



**Early Head Start &  
Children's Learning Programs**  
A Division of Community Link, Inc.

# 2019—2020 Early Intervention Parent Handbook

## Meet the 1st Step Early Intervention Providers

**Dave Toennies**  
Physical Therapist

**Amy Becker**  
Developmental Therapist

**Maribeth Detmer**  
Speech Therapist

**Diane Connelly**  
Speech Therapist

The Mission of Community Link is to challenge, teach, and inspire both participants and community, linking them in ways that enhance their lives



## 1<sup>ST</sup> STEP PROVIDERS INFORMATION

**My Provider's Name:**

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**Phone Number** \_\_\_\_\_

**Program Director:** Shelise Zurliene    Phone Number 618-526-3967

### **Names and Phone Numbers of all Staff:**

1<sup>st</sup> Step's Disabilities Service Coordinator:    Deb Beckman                    618-526-3972  
1<sup>st</sup> Step's Administrative Assistant:            Robin Klocke                    618-526-3960

### **Contracted Early Intervention Providers**

Diane Connelly	Speech Therapist	618-920-5698
Maribeth Detmer	Speech Therapist	618-526-4038
Dave Toennies	Physical Therapist	618-920-6748
Amy Becker	Developmental Therapist	618-410-4320

### **Our office is open on the following schedule:**

Monday—8:00 to 4:15  
Tuesday—8:00 to 4:15  
Wednesday—8:00 to 4:15  
Thursday—8:00 to 4:15  
Friday—8:00 to 3:00



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**Welcome  
to the  
1<sup>st</sup> Step Early Intervention Program**

We appreciate the fact that you have allowed us to come into your home and to become a part of your family's resource network.

This handbook is designed to inform you about how services will be coordinated and delivered, and the purpose behind the 1<sup>st</sup> Step Early Intervention Program.

In order for the 1<sup>st</sup> Step Early Intervention Program to work, there must be communication between the provider and the parent. We know that you are the best teacher your child will ever have. 1<sup>st</sup> Step Early Intervention Program is here to answer questions, address concerns, and work to address your child's developmental needs.

Please review this handbook and always feel free to contact your Provider if you have any questions. We believe that a strong partnership between the program and parents is the key to success.



## Early Head Start & Children's Learning Programs

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Dear 1<sup>st</sup> Step Family:

Welcome to the 1<sup>st</sup> Step Early Intervention Program! Thank you for allowing us to participate in the growth and development of your child and for your willingness to participate in our program. We look forward to working with you and your child and to supporting you on this journey.

The Early Intervention Program provides therapies for children birth to age three who have a developmental disability or delay. Our program encourages the active participation of families in the therapeutic process by teaching parents how to incorporate intervention strategies into family routines. We believe every child has the ability to succeed, and we will do what we can to help your child reach personal goals.

I am confident you will find the 1<sup>st</sup> Step Providers and staff members to be very helpful, caring, and knowledgeable. Our program strives to provide the highest quality services that will promote your child's optimal development.

If at any time you have questions, suggestions, or concerns about the 1<sup>st</sup> Step Early Intervention Program, feel free to contact the Disabilities Service Coordinator, Deb, at 618-526-3972 or at [DebraB@commlink.org](mailto:DebraB@commlink.org). If she is not available, you may contact our Administrative Assistant, Robin, at 618-526-3960 or at [RobinT@commlink.org](mailto:RobinT@commlink.org) or me directly at the phone number or e-mail address listed below.

Sincerely,

*Shelise Zurliene*

Shelise Zurliene  
1<sup>st</sup> Step Director  
618-526-3967  
[SheliseZ@commlink.org](mailto:SheliseZ@commlink.org)



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## **Early Intervention: Home Visits & Playgroups**

- Home visits must be made per your IFSP.
- If you must cancel your home visit, please notify your provider by phone or text message. A family **may be dropped** after several missed visits. Missed visits can be rescheduled within 7 days if your Provider can fit you into their schedule.
- Just as we expect you to be at home for scheduled visits, as parents, you have the right to expect the provider to be at your home on time. If at all possible, the provider will contact you if he/she is not going to make it to your home for the visit or will be late.

## **Playgroup**

- Playgroups are provided 22 times a year.
- Groups last 2 hours.
- Ask Provider if siblings can attend.
- Parent/Guardian must attend with the child.
- Please let us know if you are coming to a playgroup.

