



Illinois
State Board of Education

**TRANSPORTATION
FOR STUDENTS
WITH
DISABILITIES AND
SPECIAL HEALTH
CARE NEEDS**

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TRANSPORTATION FOR STUDENTS WITH DISABILITIES AND SPECIAL HEALTH CARE NEEDS

The purpose of this section is to recommend standard policies, procedures and guidelines for persons entrusted with the responsibility of managing transportation for students with disabilities. The term *special education* means, “specially designed instruction to meet the unique needs of a child with a disability.” When transportation is required to provide access to such instruction, it is considered a “related service.”

As part of the mandate of a Free Appropriate Public Education (FAPE), related services are required when determined necessary to assist a child with a disability to benefit from special education. *Transportation* as defined in *The Individuals with Disabilities Education Improvement Act (IDEIA)* includes:

- A. Travel to and from school and between schools;
- B. Travel in and around school buildings; and
- C. Specialized equipment (such as special or adaptive buses, lifts, and ramps), if required to provide special transportation for a child with a disability.

Though general in nature, the recommended guidelines, policies and procedures do contain adequate information as of the date of adoption of these guidelines to guide those persons responsible for student transportation in developing an action plan for the safe and appropriate delivery of transportation services for students with disabilities.

This section reviews the current laws and regulations governing special transportation related to the individualized education program (IEP) process, recommended staff training and policy development.

The transportation administrator and pertinent staff shall become familiar with the laws, guidelines, policies and procedures listed below.

LAWS AFFECTING TRANSPORTATION FOR STUDENTS WITH DISABILITIES

- A. Laws
 - 1. It is possible for a school district to be required to provide specialized transportation services to a student with disabilities who is not in special education. Section 504 of P.L. 93-112, of the Rehabilitation Act of 1973, states in part, “No otherwise qualified disabled individual in the United States shall, solely by reason of his handicap, be excluded from participating in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.” In general terms, Section 504 of P.L. 93-112 (1), part of the Rehabilitation Act of 1973, “... requires that all students with disabilities (regardless of age) are eligible for a free appropriate

public education [FAPE].” It also requires that the facility, services and activities provided to the disabled to be comparable to those provided to the non-disabled, and that students with disabilities must have an equal opportunity for participation in any nonacademic and extracurricular services and activities provided by a school district.

2. Congress passed P.L. 94-142, in 1975, and regulations were promulgated by implementation of Part B of the Education for All Handicapped Children Act, effective October 1, 1977. A free appropriate public education (FAPE) is required for all students between the ages of 3 and 21 years who are deemed *disabled* and who need special education.
3. 2004, the reauthorization of the Education for All Handicapped Children Act of 1975 changed the name to Individuals with Disabilities Education Improvement Act (IDEIA). Subsequent reauthorizations made significant additional changes. These guidelines reflect the 2004 reauthorization of the law and the 2006 regulations implementing that law.

Note: IDEA requires the public agency “...to provide non-academic and extracurricular services and activities in such manner necessary as to afford children with disabilities an equal opportunity for participation in those services” (Section 300.107). One of the ways to access those nonacademic services is transportation. This law continues the emphasis on the transportation of children with disabilities in the same ways children without disabilities are transported. Section 300.17 provides that a child with a disability must be allowed to participate in non-academic activities as much as possible with children without disabilities. Thus, the beginning point for consideration of the appropriate way in which to transport a child with disabilities is the “regular” (i.e., non-special needs) school bus. This “regular” environment must occur unless a child cannot travel safely on the regular bus, even with the use of specialized equipment or other supplementary aids and services.

B. Characteristics/Conditions:

To be *disabled* under IDEA, a student must have certain characteristics or conditions that adversely affect educational performance, and, therefore, that require special education and related services. The disabilities are defined in the IDEA under Part B: Regulations. They appear in 34 Code of Federal Regulations (CFR), Part 300 Child with a Disability. The *terms* will be listed in this section as they appear in the CFR. The *definitions* can be found in APPENDIX E.

Disabilities are classified as follows:

1. Autism;
2. Deaf-Blindness;
3. Deafness;
4. Emotional Disturbance;
5. Hearing Impairment;
6. Mental Retardation;
7. Multiple Disabilities;
8. Orthopedic Impairment;
9. Other Health Impairment;
10. Specific Learning Disability;
11. Speech and/or Language Disability;
12. Traumatic Brain Injury; and
13. Visual Impairment, including Blindness.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)—INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) PROCESS

The 2006 IDEA Regulations echo the statutory purpose stated in the 2004 Reauthorization of the IDEA statute: "...to ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment and independent living; to ensure that the rights of children with disabilities and their parents are protected... and to assess and ensure the effectiveness of efforts to educate children with disabilities."

