Inclusion in School-Age Care

Guidelines for SAC Providers in Caring for Children with Special Needs

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Written and Compiled by:
Christine Bentley, Director of The Fraser Institute
Fraser
2400 West 64th Street
Minneapolis, Minnesota 55423

Content additions and editing by
Tiffany Weeks, Anoka Adventures Plus School-Age Program
and MN School Age Care Special Needs Coordinators Consortium

This manual includes resources, best practice information, diagnosis information, policy templates and forms related to providing services to children with special needs in school age care and youth programs.

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This manual is a project from the Center for Inclusive Child Care, Concordia University. Questions, updates and thoughts can be directed to Chris Bentley at chris@fraser.org or please visit our web site at www.inclusivechildcare.org .

"Inclusion" Defined

The Council for Exceptional Children, Division of Early Childhood's position statement states:

> *"Inclusion as a value, supports the right of all children, regardless of their diverse abilities, to participate actively in natural settings within their communities."*

"Inclusion" is characterized by a feeling of belonging, not by mere proximity, on which the earlier term "mainstreaming" focused. Inclusion is children of all abilities learning, playing, and working together.

With successful inclusion, all children are actively involved, physically accessing play and work locations, and have options from which they can choose personally. Inclusion is a process, not a placement. No one person is responsible to make it work; it takes group effort. There is not one perfect way. The inclusion process needs to be tailored to meet the needs of each child as well as the program.

Inclusion as it relates to the law

Privately operated centers or family child-care homes must provide equal opportunity for children, parents, and others with special needs to participate in programs and services. There are exemptions from this law, however, based upon reasonable accommodation. "Best practice" for children and families allows for access to programs that could benefit the child.

Theoretical Basis for Inclusion

Lev Vygotsky, a Russian-born social scientist writing in the 1920's, provides the basis for a theoretical background for inclusion. He believed that people learn through socially interacting with others who are more "expert" in a given ability or field of knowledge. Thus, he concluded, the greatest difficulties for children with special needs are created not by their particular special needs, but by isolation from typically developing peers. Children with special needs should be in groups with same-age peers whenever possible.

Vygotsky believed that cognitive and language development is socially based, with children first learning new ideas on the social level with more-capable peers and adults, then incorporating those ideas on an internal or psychological level. Therefore, the most important aspect of a school-age care program for children with special needs is improving social skills and interaction with adults and more-capable peers. (taken from Berk, L.E. and Winsler, A. Scaffolding Children's Learning: Vygotsky and Early Childhood Education. Washington, D.C., NAEYC.)

Why Promote Inclusion?

Children learn from each other. When they are exposed to inclusive environments starting at a young age, they learn acceptance of other people and that each person has unique abilities.

Benefits of inclusion for children with or without disabilities	• make friends • learn by imitating others • show more pride in achievements • build interdependence and ability to deal with obstacles • notice similarities between themselves and others • develop better language and communications skills • develop interpersonal skills • increase problem-solving ability • learn to become more assertive • learn self-respect by being a part of a positive, typical environment • learn to accept others as they are • develop patience and compassion • learn to accept their own strengths and needs • accept others as people, not "labels" • learn to help others
Benefits of inclusion for families of children with special needs	• enable families to work because they have increased access to child care services • discover that others can provide a secure and nurturing environment for the child with special needs • learn to accept children's strengths and needs. • share common experiences • feel a kinship with other families • opportunity to see chronologically age-appropriate activities
Benefits of inclusion for school-age care providers	• develop networks of professional services and community resources • expand their knowledge about special needs • develop awareness that all people have unique needs • create a setting that encourages understanding and flexibility • realize and appreciate differences • develop compassion, kindness and respect for others

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Benefits of inclusion for children who are developing typically and their families

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- Children who do not have special needs continue to learn and grow the in same ways in which they did before they had classmates with special needs. In addition, they have opportunities to learn about differences in human growth and development. They learn to accept people who are different from themselves as they learn to work and play with children who have a wide range of abilities.

- For families of children who are typically developing, the inclusive setting provides a concrete opportunity for teaching their children about differences in growth and development. Families might develop a greater understanding of people with special needs, become more sensitive to the needs of families with children who have disabilities, and become future advocates for community integration.

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Excerpts of these lists taken from <u>Quick Notes, Inclusion Resources for Early Childhood Professionals</u>. University of North Carolina, 1997, FPG Child Development Center, Carrboro, NC.

The System Defined

SCHOOL AGE CARE

School age care is provided in various systems, whether regulated through the school system or community education or private entities of center based child care or family child care. No matter what system, there are children with special needs that are participating and each entity will have different needs related to supporting the child in their successful inclusion.

> Special Needs Support Staff
>> Programs may have staff that are specifically available to support the successful inclusion of children with special needs. These positions may be funded within the general program structure or through the MN Disability Levy funding (see below for details about this program) See chapter of "Individual Program Plans" for further information of the use of Individual Assistants.

