TRANSPORTATION FOR INFANTS, TODDLERS AND PRE-SCHOOL CHILDREN

WRITING COMMITTEE EDITS IN RED INK BY SECTION LOCATION:

NONE

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INTRODUCTION

Infants, toddlers and pre-school children are the youngest, most vulnerable passengers on school buses. They depend on transportation personnel to provide a safe ride to and from early intervention, Head Start programs and Teen Parent Programs. Transportation is a critical component for children and their families, accessing services to support a child's growth and development. Transportation should be established as the mutual responsibility of parents and transportation and service-providers.

Programs supported and funded by federal, state and local governments have made great strides in developing, designing and providing services for young children and their families to develop each child's full potential. The school bus, for many children, is the primary vehicle that provides access to programs and services designed to meet individual needs of young children and families.

Transportation providers need to be knowledgeable and must develop skills to provide for the safety of young children while being transported in school buses. Infants, toddlers and pre-school children, in addition to those young children with special physical, cognitive or behavioral needs, present new challenges and responsibilities for transportation providers. These children require a great deal of supervision during the time they are in and around the school bus. Some issues that must be addressed to assure safe transportation in the school bus include physical handling, communication with young children, behavior management, knowledge of child safety restraint systems (CSRSs), wheelchair tiedown and occupant restraint systems, special equipment management, medically fragile and complex conditions, confidentiality, length of ride, personnel training and parental responsibilities.

Children under the age of five who reside in rural, suburban and urban areas are daily passengers in school buses. Since the exact number of children under the age of five riding in school buses is unknown, uniform transportation data on this population should be collected. This population includes children served in several programs for children from birth through age five. These programs include the Early Intervention Programs for Infants and Toddlers with Disabilities (Part C, Individuals with Disabilities Education Act), the Pre-schools Grant Program, the Early Education Program for Children with Disabilities, Head Start, Bureau of Indian Affairs Programs and Teen Parent programs. In addition, federal programs support a number of discretionary projects that are designed to promote services for young children with disabilities and their families.

Due to the numbers of young children under the age of five who are transported in school buses, it is essential to recommend guidelines for the use of child safety seats, occupant child safety restraint systems and securement systems. The purpose of this section is to assist transportation personnel by recommending policies, procedures and guidelines, while simultaneously recognizing the need for continued research studies to meet the needs of young children from birth to age five who ride school buses nationwide. (Refer to APPENDIX F for listings of laws and characteristics of disabilities.)

TRANSPORTATION SERVICES FOR INFANTS AND TODDLERS WITH DISABILITIES

The Individualized Family Service Plan (IFSP), under Part C of the Individuals with Disabilities Education Act (IDEA), is the mechanism for addressing the unique needs of infants and toddlers with disabilities and their families. The IFSP process has two main parts: (1) the IFSP meeting, where parents and interagency personnel jointly make decisions about an eligible child's early intervention services; and (2) the IFSP document, itself, which is a written plan for the provision of early intervention services for the child and family.

The decision to provide the early intervention service of transportation is made on a case-by-case basis and is directly related to the need for this service. Given the significance of the IFSP process, there are numerous requirements concerning the IFSP document. The decision for a transportation representative to attend the IFSP meeting should be made on a case-by-case basis when a school bus is considered as the appropriate vehicle for transporting an infant or toddler to and from a program location. This decision should be based on the individual needs of the child and family, as well as the service provider. The transportation representative should be a member of the IFSP team whenever the unique needs of an individual child require specialized service beyond the scope of what is traditionally provided. The involvement of transportation personnel should occur as soon as it is known that a child with a specialized need requires transportation on a school bus.

TRANSPORTATION SERVICES FOR PRE-SCHOOL CHILDREN WITH DISABILITIES

Pre-school children who ride school buses include children with and without disabilities. All pre-school children require careful planning when a school bus is selected as the mode of transportation to and from a state or local government early intervention program, special education, Head Start or Early Head Start program. These programs may have significantly different requirements governing transportation, and the transportation requirements should be reviewed carefully.