## **Playgroup Activities**

- **Snacks**—Parents, children and staff eat together at playgroups.
- **Free play**—Children are able to choose from a variety of activities such as blocks, trucks, dramatic play, art, reading, science, math, puzzles, etc.
- **Gross motor play**—Children are given the opportunity to exercise their large muscles through activities such as push cars, climbers, playground balls, and songs with movements. Children can go outside when weather permits. The child should be dressed appropriately for outdoor activities.
- **Small group**—Learning centers are arranged for the purpose of working on activities such as language, numbers, colors, shapes, stories, fine motor skills, etc.
- **Large group**—Children and adults get together for a large group experience that includes such activities as singing songs, exercising to music, and finger plays.

## **Parent Meetings/Parent Trainings**

- Parent meetings will be offered at least 4 times a year.
- Snacks and drink are provided at all events.
- Trainings are provided based on parent surveys/suggestions.
- Childcare is provided during the trainings.
- Please let us know if you are coming to the parent training.

## **Dental Clinic/Health Fair**

- Dental Clinics are in August and February.
- Health Fair is only at the August Dental Clinic.
- You must have an appointment for the Dental Clinic. This is for children 0-18 years old.
- Lion Club will be at both to offer vision screenings to everyone.
- Please watch for flyers and information on this to come out closer to each event.



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**1<sup>st</sup> Step Early Intervention Participation Agreement**

We believe you are the primary educator of your child and want to support you in this critical role. Our staff is committed to assisting families to meet the developmental needs of their children, including educational, health, dental, nutrition, emotional, and special needs. We believe strong parental involvement is necessary for each child's development and success in life.

**Together we will . . .**

look at how your child is developing and learning.

discuss and plan activities you and your child can do together during the week which will help you enjoy one another during daily activities and teachable moments.

offer many free family socializations which will provide opportunities for you to meet other families with young children.

**I will . . .**

participate according to the program guidelines and visits according to my child's IFSP.

contact my provider right away if I realize that I am unable to make a scheduled meeting or if a member of my family is ill.

understand that I am my child's most important teacher, not the provider. Therefore, I agree to actively participate in each visit, focusing on my child. I will turn off the TV, not talk on the phone, nor do housework during the visit.

be sensitive to my provider's possible allergies, etc. I will remove overly-friendly pets from the area where we are having our visit.

not take pictures of anyone besides my own child at socializations.

respect my provider by not photographing, videotaping or live streaming them without their consent.

inform the provider/CFC if I choose not to remain in the program.

# 1<sup>st</sup> Step Early Intervention Program

## If Your Family Moves

Your family may move and still be in the 1<sup>st</sup> Step Early Intervention Program. Please provide your new address and directions to the CFC Coordinator and your 1<sup>st</sup> Step Early Intervention Provider to confirm your service area.

## Confidentiality Files

The information contained in every file is CONFIDENTIAL and is not to be circulated outside the 1<sup>st</sup> Program without the prior written consent of the family.

The 1<sup>st</sup> Step Program will not allow access to information contained in files to be given to anyone outside of this agency without written consent of the parent or guardian of the enrolled person.

Persons authorized to see files are:

- The parent or guardian of a recipient who is UNDER 12 years of age. Please remember that this means EITHER parent, even if the parents are divorced and the non-custodial parent is making the request. The only exception is this would be in cases where a court has terminated parental rights.
- 1<sup>st</sup> Step Staff/Contracted Providers
- Early Intervention Monitoring Team

1<sup>st</sup> Step must advise parents of their rights concerning these files and information. Parents have the right to read, review, and request a revision of information in their child's file. 1<sup>st</sup> Step must respond to a parental written request for access to their child's file within 30 days. If the court subpoenas files, 1<sup>st</sup> Step must comply and send the requested files.

## Preventing Illness in Children - Handwashing

Most children have colds, the flu, and other illnesses during the year. At times these occur when they are at playgroups or at home during the time of their scheduled home visit.

One of the best ways to reduce illness is to wash your hands and your child's hands often. Frequent hand washing is important, especially after using the bathroom, assisting your child in the bathroom, changing a diaper (even if it is just wet), before cooking and after handling meats, before eating, after touching any body fluids including blowing your nose or helping a child with a runny nose. **Infectious germs live on all surfaces.** The only way to remove them is to **wash your hands with soap.** Water by itself does not do any good. Hand wipes and hand gel are better than nothing when soap is not available. However, it is not as effective as soap and running water.