IEPs:

The *Individual Education Plan* (IEP) is for children 3 to 21 years of age. It includes two separate but unrelated components: the IEP meeting and the IEP document. The IEP is a system for discussing, determining and documenting the student's current functioning, what direction the student's educational program should take, how the student will get there, how long it should take, and how to tell when the student has completed his/her goals. The IEP describes the special education and related services necessary for a student to receive a free and appropriate education. This document is used to evaluate the effectiveness of the educational programs and services when the team meets to review the program.[1]

Public School Team Meetings

Meetings are scheduled annually, at a minimum, to review the current IEP. It is important to encourage families to have the SAC provider involved in these team meetings. These meetings may include teachers and providers of special education services, county social services staff, public health or medical staff, therapy staff, and should always include the parent.

The SAC Providers Involvement in the Team:

The SAC provider should be an important participant in the team that oversees and provides services to a child with special needs. The following are ways to be involved:

- Send a report on your observations about the child to the school district primary contact prior to assessment. (Parent permission is required)
- Have the child observed within your program as a component of the assessment process.
- Ask to be involved in the conference where the assessment results and/or IEPs are reported. (Parent permission required)
- Have direct contact with the public school, county and health department staff and let them know of your interest in information and involvement in the process. (Be sure consent for release forms are signed by the parents)

Personnel Roles and Responsibilities

- Public School Staff: If a child has an active IEP, there is at least one designated public school staff person working with the child and family. This person can assist the provider with child program needs, current skills and current goals.
- Social Workers: Many children will have a county social worker and possibly a school social worker available to them. These individuals can assist with a variety of supports to the child and family. Some supports may include access to specific programs or funding sources.
- Health Consultants: Health consultants can offer assistance in general protocol regarding a health related issue, training on a specific child or procedure, etc.
- Medical Personnel (pediatrician, public health nurses, etc.): The child's primary medical team should be included in any planning for a child. Each person may choose a different level of involvement, but assuring that there is open communication and identifying the best means of communication with this group is very important.
- Resource and Referral Agencies: These agencies can assist in identifying resources within your community. Some Child Care Resource and Referral Agencies (CCR&R's) have libraries with updated materials including training materials, offer training specific to children with special needs, have equipment to loan, etc.

Identifying Resources

Finding and defining resources in our ever-changing communities is an ongoing challenge. Not only is each community different in how services are delivered, there are also significant differences in funding sources, types of services available and availability of specific professionals. Visit the Center for Inclusive Child Care website at (www.inclusivechildcare.org) for resource information including downloadable resources and handouts, recommended web sites and a learning center with a variety of topics related to caring for children and diagnostic information and strategies. Contact your local Child Care Resource & Referral Agency for resource and support information, or look on the states department of education website for links to resources.

The Law

History of Disability Legislation in Minnesota and Federally
and
The Steps Toward Inclusion

1950's – Parents and professionals worked hard in this decade to pass laws that mandated special education for children. The Special Education for Handicapped Children Law (M.S. 120.17) was passed, and provided:
- Funding for teacher training programs
- Funding to establish day activity center services
- Funding for prenatal care services for high-risk mothers
- Funding to research the causes of mental disabilities

1960's – President Kennedy signed federal legislation to fund national and state mental health and mental retardation programs for prevention, diagnostic and treatment services. Minnesota parents were successful in establishing classes for children with special needs within the public schools – eleven years before national legislation mandated public education for all children.

1970's – Legislation passed guaranteeing a free and appropriate public education (FAPE) for all children with disabilities ages 5 to 21 (Public Law 94-142). The case management rule was developed, requiring that services be planned according to the child's needs. There was increased funding for smaller group homes and Semi-Independent Living Services (SILS).

1980's – Vulnerable Adults Act passed requiring reporting of suspected abuse or neglect of vulnerable adults. The Home and Community Based Waiver program was developed, allowing federal dollars to be used for services in the community. Personal Care Attendant Services (PCA) became available for children and adults with developmental disabilities as well as physical disabilities. There were now mandated transition services from high school to work and community. Early childhood education services were developed for children age four and up.

1990's – The American's with Disabilities Act was endorsed by the state. Legislation was passed mandating a study of the needs of children who are medically fragile or technologically dependent, including recommended guidelines and resources for serving their needs. The Minnesota Consortium for Citizens with Disabilities was formed. This was modeled after the national coalition. The Individuals with Disabilities Education Act (IDEA) was authorized which addresses intervention services for children beginning at birth and included Least Restrictive Environments (LRE) and Natural Settings. The IDEA reflected the Department of Education's use of people-first terminology

The laws provide protection from discrimination to children with disabilities and assure they have services provided to maximize their abilities. There are some exemptions to these laws, primarily for non-public services. Refer to the Child Care Law Center (www.childcarelaw.org) for specific details of the exemptions.