The IEP team is the formal group that designs a student's educational program, establishes measurable academic and functional goals and determines the related services that are necessary for a student to access special education. When transportation is considered as a related service, appropriate transportation staff, as related service providers, must be included in the IEP process to address safety and feasibility of various transportation options.

The safe transportation of a child with special needs requires a plan that considers and adapts the transportation services to the individual needs of the student. This plan is called an "Individual

Transportation Plan” (ITP) and functions as a sub-part of the IEP when transportation is a related service. The ITP addresses (but is not limited to) the following considerations and decisions:

A. Legal Considerations

The intent of the law is that the IEP team considers a number of stated issues related to the student’s educational program. “A continuum of alternative placements [must be] available to meet the needs of children with disabilities for special education and related services.” When transportation is considered as a related service, consideration needs to be given to the range of transportation services, including the use of supplementary aids and modifications available to students with disabilities to address questions about the appropriate mode of transportation for the student. The requirement that students with disabilities be transported “to the maximum extent appropriate” with students without disabilities (the “least restrictive environment,” or LRE) includes the focus on provision for safe transportation for each student.

B. The Individualized Education Program (IEP)

The IEP is a written statement of services a student is to receive. With respect to transportation, this information should contain necessary specificity so that transportation professionals, school personnel, parent and student know what services to expect.

Generally, modification of the IEP requires an IEP meeting. When change in transportation provisions is deemed necessary, transportation services personnel should contact the student’s case manager or other appropriate staff member. Such contact should also occur when transportation services personnel find they need more information or assistance from team members or if they find the program to be in any way unsafe or not meeting the student’s needs.

GUIDELINES

The following guidelines are intended to assist in establishing a training program for administrative and school-based personnel enabling them to respond to the concerns presented by students with disabilities, as required by IDEA. The goal of such a training program is to teach the skills needed to respond to routine and emergency circumstances concerning transportation.

A. School/Education Administration

School administrators and education staff who help make program decisions for students with disabilities, including the requirement for transportation as a related service, are frequently unfamiliar with transportation capabilities and limits.

Those persons should have training in areas that include, but are not limited to, the following:

1. Situations under which transportation staff would be consulted, or included in the IEP Team process;
2. State and local transportation policies and procedures, including communications, reporting procedures, establishment of walk distances and pick-up and drop-off locations;
3. Transportation regulations and guidelines that could assist in determining if transportation would be appropriate as a related service;
4. Alternative transportation options;
5. Current legislative, legal and administrative decisions;
6. The application of least restrictive environment regulations to transportation placements;
7. The extent of training and skill levels available within the transportation staff and any additional training necessary to meet standards for qualified staff, as defined by local, state and federal standards;
8. The types of vehicles available for transporting students with disabilities;
9. The types of equipment and occupant securement systems available; and
10. Do Not Resuscitate (DNR) policies for local school districts, as well as current legislative and administrative decisions concerning this topic.

B. Transportation Administration

With increased responsibility being imposed on transportation providers through actions taken by legislative, legal and administrative authorities, persons in leadership roles must involve themselves to a greater degree.

The duties and responsibilities of transportation leadership likely will differ between various transportation providers; however, listed below are some areas of knowledge that are necessary to satisfactorily perform the leadership responsibilities.

1. Federal, state and local laws and regulations regarding the equipment required on vehicles used for transporting students with disabilities;
2. Federal, state and local laws and regulations regarding necessary personnel and training;
3. Operational regulations, such as student pick-up/drop-off, including service criteria requiring neighborhood bus stop, curb-to-school or door-to-school;

4. Special education transportation regulations and guidelines, such as student riding time and suspension period limitations;
5. Due-process rights and procedures for a student with disabilities;
6. Student referral, evaluation and IEP process;
7. A general knowledge of available resource persons and the location and availability of appropriate training;
8. Vehicle staffing requirements, including when an attendant might be needed, how and when substitutes will be assigned and how appropriate information and training will be shared with substitutes;
9. The availability of emergency medical services in the community and the identity of those who could assist if such an emergency were to occur during transportation;
10. State and local laws relating to child abuse and harassment/bullying reporting procedures;
11. State or local laws relating to limits of liability and policies and procedures for risk management;
12. Federal and state rules of confidentiality; and
13. Legislative and administrative decisions and procedures concerning DNR.