If a child is eligible for special education and the related service transportation under Part B of IDEA, the mechanism for addressing transportation services is the Individualized Education Program (IEP). The IEP process has two main parts: (1) the IEP meeting(s), when parents and school personnel jointly make decisions about a child's special educational program; and (2) the IEP itself, which is a written document of the decisions agreed upon at the IEP meeting. The IEP document is a commitment and management tool for the school district. The IEP defines resources and services to be provided to the student at no cost to the parents, and it states when and for how long these services will be provided. As such, the IEP becomes the tool to monitor compliance.

The "1997 IDEA Amendments" require that a public agency provide transportation for a pre-school age child as a related service to the site at which the public agency provides special education and related services to the child, if that site is different from the site at which the child receives other pre-school or day care services.

One of the major differences between the IFSP services and IEP is that the early intervention program under Part C for infants and toddlers is a year-round program, whereas special education services under Part B represent a school-year program, unless otherwise specified by the IEP team.

The decision for transportation personnel to attend IFSP and IEP meetings should be made on a case-by-case basis. This decision should be based on the individual needs of the child and family and the need for transportation personnel to provide this service safely. Transporting young children requires careful planning prior to initiating transportation services in school buses. Due to the ages of these children, the type of service and the frequency and duration of transportation required must be determined on a case-by-case basis.

Prior to initiation of service, the following questions and concerns should be addressed:

A. Is the child medically stable to be transported? (This decision should be made in conjunction with a physician or school nurse whenever the question arises.)

B. What is the length of the ride? Does the length of ride place the child at risk based upon the child's age, developmental and functional level and environmental factors, such as weather and temperature in the bus? (This decision should be made in conjunction with a physician or school nurse whenever the question arises.)

C. Which physical, cognitive, communicative, social-emotional and behavioral concerns should be addressed prior to initiating transportation services? (Each of these areas should be addressed by qualified personnel.)

D. Which assistive or adaptive devices are necessary to accommodate the special needs of a child during the provision of transportation services? (This should be addressed by qualified personnel.)

E. What type of supervision is necessary to assure safe transportation? What parental responsibilities are to be addressed on the IFSP or IEP documents? (These decisions should be made by the full IFSP or IEP team.)

F. When a child is medically fragile and requires special handling, who is responsible for emergency procedures? Who is responsible for monitoring universal precautions in the school bus if it is known that a child has an infectious disease that requires special precautions? (This decision should be made by the full IFSP or IEP team.)

G. If a child is provided with a private-duty nurse (non-IEP), how are the services addressed on an IEP? It is recommended that authorized transportation, special education and early intervention personnel committed to special services converse prior to the IFSP or IEP team meeting. The mechanism for decision- making for all special services is the IFSP or IEP process for children receiving services under IDEA.

H. What transportation equipment or equipment modification is required to accommodate the child's special needs and safety? (This decision should be made by the full IFSP or IEP Committee.)

HEAD START

Head Start programs are required to provide special services for three- through five-year-old children with disabilities. Head Start programs are required to have a "Disabilities Coordinator" who is responsible for developing a disabilities service plan that provides for the special needs of children with disabilities and their parents. This plan must specify those services to be provided directly by Head Start and those that are provided by other agencies. Transportation is one of the related services addressed under 1308.4(o)(5).

The Department of Health and Human Services, Administration on Children, Youth and Families (ACYF), Administration for Children and Families (ACF) issued 45 CFR 1310 Head Start Program, Final Rule on January 18, 2001 (Volume 66, Federal Register Number 12). This final rule implements the statutory provision for establishing requirements for the safety features and safe operation of vehicles used by Head Start agencies to transport children participating in Head Start programs. The reference to obtain this final rule is listed in APPENDIX F.

Additional information is available from The Department of Health and Human Services, Administration on Children, Youth and Families (ACYF), Administration for Children and Families (ACF), issued January 16, 2004; 45 CFR 1310 Head Start Program [Federal Register: January 16, 2004 (Volume 69, Number 11)]. The reference to obtain this rule is listed in APPENDIX F.

Transportation is a related service to be provided to children with disabilities. When transportation to the program site and to special services can be accessed from other agencies, it should be used. When it is not available, program funds are to be used. Use of taxis is an allowable expense if there are no alternatives available and transportation is necessary to enable a child to be served.