Specific Information on the laws

There are federal and state laws that are important to know about. They require that children with disabilities receive certain services and have rights. There are Civil Rights Laws such as the American's with Disabilities Act (ADA) and the Section 504 of the Rehabilitation Act of 1973. There are also laws for Entitlement to Services such as the Individuals with Disabilities Education Act.

The ADA

In 1990, Congress passed the Americans with Disabilities Act (ADA) providing individuals with disabilities the same freedoms as non-disabled Americans. This law covers access to public and private buildings and programs. It also covers areas such as childcare, transportation, housing and employment.

The ADA states that a child care program <u>cannot</u>:
- Charge a higher rate for a child with special needs, but may charge for "extra services" provided to children with special needs that are not within the range of care provided by that program.
- Deny admission to children with special needs because of an increase in the program's insurance rates or cancellation of coverage.
- Deny services to children with special needs even if a program for children with the same disability is available in the community.
- Exclude a child because of "lack of staff training" if staff training is available at a reasonable cost.

Programs can deny services to a child with special needs if:
- The necessary changes are too costly or difficult given the resources available to the individual program and the enrollment of the child would fundamentally alter the nature of the program.
- There is a direct threat to the health and safety of others and this threat cannot be reduced or eliminated by reasonable modifications.
- A program must be able to show they sought to make accommodations, however, and each child with a disability must be seen as a case-by-case situation.

The ADA defines disability as a substantial limitation in one or more life activities including:
- Walking, hearing, learning, breathing, taking care of oneself, speaking, seeing, working;
- OR a record of such an impairment;
- OR regarded as a person with such an impairment.

IDEA

The Individuals with Disabilities Act (IDEA) of 1990,1997, and 2006 is the federal law which provides specified services by right to eligible persons with disabilities. P.L. 101-476, passed in 1990, renamed from the Education of Handicapped Act to the Individuals with Disabilities Education (IDEA). It also replaced the term "handicap" with the term "disability" in all legislative documentation. "Case Management" references were renamed "service coordination" in response to protests by individuals with disabilities and their families that they were not "cases" and did not care to be "managed."

Family participation in the service coordination function and throughout the individualized service planning process was a core concept of IDEA.[1] Part B of IDEA covers education services for ages 3 to 21. Each state passes its own additional laws and writes rules telling how the federal law will be carried out. This law brings together services from the agencies of education, health and human services. Because the three agencies are working together in a coordinated and comprehensive way, families have easier access to services. This is called interagency coordination.

Contact PACER, **www.pacer.org**, or your school district for specific questions.

SECTION 504

Section 504 is a section of the Rehabilitation Act of 1973 (29 U.S.C. § 794). It is a federal civil rights law implemented through federal regulations; there is no state law counterpart to Section 504. Section 504 prohibits discrimination against individuals with disabilities in all programs or activities receiving federal financial assistance. Its requirements apply in the areas of employment, education, and "other services" offered by a recipient of federal funds. Recipients have no additional funds offered to support compliance.

Section 504 has qualifying characteristics such as an individual who has a physical or mental impairment that substantially limits a major life activity such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working. This law is often used for children with health or medical diagnosis to assure they receive the accommodations they need (e.g. diabetes, allergies, etc.)

The key components to Section 504 law is that:
1. You cannot discriminate against a person with a disability; they need to have the same access and opportunities as those without disabilities.
2. Reasonable accommodations need to be provided.
3. Religious groups operating a child care program do not receive exemptions under Section 504 from compliance.

Minnesota Disability Levy for School-Age Care
This category of funding define "children with disabilities" as all children who have been identified by the local school district as a child with a disability as specified in Minnesota Statutes §125A.02. "Children with disabilities" also includes children who have a diagnosed disability which substantially limits a major life function.
The students for whom additional costs are reported must be enrolled and have started their first day of kindergarten through the last day of sixth grade.

There is no explicit definition in statute of "children experiencing family or related problems of a temporary nature;" however, the key word is temporary: long-term poverty or structural family circumstances are not problems of a temporary nature.

The Statute: 124D.22 School-age care revenue
Subdivision 1. Eligibility. A district that offers a school-age care program according to section 124D.19, subdivision 11, is eligible for school-age care revenue for the additional costs of providing services to children with disabilities or to children experiencing family or related problems of a temporary nature who participate in the school-age care program.