C. Drivers and Attendants

As direct service providers to students with disabilities, drivers and attendants have a hands-on responsibility to provide safe and appropriate transportation to students with disabilities, including operation of special equipment, management of student behavior and basic first aid, as necessary. Additionally, they must be knowledgeable in passenger-positioning, securing adaptive and assistive devices and child safety restraint systems (CSRSs) and must be familiar with the nature, needs and characteristics of the types of students they transport.

D. Training components

To perform the responsibilities assigned in a safe and effective manner requires a substantial degree of specific training. Some training components that transportation staff must have are the following:

1. Introduction to special education, including characteristics of disabling conditions, the student referral, assessment, IEP process and confidentiality of student information;
2. Legal issues, including federal and state laws, administrative rules and local policy;
3. Operational policies and procedures, including:
 - a. Pre-trip and post-trip inspection procedures for all assistive equipment and devices, CSRSs, securement systems and safety equipment;
 - b. Loading/unloading;

Note: During loading and unloading, the driver should remain in the driver's seat to observe traffic flow and the overall safety of the school bus relative to highway and surrounding activity unless it is necessary for the driver to leave this position to assist with the loading or unloading of students. The driver must secure the bus before leaving the driver's seat. [See item (3) below.]

- c. Securing the bus:
 - I Engage the emergency brake;
 - II Place the vehicle transmission in "neutral" or "park"; and
 - III Activate the side stop arm and traffic control lights when allowable by state law;
- d. Pick-up/drop-off location;
- e. Evacuation procedures, including the use of emergency equipment, such as webbing cutter(s), fire blanket(s), evacuation aids etc.;
- f. Lifting/positioning procedures/body mechanics;
- g. Student accountability and observation, including recognizing signs of neglect or abuse;
- h. Post-trip vehicle interior inspections for students or articles left in the bus prior to parking;
- i. Reporting and record-keeping;

- j. Lines of responsibility relative to individuals' roles as educational team members;
- k. Lines of communication, including parents and educational staff;
- l. Route hazard analysis and route management, including medical emergencies, no adult at home, inclement weather, field trips, etc.;
- m. Behavior management:
 - I Techniques for behavior modification and the development of appropriate behavior;
 - II Procedures and techniques for dealing with inappropriate or unacceptable student behavior that creates emergency conditions or poses a risk to health and safety, including possession and transportation of weapons, drugs, etc., and awareness of gang activities, harassment/bullying and/or other inappropriate behaviors;
 - III Procedures for documenting and reporting inappropriate or unacceptable student behavior; and
 - IV Intervention strategies and techniques and emergency response procedures for use with individual students as outlined in their respective IEP and ITP;
- n. Blood borne pathogens and universal precaution procedures, including use of personal protective equipment;
- o. Policies and procedures that ensure confidentiality of personal identifying information; and
- p. Basic First Aid, CPR and proper medical support equipment usage as students' conditions require.

E. Special Equipment Securement, Use and Operation

A variety of equipment is required on vehicles used to transport students with special needs. It is necessary for transportation staff to be familiar with the design and operating procedures for this special equipment, as well as to know how to conduct equipment inspection and (depending on local policy) to make simple "field adjustments" to correct minor equipment breakdowns or malfunctions. It is the driver's responsibility to assure that all assistive and safety-related equipment on the bus is inspected prior to and following each trip as part of an overall vehicle pre-trip

and post-trip inspection protocol. Defects or missing equipment must be documented and reported immediately to the transportation or maintenance office in writing or electronically in a standard inspection format. All safety- and operations-related defects must be repaired and missing equipment replaced prior to operating the school bus to transport students. Depending on local policy and training, an attendant may assist the driver with the actual inspection process.

Equipment and procedures include, but are not limited to, the following examples:

1. Power lifts, including procedures for manual operation;
 - a. During lift operations (including manual) no one shall be allowed to stand on the lift platform.

Note: Children using mobility aids/devices other than a wheelchair or equivalent (resulting in other than a seated position) who need to use the lift, should use a wheelchair or other wheel-based mobility device for boarding or exiting the bus, and then should be transferred to a bus seat for the ride. If the wheelchair is to be transported, it must be secured properly.