GUIDELINES FOR INFANTS, TODDLERS AND PRE-SCHOOL CHILDREN

The following guidelines are designed specifically to assist with transportation decision-making for infants, toddlers and pre-school children, including training drivers and attendants who transport infants, toddlers and preschool children.

A. Administrator's Role

The transportation supervisor (or designee) should be responsible for the supervision of transportation services for infants, toddlers and pre-school children. It is essential that this individual be knowledgeable about the unique needs of children in this age group.

Transportation personnel responsible for the daily transportation of young children should receive appropriate training from professionals qualified to make decisions

regarding child safety, seating, communication, physical handling, health and medical needs and other special circumstances, based on a curriculum developed by The National Highway Traffic Safety Administration (NHTSA) and The National Safe Kids Coalition which certifies child passenger safety technicians. The child passenger safety technician training is sponsored by a variety of organizations, including law enforcement, hospitals, public health, insurance companies, etc.

Each school district should have policies and procedures in place regarding the transportation of children from birth to age five. The policies and procedures should specify when it is required that the transportation supervisor or a designee attends IFSP, IEP or Head Start meetings. Transportation of children with special needs should be addressed on the IFSP or IEP when this service is provided.

The transportation supervisor or designee should be responsible for the following activities:

1. Selecting vehicles used for infants, toddlers and pre-school children;

2. Selecting equipment and CSRSs specific to the transportation of infants, toddlers, and pre-school children;

3. Disseminating information about "parents' responsibilities" in their native language, whenever possible;

4. Providing information about appropriate practices when transporting young children with special needs, including confidentiality of information;

5. Establishing emergency policies and procedures, including practicing evacuation drills;

6. Establishing staffing requirements;

7. Assuring that transportation decisions for a child are made on a case-by-case basis and are appropriate to meet individual needs of a child in accordance with what is recorded on a child's IFSP or IEP; and

8. Dissemination of pertinent student medical and behavioral information to support the school bus ride to and from school, including emergency information.

B. School Bus Drivers

The driver must be knowledgeable about his responsibility for each child in the school bus. This responsibility includes safely operating the school bus and supervising the safety of all young passengers. These recommendations should be followed with or

without the presence of a bus attendant. In addition to their regular duties, the drivers shall have knowledge and responsibility for the following:

1. General knowledge about the development of young children, including specific disability conditions;

2. Age-appropriate physical handling, communication and behavior management of young children;

3. Appropriate use of all the equipment (e.g., power lifts, child safety restraint systems, wheelchair tie down and occupant restraint systems. See APPENDIX E.);

4. Loading and unloading of children who are ambulatory or non-ambulatory;

5. Evacuation and evacuation drills, including practicing evacuation drills;

6. Transportation requirements on a child's IFSP or IEP, including confidentiality issues;

7. Special needs in the vehicle [e.g., apnea, asthma or other respiratory conditions, life-threatening allergies and their potential triggers, assistive devices, communicable diseases, gastrostomy tubes, oxygen, technological dependence, shunts, tracheostomy tubes, medical devices, medically complex and fragile conditions, uncontrollable seizure disorders and "Do Not Resuscitate" (DNR) orders];

8. Child protection laws (e.g., abuse and neglect); and

9. Effective communication skills with school staff, students, parents, law enforcement officials and the motoring public.

C. Bus Attendants (Monitors or Assistants)

The bus attendant should assume primary responsibility for the supervision and safety of children in the school bus during its operation. Bus attendants should be knowledgeable and well-informed about infant, toddler and pre-school child development for both children with and without special needs. Attendants should be knowledgeable about the following:

1. The cognitive, communication, physical, social-emotional, behavioral development and functional level of young children, including the unique needs of specific children in relationship to their disabilities;

2. Using age-appropriate physical handling, communication and behavior

management of young children;

3. Appropriate use of equipment in the school bus (e.g., power lifts; child safety restraint systems, such as child safety seats, safety vests and integrated seats; related securement systems, including vest mounting and safety belts; wheelchairs and wheelchair tiedowns and related occupant restraint systems, etc.) (See APPENDIX E.);

