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Chapter 1: Inclusion in Navy Child and Youth Programs

The following Operating Manual (OM) provides guidance to Navy Child and Youth Program (CYP) Professionals on the policies and standards for including children with disabilities and other special needs in Navy CYPs. Commander, Navy Installations Command (CNIC) regulations and policies must be followed as noted. In addition, guidance and assistance is provided to assist Navy programs in supporting all children, regardless of ability or need, in Navy CYPs.

1.1 Philosophy

Inclusion is an attitude and a philosophy that welcomes and supports all children. Inclusion is a belief in every person’s inherent right to participate fully in society. Inclusion conveys the idea that the community appreciates each child, sees each child’s gifts, and values children of all abilities being together.

Inclusive programs are communities where children with and without disabilities live, learn, and play together. The goal of inclusion in Navy CYP is to support the participation of all children in child and youth activities and programs. Children with and without disabilities are respected as contributing members and participate in all aspects of Navy CYP. CYP Professionals make respectful accommodations so that all children can be successful in Navy child development centers (CDC), child development homes (CDH), school age care (SAC), and youth programs (YP).

Elements of Inclusive Programs

- Policies, practices, and procedures that support the participation of children with and without disabilities or other special needs;
- Accommodations to support the ability of all children to play, learn, socialize, and participate in daily routines and activities;
- Modifications to materials, activities, and the environment to accommodate the needs of all children;
- Support strategies to help children meet expectations for learning and exhibiting appropriate behavior;
- Partnerships with families and ongoing interpersonal communication;
- Adult to child ratios that support child and program needs; and,
- Training and support for CYP Professionals to increase knowledge and skills.

1.2 Benefits of Inclusion

One of the major misconceptions about inclusion is that it only benefits children with disabilities. Because CYPs are inclusive environments, everyone benefits: all children and youth, parents, agencies, and the
community. All children and youth make new friends, have the opportunity to learn from peer models, build independence and coping skills, notice similarities and differences amongst their peers, develop interpersonal skills, and learn to accept others.

Inclusive programs where children with and without disabilities play and interact together lead to the understanding and acceptance of differences. Programs that promote inclusive practices model an appreciation of ability differences as forms of diversity. These benefits have an impact on the greater society, as children in inclusive environments grow up understanding disability as a natural part of life.

Access to inclusive child care enables parents to work, gives them opportunities for respite, helps them learn to accept their child’s strengths and challenges, allows them to share typical parenting experiences and develop relationships with other families.

Navy CYPs benefit from inclusion by developing networks of professional services and community resources and an overall awareness of how to support individual strengths and needs. CYP Professionals who learn to make accommodations for children as they need them develop their skills as professionals. The community benefits from supporting settings that encourage understanding, flexibility, and acceptance of differences.

### 1.3 Roles and Responsibilities

Throughout this OM, the term “CYP Professional” is used to refer to every member of the Navy CYP team: CYP Directors, Assistant Directors, Youth Sports Coordinators, Training Specialists, Assistant Training Specialists, Program Leads, CDH Monitors, direct care staff, CDH Providers, and support staff. When there is a specific position that is responsible for a policy, practice, or procedure, that individual’s role will be highlighted. The term Installation CYP Director refers to the CYP Director with oversight of all CYP programs on the installation. Similarly, “Program Management Team” refers to the following positions: Director, Assistant Director, and CDH Monitors (for CDH). CYP Director refers to the director of each program—CDC, SAC, YP, and CDH—when something applies to all directors regardless of program.

#### 1.3.1 Installation CYP Director

Installation CYP Directors have overall responsibility for ensuring that programs comply with all federal and CNIC regulations related to the inclusion of children with disabilities and identified needs. The Installation CYP Director leads the installation Inclusion Action Team (IAT) which provides guidance on the development of all Navy CYP Emergency Action Plans (EAPs) and Inclusion Support Plans (ISPs). Additional CYP roles and responsibilities are outlined in Exhibit 1.3.1A.
Exhibit 1.3.1A: CYP Staff Roles and Responsibilities

<table>
<thead>
<tr>
<th>Position</th>
<th>Primary Inclusion Support Responsibilities</th>
</tr>
</thead>
</table>
| CYP Director (and Assistant Director as needed) | - Ensures policies identified in the Inclusion OM are implemented in the program;  
  - Manages the information-gathering and IAT referral processes;  
  - Coordinates communication with families and CYP Professionals and CDH Providers;  
  - Initiates Kids Included Together (KIT) Inclusion Support Center calls;  
  - Ensures that children and youth with medical needs have an appropriate (EAP developed by their Primary Care Physician (PCP);  
  - Facilitates the development Inclusion Support Plans (ISPs);  
  - Ensures implementation of plans to include follow up, observations, and modeling;  
  - Ensures resources are obtained so there are appropriately trained professionals working directly with children with identified needs at all times; and,  
  - Ensures documentation of IAT meeting minutes, referral forms, and support plans are maintained. |
| Training Specialist                           | - Coordinates communication with families and CYP Professionals (e.g., offering resources);  
  - Assists in the development of ISPs;  
  - Initiates KIT Inclusion Support Center calls;  
  - Ensures that staff has appropriate training to support the action plan. This may include reaching out to community resources;  
  - Completes and documents observations to ensure ISPs are being implemented;  
  - Models strategies with CYP Professionals and parents; and,  
  - Coordinates KIT site visits and ensures there is an implementation plan developed post-visit. |
| CDH Monitor                                   | - Participates in KIT Inclusion Support Center calls;  
  - Assists in the development of ISPs;  
  - Coordinates KIT site visits and ensures there is an implementation plan developed post-visit;  
  - Ensures that providers have appropriate training to support the action plan which may include reaching out to community resources;  
  - Models strategies with CYP Professionals and parents;  
  - Completes and documents observations to ensure ISPs are being implemented;  
  - Supports providers with implementation of the ISPs;  
  - Models strategies with CYP Professionals; and,  
  - Monitors accommodations in the program setting. |
| Program Lead                                  | - Coordinates communication with families, CYP Professionals, and CYP Management;  
  - When information is identified from direct care staff, follows up with Training Specialist and CYP Director to ensure appropriate action is taken to initiate the referral process;  
  - Initiates KIT Inclusion Support Center calls;  
  - Assists in the development of ISPs;  
  - Participates in KIT Inclusion Support Center calls;  
  - Supports direct care staff with implementation of the ISPs;  
  - Models strategies with CYP Professionals; and,  
  - Monitors accommodations in the program setting. |
| Direct Care Staff/CDH Provider                | - Coordinates communication with families, CYP Leaders, and Management Team;  
  - When a need is identified in the classroom or home, initiates communication with the CYP Management Team and Training Specialist to ensure appropriate action is taken to initiate the referral process;  
  - Assists in the development of ISPs;  
  - Participates in KIT Inclusion Support Center calls;  
  - Implements EAPs and ISPs;  
  - Maintains documentation to support follow up; and,  
  - Ensures information is passed on to fellow colleagues. |
| Operations Clerk                              | - Provides general information with regard to Navy CYP and inclusion to parents; and,  
  - Notifies the CYP Director as soon as possible when a family identifies a need on the Request for Care or through communication efforts. |
1.4 Responsible and Respectful Language

One of the most basic ways to foster an inclusive environment is to use socially responsible, person-first language. All CYP Professionals are required to use language and choose words that are respectful towards all children and families. CYP Professionals refer to children by their names. The Program Management Team will lead conversations about language and how to refer to children with disabilities, as well as other children who may need additional support (e.g., children who are dual language learners). CYP Professionals must choose words that communicate that all children have value, and avoid words that have negative connotations or lead to fear and pity. See Exhibit 1.4A for examples of respectful language.

<table>
<thead>
<tr>
<th>Respectful Language</th>
<th>Words/Terms to Avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person with a disability</td>
<td>Handicapped, crippled, abnormal</td>
</tr>
<tr>
<td>Accessible (parking space, stall)</td>
<td>Handicapped (parking space, stall)</td>
</tr>
<tr>
<td>Child/youth with...(cerebral palsy, Down syndrome)</td>
<td>Suffers from, victim of, afflicted with...(cerebral palsy, Down syndrome)</td>
</tr>
<tr>
<td>Children who receive special education services</td>
<td>Special ed kids</td>
</tr>
<tr>
<td>Uses a wheelchair</td>
<td>Confined, restricted to a wheelchair/wheelchair bound</td>
</tr>
<tr>
<td>Born with...</td>
<td>Birth defect</td>
</tr>
<tr>
<td>Kids without disabilities</td>
<td>Normal, regular kids</td>
</tr>
<tr>
<td>Children with intellectual disabilities</td>
<td>Retarded, slow, challenged</td>
</tr>
</tbody>
</table>

1.5 Understanding the Law

In addition to understanding the philosophy of inclusion and its benefits, CYP Professionals must also understand the laws that protect the rights of individuals with disabilities and their families. Since the Navy is a federal agency, both the Rehabilitation Act of 1973 (RA) and the Americans with Disabilities Act of 1990 (ADA) apply to Navy CYPs.

1.5.1 Section 504 of the Rehabilitation Act (RA)

Section 504 of the RA (1973) is a national law that states that “no qualified individual with a disability in the United States shall be excluded from, denied the benefits of, or be subjected to discrimination under any program or activity that either receives federal funding or is conducted by any executive agency.” Section 504 is an anti-discrimination civil rights law that requires that the needs of children with disabilities be met as adequately as the needs of children without disabilities in federally-funded programs. Under Section 504, Navy CYPs cannot exclude or deny children and youth with disabilities an equal opportunity to receive program benefits and services. Prohibitions against discrimination apply to CYP service availability, accessibility, delivery, and CYP administrative activities and responsibilities.

1.5.2 Title 45, Code of Federal Regulations (CFR): Part 84

Under the Code of Federal Regulations (CFR) Title 45: Part 84, nondiscrimination on the basis of disability in programs or activities receiving federal financial assistance, a CYP cannot:
Inclusion in Navy Child and Youth Programs

- Deny a qualified child or youth the opportunity to participate in or benefit from CYP;
- Provide a child with a disability an opportunity to participate in CYP that is not equal to the opportunity of others;
- Provide different or separate programs to children with disabilities unless such action is necessary to provide services that are as effective as those provided to others; or,
- Otherwise limit a child with a disability in the enjoyment of any right, privilege, advantage, or opportunity enjoyed by other children and youth in CYP.

CYPs must provide children with disabilities an equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement, in the most integrated setting appropriate to the child’s needs.

A CYP cannot require a family to accept a placement option based solely on the fact that a child has a disability or other need. For example, a CYP Director shall not assume that a child with a disability should automatically be placed in a CDH. A CDH may be the best fit for a child, but this determination must be made after gathering information about the needs of the child, the preferences of the family, and accommodations required. CYP cannot limit a child’s participation in any CYP without working with the family and Navy Support Systems (described in Chapter 2: Navy CYP Inclusion Support Systems) to identify needs and appropriate placement to meet the child’s needs in the most inclusive setting.

45 CFR 84.37 Nonacademic Services

Navy CYP must provide extracurricular services and activities in such a manner as is necessary to afford children with disabilities equal opportunity for participation in such services and activities. Nonacademic and extracurricular services and activities may include sports and fitness programs, transportation, special interest groups, or clubs. In providing sport and fitness programs, CYP may not discriminate on the basis of disability. Any sport or fitness program must provide qualified children with disabilities (those children who meet basic age and eligibility requirements) an equal opportunity for participation.

45 CFR 84.38 Preschool

Any program that receives federal funding or is conducted by a federal agency that provides preschool education or child care may not, on the basis of disability, exclude qualified children with disabilities and shall take into account the needs of such children in determining the aids, benefits, or services to be provided.

1.5.3 Americans with Disabilities Act (ADA)

The Americans with Disabilities Act of 1990, or ADA, is a federal civil rights law that prohibits discrimination against individuals with disabilities and their families. The ADA is divided into sections, referred to as titles. Title II is the legislation that requires that government agencies conduct case-by-case assessments of what an individual with a disability needs in order to be fully included in government programs.
Title II guarantees equal opportunities for individuals with disabilities in Navy CYPs. The ADA outlines four primary types of accommodations:

- Inclusive admissions policies that do not tend to screen out children with disabilities;
- Changes to organizational policies, practices, and procedures;
- Auxiliary aids and services to ensure communication; and,
- Removal of physical barriers in program facilities.

1.5.4 Legal Definition of Disability

The definition of disability is broad and includes all types of conditions. The following definition of disability is the legal definition as outlined in the ADA and Section 504. Although it is helpful to consider disability from a social perspective and acknowledge that it is often the environment that disables the person, the legal definition provides an understanding of how children and youth with disabilities participating in Navy CYP are protected by federal laws.

An individual with a disability is a person who:

- Has a physical or mental impairment that substantially limits one or more major life activities;
- Has a record of such an impairment; or,
- Is perceived as having such an impairment.

Physical or mental impairments are further defined as any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or any mental or psychological disorder, such as an intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

The ADA provides guidance on the meaning of “substantially limits” as significantly restricted as to the condition, manner, or duration under which an individual can perform a major life activity when compared to the condition, manner, or duration under which the average person in the general population can perform the same major life activity.

**Major Life Activities**

Major life activities include, but are not limited to: caring for one’s self, speaking, hearing, seeing, walking, standing, breathing, reading, concentrating, thinking, communicating, and working. In a CYP, examples of major life activities include using the bathroom independently, communicating with other children and CYP Professionals, understanding directions, learning the program routine, playing, and making friends.

---

**Behavior and Disability**

Children who exhibit challenging behavior, with or without a diagnosis, are children whose behavior interferes with their ability to learn and/or develop and maintain relationships with others. Children with challenging behavior are beneficiaries of the policies and supports outlined and required in this OM. The ADA protects individuals who are perceived or regarded as having a disability, whether or not they have a formal diagnosis. Children with challenging behavior are generally protected by the ADA, especially where the behavior limits their ability to communicate, learn, or interact with others.

**Comprehensive Approach to Support Enrollment**

Navy CYP uses a comprehensive approach to support the needs of all children and their families, and to adhere to federal laws. This approach includes processes for CYP Professionals to identify needs, gather information, develop support plans, and use the inclusion supports available. Each process is described in detail in succeeding chapters. The list below is presented as an overview of the typical “sequence” followed to support individual children and families in Navy CYP:

- Identification of Disability or Need (Chapter 4);
- Information-Gathering Process (Chapter 5);
- Inclusion Support Information and Referral Process (Chapter 6);
- IAT Meeting (Chapter 2);
- Development of the ISP (Chapter 5);
- Placement and Accommodations (Chapter 3); and,
- Follow up (Chapter 5).

* Since each child is considered on a case-by-case basis, there may be some cases in which the sequence is adapted to meet the needs of the child and family.

### 1.6 Additional Resources

The following resources contain additional information related to understanding inclusion and the laws governing implementation. KIT’s Online Learning Center offers information specific to inclusion in CYPs, as well as Navy-specific policies, practices, and procedures. Other resources include government and non-profit agency websites where Navy CYP Professionals can find more information.

- Log in to the KIT Online Learning Center, click on Course Catalogue and choose “Inclusion Basics” from the topic drop-down menu to access the following resources:
  - Webinar on Back to Basics;
  - Webinar on Preschool Inclusion: The Groundwork for Success; and,
  - Webinar on Creating an Inclusive Culture.

Click on Tips & Tools and choose “Inclusion Basics” from the topic drop-down menu to access:

- Inclusion Checklist for Programs;
- What is Inclusion booklet; and,
- Top Tips for Inclusive Programs tip sheet.
For more information about using socially responsible and respectful language, visit [www.disabilityisnatural.com](http://www.disabilityisnatural.com).

For information and resources about how the law applies to child care settings, visit the Child Care Law Center at [www.childcarelaw.org](http://www.childcarelaw.org).

For information about Section 504 obligations, visit the US Department of Education Office of Civil Rights at [www.ed.gov/about/offices/list/ocr/index.html](http://www.ed.gov/about/offices/list/ocr/index.html).

For general information about disability rights, visit the US Department of Justice website at [www.usdoj.gov](http://www.usdoj.gov).

Chapter 2:
Navy CYP Inclusion Support Systems

Navy CYPs are dedicated to supporting the inclusion of children with and without disabilities. Navy CYP also recognizes that CYP Professionals need guidance and support in designing accommodations, interpreting and responding to behavior, and partnering with families. Each child and family will present a unique situation requiring a customized approach. The IAT and the KIT Inclusion Support Center are resources for CYP Professionals as they work to meet the needs of a diverse population of children and families. This chapter describes the IAT structure, roles and responsibilities of the IAT members, and the supports available through the KIT Inclusion Support Center.

2.1 Inclusion Action Team (IAT)

The IAT is the official venue for recommendations, resources, and documentation related to supporting children with disabilities and other special needs in Navy CYP. The purpose of the IAT is to aid CYP Professionals in accommodating the needs of participating children and youth and to assist programs in securing the necessary support and resources from the chain of command and CNIC.

2.1.1 IAT Team Structure

The Installation CYP Director is responsible for assembling an IAT for the installation or for coordinating with the region. The Regional Program Manager is responsible for determining whether a regional IAT is necessary. Duties for assembling the IAT include identifying an appropriate IAT Chairperson, orienting the IAT Chairperson to Navy CYP policies and procedures, and recruiting members.

IAT Chairperson Responsibilities

Appropriate IAT Chairpersons include the Installation CYP Director, Regional CYP Manager, Fleet and Family Support Program (FFSP) Directors, Exceptional Family Members Program (EFMP) Managers, and Navy medical professionals. In most cases, it is recommended that the Regional Program Manager is designated as the IAT Chairperson for Regional IATs and the Installation CYP Director is designated as the IAT Chairperson for installation-level IATs.
The IAT Chairperson duties include, but are not limited to, the following:

- Recruiting IAT members;
- Orienting IAT members to CYP policies and procedures;
- Ensuring that there are appropriate subject matter experts (SME) available to assist the team in having a clear picture of the child’s needs on a case-by-case basis. For example, if a child has a medical need, the IAT Chairperson is responsible for making sure a medical professional reviews the child’s needs and supports in the program environment;
- Communicating with members;
- Coordinating the schedule and agendas for meetings;
- Managing meeting caseloads;
- Facilitating the meetings; and,
- Submitting IAT recommendations and meeting minutes to the commanding officer (CO) or designee for review and signature.

IAT Members

IAT members may include professionals working in the field of child and youth development, early intervention, medicine, family support services, therapy, special and general education, or related fields. The number of IAT members will vary by region or installation according to the size of the installation, resources available, and community involvement. The structure of the team will depend on what works best for each installation. The team must be comprised of members who have relevant information about the child’s case and the perspective needed to assist the team in developing a plan to best include the child successfully in the program. Although the members will differ by region and installation, the IAT should consist of individuals with varying perspectives. Members’ viewpoints and ideas may be presented in written form (e.g., recommended EAP from a medical authority). In all cases, parents or legal guardians must be invited to participate in the portion of the IAT meeting that pertains to their child. See Exhibit 2.1A for recommended IAT member perspectives and roles.

Exhibit 2.1A: IAT Perspectives and Roles

<table>
<thead>
<tr>
<th>Perspective</th>
<th>Examples</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Member</td>
<td>Child’s parents, legal guardians, or other family members designated by the parent/guardian</td>
<td>Share information about their child’s strengths and interests; Give feedback on recommended accommodations and supports; Connect CYP Professionals to other professionals working with the child and family</td>
</tr>
<tr>
<td>CYP Leadership</td>
<td>CYP Director/Assistant Director</td>
<td>Gather and organize information for the team; Present a summary of the child’s needs and the program or provider’s plan for accommodations</td>
</tr>
<tr>
<td>Medical</td>
<td>Navy medical or civilian pediatricians/Nurse practitioners</td>
<td>Review available medical information provided by the CYP Director; Ensure an EAP is in place, the CYP Professionals have appropriate training, and any necessary accommodations have been identified; Answer medical questions from CYP Professionals</td>
</tr>
</tbody>
</table>
Inclusion in Navy Child and Youth Programs

<table>
<thead>
<tr>
<th>Perspective</th>
<th>Examples</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CYP Professional</strong></td>
<td>CDH Provider/ Direct care staff/ SAC staff</td>
<td>Share information about the program environment and the child’s needs in the program environment</td>
</tr>
<tr>
<td></td>
<td>Training Specialist/ Program Lead/ CDH Monitor</td>
<td></td>
</tr>
<tr>
<td><strong>Family Support</strong></td>
<td>Military Family Life Consultant (MFLC)/ FFSP</td>
<td>Represent the needs of the family; Identify community resources that may be appropriate; Provide referral information for families</td>
</tr>
<tr>
<td></td>
<td>representative/ EFMP managers/ school counselors/ marriage and family therapists or social workers</td>
<td></td>
</tr>
<tr>
<td><strong>School District</strong></td>
<td>School Liaison Officer (SLO)/ general or special educators</td>
<td>Connect the family and CYP to local school district resources, including training opportunities for CYP Professionals; Coach CYP Professionals on how to collaborate with the child’s school professionals (if applicable)</td>
</tr>
<tr>
<td><strong>Therapeutic</strong></td>
<td>Occupational therapist (OT)/ Speech therapist (ST)/ Physical therapist (PT)/ Certified Therapeutic Recreation Specialist (CTRS)/ Board Certified Behavior Analyst (BCBA)</td>
<td>Consider the needs of the child; Recommend accommodations for the program setting; Recommend further training and resources for CYP Professionals</td>
</tr>
<tr>
<td><strong>Inclusion Specialist</strong></td>
<td>KIT Inclusion Specialist (via phone as needed) / local early childhood or school district Inclusion Specialist</td>
<td>Consider issues related to managing the child’s needs within an inclusive environment; Recommend further training and resources for CYP Professionals; Review ISPs and provide recommendations</td>
</tr>
</tbody>
</table>

In some cases, IAT Chairpersons may want to consider recruiting several individuals from each perspective to account for scheduling conflicts and other logistical issues. It is beneficial for IAT Chairpersons to have other points of contact to reach out to in the event that an IAT member is not available for a meeting. An IAT Orientation for Members webinar is available on the Navy CYP e-Library. New members should be encouraged to watch the webinar as an introduction to what inclusion means in Navy CYPs, the structure and responsibility of the IAT, and how members can help support the mission of inclusion in Navy programs worldwide.

### 2.1.2 IAT Responsibilities

In order to support CYP Professionals in accommodating the needs of the program’s children and youth, the IAT has the following responsibilities:

- Review the information presented on the needs of the child within the CYP.
- Recognize areas where accommodations and individualized supports are necessary.
- Contribute to the design of individualized accommodations and supports.
- Review EAPs.
- Consult with CYP Professionals as they develop ISPs for child-specific cases.
- Communicate IAT meeting minutes to the CO or designee.
- Assist CYP Professionals in identifying local resources and services.
- Recommend CNIC supports where appropriate (including requesting funding for additional staff to increase adult-to-child ratios).
- Review CYP’s documentation of potential safety threats and attempts to minimize risks to determine whether a child poses an actual safety threat to themselves or others.
Inclusion in Navy Child and Youth Programs

- Organize resources for CYP Professionals and families.
- Discuss inclusion-related issues within the region (e.g., physical access, community collaboration, staff training).
- Follow-up on child-specific cases and inclusion-related topics in the region.

IATs are not limited to the responsibilities above and may incorporate further responsibilities that address regional or local needs.

### 2.1.3 IAT Meetings

The required frequency of IAT meetings will depend on the size of the program. IAT meetings must be scheduled at least quarterly, or more often if necessary, and may be held face-to-face, via conference call, or via secure electronic communication in some instances. In most cases, no child shall be denied services or removed from care pending an IAT meeting. An emergency IAT meeting must be held as soon as possible to review any cases that need immediate attention. Refer to Chapter 8: Complex Needs for more information about the criteria for making a determination that a program may not be able to accommodate a child’s specific needs. The format of the meetings will vary according to needs of individual cases. Guidance on the appropriate format is provided below:

- **Face-to-face:** Face-to-face meetings are most appropriate when families are participating on the team. They are also the best forum for discussing complex cases that require accommodations to policies, practices and procedures, and/or funding requests.

- **Conference call:** Conference calls are most appropriate for discussing cases with more common medical needs such as asthma or allergies. These cases are generally clear-cut and involve reviewing EAPs. Conference calls may be necessary in cases where emergency meetings are required for placement decisions or addressing unsafe behavior.

- **Secure electronic communication:** It may be appropriate in some cases to send an EAP to a medical professional for review, rather than engage the entire IAT. Electronic communication must be secure and follow the Personally Identifiable Information (PII) policy (e.g., Navy email or other secure email system such as a hospital email address). Personal email cannot be used for any IAT communication.

If there are no IAT cases for review, a quarterly meeting is not required. Prior to canceling a quarterly meeting, CYP Directors should consider any cases that may need a second review (e.g., CYP Professionals are still struggling) and general issues related to inclusion (e.g., identifying community resources). Documentation must be maintained that a meeting was not required. The IAT Chairperson is required to draft a memo to this effect, send it to the CYP Directors, and place the memo in the IAT binder to document that there were no cases for review or general issues to discuss.

**IAT Meeting Minutes**

IAT Chairpersons are responsible for documenting IAT meetings via meeting minutes and may personally record minutes or designate another member to record the minutes. The IAT discusses child-specific cases,
as well as general topics related to inclusion in CYP. Brief notes about the cases discussed, including the child’s name, type of program, family participation, needs, and support plans shall be recorded, as well as notes regarding any general topics addressed during the meeting. IAT Chairpersons should schedule the date of the next IAT meeting before adjourning the current meeting to maximize member participation and minimize scheduling conflicts.

IAT Meeting Minutes contain sensitive and confidential information and must be safeguarded accordingly. The IAT Chairperson must send all meeting minutes to the CO or Designee for review and approval signature. A copy of the signed minutes shall be kept at each CYP location (e.g., at the CDC, main office for CDH, or at the Youth Center) in a secure place. Information about IAT minutes is available in Chapter 6: Referral Process. In addition, an IAT Meeting Minutes template is provided in Appendix A.

2.1.4 Identifying IAT Resources for CYP Professionals and Families

Identifying local and regional resources for CYP Professionals and families is a central role of the IAT. IAT members represent multiple perspectives and may be connected to different systems of support within the region or local community. When organizing resources, both military and community supports should be considered. Common support agencies or systems to consider include the following:

**Military System Support**

- CNIC provides support to Navy CYP Professionals and programs. CYP Directors can request funding for accommodations, training, and additional staff as determined by the IAT, through the chain of command. For more information about accommodations and how to request support from CNIC, see Chapter 3: Accommodations.

- The Navy’s Fleet and Family Support Program (FFSP) supports sustained mission and Navy readiness. FFSP provides services to strengthen personal and family competencies to meet unique challenges of the military lifestyle. Services include deployment readiness, new parent support, transition assistance, relocation assistance, family advocacy, life skills, training, and clinical counseling.

- The Exceptional Family Member Program (EFMP) is designed to provide support to military family members with special needs. The EFMP is a multidisciplinary assignment tool that interfaces with other military and civilian agencies to provide comprehensive support to families.

- The Military Family Life Consultant (MFLC) program uses licensed clinicians with master’s degrees and at least five years of experience in Social Work, Counseling, or related clinical discipline to provide short-term, nonmedical counseling support to service members and their families, as well as training for local CYP Professionals. Consultants are also trained on military-specific topics including basic orientation to the deployment cycle, military culture, the chain of command, and reporting requirements in accordance with the Navy FAP.

- Educational and Developmental Intervention Services (EDIS) is a program that works with and provides support for children from birth to 21 years, who experience developmental delays that restrict their ability to learn. EDIS provides a variety of options to help nurture a child’s development including physical, occupational, and speech therapy; a social worker; and a psychologist.
Community Support

- **The Alliance for Technology Access** (ATA) provides information and referrals about technology resources, outreach and public awareness, and training for professionals. The ATA website at [www.ataccess.org](http://www.ataccess.org) lists 40 assistive technology resource centers nationwide.

- **The Arc of the United States** advocates for the rights and full participation of all children and adults with intellectual and developmental disabilities. Using a network of members and affiliated chapters, the Arc improves systems of supports and services, connects families, inspires communities, and influences public policy. More information is available at [www.thearc.org](http://www.thearc.org).

- **The Autism Society of America** increases public awareness about the day-to-day issues faced by people on the spectrum, advocating for appropriate services for individuals across the lifespan, and providing the latest information regarding treatment, education, research and advocacy. More information is available at [www.autism-society.org](http://www.autism-society.org).

- **Child Care Aware of America**: CCAA works with state and local Child Care Resource & Referral agencies to ensure that all families have access to quality, affordable child care. Local resource and referral agencies often offer free training to early childhood and school-age child care providers and may have programs specific to supporting children with disabilities in childcare. CCAA offers the following programs specific to Navy families: Operation Military Child Care (fee assistance for families of Sailors who are deployed or attached to a ship), Military Child Care in Your Neighborhood (free assistance to Active Duty Sailors who are unable to access on-installation child care), and EFMP Respite Care (40 hours per month of respite care for qualifying families). Search for local resource and referral agencies and learn more about the programs to support Navy families at [www.usa.childcareaware.org](http://www.usa.childcareaware.org).