- b. Wheelchairs or other wheel-based mobility devices should not be placed on the lift unless they are equipped with a functional wheel-locking system. Powered/motorized wheelchairs must have the power switched to “off” and the motor locks engaged before the lift is activated to raise or lower the chair.

Note: Always adhere to state-specific requirements.

- c. Mobility device placement on the lift platform is outward, facing away from the side of the bus, with wheels locked and/or motor locks activated. Platform safety straps, if provided, must be properly secured before the lift platform is raised or lowered. Mobility device occupant positioning belts/harness must be properly worn by the occupant. The lift is operated by a trained adult standing outside the bus at ground level, adjacent to the lift platform while maintaining a continual hold on the wheelchair. A second adult should be positioned inside the bus to either unload or load the wheelchair (and occupant) from or onto the lift platform at the passenger compartment level. Subject to local policy and resolution of potential liability issues, parents, guardians or other persons authorized and trained by the local school administration may assist with the loading or unloading of students.

2. Emergency escape exits, including doors, windows and roof hatches;

Note: The width of aisles and emergency exits may limit the evacuation and emergency response procedures possible in any given scenario. The evacuation planning process and training provided must include strategies to offset these limiting factors.

3. Special fire suppression systems, including emergency fire blanket and evacuation aid;

4. Power cut-off switches;

5. Emergency communications systems;

6. Climate-control;

7. Adaptive and assistive devices used to support and secure students, including mobile seating devices, child safety restraint systems (CSRSs), safety vests, wheelchair tie down/occupant restraint systems (WTORS), assistive technology devices, trays and securement hardware, including their storage and securement when not in use;

8. Two-way electronic voice communication THAT CAN BE USED AT ANY POINT IN THE VEHICLE'S ROUTE should be provided in all school buses equipped, as well as used, to transport passengers with disabilities and special health care needs;

9. Service animals that can be transported to assist the student with disabilities;

Note: District policies and procedures, as well as training, should be established prior to transport.

10. All portable equipment and special accessory items, including the equipment listed in the SPECIALLY EQUIPPED BUS SPECIFICATIONS Section shall be secured at the mounting location to withstand a pulling force of five times the weight of the item or shall be retained in an enclosed, latched compartment. The compartment shall be capable of withstanding forces applied to its interior equal to five times the weight of its contents without failure of the box's integrity and securement to the bus.

Note: If these specifications provide specific requirements for securement of a particular type of equipment (e.g., wheelchairs), the specific specification shall prevail.

11. All lap boards or trays and ambulation equipment that attach to wheelchairs shall 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.

F. Selecting Securement Points on Wheelchairs

Decision-making should be a TEAM effort, not an individual's responsibility. Information on wheelchairs, to include WC19-compliant chairs, shall be made available to transportation personnel. Always consult school staff or a qualified professional.

1. Wheelchairs should be transported in a forward-facing orientation.
2. Securement systems for wheelchairs should be used in accordance with the manufacturer's specifications and recommendations and should include an occupant restraint of a minimum of a lap/shoulder belt and a 4-point wheelchair tie down (Refer to the SPECIALLY EQUIPPED SCHOOL BUS SPECIFICATIONS section.)
3. Wheelchairs designed for transportation safety have securement points called "transit options," which will be labeled appropriately. The manufacturer's designated securement point shall be used. (Refer to APPENDIX E for guidelines on WC19 from the Ride Safe information provided by ANSI/RESNA, University of Michigan transportation Research Institute [UMTRI].)
4. On wheelchairs without the transit options, points are frequently located just below the wheelchair's seat on non-detachable structural frame members. In addition, the following beneficial criteria should be taken into account:
 - a. Welded sites are preferred; but
 - b. Frame members held together with hardened bolts are acceptable.
5. Rear tiedown straps should be anchored directly behind the securement points on the wheelchair, with the front straps angled slightly outward to increase stability.
6. The lap portion of the occupant restraint system should be threaded through the space between the armrest and the seating frame to achieve proper placement low over the hip bones of the occupant. The lap belt should never be placed over the armrest or with the belt assembly twisted. When optimally placed, the belt's webbing's bottom edge should be touching the occupant's thighs. When looking at the lap belt's path to the floor from the

side of the chair, the belt should be angled between 45 and 75 degrees to the horizontal. When using an integrated system (in which the occupant restraint is attached to the rear tiedowns of the wheelchair securement system), the rear wheelchair securement site must be selected with this in mind. Whether using an integrated or a parallel system (in which occupant restraint belts are separate of tiedown belts), at no time should the occupant ever carry the load of the wheelchair or its tiedown system. The occupant must be secured separate of the wheelchair and its tiedowns.