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## Infectious Diseases

1<sup>st</sup> Step is an inclusive program that works diligently to accommodate the needs of children who will benefit from participating in the program. However, in order to protect the health of the infants and toddlers, parents, and staff in 1<sup>st</sup> Step, there are certain conditions that will require short term exclusion. Children/pregnant moms will be readmitted as soon as appropriate criteria are met.

1. 1<sup>st</sup> Step Staff will inform parents of Short-Term Exclusion policy & procedure when child or pregnant mom enters program and on as needed basis.
2. List of conditions that require short term exclusion will be included in 1<sup>st</sup> Step handbook.
3. Prior to the home visit or event, parents will notify 1<sup>st</sup> Step Staff via phone call or text when child or family member has one or more of the conditions listed below so home visit can be rescheduled.
4. If 1<sup>st</sup> Step Staff arrives at home for visit and learns that child or family member has one or more of the following conditions, then home visit will be ended.
5. Home Visits will be rescheduled when criteria listed below are met.
6. If child or family member has one or more of the following conditions, they will not be able to attend socializations or other 1<sup>st</sup> Step events.

List of conditions requiring short term exclusion:

- Illness that prevents the child from participating comfortably in program activities.
- Illness that results in a need for care that is greater than the staff can provide without compromising the health & safety of other children.
- Any of the following conditions suggesting possible severe illness: fever accompanied by behavior changes or other signs or symptoms of illness, lethargy, irritability, persistent crying, difficult breathing, or other manifestations of possible severe illness, such as a quickly spreading rash. **Fever is defined as an elevation of body temperature above normal. Oral temp greater than 101 and/or armpit temp greater than 100 degrees F are usually considered above normal for children. If infant 8 weeks or less develops a fever, 1<sup>st</sup> Step Staff will strongly suggest parent call health care provider immediately!**
- Diarrhea or stools that contain blood or mucus. Diarrhea is defined by more watery stools, decreased form of stool that is not associated with changes of diet, and increased frequency of passing stool, that is not contained by child's ability to use the toilet.
- Shiga toxin-producing Escherichia coli, including E coli, or Shigella infection, until diarrhea resolves and results of 2 stool cultures are negative for these organisms.
- Salmonella infection, until diarrhea resolves and 3 stool cultures test negative for Salmonella typhi; other types of Salmonella infection do not require negative stool culture results.
- Vomiting 2 or more times during the previous 24 hours, unless the vomiting is determined to be caused by a non-communicable condition and the child is not in danger of dehydration.
- Mouth sores associated with drooling, unless the child's physician or local health department authority states that the child is noninfectious.
- Rash with fever or behavioral change, until a physician has determined the illness is not a communicable disease.

- Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge, often with matted eyelids after sleep and eye pain or redness of the eyelids or skin surrounding the eye), until examined by a physician and approved for readmission.
- Tuberculosis, until the child's physician or local health department authority states that the child is noninfectious.
- Impetigo, until 24 hours after treatment has been initiated (started).
- Streptococcal pharyngitis (strep throat), until 24 hours after treatment has been initiated (started).
- Head lice (pediculosis), **Home visit will only be ended if active lice are seen-see P&P on lice for more info**
- Scabies, until after treatment has been given.
- Varicella(chickenpox), until all lesions have dried and crusted (usually 6 days after onset of rash).
- Persistent abdominal pain (continues for greater or equal to 2 hours) or intermittent abdominal pain associated with fever, dehydration, or other systemic signs or symptoms.
- Rubella, until 6 days after onset of rash.
- Pertussis, until 5 days of appropriate antimicrobial therapy have been completed.
- Mumps, until 9 days after onset of parotid gland swelling.
- Measles, until 4 days after onset of rash.
- Hepatitis A virus infection, until 1 week after onset of illness or jaundice (if symptoms are mild).

Illnesses or Conditions that do not necessitate exclusion but are to the discretion of the 1<sup>st</sup> Step Director:

- Nonpurulent conjunctivitis (defined as pink conjunctiva with a clear, watery eye discharge without fever, eye pain, or eyelid redness).
- Rash without fever and without behavioral change.
- Parvovirus B19 (Fifth Disease) infection once the rash has appeared.
- Cytomegalovirus (CMV) infection- CMV is a common virus that infects most people at some time during their lives but rarely causes obvious illness.
- Chronic Hepatitis B virus infection

## **Head Lice**

To ensure the health and wellbeing of Early Intervention staff and families being served.