- **Disability.gov** is a federal website that provides easy access to comprehensive disability-related information and resources on programs, services, laws, and regulations.

- **The Military Child Education Coalition** (MCEC), at [www.militarychild.org](http://www.militarychild.org), is a nonprofit organization focused on ensuring quality educational opportunities for all military children affected by mobility, separation, and transition. MCEC offers professional development programs on various topics related to supporting military children, including *Responding to the Military Child with Exceptional Needs*.

- **The National Council on Disability** website ([www.ncd.gov](http://www.ncd.gov)) offers resources that include links to local parent training and information centers and state vocational and rehabilitation centers.

- **The National Federation for the Blind** ([www.nfb.org](http://www.nfb.org)) improves the lives of people who are blind or have low vision through advocacy, education, research, technology, and programs encouraging independence and self-confidence, and has affiliates in all 50 States and the District of Columbia.

- **United Cerebral Palsy** ([www.ucp.org](http://www.ucp.org)) educates, advocates, and provides support services to ensure a life without limits for people with a spectrum of disabilities.

### 2.2 KIT Inclusion Support Center

The Kids Included Together (KIT) Inclusion Support Center is a resource for CYP Professionals staffed by a Support Center Coordinator and Inclusion Specialists. The role of KIT is to serve as an ongoing resource
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CYP Professionals can access the Support Center via phone at 866-930-0931 or email at navycyphelp@kitonline.org and the Support Center Coordinator will respond within one business day. The Coordinator will record initial information from the CYP Professional and schedule a time for the CYP Professional to speak with an Inclusion Specialist. The Inclusion Specialist will record information from the CYP Professional including his or her name, contact information, role, and region. An individual may call the Support Center to speak with an Inclusion Specialist, or to schedule a time for a group of individuals (e.g., Center Director, Program Lead, and direct care staff) to discuss a case or situation. Requests to speak with an Inclusion Specialist may also be made via the Support Center email address. Overseas installations should email to schedule a call that works for their time zone.

2.2.1 Areas of Support

A CYP Professional may access the KIT Inclusion Support Center to discuss any case or situation related to a child’s participation in a program or supporting a group of children in an inclusive setting. The KIT Inclusion Support Center can assist CYP Professionals as soon as needs are identified, regardless of whether the child or youth has a diagnosis or whether the needs are identified during enrollment, placement, or active participation. An Inclusion Specialist can provide customized suggestions, resources, tips, and tools on a range of topics including:

- Identification and documentation of individual needs in the CYP environment;
- Accommodations including physical, material, and environmental adaptations;
- Behavior support techniques and suggestions for responding to challenging behavior;
- Communication strategies and supporting communication for children with and without disabilities;
- Developmental expectations and designing activities to support a child’s development;
- Disability specific information;
- E-Learning technical support for self-paced modules and webinars on inclusion-related topics;
- Guidance on working with families;
- Ideas for staff training and follow-up activities for online training;
- Strategies for supporting sensory needs;
- Suggestions for encouraging peer interactions and facilitating friendships;
- Assistance with ISPs; and,
- Plans for documenting individual needs and evaluating accommodations in the CYP environment.
This list is not exhaustive and a CYP Professional can access the KIT Inclusion Support Center with a specific or general question about any topic related to inclusion. Inclusion Specialists can also participate in IAT meetings via conference call. Contact the KIT Inclusion Support Center to request participation from an Inclusion Specialist in an IAT meeting.

2.2.2 Sample Calls and Recommendations

Two sample calls and recommendations are described in Exhibit 2.2A to provide CYP Professionals with an overview of a typical Support Center call and recommendations. It is important to note that recommendations may vary depending upon the age of the child involved.

**Exhibit 2.2A: Sample Support Center Calls**

<table>
<thead>
<tr>
<th>Summary</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYP Professionals concerned about a child’s social-emotional development and coping skills.</td>
<td>Strategies for preparing the child for activities ahead of time.</td>
</tr>
<tr>
<td>Behaviors described included crying frequently and using aggression with peers.</td>
<td>Recommendations for teaching the child to identify when he or she is feeling out of control.</td>
</tr>
<tr>
<td>Child seems to become frustrated easily and has a difficult time managing frustration and calming down.</td>
<td>Suggestions for creating a quiet area.</td>
</tr>
<tr>
<td>CYP Professional reports child seems angry and is difficult to soothe when upset.</td>
<td>Examples of calming toys and items to try for self-soothing.</td>
</tr>
<tr>
<td>Child plays with toys in a forceful, violent way.</td>
<td>Guidance on providing choice and control.</td>
</tr>
<tr>
<td>Child has been observed hitting other children and teachers, spitting, and throwing chairs.</td>
<td>Recommendations on responding to hurtful language.</td>
</tr>
<tr>
<td></td>
<td>Suggestions for developing a plan to teach play skills.</td>
</tr>
<tr>
<td></td>
<td>Ideas for appropriate responses to aggressive behavior.</td>
</tr>
</tbody>
</table>

2.2.3 What to Expect from a Support Center Call

The KIT Inclusion Support Center Coordinator will ask for additional basic information from the CYP Professional who initiated the call, including general information about the type of program, the age of the child, and a description of the question, challenge, or issue the CYP Professional(s) would like to address. The Support Center Coordinator will then schedule a time for the team of CYP Professionals working directly with the child (Program Lead/CDH Monitor, and Direct care staff/CDH Provider) to speak with an Inclusion Specialist. Many times, an individual case can take between 60 and 90 minutes to discuss. It is important for the CYP Professional initiating the call to inform the Support Center Coordinator if there is more than one case to discuss to ensure appropriate scheduling.

At the scheduled time, an Inclusion Specialist will contact the program to gather more in-depth information about the question, challenge, or issue (see Chapter 2, Section 2.2.4: Preparing for a Support Center Call, below). Based on this information, the Specialist will provide customized recommendations and resources. The CYP Professional who made the initial call will receive a written report summarizing the call, recommendations, and resources within five business days. The CYP Professional who receives the report is responsible for sharing it with the team of professionals working directly with the child. The team is required to share the information with the child’s family and discuss a plan for supporting the child based on the recommendations.
All information about individual children and families shared with the KIT Inclusion Support Center is kept confidential. KIT is a support resource for CYP Professionals and parental consent is not required to initiate a call. Information will only be released to the CYP Professional(s) who participated in the call. Individuals, including parents, who request information from the Support Center will be referred back to the CYP Director to obtain the information. Once the program receives KIT’s report, the CYP Director must share the information with the parents.

### 2.2.4 Preparing for a Support Center Call

Each Support Center call will focus on the needs of an individual child or address an issue related to inclusive practice. The KIT Inclusion Specialist will provide customized recommendations based on the information shared by the CYP Professionals. There are several things that CYP Professionals can prepare ahead of time to share with the specialist:

#### Children/Youth in the Process of Enrollment

- General information gathered on the child’s identified needs (e.g., child has a developmental disability and needs support communicating with others and following routines);
- Summary of medical needs as documented by the child’s primary care physician:
  - What the child needs during the program day;
  - EAP; and,
  - Questions about reasonable accommodations.
- Summary information from the child’s Individualized Family Service Plan (IFSP), if applicable:
  - How the child qualifies for early intervention (e.g., which areas of development are below expectation for the child’s age);
  - Strengths noted in IFSP; and,
  - IFSP goals.
- Summary information from the child’s Individualized Education Program (IEP), if applicable:
  - How the child qualifies for special education services (e.g., communication disability);
  - IEP team’s vision for the child;
  - Accommodations listed; and,
  - Services the child is receiving through the school district.
- Anticipated areas of support (e.g., CYP will need to adapt the environment, develop communication supports, etc.).


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Enrolled Children/Youth

- The length of time the child has been enrolled in the program;
- Summary of the child’s strengths and interests (i.e. favorite activities);
- Relevant information about the child’s home environment, including any recent changes or events in the child’s life;
- Description of the times when the child does well (i.e., age-appropriate skills);
- Description of the times when the child has the most trouble (e.g., transitions, group activities, free time) and when the child began having difficulty in the program;
- Information about any services the child is receiving outside Navy CYP;
- Strategies that have been successful with the child;
- Strategies that have not been successful with the child; and,
- What goals the CYP Professionals would like to see for the child.

Refer to Chapter 5: Information Gathering for more detailed information about the type of information that will be most helpful in working with KIT during a consultation.

2.3 KIT Site Visits

KIT site visits are coordinated through CNIC (N926). Installation CYP Directors may request an on-site visit from KIT through their Regional Program Manager who will then notify the installation if they have been selected for a visit. The purpose of an on-site visit is to provide customized training and consultation to meet the inclusion needs of the CYP. The following services are offered at each site visit. Each visit is tailored to meet the specific needs of the program and may (or may not) include all of the services available.

2.3.1 Site Visit Services

- **In-Brief and Out-Brief Meetings:** At the in-brief, the KIT Trainer and Program Management Team will review specific needs identified prior to the visit, the site visit schedule, and expectations for the visit. At the out-brief, the KIT Trainer and Program Management Team will review general outcomes and recommendations and address unmet expectations and follow-up needs.

- **Program Observations:** The KIT Trainer will observe classrooms and groups in the CDC, SAC, CDH, or YP, talk with direct care staff and providers, and model strategies where appropriate.

- **Feedback Meetings:** The KIT Trainer will meet with direct care staff and Program Management Team to discuss observations and recommendations. The KIT Trainer can help the CYP Director draft ISPs where appropriate. ISPs are discussed in detail in Chapter 6, Section 6.1.5: Development of the ISP.

- **Trainings:** Live KIT trainings can be scheduled during the day or evening. Each training module is two hours in length and participants are eligible to earn Continuing Education Units (CEUs).
Management Meetings: The KIT Trainer will meet directly with the Program Management Team to review the program’s strengths, challenges, and needs with regards to inclusion. The KIT Trainer will share relevant information from observations and training and help the team develop a plan to address challenges.

2.3.2 What to Expect from a Site Visit

KIT on-site visits can be either two or three days, depending on the size of the installation and the needs identified. Each day will typically include a combination of activities (e.g., meetings, observations, and training). The KIT Trainer will work with all levels of staff to gather information about the program’s unique strengths and challenges including children with and without disabilities. S/he will be available to answer questions and address concerns as they arise. The overall approach of the KIT Trainer is supportive, and s/he will tailor the support to meet the CYP Professionals’ needs. After the visit, the Installation CYP Director will receive a written report summarizing the activities, observations, and recommendations provided during the visit.

2.3.3 Preparing for a Site Visit

It is important for both KIT Trainers and installations to prepare for a KIT site visit in order to maximize the usefulness or benefits of services offered. Site visits work best when the KIT Trainer has adequate information about the needs of the installation and all staff and providers have adequate notice and know what to expect. KIT Trainers have the following responsibilities when preparing for a visit:

- Make initial contact with the CYPs to introduce themselves.
- Provide general information about what to expect from a site visit.
- Send the Site Visit Information form (See Appendix B), which provides basic information about the program, including strengths and needs for supporting inclusion, to the CYP Director.
- Schedule a pre-visit phone conference (at least 30 days prior to the visit) to discuss the needs of the site and how to tailor the visit to address the needs identified.
- Plan the visit based on the needs presented by the Program Management Team.

In preparation for a visit, the Installation CYP Director must do the following:

- Inform the Program Management Teams of the visit and their responsibilities to support the visit.
- Identify the most appropriate point of contact (POC) to coordinate the site visit details with the KIT Trainer (e.g., Training Specialist, CYP Director).
- Connect the installation POC with the KIT Trainer as soon as possible in advance of the visit to begin coordinating logistics. In many cases, the KIT Trainer is conducting more than one visit in the same region and needs to schedule dates well in advance to coordinate travel.
- Participate in a pre-visit conference call (at least 30 days prior to the scheduled visit) with the KIT Trainer and Program Management Team to identify the program’s needs.
Adjust staffing schedules as needed to accommodate the visit schedule (i.e., ensure staff are covered to participate in trainings and meetings with the KIT Trainer).

The POC has the following responsibilities when preparing for a site visit:

- Complete the Site Visit Information Form and send it to the KIT Trainer.
- Coordinate the pre-visit conference call with the KIT Trainer and Program Management Team (at least 30 days prior to the scheduled visit) to discuss needs.
- Inform the direct care staff and/or CDH Providers that KIT will be conducting a site visit.
- Explain the purpose of the visit: to provide customized support and recommendations to programs on the inclusion of children with and without disabilities.
- Provide a brief description of what the KIT Trainer will do so CYP Professionals know what to expect:
  - Support CYP Professionals to address challenges;
  - Observe classrooms or groups where there are concerns about development, behavior, the environment, activities, schedule, or transitions;
  - Facilitate live training sessions; and,
  - Meet with the Program Management Team to review the programs’ strengths, challenges, and needs.
- Provide at least two-weeks’ notice of the date and time of KIT training(s).
- Ensure that all staff and CDH providers have KIT Online Learning Center accounts.
- Work with the Program Management Team to prioritize observations of children, groups, and CYP Professionals.
- Inform families that visitors will be observing programs as part of staff professional development.
- Invite MFLCs, EFMP staff, and other relevant professionals to KIT training events.

### 2.3.4 Site Visit Follow-Up

Each KIT site visit will consist of a range of activities tailored to meet the needs of the individual installation and CYP needs. However, follow-up activities post-visit are even more important than the activities completed during the visit. Without follow-up, the programs cannot utilize the information and strategies provided by KIT. The Installation CYP Director is responsible for sharing the written report summarizing the site visit activities, observations, and recommendations with the Program Management Team. The Program Management Team is then responsible for developing an implementation plan to ensure that recommendations lead to concrete action.
2.4 Using the Resources Available

KIT is a resource regardless of whether or not a child has a diagnosed disability. When a child is struggling, it can be difficult to know where to begin. It is not always clear what kinds of accommodations might help a child. Although the child’s family is the greatest resource, it is important to remember the resources available within the Program Management Team. Management staff can offer support to professionals by observing in program environments and by teaching and modeling new strategies. KIT should also be used as a resource to assist professionals in proactively supporting the needs of individual children in Navy CYP. It should not be used as a reactive strategy or as a last resort. The sooner strategies can be put into place, the greater chance the child and CYP Professionals have of being successful.

As soon as a disability or an issue of concern is identified, the Training Specialist should immediately initiate a call to the KIT Inclusion Support Center for help. The call should be scheduled at a time that will allow the CYP Professionals working directly with the child to participate. If, after accessing these resources, professionals and/or the child are still struggling, the CYP Director should refer the child to the IAT for support (see Chapter 6: Referral Process). The IAT can offer additional recommendations as well as connect the program to further resources.

2.5 Additional Resources

- Log in to the KIT Online Learning Center and click on KIT Support Center to access the following resources:
  - Request a call;
  - Listen to a call; and,
  - See a sample write-up of a call.
- CYP Management can log in to the KIT Online Learning Center to access the Maximizing the KIT Inclusion Support Center recorded webinar by searching for the title in the Course Catalogue.
- An Inclusion Action Team Orientation for Members Webinar is available in the Navy CYP e-Library.
Chapter 3: Accommodations

Navy CYPs are required to make reasonable accommodations to policies, practices, and procedures to support participation for children with and without disabilities. In collaboration with the child’s family, the IAT, and the KIT Inclusion Support Center, Navy CYP Professionals will make these accommodations. This chapter defines respectful accommodation, shares information about different types of accommodations, and provides examples of accommodations appropriate for Navy CYPs.

3.1 Principles of Accommodations

A “respectful accommodation” is an individualized support that promotes access to learning, recreation, leisure, or work. It is a change or modification made to expectations, requirements, materials, activities, or the environment. The purpose of an accommodation is to physically, socially, or emotionally support a child’s participation in a program. Designing accommodations involves finding out specifically what each child will need or not need in order to access the program. This is accomplished through the information-gathering process in collaboration with the family and consultation with IAT to determine the child’s needs and available supports and resources (See Chapter 5 for more information about the information gathering process).

Access to a Navy CYP involves accessibility to facilities, communication, transportation and program offerings. The Program Management Team and the family must consider the accessibility of facilities, as well as the more unique access issues specific to each program environment related to the child’s needs. Although CYP Professionals collaborate with the family, it is the CYP’s responsibility to provide the necessary accommodations. Families are not responsible for providing the financial resources a program may need to include their child in a CYP environment, activities, and program community. The IAT is responsible for reviewing needs and making recommendations to the Command for approval. In cases where there is a question about the legal responsibility of CYP to provide accommodations under the law, base legal should be consulted.

CYP Professionals have resources available to assist in designing supports and accommodations. Ideas for accommodations may come from the family, CYP Professionals, a KIT Inclusion Specialist, or IAT members. Trial and error, personal experience, and creativity are also key sources of ideas for
Accommodations are for All Children

Fairness means that everyone gets what they need, not that everyone gets the same. When CYP Professionals consistently address the needs (physical, sensory, social, and emotional) of all children, the children will come to understand that when they need an accommodation (they are not feeling well, hot, tired, or sad), it will be made for them.
for children in our program to support their participation. We keep all information about individual children’s needs confidential. I would be happy to discuss general information about accommodations, however, I cannot discuss supports or accommodations provided to a specific child.”

3.1.2 Accessibility of Facilities

Many existing CYP facilities and government or privately-owned quarters used for CDH have architectural barriers that may present challenges for children using walkers or wheelchairs. The need to modify a facility, whether government or privately owned, will be considered during placement decisions. The Public Works Officer will recommend whether construction and renovation of existing CYP facilities (or CDH Provider homes) is appropriate, and the responsible Commander will have final approval for any facility renovations. If facility renovations are deemed reasonable modifications to make the facility ADA-compliant and funding is not available locally, requests for funding should be submitted to CNIC prior to denying care (see Chapter 8, Section 8.2 for the procedures for denying care).

3.1.3 Accessibility of Transportation

Programs and providers that furnish transportation for children must have a plan for obtaining accessible transportation when a child who uses an assistive mobility device (e.g., wheelchair) enrolls in the program. Programs should consider having at least one accessible vehicle available in the region that can be transferred to a program location when an enrolled child requires accessible transportation. If an accessible vehicle is not available, the program should consider the following options in securing accessible transportation:

- Working closely with the family to identify transportation resources the child or youth may be able to access through community, state, or government agencies (e.g., through the State Department on Developmental Disabilities);
- Reaching out to the EFMP to inquire about accessible transportation resources;
- If the child or youth has an existing IEP, obtaining written permission from the family to contact the student’s Education Team Leader. The Education Team Leader coordinates the IEP process for the student and is a good POC for inquiries about securing accessible transportation between the school and the CYP;
- Requesting additional funding to purchase an accessible vehicle for the region. Refer to Section 3.2: CNIC Policy Supports for information about requesting additional funding to support inclusion.

3.1.4 Access to Program Offerings

In addition to considering accessibility to and within facilities, CYP Professionals must consider the accommodations a child requires in order to access the program offerings. Program offerings include the materials, activities, routines and rituals, communication opportunities, and social connections available to all children. Accommodations must be individualized to meet each child’s specific needs. The following types of accommodations should be considered when developing an ISP:

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Interpersonal accommodations support effective communication or support a child during interactions with others. Examples include speaking slowly and clearly for a child who has difficulty processing words, modifying expectations for a child who has a hard time sitting for quiet activities or transitions, and modeling turn-taking for a child learning how to play cooperatively with others.

Material accommodations support a child’s participation in play, gross and fine motor, and academic activities or use of games and program items. Examples include adding Velcro™ to blocks for a child who has trouble stacking, making a cardholder for a child who needs assistance holding playing cards, adding picture instructions to a board game for a child learning to read, providing pencil grips or other fine motor supports, and using an audible ball (ball with a bell or other noise-making device inside) for a child who is blind in Youth Sports activities.

Environmental accommodations support a child’s sensory or social-emotional needs or navigation within the physical space of the program. Some examples are providing increased opportunities for sensory play for a child who is soothed by tactile play and placing colored tape around the edges of the furniture for a child with low vision.

Behavioral accommodations support a child in learning age-appropriate behavior or in adjusting to the routine and schedule of the program. Behavioral supports include creating a personalized schedule for a child who has trouble transitioning from one activity to another, breaking down rules and expectations into smaller parts and providing concrete examples, and teaching a child coping strategies such as counting to ten or deep breathing.

Communication accommodations ensure equal access to the programs offered for children and youth with disabilities who have physical and/or mental impairments, including cognitive, vision, hearing, or language impairments that substantially limit the ability to communicate. Communication aids and supports will vary based on the length and complexity of the communication involved and include strategies such as giving a toddler a series of simple pictures to tell professionals what she needs and to initiate play with peers, or allowing YP participants and staff to use cell phones during program hours to communicate via text messages with a teen with a hearing impairment.

When including children and youth with disabilities and other identified needs, there are several operations areas where Navy CYP will have to consider what kinds of accommodations are required: policies; practices; procedures; staffing; and the program’s environment, routine, activities, and materials. Variables used to determine reasonable accommodations include the individual’s needs, accommodations requested, and resources available to the program, including financial support from CNIC (N926) and the local community. See Chapter 4: Identified Needs for more examples of accommodations or for case-specific information, contact the KIT Inclusion Support Center.

3.2 CNIC Policy Supports

Navy CYP policies support the participation of children with disabilities and other needs. Program-specific policies may need to be adapted on a case-by-case basis to ensure maximum participation of children and youth of all abilities. Approval for CNIC supports occurs through the IAT process. Examples of policy supports and accommodations include the following:
Making accommodations to CDH subsidy policies. For example:

- Offering additional subsidy to allow for a lower ratio of children to adults in the home (e.g., the IAT determines that the provider can only reasonably accommodate four children due to the accommodations needed instead of the typical six children);
- Providing funding for the CDH Provider to attend specialized training (e.g., asthma management training); and,
- Modifying a child’s subsidy rate to reflect the level of care required to meet his or her needs based on the IAT’s recommendations (e.g., considering a preschool child in an infant placement for reimbursement and enrollment).

With approval from the IAT, programs are authorized to utilize additional staff to help a child adjust for a period of time, not to exceed 30 days. In the majority of cases, additional staff will only be needed short-term as the child adjusts to the program. In the rare case that additional staffing for a period of time longer than 30 days is recommended by IAT, a funding request with the following documentation may be submitted to CNIC (N926) via the chain of command:

- NAF Grant Form should be submitted via the NAF Financial Office.
- IAT minutes where the recommendation (including an estimate of the number of hours the child may need additional support) has been documented.

3.3 Staffing Accommodations

The ratio of adults to children plays a large role in supporting the needs of all children in a program. Many children need additional adult support when they first enter a program until they get used to the routine and schedule. Some children need additional adult support as they transition to a new program (e.g., from a CDC to a SAC) and others need additional adult support during certain times of the day. A limited number of children may require ongoing one-on-one support. In order to meet the needs of the children in their care, programs may consider the following:

- Shifting staffing schedules to provide additional support to a group of children during a challenging part of the day (an active group of 7-year-olds need additional support to stay engaged in a quiet activity, e.g., art project); and,
- Partnering with another CYP within the installation to provide support (e.g., a CDC may partner with a YP to get teen volunteers for part of the day or utilize school-age care staff where additional support is needed during non-programming hours).
CNIC may request additional information depending on the situation. All requests for long-term staff augmentation will be re-evaluated after 90 days. After 90 days, programs must resubmit justification documentation for continued additional staffing to CNIC (N926).

The KIT Inclusion Support Center is available to help CYP Directors assess and document the need for additional staff and provide relevant training.

### 3.3.1 Guidance on Staff Designated to Support Inclusion

CYP Directors are authorized to provide additional staff to provide inclusion support for a child during transitions (e.g., into the program for the first time, from one program to another, during phases of deployment, see Chapter 7, section 7.1.2: Responses to Deployment, and other major life changes). When a child poses a physical safety threat, or has significant needs, he or she may need additional staff support for a longer period of time.

It is important for all CYP Professionals to understand the role of additional staff supporting inclusion. CYP Management must explain the role clearly and work with the KIT Inclusion Support Center to develop a training and support plan for the CYP Professional assuming this role. The training plan for the additional staff must be outlined in the ISP, and the Training Specialist is responsible for documenting that the required training was completed. Any CYP Professional assigned the role of supporting inclusion has three main functions: a support, a bridge, and a coach.

- **Support:** This staff facilitates accommodations for individual children as needed. He or she modifies the environment, materials, and activities to ensure that children have equal access to the program. The designated staff is always looking for ways to include the child in the program activities and community.

- **Bridge:** Designated staff is a bridge, helping to build connections. A primary function is to make sure the program is a place where everyone belongs and can contribute. This involves building connections between the children and between children and staff.

- **Coach:** Staff supporting inclusion also serve as a coach, teaching and modeling how to interact with children of all abilities.

### 3.3.2 Designated Staff Responsibilities

Many times a professional working as inclusion support for an individual child believes his or her responsibility is to work with the child individually. This is a major misconception that can lead to isolation for children who need this support. Navy CYP is a place where children learn and play together; one-on-one care is not the nature of Navy CYP. Programs should communicate the purpose of designated inclusion support staff to families as a way to support inclusion and meet the needs of a group of children. It is important for the Program Management Team to explain the responsibilities of a designated staff in terms of promoting inclusion:

- **Work as a team to support the group:** The designated staff may be used in two ways: 1) to facilitate inclusion for an individual child, or 2) to lower the ratios in the classroom or group so primary staff can
provide the individualized support and accommodations outlined in the ISP. With support from the Program Management Team, the primary and designated support staff should discuss which role makes the most sense for the individual child and group.Regardless of the role assigned, the primary staff and staff providing inclusion support must work together as a team to support the needs of all children.

- **Monitor activities and interactions:** The designated staff should be moving around frequently in order to monitor what is happening in the program. For example, if the noise level is getting high and the staff knows that a child has a hard time when it is loud, s/he will step in and offer support. The staff might ask the child if he needs a break or would like to wear some headphones to help block out the noise.

- **Observe behavior and the environment:** Designated staff looks for influences on behavior and pays attention to features of the environment. The staff watches for cues that a child is feeling overwhelmed, upset, or frustrated, and steps in to provide support before the child uses unsafe behavior. For example, if a child has trouble transitioning and tends to run out of the program during unstructured time, the staff works to provide structure during transitions and stands in the doorway to prevent escape.

- **Find ways for the child to make contributions:** Designated staff focuses on ability, identifying strengths, and finding creative ways for individuals to participate. For example, if a young person does not communicate with words and is a talented sketch artist, the inclusion support staff might find a way for him to showcase his talent by working with a group of kids to create a comic strip.

- **Model strategies:** Once the designated support staff gets to know the child and how to support him or her, he or she makes sure all CYP Professionals working with the child know how to provide that support. The inclusion support staff shares observations and strategies. For example, if a child tilts his head to the side when he is feeling overwhelmed, the designated staff tells all the staff that work with him about this signal. If the staff providing inclusion support uses a timer to show a child how much time is left in an activity, s/he shares this strategy.

- **Support individual needs in a group setting:** The designated staff is skilled in finding ways to meet a specific individual’s needs in a group setting. The designated staff is not an extra support for the whole program, but a support designed to lower ratio as needed. All direct care staff in the classroom must be trained on the supports and accommodation. In order to communicate the role clearly, CYP Directors must avoid using inclusion support staff to help out in other classrooms or groups.

- **Fade adult support and use natural support:** Designated inclusion support staff is constantly thinking about how to fade the level of support he or she provides directly to a child. The ultimate goal is for children with and without disabilities to be supported in Navy CYP through natural relationships and connections.

### 3.4 Additional Resources

- Log in to the KIT Online Learning Center, click on the Course Catalogue or Tips & Tools, and choose **Inclusion Toolkit** from the drop-down box to access the following resources:
  - Instructional video on Accommodating Children who are Over or Under-Sensitive;
  - Webinar on *Making Activities Accessible with Everyday Items*;
− Instructional video on *Supporting Communication*; and,
− Instructional video on *Using Picture and Object Schedules*.

- All Children Together offers resources and information about adaptation and accommodations for young children, including printable samples, at [www.cedh.org/act/young_children](http://www.cedh.org/act/young_children).
- Find information about supports, modifications, and accommodations for students on the National Dissemination Center for Children with Disabilities website, at [www.nichcy.org](http://www.nichcy.org).
- The Circle of Inclusion website, [www.circleofinclusion.org](http://www.circleofinclusion.org), is designed for early childhood providers and parents of young children, and offers information about accommodations, accessibility, and awareness.
Chapter 4: Identified Needs

Children with disabilities and other identified needs live in every community worldwide. They are children of all ages, ethnic, and socio-economic backgrounds, and come from various types of families. Children with disabilities or other identified needs have all kinds of interests, abilities, unique strengths, and challenges. It is important to realize that each child with disabilities or identified needs is a child first and more similar to children without disabilities than different. Having a disability or need is only one characteristic among many that make up the whole child. The first section of this chapter defines the levels of need Navy CNIC uses for tracking and administration purposes, and provides case examples for each level of need. The second section of the chapter provides additional information to help programs determine the level of need. This section introduces the categories of need that programs may encounter and presents examples of possible needs and accommodations for CYP Professionals to consider.