7. Proper positioning for the shoulder restraint is over the shoulder and across the upper chest or torso of the occupant when connecting it to the lap belt. The shoulder belt shall not be placed across the neck of the occupant. A height adjuster may be required to achieve appropriate belt position for the torso portion of the occupant restraint.
8. On a tilt-in-space wheelchair, the four sites must be either on the base of the wheelchair or on the seat/frame portion of the chair. For example, it is not effective to have the front hooks on the base of the chair and the rear hooks on the seat/frame portion of the chair since that combination would create a “teetertotter” effect. (This warning does not apply to wheelchairs that meet WC19 specifications.)

Note: With advances in wheelchair manufacturing design and specifications, verify manufacturer’s instructions and/or recommendations for maximum attachment strength.
9. Wheelchair securements must **not** be attached to the crossbar, since this may cause the wheelchair to collapse.
10. Homemade brackets are never acceptable. Securement and restraint systems installed to secure wheelchair/mobility aids and to restrain the occupants should be used all together and in accordance with the manufacturer’s recommendations.
11. Immediately after their use, all securement hardware not permanently affixed to vehicle floors and sidewalls (tracks, plates) should be detached and stored in a bag, box or other compartment.
12. Wheelchair tracks or plates should be swept, vacuumed or otherwise cleaned as needed to keep the equipment functional.

G. Medical/Health Issues:

Legal mandates make it necessary to transport most students who have severe medical/health conditions, and transportation staff may find it necessary to obtain or provide emergency health care to students during the transportation process. Staff may be exposed to contagious and/or communicable diseases; therefore, training regarding medical health issues, including universal precautions, intervention and management, should be given to all personnel.

1. Precautionary handling

All transportation staff, including drivers, attendants, technicians and service personnel (e.g., washing and cleaning staff) should be trained in universal precautions relative to the handling of and exposure to contagious and communicable disease, and they should be informed about available immunizations.

Suggested topics for training with respect to the precautionary approach to medical and health issues may include, but also not limited to, the following topics:

- a. Characteristics of contagious and communicable diseases;
- b. Disease management techniques; and
- c. Use of protective equipment and devices.

2. Care, intervention and management

Medically complex, technology-dependent and/or highly disruptive students require specific care and intervention. Knowledge of basic first aid and cardiopulmonary resuscitation (CPR) procedures provides adequate training to care for most health concerns during transportation. For those students who need additional care, management or intervention, or who present specific health risks, a health care plan shall be developed during the assessment/evaluation process by the IEP Team. This plan details the care and training needed, as well as the qualifications necessary for those who will carry out the plan, and specifies and provides the transportation department with the following information:

- a. A brief description of the student's current medical, health or behavioral status, as well as an emergency card including the student's photo (when available) with current information that shall include address, emergency phone numbers, etc.;

- b. A description of the medical/health care or intervention necessary during transportation, including the frequency required;
- c. A description of who should provide the care or intervention;
- d. Types and extent of additional training or skills necessary for the driver and/or attendant;

Note: Training may include the inspection, operation and use and care of the student's special adaptive/assistive equipment, including items such as oxygen containment systems, suctioning equipment, apnea monitors, ventilation equipment, etc.

- e. A description of emergency procedures to be implemented during a medical/health crisis, including specific observable signs/symptoms that prompt action, and appropriate communication with medical staff;
- f. A description of the procedures to be followed in changing the care plan when conditions indicate a change is warranted;
- g. A written emergency evacuation plan that gives detailed, student-specific procedures; and
- h. A description of the precautionary measures, if any, that need to be taken in regard to severe allergies, oxygen dependency, etc.

Note: Although it is recommended that drivers and/or attendants provide only routine/customary, non-medical assistance as needed, there are some necessary tasks which non-medical personnel can be trained to handle. However, those issues that require either ongoing care or diagnosis should be handled only by a trained medical professional. Specialized training, when necessary, should be provided.