1. In the home where there is a suspected case of head lice, the Provider will assist the family in determining if the problem is lice and share information on treatment options and home cleaning. The home visit will continue with a focus on treating the lice problem. In the home that has a case of head lice (enrolled child, sibling, or adult) that is under treatment, the home visit will take place as scheduled as long as there are no live lice present.
2. It is the parent/guardians responsibility to begin treatment in a timely manner.
3. Participation in 1<sup>st</sup> Step events will cease until there are no live lice present.

## **Bed Bugs**

To ensure the health and wellbeing of Early Intervention staff and families being served.

1. In the home where there is a bed bug outbreak, the Provider will share information on treatment options and home cleaning. The Provider will assist the family in determining options to get the home professionally treated. If the family is renting their home, have them notify the landlord of the infestation. In the home that has a case of bed bugs, the home visits will cease until the home has been professionally treated for bed bugs as that is the only reliable way to exterminate the bugs. The family will provide documentation that the home has been treated. In order to continue services with the family during the treatment process, visits may be conducted in a location deemed appropriate by the Coordinator and Director.
  2. It is the parent/guardians responsibility to begin treatment in a timely manner. If the family does not begin treatment in a timely manner, the child's enrollment in Early Intervention services will be determined at the discretion of the 1<sup>st</sup> Step Director, Coordinator, and Nurse.
  3. Participation in any 1<sup>st</sup> Step event will cease until the home has been professionally treated for bed bugs as that is the only reliable way to exterminate the bugs. The family will provide documentation that the home has been treated.
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## **Inclement Weather**

In the case of inclement weather, visits will be up to the discretion of the Provider.

- a. In case of inclement weather and all schools in Clinton/Washington counties are closed, playgroup/socializations will be cancelled by the program and be rescheduled when weather permits. If only some schools in Clinton/Washington counties are closed, playgroup/socializations will be held at the discretion of the 1<sup>st</sup> Step Director.
  - b. The provider is responsible for contacting their families scheduled for a home visit or playgroup/socialization if a program decision is made to cancel.
  - c. The 1<sup>st</sup> Step Director has final determination of canceling or re-scheduling events during cases of inclement weather.
  - d. In the event that Community Link is closed or does not have buses running, does not necessarily mean 1<sup>st</sup> Step will be closed. If you have any questions, please call your provider.
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## **Smoking**

Smoking is prohibited in all space utilized by the program.

Community Link prohibits smoking or use of tobacco products in all company facilities and vehicles. Smoking is defined as the act of lighting, smoking or carrying a lighted or smoldering cigar, and cigarette or pipe of any kind, including electronic smoking devices. Smoking is permitted on breaks and only in designated areas. Employees in violation will be subject to

disciplinary action, up to and including termination.

### **The Law**

Effective January 1, 2008 the Illinois Clean Indoor Air Act has ban smoking in public places.

### **Smoke Free Environment in 1<sup>st</sup> Step Programs**

Program instruction ACFY-Ph-Hi-95-04, effective May 1995, requires Early Intervention to create a smoke free environment for children and adults, and to eliminate exposure of children, staff and other adults to tobacco smoke.

Smoking is never allowed in space used by the 1<sup>st</sup> Step Program. This includes churches, classrooms, staff offices, kitchens, rest rooms, outdoor play areas, and all vehicles.

Parents and staff are role models for the children and should not smoke in front of them. Therefore, smoking is not allowed in front of the children during playgroup activities which include playgroups, field trips or other outdoor group activities.

In addition, please consider the health of your child and others involved during home visit time.

**Please try to refrain from smoking while any 1st Step Staff is in your home.**

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### **Alcohol and Substance Use**

The unlawful manufacture, distribution, dispensing, possession, or use of alcohol or a controlled substance is prohibited in the workplace.

#### **Drug Free Workplace**

1. The provisions of this law state that it is unlawful to manufacture, distribute, dispense, possess, or use any controlled substance on the premises of the workplace, including parking areas.

The following also apply:

1. As a condition of employment, all employees must abide by the terms of the Personal Conduct section concerning controlled substances and alcohol.
2. An employee must notify the Human Resources Department within five days of any conviction, suspended sentence or probation for violation of the Drug-Free Workplace Act.
3. Any employee who is convicted under a drug statute will be subject to termination.
4. Community Link requires employees to submit to drug and alcohol testing upon hire, whenever there is an injury requiring medical care, and/or a vehicle accident during working hours. If the testing shows use of or presence of (or a positive test for) alcohol or a controlled substance, the employee will be subject to termination.
5. If there is reasonable suspicion that an employee is under the influence of drugs or alcohol, Community Link may require drug or alcohol testing of the employee. Failure to submit to or cooperate with requested drug or alcohol testing or any effort to delay or postpone the same, may result in termination. If the testing shows use of or presence of (or a positive test for) alcohol or a controlled substance, the employee will be subject to termination.
6. Community Link reserves the right to conduct random drug and alcohol testing on employees. Testing positive for drugs or alcohol, refusing to take or effectively delaying or postponing the test will be considered a violation of this policy and is grounds for termination.