The Statute supports programs by providing additional funding for additional costs related to caring for the child with a disability. "Additional costs" associated with providing care services to children with disabilities can include:
–Additional program staff hired to support a child's inclusion
–Special Needs Coordinators/ managers
–Equipment and supplies
–Extra transportation costs
–Training
–Sign language interpreters

Disability Site Resources

- Child Care Law Center, 221 Pine St., 3rd Floor, San Francisco, CA 94104. 415.394.7144 www.childcarelaw.org
- Dept. of Justice http://www.usdoj.gov/sitemap/index.html
- ADA Hotline 202-514-0301 800-514-0301
- ADA Homepage, US Dept. of Justice, www.usdoj.gov/crt/ada/adahom1.htm
- Minnesota Human Rights Commission
- *Childcare and the Americans with Disabilities Act: ADA Opportunities and Resources for Child Care Providers and Families.* Can be downloaded at www.cshen.org/forms/ada_booklet_web.pdf.
- The Individual with Disabilities Education Act Homepage http://idea.ed.gov/

Data Privacy, Release Forms and Confidentiality

The Minnesota Government Data Practices Act (Minnesota Statutes, chapter 13) and the Federal Privacy Act of 1974 give people the right to view the information about them that an agency maintains, and also the right to approve or deny disclosure of this information to another person or agency. No information about a child or family should be shared externally without the family's written consent. As a general rule, all information about a child or family should be kept confidential. There are exceptions, however. For example, the law requires that child-care staff members report suspected child abuse, neglect, or maltreatment.

Confidentiality is crucial, regardless of legal requirements. When families discover that confidentiality has been broken, they might be reluctant to share more information about their children.
- People receiving services have the right to expect that all personal information about them be kept confidential. Safeguarding this right is the foundation for mutual respect between them and staff.
- Agencies should collect only data that is genuinely needed. This includes data that is mandated by law or applicable rules and regulations as well as data that is needed to provide appropriate services.
- It is a staff person's responsibility to make sure that the information that they collect and record is necessary, accurate, complete, and current.
- Data privacy applies to all information gathered for program purposes, including people's presence or status in a program.

  For example, if someone calls an agency and asks if a certain person lives or is served there, it should not be disclosed without valid authorization because this is considered private information, Likewise, if someone who works in one agency asks if you work with a certain person, you should tell him or her that this is private information that you cannot disclose. This sometimes happens when a person moves from one program within an organization to another. It may seem harmless, but even casual conversation about a person receiving service with someone who isn't involved in working with him or her can invade the person's privacy.
- Preserving confidentiality and protecting data privacy applies to both written and oral exchanges. Conversations about people receiving services should occur only in the work environment and only when required.

  It is not uncommon for staff to socialize during non-work hours. Since the primary bond for most co-workers is the job, it is natural in these situations to discuss work. Confidentiality problems can arise when co-workers discuss client-related experiences public places where they can be overheard. For example, if a program employee is in a restaurant talking with co-workers about John Jones' latest behavioral incident, and John's cousin from out of town is in the next booth and overhears the conversation, it is a clear violation of data privacy and confidentiality. [13]

In addition to the privacy-rights procedures discussed above, further steps must be taken whenever specific information is requested.

Conditions for Release of Information

Before information regarding a person receiving services can be released, the following conditions must be met:

- Consent must be given by that person or his or her legal representative.
- Consent must be informed. Pertinent legal rights must be explained in a way that ensures that the person who is consenting fully understands the agreement.
- Consent must be voluntary. There must be no use of coercion or threats in order to get a person receiving services or his or her legal representative to sign a release-of-information authorization.
- A person receiving services or his or her legal representative may choose not to release information or only part of the requested information.
- A Consent to Release Information form may be signed only by the person receiving services or his or her legal representative. (Confirm that the person signing has the legal authority to do so. For example, if a person is under state guardianship or another type of guardianship or conservatorship, the person's parent or family member might not be authorized to sign.)[13]

Consent to Release Information

When there is a need to share information, a Consent to Release Information form must be used. The length of time for which this form is valid varies with the situation. Some releases are valid for a one-time release of information. Others can be valid for multiple occurrences up to one year after the form is signed. The State of Minnesota requires that no release be valid for more than one year.

The completed form must indicate

- who will release the information
- who will receive the information
- what information will be released and for what purpose.
- that the person receiving services has the right to revoke the consent given
- that the information being released is protected by the Minnesota Government Data Practices Act
- the signature of the person receiving services or his or her parent or guardian
- the date of signature.

A sample form is included as the last page of this chapter.

When using Consent to Release Information forms:

- Be sure that parents or guardians are familiar with all information being released, the reason for the release, and how the information will be used.
- Use a separate form for each agency or person receiving information.
- Release information only from records kept by and generated by your agency. Information from other sources may not be released or copied. Only the generator of the information may release the information.

- Confirm that the parent or guardian signing the form has legal custody of the child whose information is being released.
- Try to obtain the name of a contact person within the requesting agency. This can help when clarification of the reason for the release is necessary.
- Remember to maintain confidentiality of all written records and orally transmitted information that you use and handle.

Tennessen Warning
(excerpted from the *Service Coordination Resource Manual*)[13]
Whenever a person receiving services (or their legal representative) is asked to provide private or confidential information about themselves, they must have information about how that data will be used. The privacy rights notice gives some basic information about routine use of data and data sharing within the program and service delivery system. This notice does not take the place of informed consent and signed authorizations to release specific information. The privacy rights notice is sometimes referred to as the Tennessen Warning after the Act's initial author, Senator Robert Tennessen of Minneapolis.