4.1 Levels of Need

Determining what a child needs to be successful in Navy CYP is more important than a child’s diagnosis or condition. This determination is made on a case-by-case basis using information about what the child needs in the program setting and the accommodations required to support those needs. Levels of need were developed for Navy CYP to provide metrics for administration purposes, so it is important for CYP Directors who are responsible for documentation to understand how levels are determined. Each level is described in terms of the accommodations a child requires in order to participate in CYP. Consequently, it is possible for two children with the same diagnosis or condition to need different levels of support because the needs are based on the whole child and not simply his or her diagnosis. Mild, moderate, and significant needs are described below along with case examples.

4.1.1 Mild Needs

Children with mild needs require little to no accommodations to participate in group care. Accommodations for mild needs include food substitutions, medication administration for temporary illness, temporary mobility supports, and environmental accommodations. All children with mild needs require written documentation of accommodations; however they do not require an EAP or an ISP. Development of these plans is discussed in detail in Chapter 6: Referral Process. In cases where children have dietary restrictions, CYP Professionals must follow the protocol outlined in the OPNAV1700.9E Chapter 4, Section 9. The following cases are examples of children with mild needs:
Joey, age 6, has gluten intolerance documented by his primary care physician. Joey needs to have his gluten allergy documented with the classroom and the kitchen to help staff ensure proper food substitutions are made.

Jeffrey, 18 months, was recently prescribed glasses. Jeffrey needs minor environmental accommodations to support his vision and assistance with proper eyeglass care (e.g., where they will be kept in the CDH during rest time).

Sigmund, age 8, broke his leg playing football. Sigmund needs some supports while he is using crutches and alternative activities while he is on restricted movement.

Jessie, age 11, has a bacterial infection and needs to take antibiotics twice a day. Jessie needs to follow the Medication Administration process which will detail where, when, and how she will take her medication in the CYP.

Sara, age 2, is allergic to penicillin. Sara’s allergy needs to be noted on her emergency contact form so the CDH Provider can inform medical personnel of the allergy in the case of an emergency.

Terri, age 7, has seasonal allergies and needs to take her allergy medication after school. Terri needs to follow the Medication Administration process which will detail where, when, and how she will take her medication while she participates in Youth Sports.

### 4.1.2 Moderate Needs

Children with moderate needs require some accommodations in order to participate in group care. Children with moderate needs may require an EAP, medication administration; adaptations to the environment, materials, or activities; or communication behavioral, or social supports. All children with moderate needs require an ISP and/or EAP (discussed in detail in Chapter 6: Referral Process). The following cases are examples of children with moderate needs:

- Maeve, age 5, has asthma and seasonal allergies. She is prescribed an inhaler, and her seasonal allergies often aggravate her asthma. Maeve needs reminders to slow down and rest during outdoor play and has an EAP.

- Peter, age 7, has mild cerebral palsy. He can move without assistance. Peter needs adaptations to some Youth Sports activities that require a lot of running. Peter’s family has connected the CYP Youth Sports Director and Coach to his physical education teacher to help them adapt some of the physical activities available to youth in the sports program. Peter needs an ISP that describes the adaptations required to support him in sports activities.

- Casey, age 12, has a diagnosed mood disorder. Since he started taking his medication, his mood and energy have improved. He needs an ISP that outlines signs and signals of shifts in his mood (e.g., pacing, crying) and appropriate CYP Professional responses.

- Brynn, age 4, has an articulation disorder. She receives speech therapy through her local school district once a week. Her CDH Provider is able to understand her speech the majority of the time. Brynn’s CDH Provider needs to be aware of her IEP goals and work with her speech therapist to plan activities that will help Brynn work on beginning sounds. Brynn’s ISP needs to describe the specific activities to include in lesson plans.
Ty, age 10, has autism spectrum disorder (ASD). He receives special education services and attends a weekly social support group. In the YP setting, Ty needs help initiating and sustaining social interactions with his peers. He needs an ISP that focuses on accommodations to help him interact with peers (e.g., setting up partner or small group activities and preparing Ty ahead of time with ideas for conversation).

Hayley, age 4, has Type I diabetes. Documentation from her primary care physician states that she requires blood sugar testing twice a day. Hayley needs an EAP for when her blood sugar is too high or too low.

Destiny, age 7, has a diagnosis of Attention-Deficit/Hyperactivity Disorder (ADHD) from her primary care physician. She needs help controlling her impulses and considering other people’s point of view. Destiny needs an ISP that outlines how staff will remind her of the rules and expectations for activities and strategies to help Destiny through conflicts with peers.

Paris, age 3, is allergic to bees. Paris has a prescribed Epipen™ and needs an EAP.

Armoni, age 8, does not have a diagnosed disability or condition. She needs support to follow the program routine and participate in activities. Armoni’s ISP needs to describe how CYP Professionals will prepare her for the daily routine, prepare her for changes, and help her join activities.

Although CYP Directors must consider each child on a case-by-case basis, children with behavioral, learning, sensory, and social emotional disorders, as well as some chronic health conditions, often have moderate needs. Children without a diagnosed disability or condition can also have moderate needs in an inclusive setting. The distinguishing factor is the accommodations required. For example, in Ty’s case, he has ASD and the accommodations he requires to participate in the YP are social supports. He is able to follow the program routine, participate in individual activities, and communicate with adults independently.

4.1.3 Significant Needs

Children with significant needs require several types of accommodations and coordination with other service providers in order to participate in group care. Children with significant needs may require an EAP to detail medication administration; specialized equipment; assistive communication devices; adaptations to the environment, materials, and activities; additional adult support; changes to policies or procedures; and/or facility renovations. All children with significant needs require an EAP and/or an ISP. The following cases are examples of children with significant needs:

Simone, age 3, has spina bifida. She uses arm braces and urinates with a catheter. Simone needs accommodations to the physical environment and materials, specialized seating, catheterization three times per day, and individualized assistance going up and down stairs. Simone’s complex needs require both an EAP to address her medical needs and an ISP to address her physical and developmental needs. Simone’s EAP needs to describe how her medical needs will be met and any signs or signals that indicate she requires immediate medical attention. Simone’s ISP will detail the accommodations required to the physical environment, the CYP Professionals responsible for providing support and the training required, and how the program will collaborate with therapeutic specialists working with Simone.

Kwali, age 2, has food allergies. He is severely allergic to eggs, dairy, and wheat. If he comes into contact with these substances, he experiences anaphylaxis (life-threatening allergic reaction). Kwali needs an
Carlo, age 7, has a history of trauma and a diagnosis of Disruptive Mood Dysregulation Disorder (DMDD). Carlo has severe and frequent temper outbursts and is often irritable. Carlo needs individualized support to cope with the demands of the group environment and frequent breaks to help him manage his strong feelings. CYP Professionals need to collaborate with Carlo’s parents, school psychologist, and outpatient therapist to develop an appropriate ISP.

Anthony, age 10, has a sensory processing disorder. He has a high energy level and is easily upset. Anthony is extremely sensitive to things in the environment, including light, sound, and movement. Anthony needs an additional adult support to help him stay calm in busy and loud environments. His ISP needs to include specific calming strategies and a plan for when Anthony loses control of his behavior.

Kimberly, 14 months, has Down syndrome. She is working with early intervention specialists to develop her strength and work on challenges with feeding. Kimberly needs individual attention during meal times and specialized equipment to support her in a sitting position. Kimberly’s ISP needs to describe how CYP Professionals will support her during mealtimes and specific positioning techniques and recommendations.

Jack, age 9, has a diagnosis of ASD. He uses a tablet communication device to communicate with others. Jack needs support using his communication device, following the routine, and navigating loud and busy environments. Jack’s ISP needs to include a plan for training the YP professionals on how to support him using his communication device.

Manny, age 11, is blind. He reads braille and uses a cane. Manny needs material and activity adaptations, as well as accommodations to the physical environment to help him navigate it independently. Manny’s peers and CYP Professionals need training on sighted-guide techniques. The CDH needs to collaborate with community agencies to get adapted materials and equipment that will support Manny’s participation. Manny’s ISP needs to outline all the accommodations required and resources needed to support Manny’s participation in CYP.

Tim, age 8, has cerebral palsy and uses a wheelchair. He needs environmental and material accommodations to make sure he has access to the program space and materials. Tim’s ISP needs to include information about how the program will modify the physical space of the program facility, as well as a plan for researching the accessibility of field trip sites or other facilities the youth will use or visit.

Julissa, age 2, has a speech delay. She is working with early intervention specialists to build on her nonverbal communication skills. Julissa’s ISP needs to include information about how the program will collaborate with her early intervention team and how and when CYP Professionals will use picture communication supports.

Although CYP Directors must consider each child on a case-by-case basis, children with communication, developmental, physical, sensory, as well as some chronic health conditions, often have significant needs. Children without a diagnosed disability or condition can also have significant needs in an inclusive setting. Again, the determining factor is the accommodations required to support participation. Comparing Jack’s
case to Ty’s case, both youth have the same diagnosis; however, Jack’s case is considered a significant need because he requires communication supports (and specialized training for CYP Professionals), as well as behavioral support to follow the routine, and sensory supports to help him cope with loud environments.

### 4.2 Categories of Need

The RA and ADA protect children with identified needs and Navy CYP is required to make reasonable modifications to support their participation in CYP. The categories of need provide additional information to help CYP Professionals make decisions about the level of need, complete paperwork accurately, and make appropriate referrals to the IAT (discussed in detail in Chapter 6: Referral Process). In addition, this information can be used to facilitate discussions with families about their child’s needs, home challenges, and to strategize around needed supports.

Most disabilities, conditions, and identified needs fall into one of seven general categories: chronic health, communication, developmental, learning and attention, physical, sensory, and social-emotional. Although determining a child’s level of need is based on the individual child, the categories below may be used as a reference when looking at the needs and accommodations necessary to support participation. Each category includes a brief description, examples of disabilities and conditions, and possible accommodations to consider. It is important to keep in mind that the information is general in nature. Each child is a unique individual with his or her own strengths and areas where he or she may need support. The suggested accommodations are also general in nature and will need to be individualized for each child requiring additional support in a CYP.

Children with identified needs require more than routine and basic care including children with or at risk of disabilities; chronic illnesses; and physical, developmental, behavioral, or emotional conditions. Approximately 14 percent of children have identified needs and 1 in 5 households with children in the United States have at least one child with an identified need.
4.2.1 Chronic Health Conditions

Chronic health conditions are defined as conditions that last at least 12 months and are severe enough to result in limitations to daily activities. Examples include, but are not limited to, allergies, asthma, cystic fibrosis, diabetes, and hemophilia. The Council for Children and Adolescents with Chronic Health Conditions outlines four contributing factors:

- Biologically-based;
- Lasts for an extended period of time;
- Brings about significant change in the child’s life; and,
- Requires more than the usual amount of medical care.

Chronic health conditions can be treated but not cured. Children with chronic health conditions visit the doctor more frequently than other children and their wellness may fluctuate. Clear communication with the family and written health and emergency plans are critical to providing support for a child with a chronic health condition. Children with chronic health conditions can have moderate or significant levels of need. CYP Professionals should consider the level of support needed throughout the day. For example, Paris who is allergic to bees and has an EpiPen™, has moderate needs. She will need an EAP in the event of a sting; however, she may need little to no support on a day-to-day basis. In contrast, Kwali, who has severe food allergies, has significant needs. He requires a detailed EAP and a staff person designated to help manage his risk of exposure throughout the day (e.g., snacks, cooking activities, visitors with snacks in their bags, etc.). See Exhibit 4.2A for possible needs and accommodations for children with chronic health conditions.

<table>
<thead>
<tr>
<th>Possible Needs</th>
<th>Accommodations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managing health care needs in an inclusive environment</td>
<td>Ask the family for documentation from the child’s primary care physician that addresses a child’s medical needs in a group setting.</td>
</tr>
<tr>
<td>Avoiding life-threatening allergens</td>
<td>Ask the family to have the child’s primary care physician develop an appropriate EAP and work with the IAT on how the plan will be implemented and monitored.</td>
</tr>
<tr>
<td>Taking medication during program hours</td>
<td>Follow CYP policies and procedures for the administration of medication. Inform parents of the policies and procedures.</td>
</tr>
<tr>
<td>Monitoring needs as conditions and/or medications change</td>
<td>Meet with the child’s family regularly. Share observations about any changes in behavior or activity level (especially when the child is changing medication or dosage).</td>
</tr>
</tbody>
</table>

4.2.2 Communication Disorders

Communication disorders involve difficulty with the voice or producing speech sounds, trouble understanding others (receptive language), or sharing thoughts, ideas, and feelings (expressive language). Examples include, but are not limited to, apraxia, articulation disorder, dysfluency, stuttering, speech impairments, and delays in the acquisition of language. Other disorders may also include communication problems. Children with communication disorders can have moderate or significant needs. CYP Professionals should consider the support needed for the child to communicate effectively. For example, Brynn, who has an articulation disorder, has moderate needs. She requires opportunities to practice the sounds she has trouble articulating, which are incorporated into lesson plans and activities. Julissa, who has a
speech delay, has significant needs. She requires support communicating basic needs throughout the day, which may require an additional adult to support her during certain parts of the day. See Exhibit 4.2B for possible needs and accommodations for children with communication disorders.

### Exhibit 4.2B: Communication Disorders

<table>
<thead>
<tr>
<th>Possible Needs</th>
<th>Accommodations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completing sounds, syllables, and words</td>
<td>Provide targeted opportunities for the child to practice coordinating speech (e.g., play a game making sounds in front of the mirror).</td>
</tr>
<tr>
<td>Articulating sounds and combining consonant sounds (e.g., “th” or “gr”)</td>
<td>Model the correct usage and pronunciation of words rather than correcting the child. When a child is receiving speech therapy, collaborate with the therapist and allow him/her to work with the child in the program setting.</td>
</tr>
<tr>
<td>Speaking fluently</td>
<td>Be a patient listener. Allow the child the extra time she needs to say what she wants to say.</td>
</tr>
<tr>
<td>Understanding questions and following directions</td>
<td>Keep directions simple and present them in complete sentences. Encourage the child to repeat directions.</td>
</tr>
<tr>
<td>Learning words to rhymes or songs</td>
<td>Provide frequent and concrete visual reinforcement during new activities (e.g., use a felt board and characters for new songs).</td>
</tr>
<tr>
<td>Expressing ideas clearly</td>
<td>Expand on what the child says and ask specific questions. Comment on what the child is doing throughout the day to model expressive language. Give words to the child’s experience, “I see you frowning. You might be feeling sad. You can say, “I feel sad.”</td>
</tr>
<tr>
<td>Verbally communicating due to significant hearing loss</td>
<td>Provide alternative communication mechanisms, including the use of auxiliary communication aides, to facilitate communication with peers and CYP Professionals throughout the program day.</td>
</tr>
</tbody>
</table>

### 4.2.3 Developmental Disabilities

Developmental disabilities are defined as chronic disabilities that occur any time between birth and 21 years of age that are expected to last a lifetime. Developmental disabilities are not always visible and may be cognitive, physical, or a combination of both. Developmental disabilities include autism spectrum disorder, Fragile X syndrome, Down syndrome, cerebral palsy, and intellectual disabilities. Children with developmental disabilities often have significant needs, however, some children with developmental disabilities may have moderate needs. It is important to consider the types of accommodations the child needs to participate in the program. For example, Peter, who has mild cerebral palsy, has moderate needs. He requires some adaptations to physical activities that require running. Kimberly, who has Down syndrome, has significant needs. She requires one-on-one support during feeding and specialized equipment to support her in a seated position. See Exhibit 4.2C for possible needs and accommodations for children with developmental disabilities.

### Exhibit 4.2C: Developmental Disabilities

<table>
<thead>
<tr>
<th>Possible Needs</th>
<th>Accommodations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remembering and following directions</td>
<td>Present directions one at a time with visual cues (e.g., pictures or objects). Speak slowly and clearly and provide written directions where appropriate.</td>
</tr>
<tr>
<td>Applying skills to new situations or new people</td>
<td>Prepare a child for a new situation by talking about it beforehand, sharing pictures, and other relevant information.</td>
</tr>
<tr>
<td>Making decisions</td>
<td>Limit choices to two or three options and help the child decide what to do first, second, and third during free choice activities.</td>
</tr>
<tr>
<td>Developing communication and social skills</td>
<td>Plan cooperative activities to create opportunities for the child to interact with peers. For example, set up a partner activity with clear guidelines (e.g., have peers interview one another and provide a list of questions).</td>
</tr>
</tbody>
</table>
### Chapter 4: Identified Needs

#### 4.2.4 Learning and Attention

Learning and attention disabilities are neurological disorders that vary from child to child. They include but are not limited to ADHD, dyslexia, dysgraphia, nonverbal learning disabilities, and sensory processing disorders. Children with learning disabilities have differences in the way their brains process information (e.g., language, motor, and executive function). Children with attention disabilities have a difference in the level of neurotransmitters in the brain resulting in age-inappropriate symptoms of hyperactivity, distractibility, and impulsivity. Children with learning and attention disabilities can have moderate or significant needs. The accommodations required determine the level of need. For example, Destiny, who has ADHD, has moderate needs. The accommodations required to support Destiny include reminding her of the rules and helping her join activities. Anthony, who has a sensory processing disorder, has significant needs. He requires an additional adult support to help him manage his strong reactions to loud and busy places and help him use calming strategies. See Exhibit 4.2D for possible needs and accommodations for children with learning and attention disabilities.

### Exhibit 4.2D: Learning and Attention Disabilities

<table>
<thead>
<tr>
<th>Possible Needs</th>
<th>Accommodations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participating in academic activities (e.g., circle time or homework hour)</td>
<td>Use multisensory activities that include auditory, visual, and tactile components (e.g., play a song and use pictures). Assist a child with staying on task during homework (e.g., make a list and check off tasks).</td>
</tr>
<tr>
<td>Managing impulsive behaviors</td>
<td>Plan to support the child during group games and activities. Use visual cues to signal when it is time to share out loud (e.g., use a “talking stick”). Ignore negative behavior when possible. In cases of physically impulsive behavior, consult with the IAT to request additional adult support to help the child learn to manage impulses in the CYP environment.</td>
</tr>
<tr>
<td>Transitioning from one activity to another</td>
<td>Use personalized cues to signal a transition (e.g., hand signal, silly song). Remind the child of behavioral expectations for the next activity. Allow the child to bring a comfort item from one area to another. Use a flex staff member to provide extra support to a child during difficult transitions (e.g., outside to lunch to rest time).</td>
</tr>
<tr>
<td>Keeping track of personal belongings</td>
<td>Help the child organize personal belongings and keep them in a consistent place. Provide a list of materials for activities to help a child keep track of what he or she needs.</td>
</tr>
<tr>
<td>Regulating responses to the sensory environment</td>
<td>Observe how the child reacts to different types of sensory stimulation (e.g., light, sound, touch, movement). Offer the preferred stimulation when the child seems overwhelmed.</td>
</tr>
<tr>
<td>Releasing energy in appropriate ways</td>
<td>Establish an area indoors where it is okay for a child to get up and move (e.g., place a hula hoop on the ground where children can jump).</td>
</tr>
<tr>
<td>Maintaining attention and interest</td>
<td>Incorporate the child’s special interest into a game or activity. Provide something to do while children are waiting for a turn. Reduce or increase the amount of time for an activity based on how children respond.</td>
</tr>
</tbody>
</table>
4.2.5 Physical Disabilities

Physical disabilities include but are not limited to orthopedic impairments and conditions such as cerebral palsy, spina bifida, juvenile rheumatoid arthritis, scoliosis, osteogenesis imperfecta, amputations, and hip dysplasia. Some children with physical disabilities have limited mobility and use adaptive equipment such as a walker or a wheelchair. Other children with physical disabilities do not use adaptive equipment and may experience limited mobility or difficulty with one area of the body (e.g., limited range in the left arm). Children with physical disabilities can have either moderate or significant needs. In making the determination, CYP Professionals should consider the accommodations the individual requires in order to access the physical space, as well as what he or she may need to access the materials and activities available in the program. For example, Tim, who uses a wheelchair to support his mobility, has significant needs. He will require careful examination and purposeful planning to make sure he has access to everything available to youth in the program. Peter, who does not use any adaptive equipment, has moderate needs. He requires some adaptations to Youth Sports activities but does not need any adaptations to the physical space or materials. See Exhibit 4.2E for possible needs and accommodations for children with physical disabilities.

Exhibit 4.2E: Physical Disabilities

<table>
<thead>
<tr>
<th>Possible Needs</th>
<th>Accommodations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safely navigating the physical environment</td>
<td>Train staff on proper handling and positioning techniques so that the child is moved safely. The child’s family or therapists working with the child should be able to demonstrate proper techniques.</td>
</tr>
<tr>
<td>Positioning himself or herself close to other children (e.g., on the floor, at the sensory table)</td>
<td>Coach all CYP Professionals working with the child to hold and position the child so that everyone is comfortable providing physical assistance. Work with the child’s family and therapy team or a local disability-specific agency (such as United Cerebral Palsy) to train on best practices in positioning, such as asking the child before you touch their equipment or move them.</td>
</tr>
<tr>
<td>Using and caring for specialized equipment</td>
<td>Acknowledge the personal space of children who use specialized equipment. Train staff on how to care for adaptive equipment.</td>
</tr>
<tr>
<td>Completing activities such as dressing, toileting, interacting with sports equipment, or doing art projects</td>
<td>Provide a piece of adaptive equipment such as a card holder, a wheelchair lap tray or universal utensil holder for a crayon, fork, or spoon.</td>
</tr>
<tr>
<td>Encouragement to complete activities independently where appropriate</td>
<td>Identify the child’s strengths and areas where independence can be encouraged and supported.</td>
</tr>
<tr>
<td>Accessing the environment</td>
<td>Modify the environment and materials to maximize participation for all children (e.g., lowering the sensory table so a child using a wheelchair can easily access it).</td>
</tr>
</tbody>
</table>

4.2.6 Sensory Impairments

Sensory impairments include children who are deaf and/or hard of hearing, blind, or have a visual impairment. It is important to know what a child is able to hear or see if she has a sensory impairment. Many people assume that children who are blind cannot see anything when many children are able to see outlines, shadows, or certain colors and contrast of light. Some children are able to see things placed directly in front of them, but have difficulty seeing things with their peripheral vision. Similarly, many children who are deaf are able to hear certain pitches or tones. Children with sensory impairments can have mild, moderate, or significant needs. The level of need depends on what the child requires in order to actively participate in the program environment. For example, Jeffrey, who has a visual impairment and wears glasses, has mild needs. Jeffrey may need help with proper eyeglasses care, but otherwise has access to all the
program materials and activities. Manny, who is blind, has significant needs. He requires several types of accommodations to access the YP, including adaptations to the physical environment, materials, and activities, as well as specialized training for CYP Professionals and peers on sighted-guide techniques. See Exhibits 4.2F and 4.2G for possible needs and accommodations for children with hearing and vision disabilities.

### Exhibit 4.2F: Hearing Disabilities

<table>
<thead>
<tr>
<th>Possible Needs</th>
<th>Accommodations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicating with other children and CYP Professionals</td>
<td>Gather information about the degree of hearing loss and how the child communicates (e.g., sign language, lip reading). Speak in full sentences at a normal speed. Provide visual cues such as pictures and symbols. Provide training to CYP Professionals on communication methods used.</td>
</tr>
<tr>
<td>Following verbal directions</td>
<td>Make sure to get the child’s attention before giving instructions. Demonstrate tasks and activities in addition to providing verbal directions.</td>
</tr>
<tr>
<td>Following conversations and activities</td>
<td>Give the child a signal to use if he does not understand something.</td>
</tr>
<tr>
<td>Active participation in games and activities</td>
<td>Provide opportunities for the child to communicate. If the child is receiving therapy services, collaborate with therapists and get their input on appropriate adaptations in the CYP environment. Allow therapists to work with the child in the CYP environment and model strategies.</td>
</tr>
</tbody>
</table>

### Exhibit 4.2G Vision Disabilities

<table>
<thead>
<tr>
<th>Possible Needs</th>
<th>Accommodations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safely navigating the physical environment</td>
<td>Ensure adequate space between fixtures and furnishings to allow a child to move independently around the environment. Be aware of sharp edges on tables, curled up edges on rugs, and other physical obstacles in the program environment. Pay attention to decreasing and increasing room light to avoid glares. Invite the child and family to explore the space prior to enrollment to get a feel for the environment and identify potential barriers to physical access. Take pictures of the space to share with the IAT so the team can provide customized recommendations for the space.</td>
</tr>
<tr>
<td>Following verbal directions</td>
<td>Use specific language when giving directions. Avoid using words such as this, that, or over there.</td>
</tr>
<tr>
<td>Following conversations and activities</td>
<td>Address children and CYP Professionals by their names so the child knows who is speaking to whom.</td>
</tr>
<tr>
<td>Active participation in games and activities</td>
<td>Incorporate hands-on experiences in learning and other activities such as touching, tasting, smelling, and manipulating. Purchase or borrow audible sports equipment.</td>
</tr>
<tr>
<td>Encouragement to complete activities independently where appropriate</td>
<td>Ask the child if she needs assistance before assuming she needs help.</td>
</tr>
<tr>
<td>Adapting materials</td>
<td>Use print materials that are clear and easy to see.</td>
</tr>
</tbody>
</table>

### 4.2.7 Social-Emotional Disorders

Social-emotional disorders affect a child’s mood, energy, thinking, learning, and behavior. Social-emotional disorders include, but are not limited to, attachment disorders, bipolar disorder, depression, anxiety disorders, and oppositional defiant disorder. Children with social-emotional disorders often have a difficult time controlling their moods, reactions, impulses, anxiety, and interactions with others. Children with social-emotional disorders can have either moderate or significant needs. CYP Professionals should examine the support the individual needs to cope with demands and connect with others. For example, Casey, who has a diagnosed mood disorder, has moderate needs. His medication has made a huge difference for him and he
needs little support from CYP Professionals on a daily basis. His needs require an awareness of signs of a shift in mood but little support on an ongoing basis. Carlo, who has a diagnosis of DMDD, has significant needs. He requires ongoing adult support to cope with the demands of the program and the ability to take breaks away from busy environments. See Exhibit 4.2H for possible needs and accommodations for children with social-emotional disorders.

### Exhibit 4.2H: Social-Emotional Disorders

<table>
<thead>
<tr>
<th>Possible Needs</th>
<th>Accommodations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controlling mood cycles</td>
<td>Teach children relaxation techniques such as breathing and visualization exercises. Remind the child of the exercises when he seems to have a difficult time controlling his mood. Plan for high-energy times and major transitions by scheduling an additional staff for that part of the day.</td>
</tr>
<tr>
<td>Stopping or limiting anxious thoughts</td>
<td>Help youth learn to identify and change anxious thoughts (e.g., use positive self-talk, “I can do this”). Consult with the IAT to request an additional adult support through CNIC to help the youth adjust to the program routine, schedule, and demands.</td>
</tr>
<tr>
<td>Inhibiting impulsive behaviors</td>
<td>Teach the child to identify when she is feeling out of control. Point out her body signals (e.g., hands in fists) and have her practice taking a deep breath or stretching to help alleviate impulses. Talk to all children and youth about how difficult it is to control your body sometimes. Encourage all youth to come up with different ways to help themselves and others.</td>
</tr>
<tr>
<td>Meeting behavioral and environmental expectations</td>
<td>Provide routines and structure for the child. Predictability may assist him in developing strategies to meet expectations. Remain consistent with expectations and support the child in learning strategies to meet them. As a team, talk about the times that are difficult for the child and assign a staff person to provide support during those specific times.</td>
</tr>
<tr>
<td>Coping with sudden changes or unexpected events</td>
<td>Address unexpected changes. Allow adequate time for the child to adjust to change by preparing her ahead of time.</td>
</tr>
<tr>
<td>Regulating emotions</td>
<td>Allow the child to take a break from a stressful activity or situation in a quiet area. Support the child with proximity—offer reassurance and encouragement as needed. Acknowledge the child for taking a break, “I saw you get up quietly and take a break. You needed a moment to calm down and you knew what to do.”</td>
</tr>
<tr>
<td>Participating in group games and activities</td>
<td>Provide time for the child to practice new activities before they occur or allow children to watch new activities before they participate.</td>
</tr>
</tbody>
</table>

### 4.2.8 Special Consideration: Food Allergies, Intolerances, and Restrictions

Two of the most common needs CYP Professionals encounter are food allergies and food intolerances. It is very important to understand the difference between food allergy and food intolerance. Children with food allergies can have either moderate or significant needs, depending on the severity of their reaction to the allergen. All children with food intolerance have at least mild needs requiring staff to be aware of the intolerance and to help the child avoid it.