Alcohol and substance use is never allowed in space used by the 1<sup>st</sup> Step Program. This includes churches, classrooms, staff offices, kitchens, conference rooms, rest rooms, outdoor play areas and all vehicles.

**The local authorities or 911 will be contacted if anyone is suspected to be under the influence of alcohol or any other substance while attending 1<sup>st</sup> Step socializations.**

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### **Protections for the Privacy of Child Records**

The program establishes and implements procedures to protect the confidentiality of any personally identifiable information (PII) in child records.

1. If the program serves a child who is referred to, or found eligible for services under, IDEA, then a program must comply with the applicable confidentiality provisions in Part C of IDEA to protect the PII in records of those children.

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### **Disclosures With and Without Parental Consent**

The program protects personally identifiable information (PII) in child records.

#### Disclosures With Parental Consent

1. Subject to the exceptions in 1303.22 b and 1303.22 c, the procedures to protect PII require the program to obtain a parent's written consent before the program may disclose such PII from child records.
2. The procedures to protect PII require the program to ensure the parent's written consent specifies what child records may be disclosed, explains why the records will be disclosed, and identifies the party or class of parties to whom the records may be disclosed.
  - a. The written consent must be signed and dated.
3. Signed and dated written consent may include a record and signature in electronic form that:
  - a. Identifies and authenticates a particular person as the source of the electronic consent; and,
  - b. Indicates such person's approval of the information.
4. The program explains to the parent that the granting of consent is voluntary on the part of the parent and may be revoked at any time.
  - a. If a parent revokes consent, that revocation is not retroactive and therefore it does not apply to an action that occurred before the consent was revoked.

#### Disclosure Without Parental Consent but with Parental Notice and Opportunity to Refuse

1. The procedures to protect PII allow the program to disclose such PII from child records without parental consent if the program notifies the parent about the disclosure, provides the parent, upon the parent's request, a copy of the PII from child records to be disclosed in advance, and gives the parent an opportunity to challenge and refuse disclosure of the information in the records, before the program forwards the records to officials at a

program, school, or school district in which the child seeks or intends to enroll or where the child is already enrolled so long as the disclosure is related to the child's enrollment or transfer.

#### Disclosure Without Parental Consent

1. The procedures to protect PII allow the program to disclose such PII from child records without parental consent to:
  - a. Officials within the program or acting for the program, such as contractors and sub recipients, if the official provides services for which the program would otherwise use employees, the program determines it is necessary for Early Intervention services, and the program maintains oversight with respect to the use, further disclosure, and maintenance of child records, such as through a written agreement;
  - b. Officials within the program, acting for the program, or from a federal or state entity, in connection with an audit or evaluation of education or child development programs, or for enforcement of or compliance with federal legal requirements of the program; provided the program maintains oversight with respect to the use, further disclosure, and maintenance of child records, such as through a written agreement, including the destruction of the PII when no longer needed for the purpose of the disclosure, except when the disclosure is specifically authorized by federal law or by the responsible HHS official;
  - c. Officials within the program, acting for the program, or from a federal or state entity, to conduct a study to improve child and family outcomes, including improving the quality of programs, for, or on behalf of, the program, provided the program maintains oversight with respect to the use, further disclosure, and maintenance of child records, such as through a written agreement, including the destruction of the PII when no longer needed for the purpose of the disclosure;
  - d. Appropriate parties in order to address a disaster, health or safety emergency during the period of the emergency, or a serious health and safety risk such as a serious food allergy, if the program determines that disclosing the PII from child records is necessary to protect the health or safety of children or other persons;
  - e. Comply with a judicial order or lawfully issued subpoena, provided the program makes a reasonable effort to notify the parent about all such subpoenas and court orders in advance of the compliance therewith, unless:
    - i. A court has ordered that neither the subpoena, its contents, nor the information provided in response be disclosed;
    - ii. The disclosure is in compliance with an ex parte court order obtained by the United States Attorney General (or designee not lower than an Assistant Attorney General) concerning investigations or prosecutions of an offense listed in 18 U.S.C. 2332b(g)(5)(B) or an act of domestic or international terrorism as defined in 18 U.S.C. 2331.;
    - iii. A parent is a party to a court proceeding directly involving child abuse and neglect (as defined in section 3 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101)) or dependency matters, and the order is issued in the context of that proceeding, additional notice to the parent by the program is not required; or,
    - iv. the program initiates legal action against a parent or a parent initiates legal action against the program, then the program may disclose to the court, also without a court order or subpoena, the child records relevant for the program to act as plaintiff or defendant.