A privacy rights notice must contain the following components:
- the purpose and intended use of the requested data within the agency or statewide system
- whether the individual may refuse or is legally required to supply the requested data
- any known consequences of supplying or refusing to supply the data
- the identity of other persons or entities authorized by state or federal law to receive the data

In most programs, a printed privacy rights notice is provided to the person receiving services upon admission and is updated periodically thereafter, usually annually. The notice should be explained to the person in terms that he/she can understand. The form is then signed by the person, or legal representative, and placed in the person's permanent record. A copy is given to the person and their legal representative.

Informed Consent
(excerpted from the *Service Coordination Resource Manual*)[13]
Informed consent refers to the person's ability to voluntarily participate in a rational decision-making process regarding treatment or services and the ability to weigh the risks and benefits of the proposed treatment/services after being provided the information. Determining the person's ability or capacity for informed consent can be difficult. Many programs rely on a recommendation from the person's physician or psychologist as to whether the person has the necessary capacity to understand all the consequences of his/her consent. This is typically conveyed to the interdisciplinary team who makes the overall judgment regarding the person's ability to consent. If the person is under guardianship or conservatorship, the legal representative is responsible for giving informed consent.

Informed consent is generally required for
- the person's participation in research projects

- release of photos, videotaping, and multimedia projects
- reviewing Vulnerable Adults incidents with Human Rights Committee
- release of personal record information
- aversive or deprivation procedures
- psychotropic medication authorization

Before it is implemented, the proposed procedure, program, treatment, or use of the information must be explained to the person receiving services or his/her legal representative in terms he/she can fully understand.

The following conditions must be met:
- Consent is freely provided, not under duress.
- The person receiving services' condition is clearly understood by the person or his/her legal representative.
- The reason for the authorization is completely understood by the person giving consent.
- Alternatives to the procedure, program, treatment/service, or use of information (if any) are explained and fully understood.
- Risks and benefits of the procedure, program, treatment, or use of information are explained and fully understood.
- Chances of success of procedures, programs, or treatments are explained and fully understood.
- The consent is time-limited and in writing.

Access to Records
(excerpted from the *Service Coordination Resource Manual*)[13]
The law requires that persons receiving services or their legal representatives be allowed access to their records. The program can implement policies requiring written requests and approval for record review, and the program may be able to require that record review be conducted in the presence of specified staff. Persons receiving services should be informed on their admission to the program of their right to review their records as well as any policies and procedures the program has for this. If a person receiving services is denied access to his/her record, the reasons for denial must be documented prior to the person's written request for access. Persons receiving services or their legal representatives can challenge the accuracy or completeness of the information contained in the record. This is usually accomplished through the procedures established in the program's grievance policy.

Forms
- ▪ When use of a Consent to Release Information form is required, a single form will be used for this interagency. The form will be initiated at central intake and will be in effect for no more than one year.
- • Copies of Consent to Release Information forms must remain in children's files.

Sensitive Data
SOME DATA—FOR EXAMPLE, HIV STATUS OR THE PRESENCE OF OTHER COMMUNICABLE DISEASES—IS VERY SENSITIVE.
- • Employees should be informed that they are serving a person infected with HIV only when that information is necessary to help them care for and protect the infected person appropriately. Practicing good hygiene while providing child care will adequately protect all parties against the risk of viral transmission.

Child Protection
As a service provider and mandated reporter, if you know or have reason to believe that a child is being neglected or abused, or has been neglected or abused within the last three years, you must report this to Child Protection. This is the only information that may be disclosed without parental consent.*

Confidential Information
- • This information should be stamped confidential.
- • This information should be released by subpoena only (e.g., Child Protection reports).
- • This information should be stored in a file other than the primary case file.

Orally Provided Information
Orally provided information should be given the same privacy treatment as written information.
- • Orally provided information should be disclosed on a "need-to-know" basis.
- • Communication should be purposeful (avoid gossip).
- • Those sharing information should remain nonjudgmental and respectful of individual differences, and avoid "labeling."

Additional References
The Key to Privacy, Data Privacy Office, Minnesota Department of Human Services, 444 Lafayette Road, St. Paul, MN 55155

The following Sample Data Privacy Policy is taken from "The Many Hats of Service Coordination," *Service Coordination Resource Manual*, Minnesota Interagency Early Childhood Intervention Project, 1995.

*Note: Non-consensual disclosure by any health authorities of private HIV data is governed by Minnesota Stat. S 13.38, subd 2(b) and (c) (Supp. 1987).