**What is the difference between food allergy and food intolerance?**

Many people confuse food allergies with food intolerances. However, they are not the same thing. Food allergies are a reaction of the immune system and can be life-threatening. When a child has a food allergy, his or her body responds to food as if it were a threat. The body’s immune system response can be mild or, in rare cases, associated with a severe and life-threatening reaction called anaphylaxis. Allergic reactions are highly unpredictable. The severity of one attack does not predict the severity of the next attack. Studies have found that 1 in 20 children under the age of 5 has a food allergy.
The most common foods that cause allergic reactions in infants and children are:

- Eggs;
- Milk;
- Peanuts;
- Tree nuts;
- Soy; and,
- Wheat.

Food intolerances are reactions of the digestive system and are not dangerous. Although a child may experience gas, bloating, abdominal pain and/or diarrhea, the reactions will pass and the child is not in danger. Children with food intolerance are not considered children with moderate or significant needs because: 1) they likely do not have prescribed medications for their condition, and 2) they do not need an EAP. Some common food intolerances are:

- Lactose;
- Gluten;
- Food additives (products added to food to enhance taste or add color); and,
- Microbes (bacteria and bacterial products).

Known food intolerances must be documented by a signed statement from the child’s physician. CYP Directors and CDH Providers must make accommodations for children with documented food intolerances (e.g., serving soy milk instead of cow’s milk) and share the information with the kitchen staff and appropriate direct care staff/CDH providers. The child’s mild need is documented and addressed accordingly; however, the child does not require an EAP or ISP. Exhibit 4.2I describes the differences between food allergies and food intolerances.

### Exhibit 4.2I: Allergies versus Intolerance

<table>
<thead>
<tr>
<th>Condition</th>
<th>Food Allergy</th>
<th>Food Intolerance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reaction</td>
<td>Reaction of immune system</td>
<td>Reaction of digestive system</td>
</tr>
<tr>
<td>Threat</td>
<td>Can be life threatening</td>
<td>Not dangerous</td>
</tr>
<tr>
<td>Needs</td>
<td>Requires EAP</td>
<td>Requires food substitution</td>
</tr>
</tbody>
</table>

**Food Restrictions based on Family Preference**

Families may request food substitutions for cultural or other reasons. For example, a family does not eat pork and they request an alternative when pork is served in the CYP. In these cases, it is the family’s responsibility to provide the substitution for their child. These cases are **not** considered children with mild needs. Although the CYP Director addresses these situations on a case-by-case basis with individual families, the child should not be identified with a mild need or counted in this category for tracking and administration purposes.

**Documenting Food Substitutions**

The need for food substitutions is characterized differently based on whether it is an allergy (often moderate or significant need), intolerance (typically mild need), or restriction based on family preference (not considered a need for tracking purposes). Regardless of whether a child has a food allergy, intolerance, or restriction based on family preference, all food substitutions must be documented in a clear and easily
Inclusion in Navy Child and Youth Programs

Chapter 4: Identified Needs

Allergen Avoidance Strategies

The severity and progression of allergic reactions are unpredictable. A child could have a mild reaction to an allergen one time, and a severe, life-threatening reaction the second time. The only way to prevent a life-threatening reaction is strict avoidance of the allergen. Each child with a food allergy must be considered on a case-by-case basis. PCPs, with assistance from the family, KIT Support Center and IAT, will complete an EAP to minimize risk of exposure. The following are some allergen avoidance strategies to consider. Appropriate strategies should be incorporated into the child’s EAP:

- Train kitchen staff or CDH providers on how to look for allergens when reading food labels.
- Designate certain classrooms or spaces as “Allergy Aware Zones.” An allergy aware zone will alert CYP Professionals to the presence of a child or youth with a food allergy.
- Use soap and water (or wipes when soap is not readily available) to remove allergens from hands. Plain water and antibacterial soap are not as effective and should not be the only method used to clean hands.
- Keep EpiPens™ and EAPs in easily accessible locations.
- Prevent cross contact from utensils, surfaces, staff hands, and other children’s hands.
- Consider nonfood sources of an allergen, such as clay that contains wheat or soap, or lotions that contain milk or nut oil.
- Designate areas to eat certain foods and clean them promptly with cleaning products.
- Enforce a “no eating” on the bus rule for older children and youth.
- Inform all parents about the seriousness of food allergies and ask for their help to minimize the risk in the program.

4.3 Additional Resources

The following resources contain additional disability-specific information. KIT’s Online Learning Center offers information specific to meeting the needs of children with different types of disabilities in inclusive settings. General resources include university, government, and nonprofit agency websites where Navy CYP Professionals can find more information about specific diagnoses.

- CYP Directors and Training Specialists can log in to the KIT Online Learning Center and search Military Resources under Tips & Tools to order the following informational booklets:
  - Supporting Children & Youth with Autism Spectrum Disorders
    - Topics include: Understanding Autism Spectrum Disorders, Supporting Communication, Supporting Behavior, and Helping Children & Youth Understand their Peers.
− Supporting Children & Youth with Social–Emotional Needs
  o Topics include: Understanding Social–Emotional Needs, Exploring Emotions and the Brain, Modeling Control, and Program Supports & Accommodations.

− Supporting Children & Youth with Developmental Disabilities
  o Topics include: Understanding Developmental Disabilities, Creating Diverse & Accepting Environments, Supporting Inclusion & Social Skills, and Tips for Facilitating Friendships.

− All CYP Professionals can log on to the KIT Online Learning Center, click on Course Catalogue and choose Disability Topics from the topic drop-down box to access the following webinars:
  o Including Children with Autism;
  o Serving Children with Developmental Disabilities; and,
  o Strategies to Support School Age Youth and Teens with ADHD.

› Attention Deficit Disorders Association, www.adda-sr.org;
› Asthma and Allergy Foundation of America, www.aafa.org;
› Center for the Social and Emotional Foundations for Early Learning, www.vanderbilt.edu/csefel;
› Disability Statistics and Information, www.disabilitystatistics.org;
› Food Allergy Research and Education, www.foodallergy.org;
› Learning Disabilities Online, www.ldonline.org;
› Special Needs Project, www.specialneeds.com; and,
Chapter 5: Information Gathering Process

Information gathering is central to initiating the IAT process and is the key component of the first step in the process—completing CNICCYP 1700/42 Inclusion Support Information and Referral Form (see Chapter 6 for detailed information about the referral process). The process may occur during the enrollment process or after a child is enrolled and participating in Navy CYP. Chapter 4: Identified Needs presented information about the criteria for determining the level of need and the categories of need CYP Professionals may encounter in their programs. This chapter outlines the process for gathering information to identify individual needs on a case-by-case basis. The information gathered will be used to facilitate discussions with families, determine the level of need, present the needs and accommodations required to the IAT, and obtain EAPs for effectively supporting a medical diagnosis and ISPs for supporting developmental and behavioral needs required by Navy policy, (discussed in Chapter 6: Referral Process). This chapter also outlines strategies for maintaining confidentiality throughout the process.

The process of identifying what a child needs to be successful in CYP is ongoing and a child will not be denied enrollment pending the completion of the information gathering process. As soon as a child is identified as having a disability or other needs that require accommodations to support his or her participation, the referral process begins with information gathering. A child may be identified at enrollment, during placement, or at any time during his or her participation in CYP.

### Potential Sources of Key Information

Information critical to appropriate decision-making by the IAT comes from a wide range of sources. Home, previous CYP and school experiences, and current observations and knowledge of the child will all contribute to an understanding of the child’s needs and possible accommodations. The following information sources should be reviewed and included as appropriate:

- CNIC 1700/07A Child and Family Profile Form or CNIC 1700/07B Youth and Family Profile Form;
- Face-to-face meeting with the family;
- Documented medical information from the child’s PCP;
- Documented observations of the child’s behavior in the CYP environment, if possible;
- Recommendations from the KIT Inclusion Support Center; and,
- Child work products/portfolio materials.

A family’s initial contact with CYP will set the stage for building relationships throughout the child’s participation in the program. The way CYP Professionals approach participating families with challenges or
concerns will guide how they work together to support the child. The information gathering process allows both the family and professionals to learn about what the child may need to be successful in CYP. It gives the family the opportunity to learn about CYP policies and procedures, and provides an opportunity for CYP Professionals to share their philosophy on inclusion and how they support children with and without disabilities in their programs.

When families identify a moderate or significant need during enrollment, the CYP Director must inform the parent or guardian about the EFMP and recommend enrollment so the child and family have access to additional services. Although CYP Directors must recommend enrollment in EFMP, it is the family’s choice to enroll and their decision does not affect eligibility to participate in Navy CYP. Establishing trust and open communication with families to support children with additional needs in a group setting can be complicated. Communication with families is critical in developing a partnership to support children and youth in Navy CYP and an entire chapter has been devoted to this topic, see Chapter 9: Families.

5.1 Needs Identified During Enrollment

Whenever there is a disability, medical condition, or other specific need identified during enrollment, the Operations Clerk or CYP Professional responsible for enrollment must notify the CYP Director as soon as possible. The CYP Director must immediately begin gathering information about the child’s needs and the accommodations required to meet those needs.

CYP Directors must make every effort to expedite the information gathering process to avoid prolonged delays in a child’s participation in a program. However, safety is the most important consideration. Whenever there are safety considerations, a child should not begin in a CYP until those considerations are addressed. For example, if staff or CDH Provider requires specialized training to keep the child safe during the program day, the child should not begin attending until that training is completed.

The Child and Family Profile Form (CNICCYP 1700/07A) and the Youth and Family Profile Form (CNICCYP 1700/07B—for school-age participants), which is required to be completed by families during orientation, is another tool for gathering additional information during enrollment and may help with decisions about placement. Programs should provide this form to parents in advance and ask that it be returned prior to orientation. If information provided on the form identifies that the child has additional needs, time for an individualized face-to-face meeting should be set up in conjunction with the orientation. The CYP Director should reach out to the family to discuss their child’s needs and ask them to bring any additional information, such as IFSP or IEP, that will help the program tailor support for their child. The Information Gathering Talking Points in Appendix D provide additional suggestions for the types of information programs can gather that will further inform the IAT and ISP development process.

5.1.1 Individualized Family Service Plan (IFSP)

If a family shares that their infant or toddler has a diagnosed condition or other needs, the CYP Director should ask if the child is receiving early intervention services. The eligibility requirements vary by State, but generally a child younger than age 3 is eligible for early intervention if the child has a developmental delay.
and/or established physical or mental condition with a high probability of resulting in developmental delay. Early intervention services will help the family develop an IFSP that outlines the family’s goals and how the early intervention specialists will help the family meet those goals. The goals are generally written in the parents’ words and focus on things that are important for the family. The IFSP also has information about the types of services the infant or toddler is receiving (e.g., developmental, occupational, physical, or speech therapy).

An IFSP can be a great resource for CYP Professionals; however, it is the family’s choice to share this information. CYP Directors should explain how the program can use the IFSP to support a child in CYP. It provides information about the child’s development, including strengths and challenges. It can also facilitate discussion about the family’s goals for their child in CYP and whether the family feels comfortable with CYP Professionals collaborating with the early intervention specialists to support the child which will provide recommendations that will help formulate the development of the ISP.

### 5.1.2 Individualized Education Program (IEP)

Preschool-age, school-age, or high school students may be eligible for special education services if they have a diagnosed disability that falls under one of the following categories:

- Autism;
- Deafness;
- Deaf-blindness;
- Developmental delay;
- Emotional disturbance;
- Hearing impairment;
- Intellectual disability;
- Multiple disabilities;
- Orthopedic impairment;
- Other health impairment;
- Specific learning disability;
- Speech or language impairment;
- Traumatic brain injury; or,
- Visual impairment, including blindness.

When a family shares that their child or teen has a disability that falls in one or more of the categories listed above, the CYP Director should ask if the individual is receiving special education services from their local school district. A student is eligible for special education services if s/he has a diagnosed disability that is affecting the ability to make progress in early childhood or general education curriculum.

An IEP is also a great resource for CYP Professionals. It contains a vision statement for the student written by the individual, his or her family, and IEP team. It also has information about how the child is eligible for special education, the goals for the year, how the student will meet those goals, and how the team will measure progress. Although written from an educational perspective, the IEP goals can be translated into goals for a child in Navy CYP. Reviewing an IEP provides an opportunity to talk with the family about their goals for CYP, and the kinds of things that help the child in school that might also help in the program environment which will provide recommendations that will help formulate the development of the ISP.
5.1.3 Documented Medical Information

CYP Directors must work with the family to document health information for children with medical conditions or identified medical needs. Any documented information should be relevant to the child’s participation in CYP. Extensive medical history and information that does not apply to the child’s participation or current needs does not need to be provided. Health care management information is necessary to determine the need for an EAP and to help the family’s work with their child’s PCP to complete the EAP as necessary.

The Program Management Team will use the information included in the child’s EAP to support and document the accommodations needed to support the child’s participation (see call out box). Existing EAPs generated by the child’s PCP can and should be used. For children who do not have an existing plan, his or her PCP must complete an EAP and submit it to the CYP before the child can receive care. If the PCP does not have a standard EAP, the CYP may provide the standardized Navy CYP EAP Template to families to share with their health provider. The template is provided in Appendix E.

5.1.4 Information Gathering from Program Transfers

If a child or youth is transferring from another Navy CYP, the CYP Director should make every effort to set up a transfer of information meeting with the previous CYP Director. Information from Teaching Strategies Gold™ (such as from the child’s portfolio or observation notes), as well as previously developed EAPs or ISPs, should be shared as part of this process. When a family goes through a permanent change of station (PCS) move to a new installation and their child or youth has an EAP or ISP, the outgoing CYP Director should talk with the family about how best to share information with the new CYP and offer to set up a meeting to share information with the new program.

5.1.5 Recommendations from KIT Inclusion Support Center

Once the CYP Director has gathered information from the family and other relevant sources, the CYP Director should contact the KIT Inclusion Support Center for initial recommendations. Inclusion Specialists can help review available information and identify where additional information may be needed for the IAT to make informed decisions. See Chapter 2, Section 2.2.4 for information on how to prepare for an Inclusion Support Center call.
5.2 Needs Identified after Enrollment

A child may be identified at any time during his or her participation in Navy CYP. Many children and youth have behavioral, developmental, or medical needs that are not identified until after they have started participating in the program. In many cases, a child’s needs become more significant with age, as development or behavior that was once understood as age-appropriate for an infant or toddler is no longer age-appropriate in preschool or early elementary school. Children living in military families may also have unique and increasingly significant needs as they move from one location to another or experience deployments. For children with behavioral needs, CYP Professionals should refer to Chapter 7: Behavior Support for additional guidance on gathering information specific to challenging behavior.

As soon as any CYP Professional identifies needs for a child who is already participating in the program, the CYP Director must be notified. When needs are identified post-enrollment and placement, CYP Directors, with assistance from the Program Management Team, will gather information from the family, documented observations of the child’s behavior in the CYP environment, additional documentation that may be useful in informing the process (e.g., the child’s portfolio materials, incident reports), and any recommendations provided from the KIT Inclusion Support Center.

The CYP Director is responsible for reaching out to the child’s family with the first offer of support. CYP Directors must approach families with a supportive tone and clearly state that the purpose of the meeting is to talk about ways to support the child in the Navy CYP. CYP Directors should ask for the family’s perspective on the following:

- The child’s strengths and interests;
- Things the child does well;
- Things that are difficult for the child;
- Things that help the child at home;
- Recent changes or major events in the child’s life; and,
- Services the child may be receiving from other programs.

5.2.1 Observations and Other Documentation

A consistent pattern of inappropriate behaviors or challenges that disrupt the child’s routine or ability to participate in a CYP environment require immediate investigation. CYP Professionals must observe the child carefully and document their observations. Observations should include information about the duration, frequency, intensity, and consistency of the challenging or inappropriate behavior, as well as how the child participates in the routine. Further guidance on documenting observations is described in Chapter 7, Section 7.2: CYP Behavior Support Process. The Program Management Team must organize any documentation of the child’s observable behavior in the program environment from the following sources:
Inclusion in Navy Child and Youth Programs

- Weekly Training Specialist observations;
- Program Lead/CDH Monitor observations;
- Direct care staff/CDH Provider observations; and,

If there is not sufficient documentation of the child’s observable behavior available, the CYP Director must gather additional information to inform the process. Additional documentation to consider include:

- Incident Reports related to behavioral or other related concerns; and,
- Work products, including portfolio materials that may illustrate developmental or emotional concerns.

5.2.2 Summary of Concerns

At times it is difficult to determine whether behavior is within the typical range of what is expected for a child’s age. CYP Directors will summarize the team’s concerns about a child’s behavior or developmental progress to communicate with families, the KIT Inclusion Support Center, and the IAT. There are three things for CYP Directors to consider when summarizing concerns about behavior or development:

- **Duration, frequency, and intensity:** Infant and toddler biting is normal behavior. Whenever a behavior is developmentally appropriate, the Program Management Team must look at how often it is happening, for how long, and at what level. For example, a toddler who is biting on average 5 times per day may be outside of the typical range based on the frequency of the behavior or level of injury caused. A 4-year-old who is crying for 30-40 minutes when upset may be outside the range based on the duration of the crying.

- **Consistency of skills:** Inconsistency should be expected when children are first learning a new skill. Prolonged inconsistency may indicate a concern. If a child is able to point to what he or she wants on some days but not others, he or she has the ability to use this skill but does not have the ability to use it consistently. Ongoing inconsistency in skills may reflect inconsistency at home, a major change, trauma, or differences in the child’s development.

- **Connection between the child and the environment:** Children who have a hard time connecting and organizing their behavior to match what is going on in their environment may have differences in their development. For example, a 6-year-old who screams in response to soft music may have difficulty perceiving and organizing sounds.

5.2.3 Recommendations from KIT Inclusion Support Center

For children who are already participating in the program, the KIT Inclusion Support Center can assist the CYP Director and Management Team with documenting and summarizing concerns. Inclusion Specialists can offer customized recommendations and strategies for the CYP Professionals, family, and IAT to consider in determining required accommodations for the child. The KIT Inclusion Support Center can also recommend specific online learning opportunities for direct care staff or CDH Providers.
Chapter 6: Referral Process

All children who are eligible to participate in Navy CYP will be included. Children with a disability or identified special need shall not be excluded solely based on their disability or need. The inclusion support and referral process is designed to identify the accommodations a child requires in order to participate in Navy CYP, receive support from the IAT, ensure an appropriate EAP is in place, and/or develop an ISP. This chapter outlines the overall process for referring children to the IAT, developing support plans, and evaluating accommodations.

6.1 Step-by-Step Referral Process

CYP Directors will follow a step-by-step process to refer children to the IAT for support. This process begins with the information gathering process described in Chapter 5 so that CYP Directors are prepared to present the information needed for the IAT to make informed recommendations and decisions. The step-by-step referral process is highlighted below and followed by additional information on how to complete each step.

**Step-by-Step Referral Process**

- **Step one:** The CYP Director completes the Inclusion Support Information and Referral Form (CNICCYP 1700/42).
- **Step two:** Referral Action
  - **Mild needs:** The CYP Director signs off on the form, shares relevant information with appropriate staff, and places the form in the IAT binder.
  - **Moderate or significant needs:** The CYP Director sends a copy of the Inclusion Support Information and Referral Form and other relevant information to the IAT Chairperson.
- **Step three:** The IAT Chairperson schedules the IAT meeting. The CYP Director prepares the information packet, including the EAP when applicable, for the IAT meeting and invites the family to attend.
- **Step four:** The IAT meeting is conducted. The IAT discusses the child or youth’s needs, required accommodations, and plan for support.
- **Step five:** The CYP Director coordinates the development of the ISP based on the information gathered and the recommendations from the IAT. All information is then filed in the IAT binder and shared with relevant staff.
- **Step six:** Plans are implemented and monitored, with ongoing support and consultation provided by the KIT Inclusion Support Center and the IAT as necessary. Documentation is updated as required. The IAT reviews cases annually or more often as needed.
6.1.1 Step One: Prepare Referral Form

Using the information gathered from the family, relevant documentation, and the KIT Inclusion Support Center, the CYP Director completes the Inclusion Support Information and Referral Form (CNICCYP 1700/42). For more information on the information gathering that contributes to the development of the referral, see Chapter 5: Information Gathering Process.

The referral form and attached documentation will serve as the basis for decision making by the IAT. Consequently, the information included on the form must thoroughly document the child’s needs and possible accommodations to support those needs. The summary of needs documented in the Reason for Referral section of the form should include narrative on the following elements:

- Summary of concerns;
- Information from the family;
- Existing support plans, including previous EAP, ISP, IFSP and/or IEP;
- Previous and/or current experience in CYP;
- KIT recommendations; and,
- Details of identified needs and possible accommodations to support those needs.

Additional documentation related to these elements must be attached to the referral form for IAT review.

6.1.2 Step Two: Referral Action

Based on the level of need identified (see Chapter 3: Accommodations), CYP Directors will determine and take action on next steps in the referral process. If there is any uncertainty about the level of need, a referral to the IAT is required to ensure an accurate determination of any necessary accommodations.

- **Mild needs:** The CYP Director signs off on the form, and places the original in the IAT binder. Although there is no further referral action required, the CYP Director must document the child’s or youth’s needs and share relevant information with direct care staff or CDH Provider, ensuring they understand the needs and any necessary support, including any special considerations in the case of an emergency. By signing the form, the CYP Director is acknowledging that s/he has shared the information and provided necessary staff support.

- **Moderate or Significant needs:** The CYP Director sends the completed form to the IAT Chairperson along with relevant documentation of medical or education needs.

- **Cannot be determined at this time:** The CYP Director sends the completed form to the IAT Chairperson along with relevant documentation.
6.1.3 Step Three: Meeting Preparation

The IAT Chairperson schedules the IAT meeting. The CYP Director prepares the information packet for presentation to the IAT and invites the family to attend the meeting. Guidance on preparing the family for the IAT meeting is provided in Chapter 9, Section 9.2.3.

**Information Packet for IAT**

The information gathered through this process will be organized into a packet for the referral process and presentation to the IAT. The packet should include the following information:

- Inclusion Support Information and Referral Form;
- Child and Family Profile Form, if applicable;
- A copy of the child’s IFSP or IEP, if applicable;
- Documented medical information signed by the child’s PCP, if applicable;
- A copy of the child’s previous EAP or ISP, if applicable;
- Documentation of KIT Inclusion Support Center calls and recommendations; and,
- Documented observations of the child in the program setting if applicable.

**Emergency Action Plan (EAP)**

Children with documented medical needs require an EAP completed by their PCP using a standard form provided by the medical professional or the sample EAP Template in Appendix E. CYP Professionals are not qualified or authorized to develop an EAP. Additional plans, such as an ISP, are only necessary if the information is incomplete (e.g., does not give enough information about accommodations or how to respond in an emergency) or the child has additional needs (e.g., has a medical need and needs help communicating or controlling behavior). In preparation for the IAT meeting, each child must be considered on a case-by-case basis to determine the following: 1) whether the documentation provided by the family is sufficient; 2) whether the CYP needs to obtain an EAP from the PCP; and 3) whether the child will need an ISP in addition to an EAP. If the child requires additional information or does not have an existing EAP, the CYP Director shall make every effort to obtain an EAP from the child’s or youth’s PCP prior to the meeting for the IAT members to review.

6.1.4 Step Four: IAT Meeting Attendance

The CYP Director is responsible for attending the IAT meeting to present the needs identified and information packet to the IAT. The IAT, which includes the family, will discuss the needs, the accommodations required to meet the needs, and recommendations for how to support the child’s participation in CYP. See Chapter 2, Section 2.1.1: IAT Team Structure for more information about who should attend the IAT and the roles of participants.
6.1.5 Step Five: Development of the ISP

**Inclusion Support Plan (ISP)**

Each child/youth with identified behavioral, communication or developmental needs referred to the IAT requires a CNICCYP 1700/42A Inclusion Support Plan on file (See Appendix F for a sample ISP for developmental needs and Appendix G for a sample ISP to address physical needs). The CYP Director is responsible for completing the ISP based on the outcomes of the IAT meeting and using a team approach that includes the youth (for YPs), the family, the direct care staff/CDH Provider, the Training Specialist, and Program Leads. The team will use the following information to inform development of the ISP:

- Needs identified through the information-gathering process;
- Family input/perspective;
- Recommendations/outcomes from IAT meeting;
- Recommendations from KIT;
- CYP Professionals’ input/perspectives; and,
- Youth input/perspective as appropriate (SAC and Teen Programs).

**CYP Director ISP Roles and Responsibilities**

- Organize a team process to inform the development of the ISP. The family is an integral part of the team and the CYP Director is responsible for engaging the family in the process.
- Complete each section of the plan based on the outcomes of the IAT meeting and with input from the team.
- Assign CYP Professional Roles and Responsibilities as appropriate to ensure the ISP is implemented as written in the program setting.
- Share the information with the family, obtain a parent/guardian signature, provide the most up-to-date copy of the ISP to the family, and communicate about ongoing needs.
- Ensure that all direct care staff and CDH Providers receive the opportunity to review the ISP prior to providing care (this includes temporary or flex staff, as well as Coaches in Youth Sports Programs).
- Monitor implementation to ensure the following: 1) the direct care staff, CDH Provider, or Coach receive the proper training to implement the plan; 2) the staff, Provider, or Coach have the necessary resources to implement the plan; and 3) the Training Specialist is documenting how strategies are being implemented in the program setting.
Update the plan as necessary based on feedback from the team. In all cases, the ISP must reflect the actual strategies and supports being used in the program setting. The CYP Director is responsible for making contact (via phone or email) with the IAT or KIT Inclusion Support Center to follow-up and obtain guidance for modifying the ISP if needed.

Training Specialist ISP Roles and Responsibilities

- Participate in the development of the ISP;
- Coordinate training for direct care staff, CDH Provider, or Youth Sports Coaches as outlined in the ISP;
- Document ISP implementation through observations beginning within two weeks of the expected implementation timeline outlined in the ISP;
- Note any challenges (e.g., inconsistency in how staff provide support) or need for adjustments; and,
- Report findings to the Director and develop a follow-up plan to support CYP Professionals, providing direct care staff or CDH Providers with needed additional training and support to successfully implement the ISP.

CDH Monitor ISP Roles and Responsibilities

- Participate in the development of the ISP;
- Collaborate with the Training Specialist on training for the CDH Provider as outlined in the ISP;
- Document ISP implementation through observations beginning within the first two weeks of the expected implementation timeline outlined in the ISP;
- Note any challenges (e.g., additional resources required for the CDH Provider) or need for adjustments; and,
- Report findings to the Director and develop a follow-up plan to support the CDH Provider with needed additional training and support to successfully implement the ISP.

Direct Care/CDH Provider Roles and Responsibilities

- Participate in the development of the ISP.
- Complete training outlined in the ISP. Ask Training Specialist/Program Management Team for additional training and resources needed to implement the ISP.
- Communicate with colleagues through pass down (e.g., when substituting during breaks or extended leave) on ISP implementation.
- Report any challenges in implementation to the Training Specialist/Program Management.
- Communicate with the family regularly about success and challenges.
6.1.6 Step Six: Ongoing Support and Follow-up

CYP Directors are responsible for monitoring EAPs and ISPs and contacting KIT and/or IAT as needed for ongoing consultation and support. Any changes made to support plans are documented accordingly. Cases must be referred to the IAT for review at least annually to review any changes in diagnosis and continued needs for support.

EAPs and ISPs are working documents that are reviewed periodically with the professionals who provide care for the child, including any flexible and temporary staff working in the child’s room/group. There must be a process in place to ensure that all new staff or CDH Providers working with the child are knowledgeable about the child’s EAP or ISP. The CYP Professionals working directly with the child and the Training Specialist must review EAPs on a quarterly basis so CYP Professionals are prepared to respond in the case of an emergency. Reviews must be documented in Section 4 of the Inclusion Support Information and Referral Form (CNICCYP1700/42) and any questions or concerns should be addressed with the family. For infants, toddlers, and preschool-age children, EAPs and/or ISPs must also be reviewed with families quarterly to make sure that there are no necessary changes. For school-age children and teens, the Training Specialist is responsible for scheduling annual meetings to review EAPs and ISPs with the family and direct care staff.

The needs of individual children and youth change often, and plans put in place to support them must reflect these changes. For example, a child may not respond well to a certain type of support outlined in the ISP or the medications listed on the EAP may change. Ensuring plans are up-to-date also cases staffing changes and transitions between groups for children. When major changes happen, CYP Professionals will be prepared to provide support using the most current information about what works for that particular child. CYP Professionals must share information with the child’s family, including how the child is responding to the support and any necessary adjustments.