4. Loading and unloading of children who are ambulatory or non-ambulatory;

5. Evacuation and evacuation drills, including practicing evacuation drills;

6. Transportation requirements on the IFSP or IEP, including confidentiality;

7. Special needs in the vehicle [e.g., apnea, asthma or other respiratory conditions, life threatening allergies, and their potential triggers, assistive devices, communicable diseases, gastrostomy tubes, shunts, oxygen, technological dependence, tracheostomy tubes, medical devices, medically complex and fragile conditions, uncontrollable seizure disorders and "Do Not Resuscitate" (DNR) orders];

8. Child protection laws (e.g., abuse and neglect); and

9. Communicating effectively with school staff, students, parents, law enforcement officials and the motoring public.

D. Training

It is essential that all transportation personnel responsible for infants, toddlers and pre-school children receive training, which should include the following guidelines:

1. Training should be conducted by staff knowledgeable about the needs of young children who must be transported. Staff may include child passenger safety technicians, child development specialists, representatives of manufacturers of specialized equipment, nurses, occupational therapists, physical therapists, psychologists, respiratory therapists, special educators, transportation supervisors and other personnel, depending on the unique needs of the individuals being transported.

2. Training should take place both in a classroom and in the school bus.

3. There should be a checklist for the purpose of recording specific skills that have been mastered.

4. It is essential that all first aid training be specifically designed for infants,

toddlers and pre-school children.

5. All personnel transporting young children should be required to have a first aid course. On-going training should be conducted by certified personnel in their respective areas of expertise. The type of training provided should be related directly to the specific special services that the driver and attendant are required to provide, including developmentally appropriate practices. At a minimum, drivers and attendants should be able to operate any special equipment for which they are responsible, know how to manage infants, toddlers and pre-school children, be capable of implementing an IFSP- or IEP-approved health care service in accordance with state law and be trained about use and securement of adaptive and assistive devices.

   Comprehensive training for transportation personnel providing daily services should include the following topics to support safe and appropriate transportation services for this young population and their families:

   a. Assistive-device management;

   b. Child Safety Restraint Systems (CSRSs);

   c. Communicable disease management practices;

   d. Communication (supervisors, school personnel, and parents);

   e. Confidentiality;

   f. Emergencies;

   g. Emergency evacuation drills, including practicing evacuation drills;

   h. Emergency information management requirements;

   i. Equipment;

   j. Federal and state regulations;

   k. General characteristics of children with disabilities impacting the school bus ride;

   l. Individualized Education Programs (IEPs);

   m. Individualized Family Service Plans (IFSPs);

   n. Loading and unloading;

o. Medically fragile children;

p. Medicine transport;

q. Pick-up and drop-off, including provisions addressing when an authorized adult is not at the scheduled drop-off;

r. Reports;

s. Required record-keeping;

t. Specialized communication;

u. Special medical conditions;

v. Technology-dependent conditions;

w. Development of infants, toddlers and pre-school children with developmental delays and disabilities;

x. Universal precautions;

y. Use of webbing cutters;

z. Vehicle selection;

aa. Proper use of Wheelchair Tiedown and Occupant Restraint System (WTORS); and

bb. Best practices in wheelchair transportation safety.

E. Equipment

Great strides have been made in the type of equipment used to assist infants, toddlers and pre-school children with special needs. These children present multiple challenges to providers of transportation. The school bus vehicle is significant because it is the mechanism for transporting young children who have special needs to and from support and development programs. To assure child passenger safety in the school bus, transportation personnel will need training to work with infants, toddlers and pre-school children who use a variety of equipment. Challenges relating to proper use and installation of Child Safety Restraint Systems (CSRSs), including car seats, arise. Many of these challenges are addressed in NHTSA's "Guideline for the Safe Transportation of Pre-school Age Children in School Buses" (February 1999).

Note: *Refer to "Proper Use of Child Safety Restraint Systems in School Buses" at https://one.nhtsa.gov/people/injury/buses/busseatbelt/.*

Infants, toddlers and pre-school children with special needs present a challenge for transportation personnel because school buses were not designed to transport young children as passengers.

Each pre-school age school bus passenger should use a child safety restraint system appropriate for the child's age, weight, height and specialized needs, as determined by the IEP or IFSP team.