SAMPLE DATA PRIVACY POLICY

Sample policy taken from "The Many Hats of Service Coordination."[13]
General
The purpose of this document is to inform agencies and their employees about data privacy and protect the data privacy of the families we serve (confidentiality/liability). In addition, it is the intent to understand the policy of each agency and to agree on a process of working together with families.

Data Classes Defined
Data classification determines rights and liabilities. There are three classifications of data. Only data that is pertinent to the assessment and provision of services through the interagency is collected. All information is contained in one file source for each agency.
- *Public data* is accessible to any member of the public for any reason.
- *Private data* is not accessible to the public but is accessible by the subject of the data.
- *Confidential data* is accessible to neither the data subject nor the public.

Examples of Data
- Public data: Statistical data such as the number of 4-year-olds receiving special education services. Data which does not have a name attached.
- Private data: Most data will be considered private data. Some data labeled as confidential may be private data according to the legal terms written above. A psychological evaluation, for example, may be labeled confidential; however, it is available to the parents of the child and is, therefore, considered private.
- Confidential data: Confidential data will be limited. Examples are adoption information or reports to Child Protection.
- Sensitive data: This category will be defined for this document only. Because certain data is of a sensitive nature, it may be treated with special consideration. An example is HIV status.

DATA COLLECTION/ RELEASE
Collection
Data is collected at a number of points in the process of accessing services from a variety of agencies. The family has a right to give or refuse to give information based on the Tennessen Warning. Data is collected for the following reasons:
- to determine eligibility for services
- to help provide appropriate services
- to provide information to the state and federal government
- to prepare statistics and evaluate studies
- to determine financial resources available for identified service needs

Permission

Permission is obtained in writing from the parent or legal guardian for a variety of reasons for each agency. Permission in writing usually means a signature on a form which has been explained, with the Tennessen Warning, to the parent or guardian. If no parent or guardian can be found after a "reasonable effort," each agency must follow its policy for who can give permission. "Reasonable effort" is defined by each agency. For example, it may mean sending two registered-mail letters and having them returned. Directives for each type of agency are briefly listed below.

Education:
- Permission must be obtained for three purposes:
    1. to assess
    2. to share information and gather information
    3. to provide services
- If a parent or guardian cannot be found, the special education director of the district will appoint a surrogate parent and qualify their parameters of permission
- If a child is a ward of the state, a social worker is assigned as the guardian and can sign educational permission forms

Social Services:
- Permission must be obtained to share information with other agencies.
- The signature of a parent or guardian is required on an application to receive services. This does not apply to Child Protection services.

Health:
- Permission must be obtained to share information with other agencies.
- The signature of a parent or guardian is required to receive services, except when the services are court-ordered or in Child Protection cases.

Separate Permission for Sensitive Data

The agency can treat certain data as sensitive data, such as HIV status. This type of data will require a separate permission form.

Situation That Does Not Require Permission

Minnesota statute requires that "a professional or his delegate who is engaged in the practice of healing arts, social services, hospital administration, psychological or psychiatric treatment, childcare, education, or law enforcement, who has knowledge of or reasonable cause to believe a child is being neglected or physically or sexually abused shall immediately report the information" to the appropriate authorities. (Minnesota Statues Section 626.556)

Release of Information

Information is shared in several forms: oral, written, electronic/digital data formats (computer), or on videotape. The release of all information will be treated the same. Sharing oral information should be considered as carefully as sharing written information.

Data is collected through a variety of sources. Families share information with representatives of many agencies. Some of the information is often helpful to members of other agencies. Only information that is essential to the collaborative delivery of services is shared. Care must be taken to share only the information requested by police officers and Child Protection workers. This does not preclude mandatory reporting of neglect or child abuse. Information can be shared through subpoena.

Release of information forms in the file determines who has access to the current information. **The release of information form is in effect for one year only.**

For sensitive information, "need to know" is defined by the sensitive data Release of Information form.

Your Data Privacy Rights
Information for Parents and Guardians

The Minnesota Data Privacy Act (Minnesota Statutes, chapter 13) gives you the right to know the information about your child that a service provider maintains as well as the information that it releases. You have the right to know
- why the information is needed
- how the information will be used
- what will happen if you do or do not give certain information
- with whom the information will be shared

What are your rights when supplying information?
You have the right to refuse to supply requested information. However, without certain information, an agency may not be able to provide you with services.