It is the Program Management Team’s responsibility to make sure that professionals have what they need to follow the child’s EAP. If there is missing or expired medication or other necessary accommodations, the CYP Director must document attempts to get what is needed from the family in order to follow the plan. If a parent or guardian states that a medication or accommodation is no longer needed, the CYP Director needs written documentation from the child’s PCP in order to make any changes to the EAP.

6.2 Documentation

CYP Directors are responsible for managing inclusion support documentation. Considering the sensitivity of the information and the need for CYP Professionals to be well informed and trained to provide support, CYP Directors will use the following tools to manage documentation:

- **IAT Meeting Binder:** The IAT Meeting Binder includes the IAT Meeting minutes and is located in the CYP Director’s Office.

- **IAT Inclusion Support Binder:** The IAT Inclusion Support Binder includes the Inclusion Support and Referral packet (referral form, any IEP or IFSP documentation and other compiled information for
the referral process) and corresponding EAPs, ISPs, and KIT recommendations for all children and youth in the program. It also includes any relevant Release of Information forms for CYP Professionals to collaborate with outside agencies (e.g., early intervention or schools). Considering the sensitivity of the information, the binder should be kept in a secure location in the program (e.g., Director’s office).

**Support Plan Binder:** There will be a separate Support Plan Binder for each CDC classroom, CDH, YP, or Youth Sports activity. The Support Plan Binder will include only relevant EAPs, ISPs, and KIT Recommendations for children or youth in that particular class, home, or YP. The Support Plan Binder should also include a copy of the food substitution list and emergency response form. The Support Plan Binder should be portable so that CYP Professionals can take it with them on field trips or during emergency evacuations.

**Food Substitution List:** The Food Substitution List serves as a clear and easy reference for CYP Professionals to support children during snack and mealtimes. See Chapter 4, Section 4.2.8: Special Consideration: Food Allergies, Intolerances, and Restrictions, for more details and Appendix C for a sample form. To ensure PII information is kept confidential, the food substitution list shall be placed inside an easily accessible cabinet door in the child’s classroom, CDH, SAC, or Teen Program with a cover sheet to protect each child’s privacy. Food Substitution Lists are also posted in the kitchen or food preparation area with a cover sheet to protect privacy.

**Emergency Response Form:** The Emergency Response Form (Appendix H) serves as a clear and easy reference for CYP Professionals to respond quickly and accurately in the case of an emergency. CYP Professionals must use a system for documenting special needs and accommodations during emergencies and may use the Emergency Response Form or another, comparable document. It does not replace the requirement for all direct care staff and CDH Providers to be adequately trained in EAPs, however, it serves as an aid for providing a quick and calm response in the case of an emergency. To ensure PII information is kept confidential, the emergency response form shall be placed inside an easily accessible cabinet door in the child’s classroom, CDH, SAC, or Teen Program with a cover sheet to protect each child’s privacy.

Exhibit 6.2A summarizes the different types of inclusion support documentation and indicates where it is stored.

**Exhibit 6.2A: Documentation Management**

<table>
<thead>
<tr>
<th>Documentation</th>
<th>Information Included</th>
<th>CDC Storage Location</th>
<th>YP Storage Location</th>
<th>CDH Storage Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>IAT Meeting Binder</td>
<td>IAT Meeting Minutes</td>
<td>Director’s Office</td>
<td>Director’s Office</td>
<td>Director’s Office</td>
</tr>
<tr>
<td>IAT Inclusion Support Binder</td>
<td>Inclusion Support and Referral Packets</td>
<td>Director’s Office</td>
<td>Director’s Office</td>
<td>Director’s Office</td>
</tr>
<tr>
<td></td>
<td>Release of Information Forms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>EAPs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ISPs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support Plan Binder</td>
<td>EAPs</td>
<td>Classroom</td>
<td></td>
<td>Provider’s Home</td>
</tr>
<tr>
<td></td>
<td>ISPs</td>
<td>Central and accessible location</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>KIT Recommendations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency Response Form (or comparable documentation)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Food Substitution List</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The CYP Director and CYP Professionals working directly with the child have a reciprocal responsibility to share information about the child and to schedule adequate time to review the IAT meeting minutes, ISP or EAP, address any questions or concerns, discuss how the plan is working, and decide whether adjustments may be necessary.

6.3 Confidentiality

CYP Professionals will only be able to gain a family’s trust if they can guarantee that all information shared about a child’s disability or needs will be kept confidential. Details about a child may only be given to staff members and CDH Providers for whom the information is absolutely necessary and authorized. In order to share any information with community agencies or organizations outside of CYP and/or CYP contractors, written permission must be obtained from the parents (See Appendix I for a sample Release of Information Form).

Each CYP Director is responsible for developing a system that will protect confidential information and communicating that system to parents during the enrollment process and/or orientation. The system developed must follow the U.S. General Services Administration (GSA) PII policy. Systems for maintaining confidentiality must include the following:

- **Process for keeping all records, forms, and other information about the child’s disability in a secure location:**
  - Food Substitution Lists (Appendix C) and Emergency Response Forms (Appendix H) are posted inside an easily accessible cabinet door in the child’s classroom, CDH, SAC, or Teen Program with a cover sheet to protect each child’s privacy. Food Substitution Lists are also posted in the kitchen or food preparation area with a cover sheet to protect privacy.
  - A copy of the child’s ISP is kept in both the IAT binder and in a Support Plan Binder in the CDC classroom, CDH, or youth meeting space so CYP Professionals can easily access the information to implement in the program.
  - When a toddler is receiving early intervention services, a copy of the IFSP is kept in the IAT binder with the referral packet. When a child is receiving special education services from his or her local school district, a copy of the IEP is kept in the IAT binder with his or her referral packet.

- **Policy about individuals who receive sensitive information:** Only CYP Professionals who interact directly with the child should be allowed to access information about the child’s disability or identified need. CYP Directors shall develop a system for how CYP Professionals share sensitive information with flex or temporary staff.
Clarification for CYP Professionals who participate on the IAT: CYP Professionals who serve on their local IAT as regular members may receive information about children in other programs in the context of their role as an IAT member. They must maintain the confidentiality of all information and cannot share it with other professionals outside of the IAT. CYP Professionals who are attending an IAT meeting (not as a regular member) should only attend the portion of the meeting that pertains to the child in their direct care.

Training for CYP Professionals on keeping information confidential during the program day and outside program hours: CYP Management at each installation must develop written procedures for training CYP Professionals on how to keep information confidential and add these procedures to all Professional handbooks:

- During the program day: All staff are trained on when, where, and how it is appropriate to talk about a child’s disability and/or needs:
  - When: during a scheduled break or meeting time;
  - Where: in a staff room, conference room, or a Manager’s office; and,
  - How: in specific terms that focus on support (e.g., “I am curious about why John repeats everything I say. How can I respond to him when he just keeps repeating the same thing over and over again?”)
- Outside program hours: All CYP Professionals must be notified during orientation that they cannot share any information about a child outside of program facilities after program hours. It is not acceptable for staff to talk about a child’s personal information in a public place (on- or off-base).
- Confidentiality within a CDH: A CDH presents additional issues related to confidentiality when there is only one provider working in the home. A CDH Provider may not be available for private conversations with families during program hours while supervising other children. A CDH Monitor or Coordinator may need to assist the provider to so can have confidential conversations with families during program hours or arrange to meet with families outside program hours.

Sharing general information: Navy CYP Professionals may share general summary information without identifying the child’s name or any personal information. In the context of training or other professional development opportunities, a CYP Professional may present a summary of a situation while keeping the child’s information confidential. For example:

- “A 5-year-old is having trouble focusing during group activities;”
- “An 8-year-old is hitting peers when upset;” or,
- “A 16-year-old has inappropriate boundaries with the staff.”

Planning a sample response for staff/CDH Providers when parents of children without disabilities ask questions about other children in the program. The following responses are examples of blanket confidentiality statements:

- “We maintain every child’s confidentiality in our program, so I am sorry that I cannot answer your question or concern. You can be assured that we do everything possible to ensure that all children have a positive experience in our program.”
“We protect all children’s personal information. Our Director is available to talk with you about any concerns.”

“We cannot share information about other children, but we can share our general policies and procedures. Do you have a general question I can share with our Director and then s/he can get back to you with an answer?”

Families must be notified during orientation that general information about their child may be shared with CYP contract organizations (e.g., KIT, the IAT, or MFLCs) in order to receive customized recommendations for accommodations and supports. CYP Professionals working directly with the child should ask parents how they would like their child introduced to others and what information is okay to share (if any). For example, “Children are often curious about their peers and they may ask questions about your child. We always keep information about a child’s disability and needs confidential. Please let us know if you prefer that we share information about your child’s needs and what information is okay to share.” The answer to this question will be different for every family. Older youth should also have input in what information, if any, is shared about their disability. Families may be asked to sign release of information forms from the child’s school, pediatrician, or other outside organizations to allow CYP Professionals to obtain and share information with other professionals for the purposes of coordinating services. As CYP Professionals respect the family’s right to privacy, the family will respect and value the CYP’s commitment to their family.
Chapter 7: Behavior Support

Sometimes the most challenging children to include are not the children with the most significant disabilities. It can be much more straightforward to make accommodations for a child who is blind or uses a wheelchair. Sometimes, the greatest challenge for CYP Professionals is supporting the child with disruptive behaviors. Accommodations can be harder to find and may need to change over time. It can also be harder to guide a child with challenging behaviors in developing friendships with other children in the group. This chapter addresses how to understand and interpret behavior, the positive behavior support process, how to develop and implement behavior plans, and techniques and procedures to support the development of more positive behavior for all children.

7.1 Understanding Behavior

All behavior is communication. Children’s actions often communicate the way they feel and what they want or need. There are two main ways to describe behavior: by its type and by its purpose. Behavior is something you can see, hear, and measure. Observable actions such as smiling, crying, pointing, screaming, hitting, and spitting are all types of behavior. The purpose of the behavior is also called the function of the behavior, or what the child achieves by acting in a certain way. Sometimes, the function of the behavior is to get something the child wants; other times, it is an attempt to avoid a situation or activity. The important thing to remember is that all types of behavior communicate the child’s needs.

When programs begin to design behavior support and intervention strategies, they must consider both the type of behavior and its purpose. There are several factors to consider with behavior, so a single, “cookie cutter” approach to dealing with behaviors will not work. Behavior is influenced by a variety of factors including the child’s temperament, what is happening at home, and sensory and environmental stimuli. All factors in combination can present a clear picture of both the purpose of the behavior and how to respond. These factors fall broadly into six categories:

- Temperament;
- Responses to Deployment;
- Activities;
- People;
- General environmental features; and
- Physiological states.


7.1.1 Temperament

A child’s temperament can be described as his or her general outlook on life. Temperament is an emotional reaction or way of responding that is also sometimes referred to as a “disposition.” All children have a natural temperament that defines who they are and how they react in certain situations. It is something that they are born with, and something that can be observed in behavior patterns throughout childhood and beyond. Temperament involves three areas that can be viewed on a continuum of low to high:

- **Energy level**: the child’s average level of activity in daily life;
- **Adaptability**: how the child adjusts to sudden changes or transitions. Some children adapt to the environment easily and for others it takes longer to adapt; and
- **Approach**: how the child approaches new situations and people, ranging from eager to more hesitant to slow to warm up.

Thomas, Chess, & Birch (1968) first described characteristics of temperament and suggested that most children fall into three basic types of temperaments. These three types are described in Exhibit 7.1.1A.

<table>
<thead>
<tr>
<th>Type</th>
<th>Behaviors</th>
<th>Tips</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Easy” or flexible</td>
<td>Adaptable, approachable, and positive in mood.</td>
<td>Be cautious of asking the child to be the “helper” all of the time.</td>
</tr>
<tr>
<td>“Difficult” or active</td>
<td>Adapts slowly to change, is often negative in mood, and may have intense reactions to environmental demands.</td>
<td>Remain responsive, flexible, patient, and understanding, and balance active activities with quiet activities.</td>
</tr>
<tr>
<td>“Slow to warm up” or cautious</td>
<td>Tends to withdraw from or have negative responses to new situations.</td>
<td>Provide extra time for the child to adapt to new situations and prepare him or her for changes in routine.</td>
</tr>
</tbody>
</table>

CYP Professionals can and should reflect on their own temperaments and coping styles. The adult is responsible for supporting the child’s interactions so that their own traits can be supported through giving the child the skills and confidence to manage environmental demands. All children need to learn how to navigate stressful situations. CYP Professionals must know how and when to make certain demands on a child, knowing that the child can meet them successfully. The ability to present just right challenges will help develop coping skills and successful mastery. Refer to Operating Standards for Interactions and Relationships in each program-specific OM for more information about understanding differences in various child characteristics and their influence on relationship-building and establishing trusting relationships.

7.1.2 Responses to Deployment

The three phases of deployment: pre-deployment, deployment, and reunion create unique issues for children and youth. Deployment-related stress manifests differently according to the age of the child. The distress experienced by infants is influenced by the remaining caregiver’s sadness and anxiety, changes in routines, and/or the presence of new caregivers. Behavior changes in infants may include irritability,
unresponsiveness, difficulty sleeping and eating, and excessive crying. Toddlers, who are at a period in their development where they normally experience separation anxiety, may cling more to the remaining parent and resist their daily routine. Preschoolers with a deployed parent may start to regress in behaviors that they have previously outgrown (e.g., may have frequent accidents when they were previously able to use the bathroom independently). Preschool-aged children may become more aggressive and demanding or cry often while they are experiencing the phases of deployment (Lincoln, Swift, & Shorteno-Fraser, 2008).

School-age children and youth may worry about the threats associated with war and their loved one’s safety. Behavioral changes that CYP Professionals may notice include excessive worry, difficulty paying attention, defiance, aloofness, and a loss of interest in activities. Children and youth with anxiety and depression may be more vulnerable to poor adjustment during a parent’s deployment. Some youth may also be anxious about assuming more responsibility in the home. CYP Professionals should document and monitor any changes in behavior, paying close attention to the behavior of children and youth who have social-emotional disorders. Close communication about any behavioral changes with the non-deployed parent is crucial to supporting the child and family during all phases of deployment.

7.1.3 Schedule/Activities

A child’s day is comprised of a variety of different activities and routines. For some children, activities that are difficult, boring, or unpleasant may elicit challenging behavior. Activities become problematic if they are not matched to the child’s skill level or exceed a child’s endurance level. For example, a child may avoid art activities due to difficulty using fine motor skills. Another child may avoid sports because he has low muscle tone and tires easily. Activities can also prompt challenging behavior if the child does not like doing them. A child may be capable of using the bathroom independently but does not enjoy the task or prefers the assistance or attention he gets when an adult assists.

7.1.4 People

People, and more specifically the presence or actions of another person, also influence behavior. Unpleasant interactions such as directions or commands (especially if issued in a harsh tone), can influence negative behavior. Providing choices (“Would you like to paint or read?”) and conditional choices (“When you are ready, please come join us”) are more effective than using direct commands (“You need to paint your picture now”) or indirect imperatives (“Do you want to paint?”). Children are also influenced by a lack of interaction. A child may use a negative behavior as a way to receive attention from other people in the environment.

Differences in temperament can also influence behavior. At times, a caregiver and a child may not be a good match due to differences in their energy and how they approach and adapt to the world around them. CYP Professionals should consider how their energy and outlook are influencing a child’s behavior. Simple modifications in approach or efforts to change one’s energy level may make a big difference for a child. The Program Management Team can work together to identify and address goodness of fit issues to support both professionals and children.
7.1.5 Environment

Although behavior always has a function, it is not always clear to parents, CYP Professionals, or other professionals working with a child. General environmental features often play a role in influencing behaviors that do not seem to have a clear purpose. Depending on the function of a child’s behavior, problems may occur in only one environment. It may not be unusual for parents to: a) not see a behavior at home; or b) perceive it differently.

The environment in a CYP includes the physical location of the facility or home, the sensory stimuli in the space, the materials available, and the children and adults participating in the program. The children participating in CYP have their home environment, sometimes a school environment, and the CYP environment. For a child, each of these environments has different demands, and the adaptation that it takes to move from one environment to the next may be very difficult. Children in military families also experience a lot of change and instability due to frequent moves and adjusting to new home environments and neighborhoods. Each environment has different rules, different people who inhabit it, different noises, smells, and a different level of stimulation.

CYP Professionals should routinely evaluate the following elements of the program and explore modifications as necessary. The environment has a tremendous impact on all the children in CYP, and can have an especially big impact on children with disabilities.

**Physical Environment**

- Physical structure of space including size of rooms, size of outdoor space, physical placement of fixed furniture, physical placement of moveable objects, toys, equipment, type, and placement of playground equipment;
- How children and youth are grouped (examples include small groups, large groups, in circles, in lines, seating on the floor, sitting in desks, sitting on carpet squares, sitting on chairs);
- Spatial arrangement of activity centers and adequate space between centers as well as clearly-defined pathways;
- Organization of and accessibility to materials;
- Amount of materials and duplication of materials/equipment/toys; and,
- Ratio of adults to children, particularly in areas where more support and supervision are needed (for example, in the block area of a classroom including several active children who tend to knock over blocks frequently).

**Sensory Environment**

- Amount and type of visual stimulations or visual distractions;
- Level of noise in the environment (including music, background noise, and “white” noise);
Amount and type of tactile activities in the environment (textures such as finger paint, foods, or certain types of touch such as brushing up against someone or giving a high five);

- Characteristics of groups (loud boys together, similar physical activity levels, etc.);
- Different smells and tastes children and youth encounter in the environment; and,
- Opportunities to experience a variety of movement activities from playground equipment, physical play, games and recreation, music, and dance.

**Social-emotional Environment**

- Consistent, predictable caregivers and staff who promote social-emotional growth;
- Use of routines and rituals, particularly for children who experience stress or anxiety during transitions;
- Minimal changes in the schedule and preparation for children when there are changes in the schedule, environment, or staff;
- Ample time dedicated to transitions and use of appropriate cues and signals when a transition is going to occur;
- Adults who are physically and emotionally available to children and not caught up in conversations with other adults; and,
- Adults who are clearly showing children what behaviors are expected and who are attentive and responsive to children.

### 7.1.6 Physiological States

A child’s physiological state also has an influence on their behavior. A child who is not feeling well, has low blood sugar, eczema, or other health-related concerns, may be communicating how s/he feels using behaviors like yelling or aggression. Children who have a difficult time communicating with words will often use behavior to tell adults that they are in pain or feeling out of sorts. Teen girls may exhibit different behavior during menstrual periods. When a child’s behavior changes or is difficult to interpret, the CYP Director or other member of the management team should encourage the family to take the child to the doctor in order to consider and rule out medical or physiological influences on behavior.

### 7.2 CYP Behavior Support Process

Navy CYP uses a proactive, positive, and skill-building approach to teaching successful age-appropriate behavior. CYP Professionals work with the child, the child’s family, the IAT, and outside resources where appropriate to develop individualized supports that promote pro-social behavior and effective communication. The process involves determining the function of the behavior, identifying strategies for accommodations, identifying new skills to teach, and outlining appropriate CYP Professional responses to the behavior.
7.2.1 Determine the Function of the Behavior

When a child exhibits behaviors that interfere with performance or participation in daily activities and routines, the Training Specialist must initiate and oversee an informal review to determine the function of the behavior. The review should provide a clear description of the behavior and identify variables that predict or influence the occurrence of the behavior (e.g., the environment, routine, certain activities, or interactions). Behavior reviews should use a team approach that includes the Training Specialist, CYP Director, Assistant Director, Program Leads or CDH Monitor, and direct care staff or CDH Provider.

Two strategies for behavior reviews are interviews with individuals who know the child well (e.g., family members, previous direct care staff or youth counselor, IAT members) and direct observation. The purpose of an interview is to identify events that are associated with challenging or negative behavior. For example, if the negative behavior is hitting, questions might include “what usually happens right before s/he hits?” and “have you noticed anything that seems to make it more likely for him or her to hit?” Interviews allow CYP Professionals to gather information about the child in different environments and gain perspectives from different people.

Direct observation involves objectively watching the child in various situations and can range from informal (jotting down what happened) to highly structured (using a checklist to determine possible antecedents, behaviors, and consequences). Objective observers do not allow their personal feelings to color the information, and they remain open to a lot of different influences on behavior. When objectively observing the environment or a child’s behavior, behaviors are described without attributing any emotion or intent to that behavior. For instance, the statement “Jacob gets angry when it is time to go home” is subjective. The assessment that Jacob is angry is based on the observer’s interpretation of his behavior. Focus on observable actions that can be seen or heard: “Jacob sits on the floor with his arms crossed when it is time to go home.” Jacob may very well be angry, or he may be feeling some other emotion. It is difficult to determine the purpose of a behavior without stepping back, objectively observing, and looking at all influences on the behavior. When trying to describe a behavior, it is helpful to answer the question, “What does this look like for this particular child?”

The ABCs of Behavior

The ABCs of behavior help us to see the big picture. Behavior occurs in a broader context. When observing behavior, look for the ABCs – Antecedent (what happened before the behavior), Behavior (something you can see or hear), and Consequence (what happened after the behavior). An antecedent may be a specific feature of one of the influences described above (temperament, environment, activities, people, and physiological states). For example, an antecedent may be a CYP Professional asking a child to complete his homework, a long period of playing alone, a sudden, unexpected noise, a difficult activity, or an interaction with a peer (e.g., peer excluded the child from a game). A consequence may be that the child leaves an activity or task, obtains a preferred item, or receives attention from an adult. The observation form in Exhibit 7.2.1A illustrates objective observations on the ABCs of one preschooler’s behavior.
### Exhibit 7.2.1A: Observation Form

<table>
<thead>
<tr>
<th>Activity/Content</th>
<th>Antecedent</th>
<th>Behavior</th>
<th>Consequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: July 28</td>
<td>Nathan was asked to sit down after his turn miming his favorite animal.</td>
<td>Nathan looked down, walked toward the teacher and kicked him in the shin.</td>
<td>Nathan was told “no” and to sit down next to the teacher.</td>
</tr>
<tr>
<td>Time: 9:00 a.m. Circle time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date: July 28</td>
<td>Nathan walked up to peers at the water table and began playing. A peer told him to wait his turn.</td>
<td>Nathan wrinkled his eyebrows and pushed the peer out of his way.</td>
<td>Nathan was told to find another area to play in.</td>
</tr>
<tr>
<td>Time: 9:45 a.m. Free play</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date: July 28</td>
<td>The teacher told the class to line up for outdoor play.</td>
<td>Nathan sat in his chair with his arms crossed.</td>
<td>One teacher stayed behind to help Nathan to stand up and come outside.</td>
</tr>
<tr>
<td>Time: 3:15 p.m. Transition to outdoor play</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date: July 29</td>
<td>The teacher told the children to start cleaning up the art materials.</td>
<td>Nathan picked up the paint container, looked at the teacher, and poured the paint onto the table.</td>
<td>Nathan was told to go to another area.</td>
</tr>
<tr>
<td>Time: 11:50 a.m. Art</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date: July 29</td>
<td>The teacher told Nathan to stop talking.</td>
<td>Nathan continued to talk to himself.</td>
<td>The teacher repeated the request, but then did not follow up and let Nathan keep talking.</td>
</tr>
<tr>
<td>Time: 12:30 p.m. Rest time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date: July 30</td>
<td>Nathan asked the teacher to read him a story. The teacher held up her finger to signal, “wait one minute” and continued helping other children.</td>
<td>Nathan flipped his cot over and got underneath.</td>
<td>The teacher came over to Nathan to ask him to fix his cot. Then the teacher helped Nathan fix the cot.</td>
</tr>
<tr>
<td>Time: 12:46 p.m. Rest time</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Using an observation form helps keep observer feelings and projections out of the documentation. In the form above, the observations focus on what happened right before the behavior, what the actual behavior looked like, and what happened immediately afterwards. It seems that a common antecedent to Nathan’s negative behavior is being asked to do something by adults and peers. He may have difficulty following directions and complying with requests and demands. He may also enjoy the one-on-one attention he gets from the direct care staff after using negative behaviors. Using this information, CYP Professionals can develop accommodations to help Nathan learn expectations, support him in following directions, and develop skills in meeting demands. They may also plan how they will give Nathan attention for positive behaviors.

### 7.2.2 Identify Strategies for Accommodations

Once CYP Professionals have gathered enough information to determine the purpose of the behavior, including an objective description of the behavior, events and factors that influence the behavior, and what the child gains or avoids through behavior, they also have the information they need to identify strategies for making accommodations. Accommodations include material, environmental, activity, and guidance/interaction modifications to prevent the behavior, and supports to help the child meet the demands of the CYP.

For example, a CYP Professional determines that a child uses negative behavior during art activities. The child may have a difficult time using fine motor skills and may be communicating that art activities are not enjoyable for him or her. An accommodation might be to place crayons or other drawing materials inside
Inclusion in Navy Child and Youth Programs

Chapter 7: Behavior Support

7.2.3 Identify New Skills to Teach

Many children who consistently use challenging behavior are not doing so as a matter of will. Many children have difficulty using skills in areas such as working memory, sensory integration, social interaction, and language processing. Complying with requests and demands is a skill and negative consequences or punishment do not teach children the skills they are lacking. However, CYP Professionals can identify strategies for teaching new skills and behaviors to use in place of the challenging behaviors. Areas to consider for teaching skills include the following:

- Waiting for a turn;
- Following step-by-step directions;
- Taking a break;
- Asking for help;
- Self-soothing;
- Communicating frustration; and,
- Interacting with peers.

The method for teaching new skills will vary depending on the child. Consider the child’s unique strengths and interests when looking at how to teach new skills. For example, if Nathan loves cars, teaching about waiting for a turn might involve explaining that a mechanic cannot fix several cars at once—each car has to wait for its turn. Perhaps Nathan could keep a small car in his pocket and learn to hold it while he is waiting for a turn. New skills should be taught while the child is calm and in a positive frame of mind. Attempting to teach skills when the child’s behavior has escalated or when the child is engaging in negative behavior will not be effective.

7.2.4 Outline Appropriate Responses to Behavior

A behavior that persists over time is fulfilling some need for the child. If a child screams while a CYP Professional is redirecting her to a new activity and the CYP Professional leaves her alone, she is likely to scream in the future to avoid being redirected. CYP Professionals must outline appropriate responses to ensure that a negative or challenging behavior is no longer effective for the child. Appropriate responses should be considered in the context of the function of the behavior. For example, if the child throws a
tantrum to avoid an activity, an appropriate response may be to ignore the negative behavior and provide support for the child to complete the activity once the child is calm. Outlining appropriate responses helps CYP Professionals understand how to react to the behavior and establishes consistency between all people working with the child.

**Strategies for Responding to Negative Behavior**

- **Remain calm and in control:** Recognize that you can influence the child, but you cannot control the child. You can only control yourself. Keep emotion out of your response.
- **Use short sentences:** Use only the words needed to get the point across.
- **Use a firm, clear voice with low intensity:** Avoid yelling, screaming, whispering, or pleading.
- **Tell children what you want them to do:** Use precise language (e.g., “Please walk” rather than “Don’t run”).
- **Give instructions in the appropriate environment:** Explain playground rules both inside before going out and again once on the playground.
- **Ignore children’s negative comments:** Do not acknowledge backtalk, mean gestures, or efforts to engage you in an argument.
- **Avoid engaging with the child about the behavior:** Focus on the child’s compliance and not the child’s attitude. CYP Professionals cannot expect a child to change his or her attitude, but they can expect appropriate behavior.
- **Make it clear whether the child has choices or not:** “Would you like to paint or play outside?” is a choice. “Come inside now” is not a choice. Do not offer a choice if there is not a choice available. For example, saying “Do you want to come inside now?” is a question that may require a “yes” answer, but can be answered “no” just as easily. Many times adults phrase directions as questions, giving children the sense that they have a choice when there is not an opportunity for choice.
- **Redirection:** Redirect a child from a behavior by giving him or her an alternative: For example, if a child is touching another child during group time, say, “Put your hands on the floor like this (show the child what you want to see).”

**Young Children: Time Away Procedure**

Staff responses to behavior can sometimes reinforce the behavior or make the behavior more likely to occur in the future. Many times, the interaction between the child’s behavior and the adult’s response actually maintains and strengthens the pattern of behavior. For example, when Nathan had a difficult time waiting for the teacher during rest time, he turned his cot over and got underneath. The teacher came over to him and spoke to him. Nathan received the attention he was seeking and may use the same strategy to gain attention in the future. Disengaging from the child or using a time away procedure may be effective in stopping the interaction that is maintaining the problem behavior. In the situation described above, disengaging from the child may be effective (ignoring the behavior and waiting until Nathan has fixed his cot before giving him attention).
Generally, the time away technique is most appropriate for children between the ages of around 2 ½ years to 7-years-old. Consider each child as an individual and look at their development to determine whether the technique will support them or not. For example, a child is 2 years and 3 months old and is able to process language at a higher level than most 2-year-olds. This child understands the rules, processes, directions and tends to engage with adults to get what she wants. A time away may help to interrupt this interaction with adults and help her learn to comply with demands, follow directions, and provide opportunities for success that can be reinforced. Conversely, a 6-year-old with a developmental disability and delayed processing skills may not benefit or learn from a time away. A more appropriate approach for this child would be to spend time breaking down rules and expectations and providing support for her to follow the rules. If CYP Professionals are having trouble determining if time away would be appropriate for a child, they may call the Inclusion Support Center for recommendations.