Note: *The following standards are applicable to this section.*
FMVSS No. 208 *Occupant Protection*
FMVSS No. 209 *Seat Belt Assemblies*
FMVSS No. 210 *Seat Belt Assembly Anchorages*
FMVSS No. 213 *Child Restraint Systems*
FMVSS No. 217 *Bus Emergency Exits and Window Retention Release*
FMVSS No. 222 *School Bus Passenger Seating and Crash Protection*
FMVSS No. 225 *Uniform Child Restraint Anchorages*

All CSRSs used in the school bus must...

1. Meet requirements of FMVSS No. 213;

2. Be installed and used according to the manufacturer's instructions;

3. Not be under a recall that recommends non-use of the CSRS;

4. Have all parts intact and in working order;

5. Be secured to a vehicle seat with a safety belt that meets FMVSS No. 209 or anchorages to meet FMVSS No. 225 or FMVSS No. 210; and

6. Use safety belts or latch systems that are installed only on bus seats that meet FMVSS No. 210.

F. Child Safety Restraint Systems (CSRSs)

CSRSs used in school buses must be appropriate for the individual child and must be used correctly. All restraint systems used for transportation must be secured to the bus seat in the manner prescribed and approved by both the school bus and CSRS manufacturers.

1. Elements of Correct Installation of CSRSs

   It is recognized that compartmentalization, the passive safety restraint system required in school buses under FMVSS No. 222, provides a higher level of safety to children over 40 pounds. Children diagnosed with medical complexities or fragility might require special securement or positioning systems.

a. Direction

Position (rear- or forward-facing) and adjust recline angle accordingly. Some rear-facing seats are designed for rear-facing only and may not be used in a forward-facing position. (Check manufacturer's instructions.)

b. Belt Paths and Harness Strap Location

Use the correct belt path and harness strap slots on the CSRS as directed by the manufacturer's instructions.

Note: *Heavy coats should be removed to ensure a tighter fit.*

c. Installation

To achieve tight installation, place hand on and push down in the CSRS to compress the bus seat cushion. With the buckle(s) engaged, pull the loose end of the seat belt(s) to tighten and lock the safety belt. The CSRS should not move more than one inch forward or side-to-side when tested by grasping the seat at the belt path.

2. Types of Restraints

a. Rear-facing CSRS (infant-only)

I These seats are designed for infants from birth to twenty or twenty-two pounds (manufacturer's instructions) and who usually are less than 26 inches in length. These seats are used in rear-facing position at a 45 degree recline, which provides support to the infant's head, neck and back.

II Harness straps must be at or below the infant's shoulders and must be snug. A snug strap should not allow any slack, should lie in a relatively straight line without sagging and should not press on the child's flesh or push the child's body into an unnatural position. When properly fitted, harness strap material should not be able to be pinched between thumb and forefinger. The harness retainer clip, which is designed to hold the harness straps in place, should always be placed at armpit level.

III Avoid any extra padding or blankets behind or beneath the infant.

b. Convertible CSRS (Rear-Facing)

I Rear-facing infant position is designed for children from birth to twenty pounds, one year of age (manufacturer's instructions), weighing up to twenty pounds and usually less than 26 inches in length. Many CSRSs are now available to accommodate larger children (30 to 35 lbs.) in the rear-facing position.

Note: *See manufacturer's guidelines for weight and height restrictions. It is recommended that children ride rear-facing as long as recommended or allowed by the CSRS manufacturer.*

II The rear-facing position at a 45 degree recline supports the infant's head, neck and back.

III The harness straps must be at or below the infant's shoulders.

i. Harness straps must be snug. A snug strap should not allow any slack, should lie in a relatively straight line without sagging and should not press on the child's flesh or push the child's body into an unnatural position. When properly fitted, harness strap material should not be able to be pinched between the thumb and forefinger.

ii. The harness retainer clip, which is designed to hold the harness straps in place, is always at armpit level.

IV Do not use any extra padding or blankets behind or beneath the infant.

V Avoid the use of a T-shield or tray shield with infants or young children with eyeglasses, feeding tubes, shunts or other medical devices that may come in contact with the shield. Avoid use of CSRSs with a shield with children who, due to their stature, may not fit into the seat snugly or may make contact with the shield with their face or neck.

c. Convertible CSRSs (Forward-Facing)

I Forward-facing CSRSs with five-point harness, T-Shield or tray-shield are designed for children above twenty to sixty pounds. (Rear-facing position should be maintained for as long as

recommended or advised by the manufacturer.) Some forward-facing-only seats are available to accommodate larger children.