Who has access to private and confidential information about you or your child without specific release forms completed?
- paid or volunteer staff within the program
- Social Security Administration, if you apply for or receive benefits
- local law enforcement agencies and health departments in matters of child abuse/neglect, in which case information could be shared to ensure protection of you or your child and identification of the perpetrator
- appropriate parties in the case of an emergency, as necessary to protect your, your child's, or other people's health and safety
- the courts, as the result of a court order
- government agencies, including Minnesota Department of Human Services
- private agencies or individuals who are contracted to provide a service such as transportation
- court-appointed guardians, conservators, people who are granted power of attorney, or relatives who may be legally or financially responsible for your child

CONSENT FOR THE RELEASE/REQUEST FOR INFORMATION

I/We the undersigned client hereby authorize (Agency)_____

Agency address _____ and

Name of person and/or program _____

Address _____

EXCHANGE INFORMATION REGARDING

(CLIENT NAME) _____DOB _____

For the purpose of _____

*Please send to the attention of _____

*Information Requested	Information to be Released
____ family information	____ enrollment/demission
____ immunization records	____ family information/update
____ medical history	____ immunization record
____ health form(s)	____ physician's health form
____ Individual Education Plan(s)	____ parent's health form
____ evaluation and/or progress report	____ Individual Education Plan
____ assessment data	____ initial evaluation report
____ psychological/standardized testing	____ initial evaluation assessment
____ discharge summary	____ progress reports
____ purchase of service	____ assessments
____ therapy authorizations	____ program letters
____ other _____	____ other _____

I/We understand that our records are protected under state and federal confidentiality regulations and cannot be disclosed without my/our written consent unless otherwise provided for in the regulations. I/We understand that I/We may revoke this consent at any time, and that, in any event, this consent expires automatically as described below. I/We understand that information exchanged is limited to staff whose work assignments reasonably require access to my data within the purposes specified in the services provided.

Date executed _____ Consent expires _____

_____   _____
Signature of client (parent/guardian if client is under age 18)   Relationship to Client

Note: Only information originating through the above stated agency may be released. The agency has no secondary-release rights on information from other sources (e.g., psychological evaluations, doctor's letters, etc.).

Intake

It is recommended that all children in the program complete an intake process that provides general information about the child, their abilities, talents and interests. Providers cannot require parents of children with special needs to complete a separate intake process. Providers, however, can offer families additional opportunities to communicate a child's needs to assure successful program opportunities.

> When a school-age care provider receives a request for services for a child with special needs, it is important that the provider gain information about the needs of the child and any adaptations necessary for the child to be successfully included. Having information prior to providing services can ease the process, assure clear communication between all parties and may also speed up the process, which eases stress on the provider, the child and the family and supports a more successful opportunity for the child.
>
> Information can be obtained through phone contact or scheduled meetings. Optimally, phone interviews would be completed first, primarily for efficiency.
>
> The intake process is important in establishing rapport and a plan with the team, including the parent. The key to a positive and thorough intake process is to be organized. Sample forms for use in this process are included in this chapter. They can be tailored to fit the provider needs. They can be used in full or used in pieces as appropriate.

Intake Procedures

The first step in creating a successful intake process is organizing and establishing a specific intake procedure to ensure that all pertinent information is presented to the appropriate parties. A general comprehensive intake form should be completed on all children with additional intake information recommended if children with special needs are identified.

Families of children with special needs should be offered a face to face or comprehensive phone intake for more details and completion of any health or emergency forms or plans and any Individual Program Plans that are needed.

Creating a handbook of program policies including admission/discharge, attendance, communication and behavior guidance will help to create a positive start for both parents and providers.

Be aware that some parents may choose to not disclose their child's special needs. This may be for a variety of reasons including concerns about discharge or denial of services due to special needs; fear of being treated differently; their own denial of their child's special needs, etc. Parents need the assurance that knowledge of the needs of the child is to assure program supports are in place, not for denial of services.

It is important to have a copy of a child's IEP or 504 Plan to assist in increased knowledge of a child's needs, development of any planning and assurances of knowledge of needs of the child.

Admission/Discharge Policies

Admission/enrollment information should provide parents with information about specific policies or procedures that are unique to a program. Information might include procedures for release days, drop-in fees, parent conferences, illness or emergency policy, and evaluation of placement. Also, it will be important to include any required forms, health and medication information, and any needed adaptations. Enrollment information should be completed and turned in prior to a child's start date in a program.

Discharge policies should be written carefully. It is important to provide clear criteria and policies for discharge, and providers should be very careful to stay within the limits of the American's with Disabilities Act (ADA). The following is a sample of a discharge policy:

> If parents decide to terminate enrollment, a two-week's written notice to the Program Director is required. Failure to report withdrawal in writing ten working days prior to withdrawal will result in continued charges of established fees. Usually, termination of enrollment is due to reasons such as relocation, work schedule changes, etc. However, we recognize that not every situation is appropriate for every child. If for any reason our program is found to be unsatisfactory for your child, we will make every effort to discuss with you in order to determine the cause and make the appropriate modifications to accommodate a child's special needs. If a workable solution cannot be reached, you may choose to withdraw from the program on a timeline that is agreed upon by the program and the parents that is in the child's best interest. The program may also determine that our program is not appropriate for your child. We will then make an attempt to refer you to another resource but maintain the right to discharge the child from the program.