CONFIDENTIALITY

Information provided to transportation staff to assist in the orderly and safe transportation of a student, including disabling condition, medical/health issues, or other personal characteristics or information, is protected by the provisions of the Family Educational Rights and Privacy Act (FERPA) and the IDEA; therefore, transportation staff shall be trained regarding confidentiality requirements.

DEVELOPMENT

In education, there are many laws, rules and regulations that dictate the service that *must* be provided, but few of them offer directions or suggestions as to *how* the service is to be provided. Transportation policies and procedures should be developed, adopted by the governing board or superintendent, as appropriate, and periodically updated to reflect changes in federal, state and local regulations. Despite such policies and procedures, an individual student's IEP or Section 504 plan or a Behavioral Intervention Plan (BIP) may override specific provisions.

- A. Local policies and procedures should address the following issues:
1. Transporting medications;
 2. Student management and discipline;
 3. Physical intervention and management;
 4. Securing the vehicle, loading and unloading;
 5. Safety vests and other positioning devices;
 6. A plan for students with disabilities during early closing of school due to inclement weather or other emergencies;
 7. Authority to operate special equipment (driver, attendant, parent, students, school staff or others);
 8. A plan to address occasions when no adult is home to receive a student who requires assistance and/or supervision, which plan may include an alternative, supervised drop-off location;
 9. A plan to remove from service those pieces of specially designed equipment that are damaged or that present a safety hazard;
 10. A plan to address insufficient information in the student referral process;
 11. Student pick-up and drop-off locations;
 12. Control and management of confidential information;
 13. A plan for community emergency medical and law enforcement personnel involvement; and
 14. District policy for Do Not Resuscitate (DNR) requests from parents, to include all appropriate school and transportation personnel.

Note: Classroom and school bus policies may differ; however, drivers and attendants should adhere to transportation policies.

B. Policy Approval

All policies shall be in writing, and formally approved by the appropriate education authority. Procedures shall include establishing timelines for periodic reviews or revisions.

EMERGENCY EVACUATION OF STUDENTS WITH DISABILITIES

Each bus route should have a written emergency evacuation plan. This plan should reflect each student's ability to evacuate or help others. Students with disabilities should participate in required evacuation drills and should only be excluded if their participation would present a health risk. Parents should be notified in advance of such barriers to their child's participation. Every effort should be made to ensure that ALL students have a reasonable understanding of the concept of an emergency and how they will exit the bus.

The driver and the attendant must be familiar with any equipment in the bus that would aid in an actual evacuation, (e.g., the use of all emergency exits, emergency/fire blankets, webbing cutters, etc.). It is important to enlist the help of school liaisons, parents and other personnel (e.g., physical therapists) to train and help students and staff understand emergency procedures including how to exit the bus without use of their mobility devices and equipment (wheelchair, etc.). Local emergency personnel should be involved in developing the plans, especially if the students transported have complex medical conditions.

EXTENDED SCHOOL YEAR

Transportation as a related service may be required under Extended School Year provisions of IDEA:

- A. Extended School Year (§300.106) IDEA Definition:
1. The term *extended school year services* means "special education and related services that are provided to a child with a disability...
 - a. Beyond the normal school year of the public agency;
 - b. In accordance with the child's IEP; and
 - c. At no cost to the parents of the child and that meet the standards of the State Education Agency (SEA)."
 2. Each public agency shall ensure that extended school year services are available, as necessary to provide Free Appropriate Public Education (FAPE).

B. OH Subpart C - 6

1. Extended school year services must be provided only if a child's IEP team determines on an individual basis and in accordance with the IEP provisions that the services are necessary for the provision of FAPE to the child.
2. In implementing these requirements, a public agency may not...
 - a. Limit extended school year services to particular categories of disabilities; or
 - b. Unilaterally limit the type, amount or duration of those services.

**TRANSPORTATION
FOR INFANTS,
TODDLERS AND
PRE-SCHOOL
CHILDREN**

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INFANTS, TODDLERS AND PRE-SCHOOL CHILDREN

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, 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 to 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 to 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 required, and frequency and duration of transportation 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;
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 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 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 directly related to the specific special services that the driver and attendant are required to provide, including developmental- 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" <http://www.nhtsa.gov/people/injury/buses/busseatbelt/index.html>

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 of the 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 manufacturer.

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, 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 for 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 fastened 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.nhtsa.dot.gov.

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 is 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 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: The placement and use of CSRSs 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.