- f. A caseworker or other representative from a state, local, or tribal child welfare agency, who has the right to access a case plan for a child who is in foster care placement, when such agency is legally responsible for the child's care and protection, under state or tribal law, if the agency agrees in writing to protect PII, to use information from the child's case plan for specific purposes intended of addressing the child's needs, and to destroy information that is no longer needed for those purposes; and,
- g. Appropriate parties in order to address suspected or known child maltreatment and is consistent with applicable federal, state, local, and tribal laws on reporting child abuse and neglect.

#### Written Agreements

1. When the program establishes a written agreement with a third party, the procedures to protect such PII must require the program to annually review and, if necessary, update the agreement.
  - a. If the third party violates the agreement, then the program may:
    - i. Provide the third party an opportunity to self-correct; or,
    - ii. Prohibit the third party from access to records for a set period of time as established by the program's governing body and policy council.

#### Annual Notice

1. The procedures to protect PII require the program to annually notify parents of their rights in writing described in 1303.20 through 1303.24 and applicable definitions in part 1305, and include in that notice a description of the types of PII that may be disclosed, to whom the PII may be disclosed, and what may constitute a necessary reason for the disclosure without parental consent as described in 1303.22 c.

#### Limit on Disclosing PII

The program only discloses the information that is deemed necessary for the purpose of the disclosure.

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### **Parental Rights**

Parents have the right to inspect their child's records.

1. If the parent requests to inspect child records, the program makes the child records available within a reasonable time, but no more than 45 days after receipt of request.
2. When the program maintains child records that contain information on more than one child, the program ensures the parent only inspects information that pertains to the parent's child.
3. The program does not destroy a child record with an outstanding request to inspect and review the record.

#### Amend Record

1. A parent has the right to ask the program to amend information in the child record that the parent believes is inaccurate, misleading, or violates the child's privacy.
2. The program considers the parent's request and, if the request is denied, renders a written decision to the parent within a reasonable time that informs the parent of the right to a hearing.

## Hearing

1. If the parent requests a hearing to challenge information in the child record, the program schedules a hearing within a reasonable time, notifies the parent, in advance, about the hearing, and ensures the person who conducts the hearing does not have a direct interest in its outcome.
2. The program ensures the hearing affords the parent a full and fair opportunity to present evidence relevant to the issues.
3. If the program determines from evidence presented at the hearing that the information in the child records is inaccurate, misleading, or violates the child's privacy, the program either amends or removes the information and notifies the parent in writing.
4. If the program determines from evidence presented at the hearing that information in the child records is accurate, does not mislead, or otherwise does not violate the child's privacy, the program informs the parent of the right to place a statement in the child records that either comments on the contested information or that states why the parent disagrees with the program's decision, or both.

## Right to Copy of Record

1. The program provides a parent, free of charge, an initial copy of child records disclosed to third parties with parental consent and, upon parent request, an initial copy of child records disclosed to third parties, unless the disclosure was for a court that ordered neither the subpoena, its contents, nor the information furnished in response be disclosed.

## Right to Inspect Written Agreements

1. A parent has the right to review any written agreements with third parties involving their child or themselves.

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## **Maintaining Records**

The program maintains child records in accordance with the regulations.

1. The program maintains child records in a manner that ensures only parents, and officials within the program or acting on behalf of the program have access, and such records are destroyed within a reasonable timeframe (6 years) after such records are no longer needed or required to be maintained.
2. The program maintains, with the child records, for as long as the records are maintained, information on all individuals, agencies, or organizations to whom a disclosure of PII from the child records was made (except for program officials and parents) and why the disclosure was made.
  - a. When the program uses a web-based data system to maintain child records, the program ensures such child records are adequately protected and maintained according to current industry security standards.
    - i. At each new program year the previous year's information is archived and access is only granted to individuals with administration rights.

If a parent places a statement in the child record, the program maintains the statement with the contested part of the child record for as long as the program maintains the record and, discloses the statement whenever it discloses the portion of the child record to which the statement relates.