II All forward-facing seats should be adjusted to the upright position.

III Harness straps must be in the upper slot at or above the child's shoulders. (Follow manufacturer's guidelines.)

IV The seat may be used until the child reaches the maximum weight or height allowed per the manufacturer's guidelines or until the top of the child's ears are above the back of the shell.

V Harness straps must be snug. A snug strap should not allow any slack, should lie in a relatively straight line without sagging and should not press on the child's flesh or push the child's body into an unnatural position. When properly fitted, harness strap material should not be able to be pinched between the thumb and forefinger.

VI Avoid the use of a T-shield or tray shield with infants or young children with eyeglasses, feeding tubes, shunts or other medical devices that may come in contact with the shield. Avoid use of CSRSs with a shield with children who may not fit into the seat snugly due to their stature.

Note: *Some CSRSs cannot be installed properly in a twenty-inch bus seat (i.e., tray-shield and some convertible seats).*

d. Car Beds

Note: *A car bed for infants up to 20 pounds allows the infant to lie flat. The use of a car bed should be predicated on the advice of a physician or an appropriate medical support professional (e.g., physical/occupational therapist) and approved by qualified personnel at an IFSP team meeting.*

I Lateral support can be added with rolled-up towels or receiving blankets at both sides of the infant. Do not place around the infant's head padding that would cause an airway blockage.

II Beds must be secured to the bus seat, with the seat belt passing through both slide loops. Check and use manufacturer's instructions before using beds.

III Adjust the harness system to a snug fit as specified by the manufacturer. Harness straps should lie flat (not twisted).

IV Caution should be given to gastrostomy tubes and to tracheostomies and shunts.

e. Specialized Positioning Seats

I Specialized positioning seats are used only when a child does not fit in a standard CSRS or has a particular condition warranting more support.

II As per NHTSA's, "*Child Passenger Safety Training Instructor Guide on School Buses,"* tether straps are not required in school buses; however, some special needs CSRSs require a tether strap. (See manufacturer's instructions and all NHTSA curricula to determine the specifics.)

When a tether strap is used, the seat to which it is tethered must be unoccupied. For further clarification on the proper use of tethers, consult with a CPS (Child Passenger Safety) technician.

III The safety belt must be routed through the appropriate belt path specified by the manufacturer's instructions to secure the CSRS.

IV If a retainer clip is used, it must be positioned at armpit level.

V Caution should be given to gastrostomy tubes, tracheostomies, and shunts.

f. Safety Vests

Note: *This restraint must be used only on school bus seats. The entire seat directly behind the child in the seat-mounted vest must be unoccupied or have restrained occupants.*

I Vest selection should be appropriate for the size and needs of the child. Proper fit must account for seasonal changes in clothing.

II The decision to use a vest should be made by an IFSP or IEP team that includes qualified personnel and the parent.

III The use of safety vests should be noted on the IFSP or IEP.

IV Vests should be anchored, as specified by the manufacturer.

V Caution should be given to gastrostomy tubes, tracheostomies, and shunts.

VI Pre-school children, due to their age, weight, physical development and their overall mental ability, should be securely fitted with a crotch strap supplied by the manufacturer. (Only vests required under FMVSS 213 will have a crotch strap supplied by the manufacturer. It is not optional.)

VII If unrestrained students share the seat with a student in a child safety restraint, the student using the restraint should be placed in a window seating position, but never in front of an emergency window.

VIII The seat behind the child in a vest must be kept empty or occupied by a child who is also in a child safety restraint system.

IX Portable seat mounting straps should be checked for proper fit by transportation personnel during pre-trip inspections.

g. Wheelchairs

I All decisions regarding the use of wheelchairs in the school bus must be made by an IFSP or IEP team that includes qualified personnel and the parent and should be noted on the IFSP or IEP.

II Appropriate positioning of a child in a wheelchair should be made by qualified personnel, including IFSP or IEP committee members, and should be noted on the IFSP or IEP.