An adult-directed time away from an activity provides time for both the adult and child to disengage from the situation and reflect on what happened. It is not designed to humiliate a child or make him or her feel badly.

Time away periods are brief and designed to interrupt the interaction between the child’s behavior and the adult’s response. They are designed to give both the professionals and the child a break from a challenging interaction. CYP Professionals should select an area that is away from program activity and provides a minimum level of stimulation while maintaining adequate visibility for supervision. Avoid placing the child in the corner or in a chair facing the wall. The area should be a quiet area of the room where the child can take a moment to refocus his or her energy. The area may be a designated quiet space that already exists in the environment, a soft mat, or an area the child is allowed to choose. The following steps should be followed:

- In a firm voice with low intensity, state the problem behavior and describe the consequence: “You kicked a teacher, take time away.” Avoid using lengthy explanations or engaging in arguments.

- Send or lead the child to the time away area, saying nothing. If the child refuses to move to the designated area, do not force him or her. Simply state, “When you are ready, take time away,” and walk away. Ignore the child’s behavior (while monitoring the safety of the child and others) until he or she takes time away. There are some instances where a child will continue to refuse a time away after the adult has walked away from the situation. In these instances, do not force the child into a designated area or ignore him or her for more than five minutes. Recognize that the strategy was not effective for that particular child and consult with the Training Specialist, CYP Director, or KIT Inclusion Support Center as needed for ideas on different strategies to try with the child.

- The child remains in the area and remains quiet. Typically, a child will need between 2-5 minutes to regain composure and feel calm. Remember that a time away is designed to interrupt a negative
interaction between an adult and a child. While the child is taking time away, ignore his or her negative or inappropriate behavior. Do not talk to the child or respond to behavior. If a child is not able to stay in the area and remain quiet, start with a very short amount of time (30 seconds).

- After the child has remained quiet for a period of time and regained composure, approach him or her and say, “If you are ready to stay calm, you may join the group.” Direct the child to what he or she needs to do and say nothing else. Refrain from discussing the situation or what the child could have done differently at this time.

- Acknowledge the next positive behavior the child displays. Once the child has had some positive interactions and experiences and is in a positive frame of mind, discuss what happened earlier and what the child could do differently. This is the most appropriate time to teach new skills and guide the child to reflect on his or her behavior.

- Document the child’s response to the time away. Exhibit 7.2.4A is an example of how to document the child’s behavior throughout the time away procedure.

### Exhibit 7.2.4A: Observation Form

<table>
<thead>
<tr>
<th>Activity/Content</th>
<th>Antecedent</th>
<th>Behavior</th>
<th>Consequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: July 28</td>
<td>Circle time. Nathan and the group were sitting and listening to Ms. Maria.</td>
<td>Nathan looked down, walked toward Mr. John and kicked him in the shin.</td>
<td>Ms. Maria said, “You kicked a teacher. Take time away.” Nathan walked to the designated area frowning. He sat with his head down for two minutes. Ms. Maria told him “You may rejoin our circle.” He stood up and walked to the circle with his head down. After the group sang Nathan’s favorite song during circle, he was smiling and seemed happy. Mr. John approached him after circle and talked with him about what happened. Mr. John gave Nathan some ideas about how to wait for his turn.</td>
</tr>
<tr>
<td>Time: 9:00 a.m.</td>
<td>Mr. John was sitting with the group. Nathan started fidgeting and trying to talk to a friend.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Circle time</td>
<td>Mr. John told Nathan to stop talking and listen to Ms. Maria.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### School Age and Teens: Collaborative Problem Solving

By the time they are in elementary and middle school, many children have developed the skills they need to follow the rules and control their behavior. Some children and teens need continued adult support to build the skills they need to be successful in a group setting. These individuals often have trouble planning, thinking flexibly, and solving problems. Look at behavior as communication to recognize when children do not have the skills they need to follow program expectations and cope with the demands in their environment. One strategy that CYP Professionals can use in response to challenging behavior with older children is collaborative problem solving (Greene, 2010). In collaborative problem solving, the adult and youth work together to understand one another’s concerns, define the problem, and come up with solutions.

- Figure out why the child or teen is having a problem. Ask questions to get the individual’s perspective on the situation. Use words like “I’ve noticed…” and “What’s up?” For example: “I’ve noticed that homework is a struggle for you lately. What’s up?” or “I’ve noticed that you have not been getting along with your friends lately. What’s up?”

- Define the problem. Youth often need help seeing the adult’s perspective on why their behavior is a problem. Share your concerns in a way that the youth can understand. Use words like “My concern
is…” or “The thing is…” For example, “My concern is that you are not getting the chance to practice what you are learning by not doing your homework” or “The thing is, when you spend all your time arguing with your friends, you are missing out on all the cool activities we have planned.”

- Invite the youth to help solve the problem. Simply say, “Let’s think about how we can solve this problem” or “Let’s think about how we can work this out.” Invite the child or teen to think of some solutions: “Do you have any ideas?”

- Make sure the solution is realistic and works for both the youth and the CYP Professional. At times the young person will come up with something that does not address the CYP Professional’s concerns. Acknowledge the child’s ideas and help her brainstorm more ideas that will address both concerns.

Collaborative problem solving is most effective when both the adult and youth are in a calm and positive or neutral state of mind. It is an approach that is designed to increase understanding and develop skills in planning and solving problems. Neither adults nor youth are good at solving problems when they are feeling upset or frustrated.

### 7.2.5 Develop an Inclusion Support Plan (ISP)

Information gathered from the CYP behavior support process must be used to develop an Inclusion ISP; see Chapter 6, Section 6.1.5 for detailed instructions on how to complete an ISP and a sample Behavior ISP in Appendix J. In the context of behavioral needs, the purpose of the ISP is to provide a summary of the child’s strengths and needs, including factors contributing to challenging behaviors, the accommodations required to support participation, and supportive CYP Professional strategies and responses. The plan should include a timeline and specific instructions for how to teach/model skills and CYP Professionals’ appropriate responses to behavior. Some children already have a plan in place at school, perhaps through an IEP, which includes recommendations that can help formulate the development of the ISP. Having access to a child’s IEP will help you provide stability and consistency for the child, who will know exactly what to expect at school, at home, and at your program. CYP Professionals can ask the child’s parent if they have a behavioral plan or IEP at school, and ask for permission to use it to inform CYP practices.

ISP helps CYP Professionals remain consistent with how they individualize support, respond to the child’s behavior, and apply the methods they are using to teach the child new skills. An ISP also assists CYP Professionals in remaining objective and focused on accommodations and supports rather than the negative behavior. If possible, address one challenging or negative behavior at a time. CYP Professionals should start with the behavior that is causing the child’s relationships to suffer. Using Nathan as an example, kicking and pushing are the behaviors that are negatively affecting his relationships with teachers and peers.

Older children and youth should be actively involved in solving their own problems. Depending on the age of the youth and the situation, CYP Professionals should consider whether an ISP or the collaborative problem solving process is more appropriate. Regardless of which format is used to document the strengths, needs, and accommodations (or solutions), the youth should be engaged and actively collaborate. Youth should be invited to work with the staff to identify the problem, generate possible solutions and agree on a plan.
7.3 Supporting Positive Behavior

There are many tools and strategies that support positive behavior for all children in CYP. Some of the most effective tools that can be easily implemented include using a schedule, managing transitions, and setting up the environment for success. All children benefit from these kinds of supports, but children with disabilities and other special needs, especially children with challenging behavior, require them.

7.3.1 Schedules

Schedules provide a sense of control for both adults and children. Children respond well when they know what is coming next and what to expect. Children can be more independent and self-directed when they understand the daily schedule. They are also more secure in their environment when it is stable and consistent.

Schedules can be presented in a number of ways. They can be written or drawn and should be posted in clear view of children. Using photographs of children in specific activities like outdoor play, snack, and music time are helpful for all children. Consider sending the schedule home with families so they can discuss and reinforce the schedule at home, particularly for a new child entering the program or a child who has difficulty transitioning from one activity to another.

Think about the children participating in the program when designing the schedule. A child who cannot read will need a schedule with pictures. A child who has a visual impairment will require a schedule with large print. The schedule can be on a whiteboard, for all to see, or can be an individual schedule board that is carried by one of the staff members. A CDH has different schedules for the different ages of children served. If the schedule is going to change for some reason, children should be notified in advance to reduce undue stress that may turn into negative behavior.

7.3.2 Transitions

Transitions can be the toughest parts of the day for a child with a disability or behavioral needs. Making the shift between locations, direct care staff, or types of activities can prompt an outburst or behavioral demonstration in children with social/emotional disorders or developmental disabilities. Plan your transitions as activities with a beginning, middle, and end. Make sure that this is clear to the children so they can manage their own stress levels.

Many times it is the uncertainty of the transition period that is stressful to the child. Reviewing the daily schedule in advance may alleviate some of the uncertainty, as well as clearly communicating about what is coming up and when. Minimize the number of major transitions, if necessary, and allow enough time to move from one location or activity to the next. Children can take vastly different amounts of time to complete the same task, which presents a challenge for the child who finishes quickly and has trouble waiting for the rest of the group to catch up, and the child who needs more time to complete an activity and feels pressured by the time constraint. Either one of these situations can trigger negative behavior.
Creative and fun activities can ease anxiety and stress during transitions. If the children are engaged during the transition, they are less likely to feel stressed. Ways to involve the children can range from singing a song while waiting to wash hands to coming up with a progressive story while waiting for the group to finish homework (each child says one line of the story).

**Strategies for Easing Transitions**

- Remain present and engaged during a transition to support children when they need it most. Avoid using transition time to prepare for the next activity, talk with co-workers, or use the restroom.

- Give concrete cues: “We have 10 minutes to finish…We have 5 minutes…We have 2 minutes.” (Avoid using the word “warning” when giving cues as a “warning” conveys alarm).

- Use a visual cue like turning the lights on and off once, or an auditory cue such as beating a drum or ringing a bell to signal the beginning of a transition.

- Ask the children to do something while transitioning: sing a song, write a silly poem, move like a snake, etc.

- Ask a child who has difficulty transitioning to be the schedule manager and let the CYP Professionals know what is coming up next.

- Use “First, then” statements to remind a child about a preferred activity (“First clean up, then soccer”).

- Plan transition activities for children who finish activities quickly (e.g., collage materials for children who finish their homework).

- Check in with children before going on a break or transitioning staff members. Let them know how long the break will be and perhaps what you will be doing during the break. Prepare them for staffing changes throughout the day (for example, one direct care staff goes to lunch and another covers for him).

### 7.3.3 Setting Up the Environment

The environment plays a large role in how children experience a CYP. Environments can be welcoming and calming or chaotic and stressful. The following tips may help CYP Professionals design an environment that supports all children. An environment checklist is included in Appendix K and may be used in combination with *The Creative Curriculum™* and the relevant Environment Rating Scale (i.e., ITERS, ECERS, SACERS, FCCERS) when designing and evaluating the program environment.

**Physical Environment**

- Activity centers are clearly defined so children know what to do in the area. For example, the aquarium observation area is labeled with a sign that includes a picture and the word “aquarium,” has two chairs, two magnifying glasses, two clipboards with paper and pencils, and a visual marker that indicates where the space begins and ends (e.g., a rug, colored tape, furniture).
There are areas that allow for small groups of children and large groups of children. Areas that are designed for large groups have adequate adult supervision.

Materials are labeled and accessible to all children (labels may include pictures depending on the age groups and abilities of children in the space). Adults pay attention to how many materials and labels there are in a given environment (too many labels on everything can be overwhelming).

There is a moderate level of visual stimulation in the physical space (there is not too much hanging on the walls or too many materials).

The room set up is accessible for children using adaptive equipment and consistent for children with low vision.

**Sensory Environment**

- White noise coming from lights, fans, and equipment is minimal.
- Adults monitor background noise from CD players and use music purposefully for activities or as a calming tool.
- Nonlatex gloves are available for children who avoid art materials.
- Lighting can be adjusted (and/or there are areas with lower light). Local lighting and lamps are used to draw attention to activity areas.
- There is a quiet corner or area where children can take a break from program activity.
- Sound devices are used to get children’s attention or signal a transition (drums, bells, etc.) unless there is a child with sensory sensitivities present. These may need to change based on individual needs.
- There are several opportunities for children to explore different types of tactile experiences.
- There is a balance of physical, gross motor, fine motor, and sensory motor play, as well as a balance of quiet and active activities.

**Social-Emotional Environment**

- CYP Professionals for each group of children are consistent (day to day).
- Children are prepared for changes in staffing or staff transitions (e.g., one staff goes on break and another staff enters).
- There is an activity schedule posted at eye level for children.
- CYP Professionals refer to the schedule several times per day to prepare children for transitions and what will happen next.
- Alternative small group activities are offered for children who have a difficult time participating in large group activities.
- CYP Professionals are prepared to initiate fun activities that do not require supplies during field trips or outside play.
7.4 Additional Resources

CYP Professionals can access resources on supporting positive behavior through the KIT Online Learning Center. General resources include non-profit organizations that focus on behavior support techniques.

- Log in to the KIT Online Learning Center, click on the Course Catalogue and search **Behavior** to access the following resources:
  - Webinar on *Creating Effective Behavior Plans*;
  - Webinar on *I Want it Now: Impulse Control*;
  - Webinar on *Positive Reinforcement for Challenging Behavior*;

- Click on “Tips & Tools” and search **Behavior** to access the following resources:
  - Instructional video on Teaching Children What is Expected of Them;
  - Tip sheet on Creating a Simple Behavior Plan; and,
  - Tip sheet on Responding to Negative Behaviors.

- Find information about collaborative problem solving on the Lives in the Balance website, [www.livesinthebalance.org](http://www.livesinthebalance.org);

- Center for Effective Collaboration and Practice, [www.cccp.air.org](http://www.cccp.air.org);

- Center for Evidence-Based Practice: Young Children with Challenging Behavior, [www.challengingbehavior.org](http://www.challengingbehavior.org);

- Center on the Social and Emotional Foundations for Early Learning “What Works Briefs Series” Issues 7-10, [www.vanderbilt.edu/csefel](http://www.vanderbilt.edu/csefel);

- The Military Child Education Coalition, [www.militarychild.org](http://www.militarychild.org) offers resources on supporting children through deployment;

- The Behavior Coach, [www.behavior-coach.com](http://www.behavior-coach.com); and,


- Center on the Social Emotional Foundations of Early Learning (CSEFEL), [http://csefel.vanderbilt.edu](http://csefel.vanderbilt.edu), is a national resource center for disseminating research and evidence-based practices to early child programs across the country.
Navy CYP is committed to serving children with and without disabilities and other needs in inclusive environments. In addition to building the infrastructure, policies, practices, and procedures to support inclusion, it is also necessary to create processes to address children with increasingly complex needs. Children with complex needs have a number of discreet needs that tend to interact, heightening their impact on the child’s development and well-being. For example, a child with a developmental disability and a history of trauma may have unique communication, learning, and social-emotional needs that interact and affect his or her ability to participate successfully in CYP. Children with complex needs often require support from more than one agency (e.g., school district, mental health, and CYP). Although rare, there are cases in which a child’s complex needs exceed the program’s ability to meet those needs by making reasonable accommodations. This chapter will provide guidance on how to respond to children with complex needs in Navy CYP.

8.1 Limitations to Federal Disability Rights Laws

The laws protecting the rights of children with disabilities and their families are clear on what they require of government programs serving children. Navy CYP is required to conduct case-by-case assessments to determine each child’s needs and make reasonable accommodations to policies, practices, and procedures in order to include individuals with disabilities and other special needs. Children with challenging behavior are also protected under the law, regardless of whether they have a diagnosed disability. There are three very specific instances in which a CYP is not required to include an individual:

1. When the individual poses an actual health or safety threat;
2. When the needed accommodations would result in a fundamental alteration to the program; and,
3. When the needed accommodations would be an undue burden (significant difficulty or expense).

8.1.1 Actual Health or Safety Threat

The vast majority of children do not pose an actual health or safety threat to themselves or others. Some children may pose a potential threat, which is not the same thing as an actual threat. An actual threat is a significant risk of substantial harm to the health and safety of the child or others. In order for a child to pose an actual health or safety threat, there must be an established, significant risk that substantial harm could occur to the child or others in the CYP environment. A threat cannot be based on assumptions or
stereotypes, but on objective evidence. The other crucial piece of establishing an actual health or safety threat under the law is documentation that the threat could not be minimized by reasonable accommodations to policies, practices, or procedures.

In order to determine whether an individual poses an actual threat to health or safety, the law requires programs to conduct an individualized assessment—based on reasonable judgment that relies on current medical knowledge or the best available objective evidence—to ascertain:

- The nature, duration, and severity of the risk;
- The probability that the potential injury will actually occur; and,
- Whether reasonable accommodations to policies, practices, or procedures will minimize the risk.

Navy CYP policies ensure that CYP Professionals conduct individualized assessments that document needs and required accommodations and how CYP Professionals will meet those individual needs. In all cases of children who pose potential health or safety threats, the CYP Director must refer the cases to IAT and follow the process outlined in Chapter 6: Referral Process.

Regarding children for whom a CYP environment may pose a threat to their own health or safety (e.g., a child who is medically fragile), documentation from the information-gathering process must include consultation and/or documentation from the child’s primary care physician or other medical professional who can document the actual health and safety threats to the child and what can be done to minimize the risk. This information must be incorporated into the ISP and the effectiveness must be monitored and documented.

- The Training Specialist is responsible for conducting behavior observations and documenting the behavior objectively. Depending on the Training Specialist’s level of involvement and investment in the situation, s/he may also have a difficult time remaining objective. Consider other CYP Professionals who can provide a fresh and objective look at the behavior:
  - A Training Specialist who is not assigned to the child’s direct care staff or CDH Provider;
  - A CYP Director from another program;
  - A Regional Manager;

**Documentation of Health and Safety Threats**

Documentation during this process is absolutely critical when there is a potential health or safety threat for the following reasons:

- Documentation of objective observations must be reviewed by the IAT when looking at whether the child poses an actual or perceived health or safety threat; and/or,
- Documentation of the accommodations made and how the child responded to them must be reviewed by the IAT when considering whether the threat can be minimized by reasonable accommodations.
Outside professionals (with written consent from the family):
- Through FFSC; or,
- Through the local school district.

An actual threat is based on specific objective criteria and a realistic evaluation of the situation, not on stereotypes or generalizations. Programs must also consider whether the potentially harmful behavior is developmentally appropriate and also if the behavior is likely to cause significant harm. Exhibit 8.1.1A shows a few examples of when behaviors may be considered manageable and/or developmentally appropriate and when those same behaviors may cross over into posing an actual threat.

**Exhibit 8.1.1A: Manageable Behavior versus Actual Threat**

<table>
<thead>
<tr>
<th>Developmentally Appropriate/ Manageable Behavior</th>
<th>Actual Threat</th>
</tr>
</thead>
<tbody>
<tr>
<td>A child runs away from the group in a contained area or classroom.</td>
<td>A child runs away from the group in a busy parking lot or into traffic.</td>
</tr>
<tr>
<td>A 3-year-old hits a teacher with an open hand.</td>
<td>A 3-year-old hits a teacher repeatedly with a closed fist or throws a chair.</td>
</tr>
</tbody>
</table>

All behaviors that pose a potential or actual threat must be documented when they occur with an Incident Report. These reports must be shared with and signed by the family and kept on file in the program.

Whenever a child has concerning, puzzling, or otherwise challenging behavior that is thought to compromise the safety of themselves or others, the program must engage the family immediately to discuss next steps and how best to support the child as outlined in the CYP Behavior Support Process (see Chapter 7, Section 7.2). Document all attempts to engage the family and the outcomes. Some families may not be willing or able to collaborate with CYP Professionals.

CYP Professionals may refer a child for outside services (e.g., early intervention, special education services, behavioral or mental health services) to minimize the risk of harm to self or others. If the family refuses to follow through and access services, the program must document the parents’ refusal as evidence that the CYP made a good faith effort to minimize the risk. However, referrals to outside services should not be the only attempt to minimize the risk. Working with the IAT, the program should identify a full range of accommodations and strategies to support the child’s participation while ensuring the health and safety of program staff and participating children.

Lack of family involvement and/or their refusal to access outside services is not sufficient evidence to conclude that a child poses a threat that cannot be minimized with appropriate accommodations and supports. However, documentation of these challenges is critical to supporting a determination to remove a child from care.

Through an examination of objective documentation of both the risk and attempts to minimize the risk, the CYP can make an informed determination that a child poses an actual health or safety threat. The CYP Director will consult with the IAT to review documentation and examine risk on a case-by-case basis.
8.1.2 Fundamental Alteration

A fundamental alteration is something that changes the nature of the program. Navy CYP is not required to make fundamental alterations. Examples include the following cases:

- It is determined that a child needs one-on-one behavioral therapy, which has been recommended by the child’s developmental pediatrician. CYPs do not provide individual or group therapy, early intervention, or special education services. Providing such services would be a fundamental alteration of the program. Although CYPs are not required to provide such services directly, a reasonable accommodation would be to allow a child to receive such services by an outside agency during program hours in a CYP facility with parent or guardian permission.

- A child with complex medical needs requires care in a skilled nursing facility. CYP Professionals are not trained medical professionals and do not provide skilled nursing services. Navy CYP would not be required to provide that level of care, as it would fundamentally alter the nature of the program.

- A youth using a wheelchair would like to enroll in Youth Football. Incorporating a wheelchair into a football program might be a fundamental alteration of that program (as well as a potential safety concern.) However, incorporating a youth using a wheelchair into a tennis team might require a simple modification to the rules such as allowing the individual two bounces to return a volley instead of one bounce.

In the majority of cases, the accommodations requested do not fundamentally alter the nature of the program. Navy CYP includes community-based, primarily social and recreational, program opportunities. These opportunities are not generally competitive with strict skill-based requirements, therefore, accommodations requested rarely alter the nature of the program.

8.1.3 Undue Burden

An undue burden is an accommodation that would create significant difficulty or expense to the program. CYPs may claim that an accommodation would be an undue burden based on an individualized, case-by-case basis determination that examines:

- The nature and cost of accommodations;
- The type of program; and,
- Overall financial resources of Navy CYP.

8.2 Procedures for Denying Care

Navy CYP procedures for denying care due to an actual health or safety threat, fundamental alteration, or undue burden are based on procedural requirements under federal law. Installations are NOT authorized to deny care to a child unless they have approval from CNIC (N926). In order to protect Navy CYP and the Installation CO in the adherence to federal law, CNIC will make the determination of whether a child’s case will be forwarded to Assistant Secretary of the Navy (ASN) for review. Approval to deny care to a child
must be obtained from the ASN, Manpower and Reserve Affairs (M&RA), via CNIC (N926). The following subsections detail the legal requirements and the Navy procedures governing the denial of care prior to enrollment through the permanent removal of a child from care.

### Ensuring Due Diligence Prior to Denial of Care

**Before a CYP can consider denying care to a child (either at initial enrollment or terminating enrollment), the program must do full due diligence and ensure that everything has been done to facilitate appropriate inclusion.** Documentation must show that programs have taken all necessary steps, including the following:

- Thorough information gathering, including soliciting input from the family;
- Consultation with KIT Inclusion Support Center on ensuring that accommodations and strategies implemented effectively address the child’s full range of needs; and,
- Development and full implementation of the ISP with documentation from a variety of sources demonstrating the relative effectiveness of plan elements.

#### 8.2.1 Procedural Requirements Under the Law

The ADA Title II regulations contain procedural requirements for Navy CYPs to follow to assert that accommodations needed to include a child represent a fundamental alteration to or undue burden on a program:

1. A decision that a particular action, modification, or provision of auxiliary aids and devices would be a fundamental alteration or undue financial or administrative burden must be made by the ASN, M&RA, via CNIC (N926).
2. Before such a determination is made, all available resources for use in the operation of the program or service must be considered.
3. The determination must be accompanied by a written statement of the reasons for the decision.

#### 8.2.2 Denying Care During Enrollment

If a program determines that they cannot provide care for a child who has needs that suggest a health risk, a safety risk, require accommodations that would fundamentally alter a program, or pose an undue burden, the program must follow the same steps under the law as a program seeking to disenroll a child currently participating in the program. Programs are required to ensure due diligence in obtaining the necessary information outlined in **Chapter 5: Information Gathering Process** to assist the IAT in making a recommendation to the CO and base legal department. The CYP shall notify CNIC (N926) to begin the process for requesting a determination from ASN, M&RA and begin providing the documentation necessary. The program may defer enrollment pending the approval process with CNIC (N926) and ASN, M&RA.

Once CNIC (N926) determines that the case warrants review, a decision will be forwarded to the Installation to prepare the information to be forwarded to ASN, M&RA for review. In all cases, the Installation CYP Director has the responsibility to help the family find resources and alternate care.
8.2.3 Procedures for Suspension

If a child presents a direct safety threat to himself or herself or others, the child may be suspended from the program for the remainder of the program day. Any potential safety threats should be documented and CNIC (N926) must be notified (within 24 hours) if a child has been suspended for more than 24 hours.

Suspensions are an acceptable immediate response. However, CYP Professionals must also respond to the threat in a systematic way, including looking at the accommodations necessary to minimize the safety risk. If a child must be suspended for an extended period of time while the program is considering accommodations, CNIC (N926) must be notified and the suspension letter must be signed by the CO or his or her designee. The systematic response will likely be different for each child who poses an actual health or safety threat. Each child must be considered on a case-by-case basis. In cases of prolonged suspension, the program must hold the child’s or youth’s full-time space open until an official recommendation from ASN is received. Programs can maximize the space through hourly care.

8.2.4 Procedures for Disenrollment

If the implementation of the ISP provides objective documentation of risk and that accommodations and strategies in place to minimize risk have failed or that continued participation would result in a fundamental alteration or undue burden, the Installation CYP Director and IAT must consult with base legal to help make a determination about next steps. If base legal is not available to attend an IAT meeting, they must still be consulted to ensure the legal requirements of the ADA are met prior to submission of an official disenrollment request to ASN, M&RA, via CNIC (N926). Documentation shall be forwarded to CNIC (N926) for determination.

Assessment Documentation Required by CNIC Prior to Disenrollment

Prior to disenrolling a child, written assessment documentation must be provided to CNIC with the following details:

- Copies of all supporting documentation, including the child’s referral form (CNICCYP 1700/42 Inclusion Support Information and Referral form), the information packet prepared for the IAT, the IAT meeting minutes, Inclusion Support Plan, written documentation about the implementation of the recommendations, and any incidents that occurred in the program;
- Information about the CYP including ratio of caregivers to children in the program and the child’s classroom, program budget;
- Information regarding and documentation of the CYP communication with the child’s family; and,
- Information from base legal consultation.

Once CNIC (N926) determines that the case warrants review by ASN, the decision will be forwarded to the Installation and CNIC will work with the Installation to prepare the information packet to be forwarded to ASN and M&RA for review. If the child poses an actual health or safety threat, the child may remain suspended while the determination is under consideration with ASN.
8.3 Additional Resources

- CYP Management Staff can log in to the KIT Online Learning Center, click on the Course Catalogue, and select **Management Resources** from the topic drop-down menu to access the following:
  - Webinar on *Assisting Your Staff in Supporting Challenging Behavior*

Chapter 9: Families

Successful inclusion is family-centered, and requires a family-CYP Professional partnership. A child’s family is the CYP’s greatest resource for supporting that child. Establishing a strong rapport with a child’s family will make a successful experience much more likely for everyone. This chapter focuses on the experience of parents of children with disabilities, including effective communication strategies and tips for providing support. For additional information about working with families of children participating in CYP, refer to the Program-specific OMs, Family Relations Operating Standards.

9.1 Understanding Families

All parents approach collaboration with CYPs based on their previous experiences, as well as their individual beliefs and values. Parents of children with disabilities often have the added burden of dealing with the negative perceptions others have shown about their child or experiences of discrimination. Parents of children with disabilities and special needs have extensive experience with professionals working with their children. They have been interviewed and assessed, as well as probed and prodded for very personal information about their family and their child. Unfortunately, some people feel comfortable asking very personal, but inappropriate, questions like “how did this happen?” “does it run in your family?” “did you drink alcohol while you were pregnant?” or “did you have an amniocentesis?”