## **Notice of Abuse/Neglect and Exploitation Protection**

- 1) At least annually, Community Link shall provide to individuals and/or their legal representatives written information about protections against abuse, neglect, and exploitation.
  - a) The Department of Children and Family Services defines child abuse as the mistreatment of a child under the age of 18 by a parent, caretaker, someone living in their home or someone who works with or around children. The mistreatment must cause injury or put the child at risk of physical injury. Child abuse can be physical (such as burns or broken bones), sexual (such as fondling or incest), or emotional. Neglect happens when a parent or responsible caretaker fails to provide adequate supervision, food, clothing, shelter or other basics for a child.
  - b) The Department of Human Services Office of the Inspector General defines mental abuse, physical abuse, sexual abuse, neglect and financial exploitation, of a person over the age of 18 who is receiving mental health service or developmental disabilities services, as follows:
    - c) Mental abuse: The use of demeaning, intimidating or threatening words, signs, gestures or other actions by an employee about an individual and in the presence of an individual or individuals that results in emotional distress or maladaptive behavior, or could have resulted in emotional distress or maladaptive behavior, for any individual present.
    - d) Physical abuse: non-accidental and inappropriate contact with an individual that causes bodily harm.
    - e) Sexual abuse: Any sexual behavior, sexual contact or intimate physical contact between an employee and an individual, including an employee's coercion or encouragement of an individual to engage in sexual activity that results in sexual contact, intimate physical contact, sexual behavior or intimate physical behavior.
    - f) Neglect: An employee's, agency's or facility's failure to provide adequate medical care, personal care or maintenance, and that, as a consequence, causes an individual pain, injury or emotional distress, results in either an individual's maladaptive behavior or the deterioration of an individual's physical condition or mental condition, or places an individual's health or safety at substantial risk of possible injury, harm or death.
    - g) Financial exploitation: Taking unjust advantage of an individual's assets, property or financial resources through deception, intimidation or conversion for the employee's, facilities or agency's own advantage or benefit.
- 2) Information shall include the process for reporting allegations to the appropriate investigatory authority, depending on the age of the individual served
  - a) Employees of Community Link are mandated reporters to the Office of Inspector General (OIG) and Department of Children and Family Services (DCFS) regarding any suspected incidents of abuse, neglect or financial exploitation.
  - b) For adults over 18 the OIG hotline is (800) 368-1463
  - c) For children under 18 the DCFS hotline is(800) 25- ABUSE (252-2873)
  - d) If any other person, individual, family member, guardian or advocate who witnesses, is told of or suspects an incident of alleged abuse, neglect, financial exploitation or a death of an individual may have occurred, may report the incident to OIG by telephoning the

OIG hotline, or in writing by fax or other electronic reporting system offered by OIG to the OIG Intake or mail at:

Office of Inspector General  
901 Southwind Road  
Springfield, Illinois 62703

## **Standards of Conduct**

Staff, consultants, contractors, and volunteers implement positive strategies to support family's well-being and prevent and address challenging behavior.

Staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children. They do not:

- a) Use corporal punishment;
- b) Use isolation to discipline a child;
- c) Bind or tie a child to restrict movement or tape a child's mouth;
- d) Use or withhold food as a punishment or reward;
- e) Use toilet learning/training methods that punish, demean, or humiliate a child;
- f) Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child;
- g) Physically abuse a child;
- h) Use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or child's family; or,
- i) Use physical activity or outdoor time as a punishment or reward;

Staff, consultants, contractors, and volunteers respect and promote the unique identity of each child and family and do not stereotype on any basis, including gender, race, ethnicity, culture, religion, disability, sexual orientation, or family composition.

Staff, consultants, contractors, and volunteers are required to comply with program confidentiality policies concerning personally identifiable information (PII) about children, families, and other staff members in accordance 1303.20-1303.24 and applicable federal, state, local, and tribal laws.

No child is left alone or unsupervised by staff, consultants, contractors, or volunteers while under program care.

### **Violation of Code Conduct**

For staff, violation of any or all portions listed herein will result in disciplinary action, up to and including termination.

For volunteers, violation of any or all portions listed herein will result in the immediate termination of voluntary service.

For contractors, violation of any or all portions listed herein will result in the immediate termination of all contractual agreements.



## NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective Date: April 14, 2003

We respect an individual's confidentiality and only release Protected Health Information (PHI) about you in accordance with the Illinois and federal law. **PHI is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.** This notice describes our policies related to the use of the records of your care generated by this agency.