III The IFSP or IEP team, including qualified personnel, should determine when it is appropriate to transfer a child from a wheelchair and place the child in an age-appropriate CSRS on the original manufacturer's seat.

G. Bus Seat Designated for a Child Safety Restraint System

The transportation provider should ensure installation and use in accordance with the following NHTSA guidelines:

1. Locations of school bus seats designated for CSRSs should start at the front of the vehicle to provide drivers with quick access to the CSRS occupants.

2. CSRS anchorages on school bus seats should meet all applicable FMVSSs.

3. The non-adjustable end of the lap belt should be positioned at the center for a CSRS placed next to the window; or, at the aisle for a CSRS placed next to the aisle.

4. The non-adjustable end of the lap belt must not extend more than one to two inches from the seat.

5. When ordering new school buses, the maximum spacing specified under FMVSS No. 222, School Bus Passenger Seating and Crash Protection, (within 24 inches space from the seating reference point) is recommended for seats designated for CSRSs to provide adequate space for the CSRSs.

6. The combined width of CSRSs and/or other passengers on a single seat does not exceed the width of the seat.

7. If other students share seat positions with CSRSs, the CSRSs are placed in the window-seating position, excluding emergency exit windows.

H. Medical Equipment

All decisions regarding medical equipment in the school bus should be made in accordance with state laws and regulations. Decisions regarding medical equipment should be the joint decision of trained personnel who are knowledgeable about the type of medical assistance and support an infant, toddler or pre-school child may need while in a school bus. Decisions should be made by qualified team members in attendance at IFSP or IEP meetings, including the parent. The IFSP or IEP document should include all the appropriate information. Safe transportation specifications should be documented on the IFSP or IEP.

Some special considerations and recommendations are as follows:

1. All medical support equipment shall be secured at the mounting location to withstand a pulling force of five times the weight of the item.

2. Latched compartments are the preferred methods of transport.

3. All medical equipment should be secured below the window.

4. Oxygen equipment (liquid or gas) should be approved by the manufacturer for transport and should be securely mounted and secured to prevent damage and exposure to intense heat levels.

Note: *Refer to the SPECIALLY EQUIPPED SCHOOL BUS SPECIFICATIONS section.*

I. Special Considerations

Because of the dependency of young children and the need to make decisions on a case-by-case basis, the following section on special considerations is provided for guidance on a variety of issues related to the transportation of infants, toddlers and pre-school children.

1. Confidentiality

Confidentiality of information should be assured in accordance with the requirements of the Individuals with Disabilities Education Act Amendment of 1997 (Part B and Part C), Head Start Regulations and the Family Education Rights and Privacy Act Amendments of 1996. All transportation personnel should receive annual training regarding confidentiality requirements.

2. Emergency information

All parents, guardians or persons who are acting in *loco parentis* should be requested to fill out emergency transportation cards prior to initiating services. At a minimum, each emergency information card should request the following information: child's name, date of birth, program attending, height, weight, parents' names, address, (two) emergency contacts, child's doctor, hospital preferences, allergies, current medications, medical, communication and behavioral concerns, bus equipment required and special conditions, in accordance with state regulations. This information should be reviewed semiannually and updated at minimum annually, based upon the growth of infants and toddlers. The bus driver and attendant shall have access to this information in the school bus to safely transport students in CSRSs. A photo is recommended in accordance with the school district's policy. (This is especially helpful to substitute personnel and emergency personnel.)

3. Equipment Maintenance

Procedures should be established for scheduled maintenance, cleaning and inspection of all equipment, including CSRSs. Procedures should be in place to assure that all equipment is checked regularly for recalls and for product expiration dates. Procedures must be in place for cleaning CSRSs according to

manufacturers' instructions. Proper disposal of outdated equipment is important.

Note: *A recall list may be found at www-odi.nhtsa.dot.gov/recalls/-childseat.Cfm*

4. Evacuation

A written evacuation plan shall be prepared for all school buses transporting infants, toddlers and pre-school children. Evacuation drills shall be practiced on a scheduled basis, in accordance with approved written policies and procedures. Children attending Head Start are required to participate in at least three evacuation drills annually, including one in the bus in which the child will be riding. All buses shall be equipped with child-safe webbing cutters to assist in the emergency evacuation of children in child safety restraint systems and wheelchairs.

