

Policies

Absences, Vacations & Holidays (Center and Home Based Services)

1. I/We understand that in the event of inclement weather, all StarBright ABA programs will follow the local public school's procedures. A two/three hour delay will result in the office opening at ___10am___ I/We further understand that the clinical director has the discretion to close the center due to exigent circumstances if needed even if the public schools have not closed.
2. I/We understand that if the center location is closed, StarBright ABA main administration office will also be closed.
3. StarBright ABA has scheduled in-service and vacation breaks. I/We understand that I/we will be provided with a calendar of those scheduled breaks in advance.
4. If you are privately paying for StarBright ABA services, in the event of an emergency StarBright ABA is likely to incur up to three (3) emergency closures per calendar year and that I/we will not be reimbursed or credited tuition for those closures. I/We also understand that if circumstances arise that the center is forced to close more than three (3) times during the calendar year, I/We will be credited a prorated amount on the next month's tuition statement. Emergency closures include, but are not limited to, power outages, snow/ice storm, building problems such as a water main break, etc.
5. I/We understand that requests for leaves of absence or extended vacation from the program must be submitted with at least 30 days notice and will be reviewed by the Director. Upon approval arrangements will be made on a case by case basis.

Illness Policy

6. I/We understand that if my child's temperature is at or above 100° I/we will be contacted and that my/our child will be required to be picked up. I/We further understand that in the interim of my arrival, my/our child will be quarantined from the other children by being placed in the main office with a staff member.
7. I/We understand that my child must be fever free for a minimum of 24 hours before returning to the center, without the aid of any fever reducing substance. I/We further understand that administering medicine such as Tylenol to reduce my/our child's fever so that he/she can return to the center is not permitted and grounds for dismissal from the program.
8. I/We understand that I/we will be called to pick up my child if he/she has two (2) or more unexpected instances of diarrhea in one (1) day. I/We further understand that this does not apply to children that have chronic or dietary issues that may cause excessive diarrhea when those issues have been previously discussed with the clinical director. I/We understand that

my/our child will not be permitted to come back to the center until 24 hours have passed with no diarrhea instances.

9. I/We understand that I/we will be called to pick up my/our child if he/she has one (1) or more instances of vomiting. I/We further understand that this does not apply to self-induced vomiting. I/We understand that my/our child will not be permitted to come back to the center until 24 hours have passed with no instances of vomiting.

10. I/We understand that I/we may bring my/our child to the center if he/she has a common cold (slight occasional cough, clear runny nose, occasional sneezing). I/we further understand that if my/our child has discharge of any other color than clear, my/our child will be sent home. I/We also understand that if my/our child has a constant running nose which needs to be wiped continually, regardless of the color, he/she will not be permitted to stay at the center. I/We understand that if my/our child has a runny nose which lasts for more than one (1) week in which I/we suspect is due to allergies, I/we will be required to bring a doctor's note to the clinical director stating this fact.

11. I/We understand that if my/our child has any rash other than a mild diaper rash I/we must bring a note from the doctor stating the rash is not contagious.

12. I/We understand that by law my/our child is not permitted to attend StarBright ABA if he/she has contracted a communicable disease. Examples of communicable diseases are (but not limited to): Conjunctivitis (pink eye), Impetigo, Hepatitis A, Scabies, Ringworm, Infectious Diarrhea, Chicken Pox, Scarlet Fever, Lice, and Strep Throat. I/We understand that if my/our child is thought to have a communicable disease I/we will be contacted and that my/our child will be required to be picked up. I/We further understand that my/our child will not be permitted to attend the center until a doctor's note has been provided stating that my/our child is no longer contagious.

13. I/We understand that if it is thought that a child at the center has a communicable disease all parents will be notified and advised of what symptoms to watch for.

Observation of Client

14. I/We understand that my/our child may be videotaped while attending StarBright ABA for the purpose of training staff members at StarBright ABA and receiving visual updates on my/our child's procedures and progress. I/We understand that the StarBright ABA will keep the videotapes confidential.

15. I/We understand that professionals, other clients, potential clients, staff, and other interested parties will occasionally be coming through StarBright ABA to see the program, setting, and children at which time my/our child will be observed in this environment.

16. I/We understand that I/we may view my/our child while he/she is receiving therapy. I/We understand that during this time I/we should only focus on my/our child's therapy and not any other child's therapy that may be going on in the room.

StarBright ABA Staff Members

17. I/We understand that the staff at StarBright ABA are hired and trained to provide services to my/our child during regular operating hours. I/We understand that I/we am/are not to approach the staff at StarBright ABA with alternative propositions of working with my/our child on or off StarBright ABA premises. I/We understand that StarBright ABA may dissolve their relationship with me/us and/or seek legal remedies should I/we violate this agreement.