**Privacy Contact:** If you have any questions about this policy or your rights, contact the Human Resource Generalist at 618-526-8800.

### USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

In order to effectively provide you care, there are times when we will need to share your PHI with others beyond our agency. This includes for:

**Treatment:** We may use or disclose PHI about you to provide, coordinate, or manage your care or any related services, including sharing information with others outside our agency that we are consulting with or referring you to.

**Payment:** Information will be used to obtain payment for the treatment and services provided. This will include contacting your health insurance company for prior approval of planned treatment or for billing purposes.

**Healthcare Operations:** We may use information about you to coordinate our business activities. This may include setting up your appointments, reviewing your care, training staff.

**Information Disclosed Without Your Consent:** Under Illinois and federal law, information about you may be disclosed without your consent in the following circumstances:

**Emergencies:** Sufficient information may be shared to address the immediate emergency you are facing.

**Follow Up Appointments/Care:** We will be contacting you to remind you of future appointments or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

As Required By Law: This would include situations where we have a subpoena, court order, or are mandated to provide public health information, such as communicable diseases or suspected abuse and neglect such as child abuse, elder abuse, or institutional abuse.

Coroners, Funeral Directors, and Organ Donation: We may disclose medical information to a coroner or medical examiner and funeral directors for the purposes of carrying out their duties. When organs are donated, sufficient information will be provided to the program as necessary to facilitate the organ or tissue donation.

Governmental Requirements: We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure. There also might be a need to share information with the Food and Drug Administration related to adverse events or product defects. We are also required to share information, if requested with the Department of Health and Human Services to determine our compliance with federal laws related to health care.

Criminal Activity or Danger to Others: If a crime is committed on our premises or against our personnel, we may share information with law enforcement to apprehend the criminal. We also have the right to involve law enforcement when we believe an immediate danger may occur to someone.

Fundraising: As a not for profit provider of health care services, we need assistance in raising money to carry out our mission. We may contact you to seek a donation.

## **INDIVIDUAL RIGHTS**

You have the following rights under Illinois and Federal Law:

Copy of Record: You are entitled to inspect the PHI our agency has generated about you. We may charge you a reasonable fee for copying and mailing your record.

Release of Records: You may consent in writing to release your records to others, for any purpose you choose. This could include your attorney, employer, or others who you wish to have knowledge of your care. You may revoke this consent at any time, but only to the extent no action has been taken in reliance on your prior authorization.

Restriction on Record: You may ask us not to use or disclose part of the medical information. This request must be in writing. The agency is not required to agree to your request if we believe it is in your best interest to permit use and disclosure of the information. The request should be given to the Human Resource Generalist.

Contacting You: You may request that we send information to another address or by alternative means. We will honor such request as long as it is reasonable and we are assured it is correct. We have a right to verify that the payment information you are providing is correct. We also will be glad to provide you information by email if you request it. If you wish us to communicate by email, you are also entitled to a paper copy of this privacy notice.

Amending Record: If you believe that something in your record is incorrect or incomplete, you may request that we amend it. To do this, contact the Human Resource Generalist and ask for the *Request to Amend Health Information Form*. In certain cases, we may deny your request. If we deny your request for an amendment, you have a right to file a statement that you disagree with us. We will then file our response. Your statement and our response will be added to your record.

Accounting for Disclosures: You may request an accounting of any disclosures we have made related to your PHI, except for information we used for treatment, payment, and health care operation purposes. It also excludes information that we shared with you, your family, information that you gave us specific consent to release, or were required to release. To receive information regarding disclosure made for a specific time period; please submit your request in writing to the Human Resource Generalist. We will notify you of the cost involved in preparing this list. The requested time period may not be for a period longer than six years, but not prior to April 14, 2003.

Questions and Complaints: If you have any questions or wish a copy of this Policy or have any complaints, you may contact the Human Resource Generalist in writing or contact our office for further information at 1665 N. Fourth Street, Breese, IL 62230. You also may complain to the Secretary of Health and Human Services if you believe our agency has violated your privacy rights. We will not retaliate against you for filing a complaint.

Changes in Policy: The agency reserves the right to change its Privacy Policy based on the needs of the agency and changes in state and federal law.

# First Step Early Intervention

PO Box 157

Breese, IL 62230

Phone: 618-526-8830

Fax: 618-526-8831

## COMMUNITY LINK

1665 North Fourth Street/ Breese, IL 62230

618-526-8800/ Fax: 618-526-2021

[www.commlink.org](http://www.commlink.org)