Written evacuation plans should consider the following questions:

a. What are the child's physical and mental abilities?

b. Can the child exit the bus independently?

c. Which children can be removed from the bus without their CSRS or specialized equipment?

d. Which children cannot be removed from the bus without their CSRS or specialized equipment?

e. How can children be kept safe when removed from the bus?

Note: *If possible, depending on the width of the bus aisle, children in car seats should be evacuated from the bus in their car seats in order to maintain a controlled and safe environment once the children are off the bus.*

5. Accessory Adaptive Equipment

All lap boards or trays, augmentative communication devices and ambulation equipment that attach to wheelchairs should be removed and secured during the time the child is transported in the school bus. The IEP team should address case-by-case where this is not advisable.

6. Medically Complex and Fragile Children

Decisions regarding the safe transportation of medically complex and fragile

children should be made by qualified personnel and addressed on the child's IFSP or IEP prior to initiating transportation services. All school buses transporting medically complex and fragile children should be staffed by personnel who are knowledgeable about an individual child's specific medical needs and should be trained to administer first aid to young children. IEPs for medically fragile children should contain a healthcare plan written by the school nurse based on doctor's orders and/or standard medical practices for applicable health issues.

7. Transporting Medications

A written policy and procedure should address transporting medication between home and school. In no instance should a child be allowed to transport medicine to and from the school on his person.

8. Radios/Two Way Communication and Cell Phones

All school buses transporting infants, toddlers and pre-school children should have two-way communications systems and designated contact persons during the time the children are transported in the school bus. Cell phones may be utilized as a communication means, when approved by the school district or Head Start agency.

9. Supervision

All infants, toddlers and pre-school children should be supervised in the school bus, using the appropriate child-staff ratios based upon individually determined needs and state licensing requirements, if transportation to school and/or childcare center is involved. Additional supervisory personnel required to transport individual students should be determined on a case-by-case basis by qualified personnel. This information should be recorded on the IFSP or IEP document. If Head Start children must cross the street before boarding or after leaving the vehicle because curbside drop-off or pick-up is not feasible, they must be escorted across the street by the bus attendant or another adult. All children in these categories must be met by a responsible person, preferably an adult. Plans for alternative delivery, such as to Children's Protective Services, should be proceduralized, and a notice of disposition should be placed on the door. Unmet students should be returned to the school or other preplanned location, and school officials can attempt to contact parents for resolution.

10. Seating Plans

All school buses transporting infants, toddlers and pre-school children should

have a seating chart that is kept in the school bus. This is necessary in the event there is an emergency or there is a substitute driver or attendant. Decisions regarding seating should be made on an individual child basis using information known about the child's special needs and occupant protection requirements.

Note: *CSRSs' placement and use should be according to NHTSA's, "Guideline for the Safe Transportation of Pre-School Age Children in School Buses" (February 1999).*

11. Technology-Dependent Children

Decisions regarding the safe transportation of technology-dependent children should be made by qualified personnel and addressed on the child's IFSP or IEP. In all school buses transporting children who are technology-dependent, there should be qualified personnel who are knowledgeable about an individual child's specific medical needs and are trained to administer first aid or to carry out procedures specified on the child's IFSP or IEP. All medical service provisions should be in accordance with federal and state laws.

12. Universal Precautions

All transportation personnel involved in direct-service delivery for infants, toddlers and pre-school children should be directly trained in universal precautions related to the physical, day-to-day handling of young children and potential exposure to communicable and contagious diseases.

13. Post-Trip and Post-Run Segment Checks

Drivers are responsible for conducting a walk-through inspection of the school bus following drop-offs at each school and after the last delivery on each run segment. Prior to departing the bus for any length of time, a walk-through inspection must be conducted. The purpose of the walk-through inspection is to check on and under the seats for sleeping or hiding students and to identify any items which may have been dropped or left aboard the bus. Warning flag systems and/or electronic means may be used; however, the school bus driver is responsible for ensuring that the post-trip inspection has been made. Written policies and procedures should be in place for post-trip and post-run segment checks.