board Chairperson

Student: _____

I _____ give consent for my child's instructional data (responses to instruction) to be presented at professional conferences and/ or be published in professional journals/texts. I am aware that my consent is voluntary and there will be no penalty or loss of benefits to which I am otherwise entitled if I decline consent.

FRED S. KELLER SCHOOL

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Fred S Keller School Policy on Provided Related Services

Welcome to the Fred S. Keller Preschool. We are very excited for your child to begin our very intensive behavior analytic classroom experience. Fred S. Keller utilizes evidence-based procedures from the corpus of behavioral literature to teach all aspects of the NYS learning standards including language and school-related motor activities. Your child's time in the classroom is extremely important. We do recognize that students may require related services (Speech, Occupational Therapy and Physical Therapy.) We recognize these services as effective, and can provide them at the following maximum sessions per week:

Speech 3 times per week 30 minute sessions

Occupational Therapy 2 times per week 30 minutes per session

Physical Therapy 2 times per week 30 minute per session

We do not provide counseling services to student

If your child requires more than this number of related services, our school is not an appropriate placement for your child. If your child is currently attending our school program and you and/or the CPSE recommends a level of related service that exceeds the above number, we will request that a new placement be found that better suits his or her related service needs. Your child would, of course, remain with FSK until an appropriate program can be found. If you have any questions about this policy please contact the Executive Director, *Robin Nuzzolo* at 914-965-1152 ext. 202 and she will gladly clarify anything you may need.

I have read and understand the related service policy above:

Parent Name

One Odell Plaza, South Westchester Executive Park, Yonkers, New York 10701 • Tel (914) 965-1152 • Fax (914) 965-1419

Tappan Zee Education Center, 561 Route 9W, Piermont, New York 10968 • Tel (845) 680-1400 • Fax (845) 613-7580



Dear Fred S. Keller Parents/Guardians:

We are offering a system that allow all parents/guardians of the Fred S. Keller community to be instantly notified via phone calls, and text message of real-time situations as they are developing. This is a great service to our families!

School Messenger alert system will provide instantaneous notifications to parents in the event of unscheduled school closings due to inclement weather or other emergencies. We will also use this system for school reminders. This system enables “real time” information via:

- Voice calls to phones
- Text messages to cell phones
- Alerts to emails

After providing your contact information, please make sure it is kept up to date by informing the school office of any changes.

Please complete and return this form to the school.

Fred S. Keller School

Student's Name: _____

Parent/Guardian Name: _____

Home Phone Number: _____

Mobile 1: _____

Mobile 2(if applicable): _____

Email: _____

Please do not write below for office use only

School Year: _____

Date of Acceptance: _____

Please circle one: (EI) or (Pre-K)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner

Name of Child:	Date of Birth: / /	Date of Examination: / /
----------------	-----------------------	-----------------------------

Immunizations required for entry into day care

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

☐ Yes ☐ No

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	5 th Date / /
Polio (IPV or OPV)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Haemophilus influenzae type B (Hib)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date OR 1 st Date (if given on or after 15 months of age) / /	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Hepatitis B	1 st Date / /	2 nd Date / /	3 rd Date / /		
Measles, Mumps and Rubella (MMR)	1 st Date / /	2 nd Date / /			
Varicella (also known as Chicken Pox)	1 st Date / /	2 nd Date / /			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /

Tests

Tuberculin Test Date: / / Mantoux Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative mm TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test. If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.			
Lead Screening Date: / / Attach lead level statement Lead Screening (Include All Dates and Results)			
1 year / /	Result: _____	mcg/dL	<input type="checkbox"/> Venous <input type="checkbox"/> Capillary
2 years / /	Result: _____	mcg/dL	<input type="checkbox"/> Venous <input type="checkbox"/> Capillary
Most recent date of lead screening (if different from above): / / Result: _____ mcg/dL <input type="checkbox"/> Venous <input type="checkbox"/> Capillary			
Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely. If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.			

(Continued on reverse side)

CHILD IN CARE MEDICAL STATEMENT *(continued)***Health Specifics****Comments**

Are there allergies? (Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Summary of Physical Exam

Include special recommendations to child day care providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care.