Families may have had more than one negative experience with a child care center, family child care, or youth program. Many families have been told “no” automatically over the phone by programs. Some families have had their children kicked out of programs in the past and are hesitant to disclose information about their child’s negative behavior for fear that the program will not accept their child. Some parents may believe their child will not be given the chance to succeed if they reveal a disability. They may also be worried about their child being labeled. Some parents may not want to divulge information because they need to keep their jobs. Military families who have children with disabilities may have also experienced differences in the services available to their child from installation to installation. Every family has different reasons for why they may not be forthcoming with information regarding their child’s disability, and programs should avoid judging families or making assumptions when families show reluctance or a lack of forthcoming about their child’s disability.
9.1.1 Concerns of Families with Children with Disabilities

One of the main concerns for families is whether the child will have appropriate supports in place. Parents are experts at supporting their children and often worry whether a CYP can provide the same level of support. Communicating that CYP Professionals are committed to helping all children participate and enjoy the program will help ease parent concerns. Tell all parents that CYP Professionals make accommodations to the materials, activities, and the environment to ensure that every child can meaningfully contribute to and benefit from the program.

Field trips can be a particular concern for families as they involve transportation and physical settings that may be very different from the program environment. A field trip to the beach may be challenging for a child who uses a wheelchair. Trips to busy and noisy amusement parks may be overwhelming for some children. Parents may also worry about the challenges in supervising children in a non-program setting. However, children with disabilities should be included in field trips as they are a natural part of the experience of childhood. Think of all children when planning field trips so that CYP Professionals can work together with families to identify necessary accommodations.

Selecting an inclusive program for their child may be a big step for a family, especially if this is the first time they have enrolled their child in a CYP. They may wonder if their child is ready for such an experience, if the other children in the program will be kind to their child, and if the staff has the training and experience to ensure their child’s safety and happiness.

9.2 Communication with Families

Families need to know that their participation is wanted, needed, and valued. CYP Professionals should be sensitive to each family and approach them with a positive attitude. Families need to hear that CYP Professionals want their child to be successful in the program. If families know CYP Professionals want the child in the program and want to help him be successful, they will feel more comfortable sharing information and strategies for making accommodations. When a program is transparently inclusive, parents are much more likely to share information prior to the child’s enrollment.

When talking with parents of children with and without disabilities, communicate the program’s support of inclusion—the belief that every child belongs and can have a great experience in CYPs, and that CYP Professionals are willing and able to make that happen. Families can sense hesitancy, fear, and resistance and do not want to leave their child with ambivalent professionals. CYP Professionals do not need to know everything about inclusion, disabilities, or special education. A willingness to try and confidence in the program’s ability to work with all kinds of children, coupled with training and a solid partnership with families, will create the best chance for success.
9.2.1 Orientation

The Program Management Team shall explain CYP inclusion resources to all families during orientation, regardless of whether their child has a diagnosed disability or condition. Encourage families to share any information that CYP Professionals may need to provide the best care for their children. Some families choose not to disclose information about their child’s disability or special need during intake. This is their personal choice and they are not required to share the information. For other families, their children will be diagnosed after they have completed the intake process or at a later point in time during their participation in Navy CYP. For example, a child may enroll as an infant and receive a diagnosis at age 2 years. Many families have children without a diagnosed disability who will need accommodations to support their behavior or participation in a group setting. For these reasons it is important that the inclusion resources are explained to every family during orientation.

- Families are our greatest resource: Explain that providing the right support for a child in Navy CYP begins with the family. Although the relationship begins with intake, CYP Professionals continue to partner with families as children’s needs change throughout the course of their participation in Navy CYP.

- Navy CYP is inclusive: Explain that CYP strives to provide the best possible care in an inclusive environment that is accessible to children with and without disabilities. Navy CYP is committed to inclusion and has resources available to assist CYP Professionals in managing inclusive program environments:
  - IAT: Navy CYP Professionals have access to a team of professionals to help them review the needs of individual children and provide the right support. Families are always invited to join the team when and if a child needs the support of the IAT. They attend the portion of the meeting that pertains to their child and provide valuable input as the experts on their children. (See Chapter 4 for more details about the IAT.)
  - KIT Inclusion Support Center: Navy CYP Professionals have access to the KIT Inclusion Support Center to help them individualize supports for children with and without disabilities. Staffed by Inclusion Specialists, CYP Professionals can call the Support Center for ideas and recommendations. The family is an important part of this process as well. CYP Professionals will ask the family for feedback and/or questions to share with the Inclusion Specialist. Information from the Inclusion Specialist will also be shared with the family so that the team can decide what will work best for the child both in the program and at home. (See Chapter 4 for more details about the KIT Inclusion Support Center.)

When Disability-Specific Information is Helpful

There are times when it is helpful to know specific information about a child’s diagnosis. One of the best examples might be a child with Prader-Willi syndrome (PWS). Children with this diagnosis have a biologically driven tendency to seek food and typical behavior modification programs do not work. If CYP Professionals know this is a dominant characteristic of PWS, they will not blame the child or
the parents for the behavior, nor will they attempt to “teach” the child not to seek food. Best inclusion practices suggest that an effective accommodation for this child might include storing food away from the child and sitting next to the child during family style dining to help him or her with appropriate serving sizes. Another respectful accommodation might include passing out measured snacks individually to children rather than leaving them on a table or setting up food buffet style.

Knowing that a child has Tourette’s syndrome will help a CYP Professional recognize and understand the behavioral characteristics of this disorder, such as excessive movement, vocal tics, or swearing. A child should not be punished for behaviors that are beyond his or her control, even if there are “rules” about swearing in the program. CYP Professionals can and should make a reasonable accommodation for the child, such as being vigilant enough to notice when the child is starting to exhibit certain behaviors and allowing the child to remove him or herself from the room or activity.

Some children may have developmental disabilities associated with a diagnosis such as William’s syndrome or pervasive developmental disorder that include a lack of social inhibition and unrestrained emotions. A CYP Professional who is respectful might view these characteristics as a positive and subsequently view that child as an outgoing and enthusiastic member of the group who might be the first to share each day.

These examples illustrate when it is helpful to know some specifics about a diagnosis. However, remember that a diagnosis should never limit expectations or goals for a child. There are many children in every diagnostic category who far exceed all expectations. There are also children who exhibit only minimal signs of a disability because of previous experiences or environmental influences.

9.2.2 Sharing Concerns

CYP Professionals are often the first people in a child’s life to notice differences in the way the child learns, communicates, moves, or processes information. CYP Professionals have experience with hundreds of infants, toddlers, preschoolers, school-age children, youth, and teens, and can recognize when a child may be developing differently. Parents may or may not have knowledge of typical child development or older children in the home. Meeting with a family to share concerns about a child’s development and CYP efforts to work effectively with the child can help identify resources and information for promoting the child’s belonging and successful participation.

Prepare for the Meeting

The Program Management Team must spend time gathering information and documenting objective observations, if possible, prior to meeting with the family. CYP Professionals should focus observations on times or activities that are difficult for the child, documenting the ABCs of behavior. Focusing on observable behavior and the types of environments or approaches that work for the child will help to clarify concerns. It is important to document the strategies that CYP Professionals have used to support the child and the child’s reaction to the supports.
Inclusion in Navy Child and Youth Programs

When scheduling a meeting with the family, the Management Team should consider the relationship that has been established with the family and whether the family has expressed similar concerns with the child’s behavior at home. If the child is not already identified as a child with a disability or special needs, it may be difficult to know how the family will react to the program’s concerns. Parents of school-age children and teens (who may or may not have diagnosed disabilities) will also react differently to concerns about their children’s behavior. In addition to gathering information and documentation, the team should compile a list of programs, services, and resources for referral. Include information about CYP and military support services, local early intervention services (on- and off-base), behavioral support services, and school district special education services.

Create a Comfortable Environment

Parents may be hesitant to meet with CYP Professionals and may experience stress or anxiety prior to or during the meeting. They may have had previous experiences during which professionals have questioned their parenting or resisted their child’s participation in a child care setting. It is important to create a welcoming and calming environment, as emotions play a large role in how adults receive information.

- Schedule adequate time to discuss concerns so parents feel that their child and needs are important to CYP Professionals.
- Choose a collaborative seating arrangement (chairs side-by-side or in a circle).
- Designate a private area for the meeting where concerns cannot be overheard by CYP operations clerks, other families, or children. In a CDH, the meeting may need to be scheduled outside of typical hours of care.
- Open the meeting by inviting the family to share how they see their child and share positive observations from the CYP where appropriate. For example, ask the family what about their child makes them smile. Expand on their answer with an example from the CYP.
- Be open to the family’s perspective on their child’s development, ask questions, and let the parents know their input is valuable.
- Ask the family what they would like to see their child accomplish at the CYP. In a CDC or CDH, this might include asking how they would like to see their child playing or interacting with others. In a SAC or Teen Program it may involve asking how they would like to see their child participating in games and activities.
- Communicate concerns clearly, objectively, and using concrete examples.
- Accept parents’ feelings and empathize with their situation. Some families may be upset, angry, or shocked. Avoid becoming defensive or angry at the parents’ reaction to concerns.
- Avoid suggesting or insinuating that a child has a specific diagnosis or disability. Most CYP Professionals are not qualified to make a diagnosis and doing so can delay or hinder the family’s access to services and resources.
Support Parents through the Process

Parents experience information differently according to how they understood and processed the information, whether they have similar concerns about their child’s development, whether they agree with CYP Professionals’ observations, and based on cultural and language differences. Many families fear that the CYP will reject their child if extra support and resources are needed. If a family does not understand the concerns or disagrees with the observations of the child, they may be upset when CYP Professionals suggest resources or services. Some families may choose not to follow CYP recommendations for resources or follow through on referrals. Understand that parents need time to process information that may be upsetting and scary. Parents may experience the following feelings or a mix of these feelings at various times:

- Shock – appearing sad, crying, or having no emotional response;
- Denial – avoiding or denying evidence that supports CYP observations;
- Anger – outwardly expressing anger, withdrawing, or blaming on the CYP Professionals;
- Shame, guilt, hopelessness, and anxiety – experiencing any number of emotions in response to feeling overwhelmed with the responsibility of caring for a child with additional needs;
- Acceptance – appearing neutral to a child’s needs or beginning to understand and appreciate the child; or
- Planning for the future – imagining a future for the child and supporting CYP Professionals in designing supports and accommodations.

Suspend judgment

Be cautious about judging a family or characterizing them as “in denial.” Professionals sometimes use the term “in denial” when actually the parents and professionals are in disagreement about the diagnosis, condition, appropriate accommodations, or interventions. In reality, families and professionals each have a different perspective that may not include the same vision for the child. A child may also react differently and use different skills in different environments. When professionals consider parents “in denial,” unaccepting, or difficult, they may lose the opportunity to understand and learn from the parents.

Families should not be judged for choosing not to refer their child for an evaluation or for not following through with a doctor- or program-initiated referral. It is ultimately their choice. Choosing not to have their child assessed or evaluated for developmental or behavioral concerns should not affect the family’s rights to have their child enrolled in the program or the child’s right to reasonable accommodations and supports. CYP Professionals must follow the same process for every single child and youth in CYP, regardless of whether their family is perceived to be cooperating with CYP efforts to support the child. Document the child’s needs and what the program is doing to support those needs. If a family does not participate in meetings or follow through on referrals, this can and should be documented. However, lack of family involvement on its own is not a justified reason to
terminate care for a child. When a family is difficult or unwilling to engage, CYP Professionals should try to establish open communication through any or all of the methods described below.

9.2.3 Preparing Families for IAT Meetings

In all cases parents must be invited to attend IAT meetings, including follow-up IAT meetings. CYP Directors must share the summary of needs and plans for support with the child’s family prior to the IAT meeting. The family may have additional strategies or resources to share, or the family may have concerns about the accommodations or how they will be implemented. The family should feel well informed about the CYP’s plans to support their child and what to expect from an IAT meeting. CYP Directors will prepare the family for the meeting by explaining the process. For example, CYP Directors may want to share the following commonly asked questions and answers:

- **What is the IAT?**
  - The Inclusion Action Team or IAT is a team of people that helps us review the needs of individual children and make reasonable accommodations. They represent professionals from different fields like medicine, family services, and special education.

- **What do they do?**
  - The IAT reviews one child’s case at a time, gives recommendations, and approves requests for additional support. You will be invited to the portion of the meeting where we look at what your child needs in Navy CYP. The team will review the information available and make recommendations for appropriate support.

- **What can I expect at the meeting?**
  - It can be intimidating to walk into a room full of people there to talk about your child. Remember that your input is the most valuable input we have in knowing what your child needs. The IAT is there to support your family and us as CYP Professionals.

- **Do I need to bring anything?**
  - You should bring anything that will help the team get to know your child and what he or she needs to be successful. If your child has an IFSP, IEP, or works with outside professionals, it is good to bring any documentation you are comfortable sharing with the team. We will ask for your written permission before contacting any outside professionals to learn more about your child.

- **What if my child’s needs cannot be met?**
  - There are some cases where the needs of the child exceed Navy CYP’s ability to provide reasonable accommodations in an inclusive setting. However, these cases are rare. For the majority of cases, we are able to develop a plan to support the child in one of our programs. In cases where your child’s needs exceed Navy CYP’s ability to provide accommodations, we will help your family identify other options for care in the community.
What if I do not want to attend the meeting?

It is completely up to you whether you decide to attend the meeting. All cases of children with identified needs are presented to the IAT to look at how Navy CYP will meet the needs of individual children and secure the necessary resources. We would appreciate your participation in the meeting because we value your input, however, if you choose not to attend, we will provide you with the information about how we plan to meet your child’s needs.

9.2.4 Establishing Open Communication

Open communication is one of the most important elements of supporting a child and his or her family’s participation in CYP. CYP Professionals should establish a method for keeping the communication lines open when a family enrolls their child in CYP. Every family will have a different idea of the amount and type of communication they find helpful. Some families prefer a weekly exchange, while other families request a daily exchange of information.

In communicating with parents, remember that anger and blame are natural reactions for parents as they adjust to their child’s needs in CYP. Keeping this in mind will help CYP Professionals to accept the parents’ feelings without becoming defensive or angry. Periodically asking questions that may provide insight into how a parent is feeling and how he or she perceives the situation will be helpful in developing an understanding relationship. Methods for ongoing communication may include the following:

- **Communication journal:** A small journal that is designed to travel between the child’s home and CYP. The journal is a living record of the child’s experience in the program and includes information about the child’s progress and questions, comments, and ideas. CYP Professionals should designate a secure place to keep the journal while it is at the CYP to protect the child’s confidentiality. Information written in the journal should be concrete (focus on observable behavior) and objective (focus on what can be seen or heard). Communication journals are available from Training Specialists and KIT (see the Resources section at the end of this chapter).

- **Weekly meetings:** Scheduling a weekly meeting may work best for a family that prefers verbal communication. The meeting may be scheduled in person or over the phone. It is a good idea to include more than one CYP Professional on the call or in the meeting.

- **Email or text messages:** Some families prefer electronic communication via email or text. Families with time constraints may benefit from short pieces of information, or being able to address one question or comment at a time.

The method chosen for ongoing communication must be convenient for both the family and the CYP Professionals. Scheduling a weekly meeting that causes the CYP to be understaffed during a difficult time of the day (e.g., transition into the afterschool program) will not be convenient. Similarly, scheduling a weekly meeting that requires the parent to leave work early is a burden on the
family. The method chosen must also be feasible, for example, if email is the preferred method and the CYP does not have access to a computer, it will be difficult to keep the communication lines open. Whichever method or combination of methods is agreed upon should remain consistent until either the parent or CYP requests a change or modification.

**9.3 Resources**

- Log in to the KIT Online Learning Center, click on the Course Catalogue and choose Parents & Families from the topic drop-down box to access the following resources:
  - Webinar on Families: Recognizing Strengths; and,
  - Webinar on Effective Communication with Parents.

Click on Tips & Tools and choose Parents & Families from the topic drop-down box to access:

- Tip sheet on Gathering Information from Families;
- Instructional video on Communicating Effectively with Parents; and,
- Tip sheet on Conversations with Parents.

- Parents Helping Parents has three main service areas: Education, Community & Family Services, and Health-related Services, [www.php.com](http://www.php.com).

- The Technical Assistance Alliance (TAA) for Parent Centers provides resources for parents throughout the country, [www.taalliance.org](http://www.taalliance.org).

- A valuable resource for military families is Military OneSource at [www.militaryonesource.com](http://www.militaryonesource.com).
Glossary

Accommodation: An accommodation is a change or modification made to expectations, requirements, materials, activities, or the environment to support a child or youth’s participation.

Allergies: Allergies are diseases of the immune system that cause an overreaction to “allergens,” which are protein substances—either inhaled, ingested, touched, or injected—that normally do not cause an overreaction in non-allergic people.

Anaphylaxis: Anaphylaxis is a severe, whole-body allergic reaction to a chemical that has become an allergen. Anaphylaxis may result in shock or death and requires immediate medical attention.

Apraxia: Apraxia is a speech disorder in which the person has trouble saying what he or she wants to say accurately and consistently.

Articulation disorder: An articulation disorder involves problems making sounds. Children with articulation disorders may substitute sounds, omit (leave off), add, or change sounds when they speak.

Asperger’s syndrome: Asperger’s syndrome is a developmental disorder that affects a person’s ability to socialize and communicate effectively with others. Although Asperger’s has been eliminated from the most recent Diagnostic and Statistical Manual of Mental Disorders (DSM 5), CYP Professionals will likely work with children and adolescents who received this diagnosis before Asperger’s syndrome became part of Autism spectrum disorder (ASD) in the DSM.

Assistive communication device: Assistive communication devices can range from paper and pencil to communication books or boards to devices that produce voice output (speech generating devices) and/or written output. Electronic communication aids allow the user to use picture symbols, letters, and/or words and phrases to create messages.

Asthma: Asthma is a disease of the lungs in which the airways become blocked or narrowed causing breathing difficulty.

Attachment disorder: An attachment disorder is a problem with social interaction that occurs when a child's basic physical and emotional needs are neglected, particularly when the child is an infant.

Attention-Deficit/Hyperactivity Disorder (ADHD): ADHD is a neurological condition that involves age-inappropriate symptoms of inattention, hyperactivity, and impulsivity.
Autism spectrum disorder: Autism spectrum disorder (ASD) is a developmental disability that is characterized by challenges in communication, socialization, and behavior.

Bipolar disorder: Bipolar disorder is a brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks.

Cerebral palsy: Cerebral palsy (CP) is a group of disorders that affect a person’s ability to move and maintain balance and posture.

Complex needs: Children with complex needs have a number of discreet needs that tend to interact, heightening their impact on the child's development and well-being. For example, a child with a developmental disability and a history of trauma may have unique communication, learning, and social-emotional needs that interact and affect her ability to participate successfully in Navy CYP. Children with complex needs often require support from more than one agency (e.g., school district, mental health, and Navy CYP).

CYP Professional: Any individual employed by Navy Child and Youth Programs (CYP) or contracted to provide care for children and youth in Navy CYP.

Cystic fibrosis: Cystic fibrosis (CF) is a chronic, progressive, and frequently fatal genetic condition of the body’s mucus glands. It primarily affects the respiratory and digestive systems.

Depression: Depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life.

Developmental disability: Developmental disabilities are a group of conditions that involve challenges in physical, learning, language, or behavior areas. About one in six children in the U.S. have one or more developmental disabilities or other developmental delays.

Diabetes: Diabetes is a group of diseases characterized by high blood glucose levels that result from differences in the body's ability to produce and/or use insulin.

Disruptive Mood Dysregulation Disorder: DMDD is characterized by severe and recurrent temper outbursts that are grossly out of proportion in intensity or duration to the situation. These occur, on average, three or more times each week for one year or more.

Down syndrome: Down syndrome is a condition in which a baby is born with an extra chromosome.

Dysfluency: Dysfluency is a disruption in the smooth flow or expression of speech.

Dysgraphia: Dysgraphia is a learning disability that makes the act of writing difficult. It can lead to problems with spelling, poor handwriting, and putting thoughts on paper.

Dyslexia: Dyslexia is a language processing disorder that can hinder reading, writing, spelling, and sometimes even speaking.
**Emergency Action Plan (EAP):** An EAP is an individualized plan for children or youth with moderate or significant medical needs developed by the child or youth’s primary care physician. An EAP outlines the following information: medication and procedures required during care, specific dietary needs, transportation needs, possible precautions, and emergency plans and procedures.

**Executive functions:** Executive functions are a set of mental processes that helps connect past experience with present action. People use it to perform activities such as planning, organizing, strategizing, paying attention to and remembering details, and managing time and space.

**Fragile X syndrome:** Fragile X syndrome is a genetic condition involving changes in part of the X chromosome. It can affect both boys and girls, but because boys only have one X-chromosome, a single fragile X chromosome is likely to affect them more significantly. Children with Fragile X can have a range of symptoms from excessive shyness to an intellectual disability.

**Generalized anxiety disorder:** People with generalized anxiety disorder (GAD) worry excessively about a variety of everyday problems and have a difficult time controlling the amount of time they worry.

**Hemophilia:** Hemophilia is a rare bleeding disorder in which the blood does not clot normally. Children with hemophilia may bleed for a longer time than others after an injury. They may also bleed inside the body. This bleeding can damage the organs and tissues and may be life threatening.

**Hip dysplasia:** Hip Dysplasia means that the bones of the hip joint are not aligned correctly. Hip Dysplasia prevents the joint from working properly, which causes the joint to wear out faster.

**Inclusion Support Plan (ISP):** An ISP is an individualized plan for how CYP Professionals will support a child or youth with moderate or significant needs in Navy CYP. It includes a summary of the child/youth’s strengths and needs, individualized supports, and CYP supports.

**Individualized Education Program (IEP):** An educational document written for each student who qualifies for special education that includes the student’s levels of academic achievement, how the child’s disability affects the child’s involvement in the general education curriculum, measurable annual goals, and special education and related services.

**Individualized Family Service Plan (IFSP):** An IFSP is a written document that outlines the early intervention services that a child and family will receive. Requirements vary by state, but in general, infants and toddlers who qualify for early intervention will have an IFSP that includes present levels of functioning, family information, expected outcomes, and services.

**Intellectual disability:** An intellectual disability is a disability characterized by significant challenges both in intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills.
Juvenile rheumatoid arthritis: Juvenile rheumatoid arthritis (JRA) is a type of arthritis that happens in children age 16 or younger. It causes joint swelling, pain, stiffness, and loss of motion. It can affect any joint, and in some cases it can affect internal organs as well.

Mild needs: Children with mild needs require little to no accommodations to participate in group care.

Moderate needs: Children with moderate needs require some accommodations in order to participate in group care.

Natural supports: The social interactions and relationships that typically develop in a CYP environment and support participation for all children. For example, a child may be less apprehensive about a new climbing structure at her CDH if her friend climbs up with her.

Nonverbal learning disorder: Children with nonverbal learning disorder (NVLD) have difficulty solving problems that do not involve written or spoken language, and staying organized in terms of time and space.

Oppositional defiant disorder: Children with oppositional defiant disorder (ODD) have an ongoing pattern of uncooperative, defiant, and hostile behavior toward authority figures that seriously interferes with daily functioning.

Orthopedic impairment: An orthopedic impairment involves muscles, bones, or joints and is characterized by difficulties with mobility, fine or gross motor activities or self-help skills.

Osteogenesis imperfecta: Osteogenesis imperfecta (OI) is a genetic disorder characterized by fragile bones that break easily.

Prader-Willi Syndrome: Prader-Willi Syndrome (PWS) is a genetic condition that typically causes low muscle tone, short stature if not treated with growth hormone, and a chronic feeling of hunger that, coupled with a metabolism that utilizes drastically fewer calories than normal, can lead to excessive eating and life-threatening obesity.

Program Management Team: The CYP Director, Assistant Director, Training Specialist(s), and Program Leads or CDH Monitor.

Scoliosis: Scoliosis is a sideways curve of the spine.

Seizures: Seizures happen when your brain cells, which communicate through electrical signals, send out abnormal signals. Having several seizures (recurrent seizures) is considered epilepsy. Seizures are not considered to be epilepsy if they occur only once or are correctable.

Sensory integration: Sensory integration is the neurological process that organizes sensations from one's body and from the environment, and makes it possible to use the body to make adaptive responses within the environment. To do this, the brain must register, select, interpret, compare, and associate sensory information in a flexible, constantly-changing pattern.
Significant needs: Children with significant needs require several types of accommodations and coordination with other service providers in order to participate in group care.

Spina Bifida: Spina Bifida is a congenital condition where a baby’s spinal column does not close all of the way.

Working memory: The term working memory refers to a brain system that provides temporary storage and manipulation of the information necessary for complex tasks such as language comprehension, learning, and reasoning.
Appendix A
Inclusion Action Team (IAT) Meeting Minutes
## Appendix A:
### Inclusion Action Team (IAT) Meeting Minutes

### Meeting Details

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<th>Family Participation</th>
<th>Level of Need &amp; Types of Accommodations</th>
<th>ISP/EAP Needed</th>
<th>Action Items/Next Steps</th>
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<td>□ Follow Up</td>
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### Inclusion Action Team Issues Discussed

*Describe any IAT-related issues discussed during the meeting:*

**Date of the Next IAT Meeting:**

### Review and Signatures

*Prepared by (IAT Chairperson signature):*

*Approved by (Installation Command):*
Appendix B
KIT Site Visit Information Form
Appendix B:
KIT Site Visit Information Form

Information Request for Site Visits

POC
Name: ____________________________ Email: ____________________________
Phone: ____________________________ Cell: ____________________________
Position: __________________________ Branch: __________________________
Address (for receiving training materials): __________________________________
City: ____________________________ State: _______ Zip: _______

Base Information
Name of Base: __________________________ Base Sponsor: __________________________
Base Access Requirements: __________________________
Gate Hours: __________________________ Gate GPS Address*: __________________________
*If GPS address is not available, please provide directions in the "Additional Comments" section.
Closest Airport: __________________________ Is a rental car needed? Y O N O
Base Lodging: __________________________ Phone: __________________________
Alternate Lodging (if base housing is not available): __________________________
Alternate Lodging Phone: __________________________

Your Programs
Number of CDCs on Base: _______ Number of children served: _______
Number of SACs on Base: _______ Number of youth served: _______
Number of teen programs on Base: _______ Number of teens served: _______
Number of Family Childcare Homes: _______ Number of children served: _______

SV Code: ____________ SV Dates: ____________

www.KITonline.org  |  (858) 225-5680  |  2820 Roosevelt Rd., Ste. 202, San Diego, CA 92106
Status

The information on this form will be used to customize your KIT site visit. Your visit will be based on the unique strengths and needs of your programs in supporting children and youth with disabilities. The information you share will help facilitate site visit planning and ensure that the visit is best designed to meet your needs.

Your staff is currently utilizing KIT’s (select all that apply):

☐ eLearning Courses  ☐ Webinars  ☐ Support Center  ☐ Training Videos

What are your strengths (what’s working) to provide your programs to all children?

Select your programs’ biggest challenges in terms of including children and youth with disabilities. It is common for different programs to have different challenges. For example, CDC 1 may be struggling with balancing individual and group needs, and CDC 3 may be struggling with structuring transitions. Please note these unique differences in the comments section.

☐ Accessing available resources  ☐ Implementing recommendations
☐ Addressing safety concerns  ☐ Managing staff expectations
☐ Balancing individual and group needs  ☐ Partnering with/supporting families
☐ Documenting needs and accommodations  ☐ Providing communication supports
☐ Facilitating friendships  ☐ Responding to negative behavior
☐ Helping staff develop a positive attitude  ☐ Supporting social-emotional needs
☐ Individualizing supports  ☐ Structuring supportive transitions

Comments:

What is your goal for this site visit?
KIT Training Details

KIT training modules are typically two hours long. An Education Specialist will be contacting you to discuss the site visit and training in greater detail.

Training module(s) requested: 1st
2nd
3rd

Number of participants: ____________________________

Who will be participating? ____________________________

Training Room Details

Please ensure that the environment selected for training is accessible for all participants with adequate space and seating. Please inform the KIT trainer of any unique features of the training space ahead of time.

Building/Address: ____________________________________________
Room: ______________
Contact Person for Training Room and Supplies (if different from POC):
Phone: _____________________ Email: _______________________

Training Accessibility (please check those items we will have access to):

[ ] Internet [ ] Early Access to Room [ ] Sound Check Prior to Training
[ ] Microphone [ ] Projector & Screen [ ] Flipchart & Markers
[ ] Whiteboard [ ] Speakers [ ] Space to move around

Describe Room Setup:

[ ] Tables & Chairs [ ] Chairs in Rows [ ] Auditorium
[ ] Other (please describe): ____________________________________________
Every child’s life is enhanced through shared experiences and friendships with peers of all abilities.