18. I/We understand that the staff members of StarBright ABA are not permitted to drive anywhere with my/our child in the car unless it is an emergency. I/We understand that staff members are not to be approached for chauffeuring my/our child back and forth to StarBright ABA.

19. I/We understand that my/our child will rotate through behavioral technicians so that they work with different technicians throughout the weeks. In addition, the StarBright ABA staff will be generalizing their skills to different classrooms and different people. I/We further understand that while StarBright ABA will attempt to reasonably accommodate requests to work with a specific behavioral therapist, StarBright ABA cannot guarantee said request.

Medical Information

20. I/We understand that I/we have agreed to release my/our child's medical and psychological records to StarBright ABA. Releasing these records will allow StarBright ABA to review my/our child's diagnosis, developmental, medical, levels of intellectual, behavioral, and social functioning as well as their medical history. I/We understand that StarBright ABA may require additional medical evaluation and/or testing.

21. I/We understand that I/we must always keep the medication form that is on file for my/our child updated. I/We further understand that at the very least, the director must know what medication and/or supplements my/our child is taking at all times, even if the medication and/or supplements are not administered during StarBright ABA hours. Additionally, if I/we do not wish for the other staff members to know this information the director will respect my/our right to privacy.

22. I/We understand that I/we give StarBright ABA permission to seek medical assistance for my/our child in case of an emergency. Medical attention will be sought without my/our verbal permission if I/we am/are either unreachable, time is of the essence, or other unforeseeable circumstances arise.

23. I/We understand that there are certain medical conditions, as well as certain medications (such as insulin), that the staff of StarBright ABA is not qualified to manage and/or administer. If

a medical condition arises that the staff is NOT able to handle, my/our child will be transitioned out of the StarBright ABA program.

Confidentiality

24. I/We understand that all written materials (“Program Materials”) I/we receive during the course of time that my/our child attends StarBright ABA are proprietary in nature and may be used only by me/us for the benefit of my/our child. I/We agree not to disclose, well or otherwise distribute Program Materials to any third party without written consent from StarBright ABA Management. I/We understand that StarBright ABA may dissolve their relationship with me/us and/or seek legal remedies should I/we violate this agreement.

25. I/We understand that data will be taken on my/our child’s skill acquisition and behaviors on a daily basis. I/We understand that this data may be used in a research project, presented at a professional conference or meeting, or published in a professional manner. I/We understand that the identity of my/our child or my family will not be revealed without my/our prior permission.

General Information

26. I/We understand that it is my/our responsibility to send a snack in for my/our child. I/We further understand that if I/we choose to, I/we may send in a bulk amount of snacks to be stored at StarBright ABA for my/our child rather than sending in a small amount every day. I/we also understand that if my/our child is on a restricted diet that I/we will inform the StarBright ABA staff and they will do their best to make sure that my/our child does not ingest anything that is not an approved food on his/her diet.

27. I/We understand that it is essential that I/we drop my/our child off at their precise designated drop-off time. Furthermore, I/we understand that if circumstances arise that I/we am/are going to be more than ten (10) minutes late I/we will be responsible for bringing my/our child into StarBright ABA and transitioning them to their assigned technician. I/We understand that I/we will not be given a credit for the time my/our child was not at the center.

28. I/We understand that StarBright ABA’s staff work on a structured schedule and those 10 minutes of parent consultation time has been worked into the schedule at the end of the therapy session. If I/we arrive late, I/we forfeit the opportunity for parent consultation for that day.

29. I/We understand that all visitors must be approved by the director prior to entering the classrooms.

30. I/We understand that it is my/our responsibility to label all clothing and materials that I send in with my/our child.

31. I/We understand that my/our child is required to wear socks while in the gym at the center. I/We further understand that if my/our child is not wearing socks, or has socks stored at the center, he/she will not be permitted to work/play in the gym that day.

32. I/We understand that StarBright ABA is not responsible for lost, stolen, or damaged materials sent in from home. Furthermore, I/we understand that I/we may not contact StarBright ABA staff outside of standard operating hours to complain and/or inquire about such materials.

33. I/We understand that it is the policy of StarBright ABA not to discriminate against any client on the basis of race, color, religion, gender, physical condition, or national origin.

34. I/We understand that StarBright ABA may dissolve their relationship with me/us and/or seek legal remedies should I/we violate this agreement.

35. I/We understand that StarBright ABA has the **right to terminate services** with my/our child for any reason, at any time. If such termination should occur, the tuition paid to date will be reviewed and may be prorated.