☐ Yes ☐ No

_____ Signature of Examiner	_____ Address
_____ Please Print Name	_____ City, State, Zip
_____ Title	() - / / Phone Date

PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES

In accordance with the request by the Committee on Preschool Special Education, a referral for evaluation and/or a recommendation for services as noted below will be provided as specified in the Individualized Education Program (IEP) designed by the Committee. (Check one or both as required) ☐ **Evaluation** ☒ **Services**

Student Name _____ DOB _____

District _____ County WESTCHESTER

Agency FRED S. KELLER SCHOOL/ 914-965-1152
(Agency, Center-based Program or Individual Provider)/Phone

(Required)

Term of Service: School Year July 1, 2024 to June 30, 2025

(Required)

Check Appropriate Service(s) / Evaluation(s)

☐ **OT – Service**

☐ **PT – Service**

☐ **OT – Evaluation**

☐ **PT – Evaluation**

(Required)

ICD CODE / MEDICAL DIAGNOSIS-PURPOSE OF TREATMENT

(Check)

ICD Code

Description

(Frequency, Duration & Class Ratio as per the IEP)

☐

F82

Coordination Disorder

☐

F84.0

Autism

☐

R62.50

Unspecified lack of expected normal physiological development in childhood

☐

R26.89

Abnormality of Gait: Ataxic, paralytic, spastic, staggering

☐

R27.8

Lack of Coordination: Ataxia, not otherwise specified; muscular incoordination

☐ Other

(Please Specify)

*The **most specific** ICD code is required for each evaluation/service.*

Medicaid requires that a written referral be in place prior to the initiation of evaluations/services.

** An order/referral for services must be completed for each IEP period.*

A new order/referral must be completed whenever reviews conducted during an IEP period results in a change in service (i.e., frequency/duration/ratio).

Signature _____ Date Signed _____
(Original Signature Required – Stamps Not Permitted) (Required)

Print Name _____ Title _____

Address & Phone (Required) - (Stamp Accepted) **Must be legible**

(Required) License # _____

(Required) NPI # _____

Medicaid # _____

Fax # _____

(Signature of NYS licensed and registered physician, a physician or a licensed nurse practitioner acting within the scope of practice (for psychological counseling services this also includes an appropriate school official and for speech therapy services, a speech-language pathologist who has seen the child.)

FRED S. KELLER

SCHOOL

APPLIED BEHAVIOR ANALYSIS CORP.

A NOT-FOR-PROFIT CORPORATION

Policies and Procedures

Parents/Caregivers

- Ensure that your child attends school regularly.
- Ensure that your child arrives on time for school.
- Contact the school if their child is unable to attend.

Absences

- **When your child will be absent due to personal reasons or illness, please call the school and leave a message with the receptionist or voicemail.** This alleviates any worries we may have when your child does not arrive at school and helps us with the proper staffing of classrooms. Our teachers wait for student drop off and busses in the morning, so please call the school as soon as possible if your child is going to be absent. Also, if you will be dropping your child off late or picking them up early, please let the school know.

Extended holidays

- Any parent / caregivers who wish their child to be away from school during term time must notify the school of a planned vacation.

Sick Child Policy

In order to maintain a healthy school environment for all of our students and staff, we adhere to the following health guidelines:

A child who is not well should be kept at home by the parent/caregivers until fully recovered. In some circumstances, the teacher may feel that a child is not well enough to be in school and will make contact with the child's parent/caregivers to arrange for them to return home.

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It is each parent/caregiver's responsibility to ensure that their child is well enough to attend school. Any medication required must be administered by the parent/caregiver's, with the exception of Epi-pen. The Epi-pen administration must have written parental consent.

There is no legal or contractual duty on school staff to administer medicine or supervise a pupil taking it.

A child is considered ill if he/she has:

- A temperature greater than 101 degrees
- Undiagnosed body rash/ with or without a fever (requires a doctor's note to return to school)
- Diarrhea or Vomiting more than twice in a 24-hour period
- Green nasal discharge
- Eye discharge or pink eye (requires a doctor's note to return to school)
- Inflamed mouth or throat
- Coughing (high-pitched whooping sound after coughing, sneezing and/or other cold/flu symptom)
- **We do not use a child's temperature as the only indication of illness**, so if your child appears not to be themselves, their behavior is not typical and is accompanied by more than 1 loose bowel movement per day, excessive coughing, sneezing, runny nose, or general lethargy you will be called to come pick them up from school.
- When a student has been absent or sent home due to illness, we ask that they remain home until they are symptom-free for 24 hours. In some cases, we may ask that you send a doctor's note in with your child upon his/her return. Our school is licensed by both the New York State Education
- Department and the Office of Children and Family services to care for "well" children. We may call you to pick up your child even if they do not have an increase in temperature. Although this policy may seem like an inconvenience some of the time, please understand that it is only to protect our students and keep our staff healthy to better serve your child.