Thank you for making a difference.
Appendix C
Navy CYP Food Substitution List Example
# Appendix C: Navy CYP Food Substitution List Example

## NAVY CYP FOOD SUBSTITUTION LIST

**CLASSROOM: 109 – Ladybugs**

<table>
<thead>
<tr>
<th>First Name Last Initial</th>
<th>Food Allergen (A), Intolerance (I), or Restriction (R)</th>
<th>Type (A, I, R)</th>
<th>Substitutions and Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sara D.</td>
<td>Eggs</td>
<td>A</td>
<td>Sara cannot have any foods that contain eggs. Kitchen staff will refer to the Egg Allergy Avoidance List when reviewing food labels.</td>
</tr>
</tbody>
</table>
| Sam M.                  | Dairy                                                  | A              | Substitution: Soy  
Sam cannot have any milk or cheese products. He drinks soymilk. |
| Gina R.                 | Gluten                                                 | I              | Substitution: Rice and corn products  
Gina cannot have foods that contain wheat, rye or barley |
| Eddie T.                | Meat                                                   | R              | Substitution: Beans, Tofu, or Tempeh  
Vegetarian diet per family preference– Eddie’s family provides substitutions |
| Simon W.                | Gluten                                                 | R              | Substitution: Rice and corn products  
Gluten-free diet per family preference – Simon’s family provides substitutions |
| Zoey Y.                 | Tree Nuts                                              | A              | **NO CONTACT WITH TREE NUTS** – Zoey cannot eat or come into contact with tree nuts. See allergen avoidance strategies in her EAP for details. |
| Brandon Y.              | Milk                                                   | I              | Substitution: Rice milk  
Brandon cannot have foods that contain milk or milk-based ingredients. He drinks rice milk. |
Appendix D
CYP Inclusion Support: Information Gathering
Talking Points
Appendix D:
CYP Inclusion Support: Information Gathering
Talking Points

Developmental Considerations

The following questions can be used during a face-to-face meeting between the family, the CYP Director, and other members of the management team to gather additional information on the accommodations required to make program environments accessible for individual children.

**Infants**

Consider the following questions that will provide more information about the infant’s sensitivities and preferences:

**Sensory Needs**

- Does your baby enjoy toys and objects with bright colors and visual effects or seem sensitive to bright and stimulating toys and environments (may close eyes frequently or turn away)?
- Does your baby like games and activities that make noise and enjoy making noise or seem sensitive or upset by certain sounds (may cover ears frequently)?
- Does your baby enjoy physical touch and a variety of textures or tend to avoid touching certain textures or types of touch (may dislike people touching face and head)?
- Does your baby enjoy tummy time, rolling, and active play or does your baby prefer quiet play with soft toys and books?

**Response to New/Strange Situations**

- Does your baby like to go places like the grocery store?
- Have you noticed anything that seems to upset your baby when you go places? For example, bright lights, noise, or busy places?
- What do you do to help your baby feel calm in a new place?
- Does your baby have a comfort item? Are there any substitutes?
Mobility and Communication

- How does your child get from one place to another (does she crawl, roll, scoot, etc.)?
- How does your child tell you what he or she wants (crying, screeching, reaching, grabbing, pointing)?
- How can you tell when your child is tired? Hungry? Bored?
- What helps calm your child down when he or she is upset?
- Many families wonder about how their child is growing or learning compared to other children the same age. Is there anything that you wonder about how your child is growing or learning?

Pretoddler, Toddler, and Preschool

Consider asking about the child’s activity level, mobility, and communication to gather information on the things that are important for the child in his or her environment:

Activity Level

- How does your child react in a loud and busy place?
- What do you do to help your child feel calm when he or she is in an active, busy place?
- Have you noticed anything in particular that upsets your child? For example, bright lights, loud noises, or certain types of touch?
- How does your child react when he or she has to sit still (for example, in a car seat or booster seat)?
- What kinds of things help him/her to sit?

Mobility and Communication

- How does your child get from one place to another (does he or she crawl, scoot, roll, walk, run, etc.)?
- How does your child tell you what he wants (pointing, gestures, pictures, sounds, words, crying, etc.)?
- How can you tell when your child is tired? Hungry? Bored?
- What does your child do when she is upset? What helps calm her down?
- How does your child cope with changes to his routine?
- Many families wonder about how their child is growing and learning compared to other children the same age. Is there anything that you wonder about how your child is growing or learning?
School-age Care and Youth

Consider additional questions that will provide information on what the child or youth needs to support independence and participation. In many cases, questions can be asked directly to the young person:

- Do you use any adaptive equipment to help you move independently?
- Do you need support communicating your needs so they are understood?
- What types of things help you remain calm in an upsetting situation?
- Are there things that help you stay organized and focused?
- What is your favorite place to go and why?
- What is your least favorite place to go and why?
- How do you relax?

Considerations Regarding Actual Health & Safety Threats

The following questions can be used to facilitate discussion within the program or IAT when considering whether a child’s needs or behaviors constitute a perceived or actual health and threat.

What have we learned from the family?

- The family offers unique insight into what the child may be trying to say with his or her behavior. They also know which conditions are likely to influence unsafe behavior; and,
- The family is also the link to outside resources. If the child is already receiving services (e.g., behavioral or occupational therapies, school-based services), ask the family to sign a release of information form so CYP Professionals can talk with the outside professionals. If the child is not receiving services, ask the family about appropriate referrals and offer to assist them.

Are there any previous recommendations from the IAT?

- Any recommendations from the IAT should be implemented as intended and written. If the IAT meeting minutes say one thing and the professionals are doing another, it is important to share how the child’s needs or circumstances have changed.

Are there any previous recommendations from KIT?

- KIT provides recommendations; however, CYP Professionals are responsible for implementing those recommendations and following up as needed. If the professionals try something and it does not work, it is important to follow-up with the Inclusion Specialist who made the recommendations to ask questions and share feedback.
Which recommendations have we tried?

- CYP Professionals may receive more recommendations than they can implement at one time. The CYP Management Team and direct care staff or CDH Provider should be meeting regularly to review the plans, discuss documented observations of how strategies are working, and consider how the child is responding.

How do we know if they are working?

- Behavior that persists is behavior that has worked for the child in communicating his or her needs. It takes time, effort, and consistency to influence behavior and teach new skills. It is difficult to say whether a plan is working without providing enough time and support to see a change. As a general rule, professionals should be committing to implementing strategies consistently for 4 weeks before concluding they do not work.

Is the child in the right environment with the right professionals that can provide the support he/she needs?

- At times a child and professional are not a good match for one another due to differences in temperament (energy, adaptability, and approach), cultural/gender beliefs, etc. Even with consistent strategies, a professional may find it difficult to provide the right support for a child. The CYP Management Team must consider goodness of fit issues that may be influencing a child’s progress.

What are the ratios of adults to children in the current environment? Are they enough to provide support as needed?

- Ratios of adults to children play an important role in providing appropriate support. At times a child may need a higher level of individualized cues, attention, and support that is not possible with current ratios. Examinations of ratios and requests for additional staffing may be appropriate in some cases.

Are there other placements within the program to consider that may be a better fit?

- The CYP Management Team should be discussing available options for the child to provide him or her with the right support in an inclusive environment. Perhaps the child’s current group includes several children with significant needs and he or she would be better served in a different group.
Appendix E: Navy CYP Emergency Action Plan

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<tr>
<th>DAILY MEDICATION PLAN</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Amount</td>
<td>When to Use</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Amount</td>
<td>When to Use</td>
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</tr>
<tr>
<td>Name</td>
<td>Amount</td>
<td>When to Use</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Amount</td>
<td>When to Use</td>
<td></td>
</tr>
</tbody>
</table>
**CHILD AND YOUTH PROGRAM ENVIRONMENT**
(Environmental control measures, special precautions and/or dietary restrictions)

**IRRITANTS (Check all that apply)**

<table>
<thead>
<tr>
<th>Animals</th>
<th>Bee/insect sting</th>
<th>Chalk</th>
<th>Molds</th>
<th>List Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dust mites</td>
<td>Exercise</td>
<td>Dust</td>
<td>Strong odors</td>
<td>Other</td>
</tr>
<tr>
<td>Food</td>
<td>Respiratory infection</td>
<td>Latex</td>
<td>Smoke</td>
<td></td>
</tr>
<tr>
<td>Pollens</td>
<td>Change in temperature</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EMERGENCY ACTION PLAN**

1. Emergency action is necessary when the child has any one of the following symptoms:

2. Action:

3. Action:

4. Contact Parent/Guardian:

5. **Call 9-1-1** if the child has any one of the following symptoms:

**SPECIAL INSTRUCTIONS**

Please provide any additional instructions and/or guidance for CYP Professionals:

**PHYSICIAN INFORMATION**

<table>
<thead>
<tr>
<th>Physician Name (Printed/Stamped)</th>
<th>Contact Information</th>
</tr>
</thead>
</table>

| Physician Signature | Date Completed |
Appendix F
Navy CYP Inclusion Support Plan – Developmental Example
## EXAMPLE 1

### BASIC INFORMATION

| Name of Child (Last, First, MI): | Simmons, Jacob, S. |
| Date of Birth (MM/DD/YY): | 03/07/10 |
| Region: | Southwest |
| Installation: | NAS Sunshine |
| Program Type: | CDC |
| Program Name: | Sunshine Central CDC |
| CYP Director: | Alana Morrisey |
| Today’s Date (MM/DD/YY): | 10/04/14 |
| Plan Completed By: | Marcia & George Simmons, Jack Denson, Nina Rodriguez, Hillary Dunn, Susan Martinez, Ursula Wright, and Alanna Morrisey |

### SUMMARY OF STRENGTHS AND NEEDS

#### Strengths & Interests

(If the child has hobbies or interests)

Jacob loves to build with blocks and draw. He has strong gross and fine motor skills and he is very coordinated. Jacob is funny and enjoys anything silly. He is also thoughtful. For example if he has a car, he will hand another child a car so they can play together.

#### Summary of Needs

(Brief summary of needs identified during information-gathering process)

Jacob needs help managing strong feelings. When he gets upset, he often loses control of his movements and actions. During these times, he needs adults to help him calm down. Jacob has the most difficult time during free play and transitions. He needs an adult to prepare him for changes and stay physically close to him during these times of day.

#### Recommendations from Family

(What has worked for the child/youth in the past/in other settings)

Jacob’s parents and grandparents use time out when he gets upset. He generally goes to his room to calm down. If they are in public, they go to the car. Jacob responded well to having the choice to draw in his previous family childcare program.
### INDIVIDUALIZED SUPPORTS

**Accommodations and Support Strategies** *(Describe the individualized supports required to access the environment, activities & social connections, and the strategies that CYP Professionals will use to help the child/youth communicate, follow routines, and connect with others.)*

The teachers will use the following supports for Jacob in his classroom:

- Prepare Jacob for activities 10 minutes before they will happen.
- Watch for signs Jacob is starting to feel out of control (heavy breathing, using a high pitched voice).
- Suggest Jacob take a break in the quiet area.
- Offer Jacob two concrete choices.
- Check in with Jacob before free play.

The teachers are working on the following skills with the entire group:

- Stop and breathe
- Look and listen for feelings
- Take a break when you need one
- Ask for help

Additional supports for Jacob to help him learn and use the skills:

- A stop sign to remind Jacob to stop and breathe
- A feeling chart to help Jacob identify his feelings
- A break card to use as a visual when Jacob is losing control
- Reminders before difficult times of the day (“Jacob, I will be right here while you are building today. Remember to come and find me if you have a problem. I am here to help you.”)

### CYP Professional Responsibilities: *(Assign roles and dates)*

| Teaching/modeling strategies: | Hillary (TS) by 11/30/14 |
| Implementation: | Jack & Nina (Teachers) by 12/8/14 |
| Documentation: | Ursula (Assistant Director) by 12/15/14 |

**CYP Professional Responses** *(Describe how CYP Professionals will respond to specific behaviors or needs)*

When Jacob starts breathing heavily or using a high-pitched voice, a teacher will approach him and hold up his/her hand in a stop motion (or hold the stop sign). The teacher will model taking a deep breath. If Jacob cannot stop and breathe, the teacher will hold up the break card and say, “Let’s take a break in the quiet area”. If Jacob does not go to the quiet area, continues to breathe heavily and show other signs he is losing control, a teacher will step in and say, “Jacob, you can come with me to the quiet area or stay here and breathe. I am here to help you.” If Jacob continues to escalate, a teacher will call the front desk to ask for assistance. The staff, T&C, Assistant Director, or Director who responds will assist with the rest of the group so that the primary teacher can continue to help Jacob cope with his strong feelings by taking him for a walk or getting a drink of water.

**CYP Professional Responsibilities: *(Assign roles and dates)*

| Teaching/modeling responses: | Susan (Lead) by 12/15/14 |
| Implementation: | Jack & Nina (Teachers) by 12/30/14 |
| Documentation: | Hillary (TS) by 1/15/15 |
### IMPLEMENTATION SUPPORTS

**Collaboration & Training** *(Plan for how CYP professionals will work together and access relevant training)*

The CYP Professional team will meet weekly for the first 3 weeks to discuss how the supports are working and any adjustments that may be needed. After the initial 3-week period, the team will meet monthly to talk about Jacob’s progress and continued needs. Jacob’s family will be invited to attend these meetings to participate on the team. The Program Lead and Teachers will receive training on different ways to prepare children for transitions and will complete the KIT eLearning module on *Easing Transitions* by January 15, 2014.

<table>
<thead>
<tr>
<th>CYP Professional Responsibilities: (Assign roles and dates)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Coordinating Meetings: Alanna (Director) by 11/30/14</td>
</tr>
<tr>
<td>☐ Coordinating Training: Hillary (TS) by 1/15/15</td>
</tr>
</tbody>
</table>

**Resources Needed** *(Supports for the classroom, home, or group)*

- Feeling chart
- Stop sign
- Break card
- KIT Inclusion Support Center calls

<table>
<thead>
<tr>
<th>CYP Professional Responsibilities: (Assign roles and dates)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Coordinating Resources: Hillary (TS) by 11/30/14</td>
</tr>
</tbody>
</table>

**Follow-Up Plan** *(When family and CYP professionals will meet to review progress and update plan)*

The required documentation for the accommodations, strategies, and support will be completed by 1/15/15. Alanna (Director) will schedule a follow-up meeting by 2/15/14 to review the documentation and the team (including the family) will adjust the Inclusion Support Plan as needed.

<table>
<thead>
<tr>
<th>CYP Professional Responsibilities: (Assign roles and dates)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Coordinating Meetings: Alanna (Director) by 2/15/14</td>
</tr>
</tbody>
</table>

**CYP Director Signature**

Date

**Parent/Guardian Signature**

Date
## Appendix G:
Navy CYP Inclusion Support Plan – *Physical Example*

### Example 2

<table>
<thead>
<tr>
<th>BASIC INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Child (Last, First, MI):</strong> Jackson, Eli, K.</td>
</tr>
<tr>
<td><strong>Region:</strong> Southwest</td>
</tr>
<tr>
<td><strong>Program Name:</strong> Sample Youth Center</td>
</tr>
<tr>
<td><strong>Program:</strong> CDC</td>
</tr>
<tr>
<td><strong>Today’s Date (MM/DD/YY):</strong> 06/30/14</td>
</tr>
</tbody>
</table>

**Plan Completed By** (List family members and all CYP professionals involved in the process): Eli Jackson, youth, Oscar Jackson, father, Betty White, CYP Director, Tony Castellano, Training Specialist, Kara Fitz, Program Lead, Zach Behan, Teen Center Director

### SUMMARY OF STRENGTHS AND NEEDS

#### Strengths & Interests  (*Favorite activities, skills & talents*)
Eli states that he likes going to the movies and taking pictures. He enjoys playing tennis and going hiking and his favorite subject is Science. Eli is very talented in graphic design and is the only Freshman on the yearbook committee. Eli’s father says he is a natural leader.

#### Summary of Needs  (*Brief summary of needs identified during information-gathering process*)
Eli uses a wheelchair and needs the teen center space, materials, and activities to be accessible. He also needs a plan to ensure that any activities that take place in community settings outside the center will be accessible to him. Eli completes self-care tasks independently.

#### Recommendations from Family  (*What has worked for the child/youth in the past/in other settings*)
Eli is very comfortable talking about his needs. He is a problem-solver and is willing to help the staff plan for his participation in activities outside of the center.
INDIVIDUALIZED SUPPORTS

**Accommodations and Support Strategies** *(Describe the individualized supports required to access the environment, activities & social connections, and the strategies that CYP Professionals will use to help the youth communicate, follow routines, and connect with others.)*

**Facility**
Eli has toured the facility with the Teen Center Director to explore the space and determine which areas are usable and which areas are difficult to access. They identified the following space that needs to be adjusted so Eli can access it:
- The game room – the game room has a large sheepskin rug that is difficult to navigate with a wheelchair. The program will purchase a thinner rug that is easier to navigate.

**Field Trip/Community Activities Plan**
The Center Director will research all existing community spaces and programs the teens participate in to ensure they are accessible. Using the Americans with Disabilities Act (ADA) Checklist as a guide, he will tour the space ahead of time to determine whether it meets government accessibility standards. Future sites will be toured prior to fieldtrips or program activities occurring in those locations.

**Transportation**
If the teens are going to be transported to an activity in the community, the Center Director will make arrangements to ensure that Eli can access the transportation. The mode of transportation affects whether Eli can access the transportation independently. He is able to get into a car independently but needs assistance getting into a van or bus. Eli requires a simple fireman carry to transfer onto the van or bus. The same process is followed for Eli to get off the van/bus. Once CYP Professionals have confidence in the physical assist, Eli is also comfortable teaching his peers to assist him.

**Sports**
CYP Professionals will consider Eli’s needs in planning sports activities and will ask the teens to help modify the game to make it more accessible. For example, when Eli plays tennis, he is allowed two bounces to return the volley instead of one.

### CYP Professional Responsibilities: *(Assign roles and dates)*

- **Teaching/modeling strategies**: Tony, Training Specialist will work with Zach, Teen Center Director, on modifying the space and sports activities by July 7, 2014

- **Implementation**: Zach, Teen Center Director, & Kara, Program Lead, by July 15, 2014

- **Documentation**: Tony, Training Specialist will document the modifications to the activities, by July 30, 2014
### CYP Professional Responses

*Describe how CYP Professionals will respond to specific behaviors or needs*

If CYP Professionals have questions about whether a certain activity or accommodation will work for Eli, they will ask him directly.

### CYP Professional Responsibilities

- **Teaching/modeling responses:** Tony, Training Specialist, by July 7, 2014
- **Implementation:** by July 7, 2014
- **Documentation:** N/A

### Collaboration & Training

*Plan for how CYP professionals will work together and access relevant training*

The Teen Center Director, Program Lead and Training Specialist will review the Americans with Disabilities (ADA) Accessibility Checklist for Existing Facilities with a KIT Inclusion Support Center Specialist. The Specialist will address any questions. The CYP Professional team will download the Access in San Diego Guide as a reference and review it as a team.

Eli and his father will train the CYP Professionals on how to execute the fireman carry to transfer Eli onto a van or bus.

### CYP Professional Responsibilities

- **Coordinating Meetings:** Zach Behan, by July 14, 2014
- **Coordinating Training:** Tony Castellano, by July 31, 2014

### Resources Needed

*Supports for the classroom, home or group*

The Americans with Disabilities Act (ADA) Accessibility Checklist for Existing Facilities is available at [http://www.ada.gov/racheck.pdf](http://www.ada.gov/racheck.pdf); the Access in San Diego Guide is available at [http://access-sandiego.org](http://access-sandiego.org); new rug for the game room.

### CYP Professional Responsibilities

- **Coordinating Resources:** Zach Behan, Teen Center Director

### Follow-Up Plan

*When family and CYP professionals will meet to review progress and update plan*

The team will meet as needs arise to modify the space or ISP. If needs do not arise, the team will meet in one year to update the plan.

### CYP Professional Responsibilities

- **Coordinating Meetings:** Betty, CYP Director
**Appendix H:**

Navy CYP Emergency Response Form

CLASSROOM: _______________________________

<table>
<thead>
<tr>
<th>First Name Last Initial</th>
<th>Medical Condition (e.g., Food Allergy)</th>
<th>Detail (e.g., milk, bees)</th>
<th>Symptoms that Require an Emergency Response</th>
<th>Action Plan Summary (Detailed EAP in Support Plan Binder)</th>
<th>Medication(s), Dosage, &amp; Location</th>
</tr>
</thead>
</table>
| Ben M.                  | Food Allergy                           | Eggs                      | Swelling, itching, nausea, shortness of breath, color change | 1) Administer EpiPen in thigh  
2) Call 9-1-1  
3) Call Emergency Contacts | EpiPen Jr 0.15 mg  
Medication locker |
|                         |                                        |                           |                                            |                                                   |                                  |
Appendix I
Navy CYP Permission for Release of Information
Navy CYP Permission for Release of Information

Navy Child and Youth Programs (CYP) are legally responsible for protecting personal and identifying information regarding enrolled children and families. As well as being legally bound to this code of confidentiality, we are also ethically committed to protecting the privacy of each of the children and families that we serve. CYP requires written permission to release information to other agencies or non-custodial individuals and to receive information from other agencies or non-custodial individuals.

EXCEPTION: The Federal Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C.A. § 5106g) mandates CYP professionals to report any suspected signs, symptoms, or disclosures of possible child abuse and neglect.

PLEASE PRINT:

I, ____________________________, (parent’s name) as legal guardian of ____________________________. (Child’s Name and Date of Birth) hereby give permission to Navy CYP to receive information from and to provide information to ____________________________. (Name of Agency).

Topic and purpose of information to be shared: ____________________________

This authorization is understood to expire one year from the date of signature, or when the child has been terminated from the program, whichever is earlier. The Parent/Guardian has the right to revoke permission at any time.

I understand that a photocopy or fax of this authorization shall have equal validity with the original.

<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian Signature</td>
<td>Date</td>
</tr>
<tr>
<td>CYP Director Signature/Title</td>
<td>Date</td>
</tr>
</tbody>
</table>
**Appendix J:**
Navy CYP Inclusion Support Plan – *Behavior Example*

**EXAMPLE 2**

<table>
<thead>
<tr>
<th>BASIC INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Child (Last, First, MI):</strong> Jones, Nathan, A.</td>
</tr>
<tr>
<td><strong>Date of Birth (MM/DD/YY):</strong> 04/04/09</td>
</tr>
<tr>
<td><strong>Region:</strong> Mid-Atlantic</td>
</tr>
<tr>
<td><strong>Program Name:</strong> Winterside Heights CDC</td>
</tr>
<tr>
<td><strong>CYP Director:</strong> Joanne Cersosimo</td>
</tr>
<tr>
<td><strong>Today’s Date (MM/DD/YY):</strong> 1/28/14</td>
</tr>
<tr>
<td><strong>Plan Completed By:</strong> Gabby Jones, Abby Oliver, Sarah Gilbert, Jessica Montavlo, Hernan Rosa, and Joanne Cersosimo</td>
</tr>
</tbody>
</table>

**SUMMARY OF STRENGTHS AND NEEDS**

<table>
<thead>
<tr>
<th><strong>Strengths &amp; Interests</strong> <em>(Favorite activities, skills &amp; talents)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensory play, cars and trucks, pretend play, gross motor skills, early literacy skills</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Summary of Needs</strong> <em>(Brief summary of needs identified during information-gathering process)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nathan has a difficult time when he is asked to stop doing something, wait for a turn or clean up. The behavior directly observed when he is told to stop, wait or clean up is Nathan looks down, wrinkles his eyebrows and often hits or kicks teachers or other children. Nathan needs individualized support to transition from one activity to another and simple and clear explanations of what is expected of him.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Recommendations from Family</strong> <em>(What has worked for the child/youth in the past/in other settings)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nathan’s parents use the alarm setting on their iPhone. When the alarm goes off, that means it is time to stop. They say that it works for him on most days. The days that he has a hard time, they usually let him keep playing for a few minutes before he has to stop.</td>
</tr>
</tbody>
</table>
## INDIVIDUALIZED SUPPORTS

### Accommodations and Support Strategies
(*Describe the individualized supports required to access the environment, activities & social connections, and the strategies that CYP Professionals will use to help the child/youth communicate, follow routines, and connect with others.*)

- An adult to explain activities to Nathan ahead of time and clearly state the behavior that is expected.
- Cues for transitions when there are 5 and 2 minutes remaining for an activity.
- Transition support with a fun and positive tone (counting materials as they are put away, having a “race”, walking backwards to the line).

CYP Professionals are teaching Nathan how to wait for a turn using stories and small objects to hold while waiting. Teachers are also using breathing techniques to teach Nathan how to take a break and refocus. The teachers will show Nathan how to take three deep breaths and take a break when he feels upset, and hold his cars while waiting for a turn.

### CYP Professional Responsibilities
(*Assign roles and dates*)

- Teaching/modeling strategies: **Abby (Lead)** by 2/28/14
- Implementation: **Sarah & Jessica (Teachers)** by 3/8/14
- Documentation: **Hernan (TS)** by 3/15/14

### CYP Professional Responses
(*Describe how CYP Professionals will respond to specific behaviors or needs*)

Using firm, clear language, teachers will respond to Nathan’s behavior with understanding “I know it’s hard to wait. Pushing hurts. You need to keep your hands to yourself.” He will be reminded of his cars and expected to continue waiting. If Nathan uses the behavior to avoid cleaning up, teachers will say, “I understand you are not ready to clean up. Kicking hurts. You need to keep your feet to yourself,” and “When you are ready, clean up.” Nathan will not participate in any activities until he has finished cleaning up his area. Teachers will watch for Nathan’s cues (looking down and wrinkling his eyebrows) and say, “Take three deep breaths” and ask him if he needs a break.

### CYP Professional Responsibilities
(*Assign roles and dates*)

- Teaching/modeling responses: **Abby (Lead)** by 3/15/14
- Implementation: **Sarah & Jessica (Teachers)** by 3/31/14
- Documentation: **Hernan (TS)** by 2/15/15

## IMPLEMENTATION SUPPORTS

### Collaboration & Training
(*Plan for how CYP professionals will work together and access relevant training*)

The CYP Professional Team will meet with the family in 30 days to share information on Nathan’s behavior and his reaction to the accommodations and support. The teachers will complete the KIT eLearning modules on *Easing Transitions* and *Stop, Schedule Support*. The T&C Specialist will follow up with the teachers after the training to discuss implementing the strategies they learned in their classroom setting.

### CYP Professional Responsibilities
(*Assign roles and dates*)

- Coordinating Meetings: **Joanne (Director)** by 4/15/14
- Coordinating Training: **Hernan (TS)** by 2/15/15
### Resources Needed (Supports for the classroom, home, or group)
- Zoning chart to help teachers designate who is responsible for preparing Nathan for transitions throughout the day
- KIT Inclusion Support Center calls

### Follow-Up Plan (When family and CYP professionals will meet to review progress and update plan)
The required documentation for the accommodations, strategies, and support will be completed by 4/15/14. Joanne (Director) will schedule a follow-up meeting by 4/30/14 to review the documentation and the team (including the family) will adjust the Inclusion Support Plan as needed.

### CYP Professional Responsibilities: (Assign roles and dates)
- Coordinating Resources: Hernan (TS) by 2/28/14
- Coordinating Meetings: Joanne (Director) by 4/30/14

<table>
<thead>
<tr>
<th>CYP Director Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>
Appendix K: Environment Checklists

The following checklists may be used to gather information about environmental factors that influence the program’s ability to support children’s needs.

<table>
<thead>
<tr>
<th>Physical Environment</th>
<th>Needs work</th>
<th>Somewhat</th>
<th>Achieved</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Materials are accessible to all children (account for children of different sizes, children with limited mobility).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity areas are well defined and labeled.</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Room set-up is consistent for children with low vision.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Room set-up is accessible for children, staff, and families using a walker, wheelchair, or stroller.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The overall environment is calming (the space is not overwhelming or over stimulating).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sensory Environment</th>
<th>Needs work</th>
<th>Somewhat</th>
<th>Achieved</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>White noise coming from lights, fans, and equipment is minimal.</td>
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<td></td>
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</tr>
<tr>
<td>Non-latex gloves are available for children who avoid art materials.</td>
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</tr>
<tr>
<td>Lighting can be adjusted (and/or there are areas with lower light).</td>
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<tr>
<td>There is a quiet corner or area where children can take a break from program activity.</td>
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</tr>
<tr>
<td>Sound devices are used to get children’s attention and signal transitions (drum, bell, etc.).</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>There are several opportunities for children to explore different tactile experiences.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Deep pressure activities are offered to children who need them (example: child is allowed to hold weighted object on her lap to refocus).</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emotional Environment</th>
<th>Needs work</th>
<th>Somewhat</th>
<th>Achieved</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregivers for each group of children are consistent (day to day).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children are prepared for changes in staffing or staff transitions (e.g., one staff goes on break and another staff enters).</td>
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<td></td>
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</tr>
<tr>
<td>There is an activity schedule posted at eye level for children.</td>
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</tr>
<tr>
<td>Caregivers refer to the schedule several times per day to prepare children for transitions and what will happen next.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternative small group activities are offered for children who have a difficult time participating in large group activities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>