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All parents please adhere to FSK request of keeping or picking up your infant/child in case of suspected contagious illnesses.

Following these guidelines helps us to ensure a healthy school environment for all of our students and staff.

Notification of Changes

Please notify the school immediately of any important changes, such as medical history and contact information. It is critical that the school can reach parents in the event of an emergency.

Physicals

An annual physical is required for your child to be enrolled in school. The physical expires one year from the examination date.

Prescriptions

If your child receives speech, occupational or physical therapy, a new prescription is required for each school year (the school year is from July-June). Services cannot be delivered without a prescription. A medical doctor is required to provide all of the necessary information requested on the prescription form.

Drop Off and Pick Up

The staff will drop the children off at the downstairs area at 9:00, pick up at 2:00pm promptly.

Children should not arrive before 8:55am. Parents may wait in the downstairs area with the children until said time. Children are in the care of and are the responsibility of their parents or those who bring them to school until a staff member has retrieved them. Also, Parents may not accompany their children to class to avoid disruption of the morning transition. Staff members will be in the downstairs area to assist with sing-in and sign-outs. Please ensure that you contact the school to advise them that you may or will be late.

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½ Day Student Pick up/Drop off or Early Pickups/Late drop offs

Parents/caregiver should pick up their child/children from the lobby area if he/she is being picked up or dropped off late (this includes ½ day students). If the regular parent/caregiver is not able to pick up the child, notice of this should be given to the school in writing, letting the school know who will pick up your child. In addition, it is advised that the person brings proper identification.

We request that you pick up your child on time each day unless prior arrangements have been made for them to be picked up early.

Special Diets/Medical Conditions

Parents have the option of sending meals and snacks daily. We do recognize that some children in our care are allergic to particular foods and must follow a specific diet. **If your child requires any special dietary provisions, please provide us with a note.** Also, please make sure your child's classroom teachers know how to detect and react to any possible medical conditions that may arise. Before any activity involving food, permission slips will be sent home for parents to indicate any allergy risks that may apply to their children.

Mealtimes

Each classroom has a refrigerator and microwave, as well as plates, cups, and utensils. The classroom staff will assist the students at meals as much as the staffing ratio allows. The classroom teacher will notify you if your child needs food that he or she can eat with greater independence or if he or she is not eating certain foods sent from home.

Open Door Policy

Our school does have an "open door policy" meaning you as a parent/caregiver may come in and observe how your child is doing at any time. Quite often when parents visit, our students may become upset, want to go with the parents or expect to leave with the parents. By notifying the classroom ahead of time, the teacher can try to arrange for you to observe without your child knowing so that you can avoid potentially disrupting the classroom and will be able to observe child's typical classroom interactions and behavior. We have an observation form that helps us to make the most out of your visit. We do ask that this is not done during the first two weeks of school to help with transitioning.

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Sending Supplies

Our teachers or staff will notify you if your child needs additional supplies in the classroom (diapers, wipes, extra clothing, etc.). Please send the items to the school in a timely manner.

Teacher Communication

Throughout the school day, our teachers are busy delivering instruction to the students. They will take the time to write in the communication notebook to let you know about your child's progress, achievements, and any important information. **The best method to communicate with the classroom is by writing in the communication notebook.** If you need to speak to the teacher, you can leave a message and he or she will call you between 8:00 to 9:00 or 2:30 to 3:15. Please do not ask to speak to your child's teacher during instructional hours; we cannot ask them to leave their classrooms during the school day. You can also communicate with the service providers through the communication notebook, and you can schedule a time to speak with them over the phone or schedule a session observation and a meeting.

Parent Education

Our Parent educators act as liaisons. They work to facilitate communication between parents and your child's educational team. They offer individual sessions, where you can speak specifically about your child, their progress, and workshop sessions, where specific topics are addressed and ABA methods are taught.

To participate in the parent education program please contact the parent education department to schedule and appointment.

Updated 10/6/16