Behavior Guidance Policies

Providers should create clear behavior guidance policies for their program that address both definitions and consequences for unacceptable behaviors. It is important to address the issue of behavior guidance policies as they relate to children with special needs and the ADA. Creating clear guidelines on how the general policies may be adapted in the case of a child with special needs and presenting them during intake can foster increased communication and understanding between parents and providers, and alleviate difficulties later.

Specific Child Intake
Information shared between parent and provider

From Parent(s):

Describe your child – who are they (overall terms, positive aspects included)? What are their abilities, interests and motivators?

How does your child interact with other children?

Are there initial concerns about the child's success in the program?

How does your child deal with conflict or frustration?

What are the goals/outcomes desired?

Will your child leave the program area? (e.g. run)

Are there any events (past and present, biological or environmental) in the child's life that may help us to better understand any current behaviors?

Are there any activities that will overstimulate your child?

What are the concerns, roadblocks, or previous provider responses to obtaining services for the child?

Is there a specific time of day or activity where the child has the greatest difficulty?

What are the best methods of communication between parents and providers (e.g. notebook, phone, etc)?

Does the child have a current IEP or 504 Plan?

Does the child have a history of leaving a program (e.g. leaving the group or the building)?

What is the daily and weekly schedule for the child?

Does your child take any medications?
     Will program staff need to administer any medications?

Are there any health concerns you have regarding your child? (food allergies or other allergies, asthma, etc.)

     Are there any restrictions or activities in which the child cannot participate?

Can your child express wants and needs?

Any toileting habits, needs or supports we should know about?

Any other important information?

CHILD INTAKE FORM

Child Name: _____ Date of Referral: _____
Child Birthdate: _____
Child's Diagnosis, if applicable: _____
Child's Primary Language: _____ Secondary Language: _____

Developmental Information (skills and needs of child)

Developmental Area	Equipment Needs/ Adaptive Devices	Environmental Adaptations Needed	Other Information
Gross Motor			
Fine Motor			
Speech/Language, Hearing			Primary Language:
Vision			
Cognition			
Feeding/Oral Eating Habits			Independent in Eating:
Allergies: Tested? Yes No			If positive, allergic to what?
Medications			
Personal/Social interactions with children and adults			
Favorite toys or activities			
Behavioral Concerns			Parent management of behaviors:
Nap/Sleeping Routines			
Toileting Habits/ Needs			

Additional Staffing/Supervision needs to assure successful inclusion:

In regard to the agencies they have used, what medical information has been received from different sources and what has been their experience in working with these agencies?

CHILD INTAKE FORM

Child Name: _____   **Date: _____**

Services Currently Receiving: Agency/Contact Persons/Phone**:**

_____
School Services and District

_____
County Services

_____
Public Health

_____
Rehabilitation Services

_____

Does the child have a current IEP/ IIP or 504 Plan? _____

Request for copy of the IEP/ IIP or 504 Plan made _____ (date)   Copy received: _____ (date)

Consent Forms for Consultant

Release signed/dated Agency

☐   _____   _____

☐   _____   _____

☐   _____   _____

Evaluations and Services received in the past:

_____

_____

Families as Partners

Definition of "family"

This has been an ongoing dilemma due to every "family" being unique. Talk to the family about who they would like included in discussions or meetings and who will provide input into any plan.

Family-Centered Care

Family-centered care is when services are delivered in a way that respects the central role of the family as caregiver, advocate, and decision-maker for the child. There is recognition that the family is the constant in a child's life, while the service system and personnel within those systems fluctuate, and policies and procedures reflect this. There is also an appreciation of families as families and children as children, recognizing that they possess a wide range of strengths, concerns, emotions and aspirations beyond their need for specialized health and developmental services and support.

Family/ guardian and family information and involvement is critical to the process and success of a child in school-age care. Family/ guardians know their child best and can provide a developmental history for their child as well as their impressions of a child's skills and abilities.

Family-oriented factors in positive, healthy programs:
- ✓ Family/ guardians feel welcome with their children and can trust that staff will look at them and their children with a non-judgmental eye and an appreciation for family and cultural differences.
- ✓ The flow of communication is active and deliberate and there is freedom and safety to bring anything up for discussion.
- ✓ Family information is kept confidential and used solely to better understand the needs of the child.
- ✓ There is a team approach to problem solving that includes and does not blame the family/ guardian or family situation.
- ✓ Family/ guardians know whom they can go to with concerns.

(Checklist taken from a Washburn Child Guidance Center Newsletter)

Communication with family/ guardians

Strong, positive and honest communication with a family will be the most important strategy in working with a family. Families need to be involved in discussions at all levels. The key for the professionals is to be sure that there is open communication that is respectful to the families.

Communication with the family member should be defined ahead of time so that families have one primary contact person.

In any situation, there are a number of "best practice" guidelines for good communication that include:

1. Be a good listener. Learn to listen, stop talking. Begin where the family member is. Talk about what the family member wants to talk about.

2. Watch both your body language and your tone of voice; these can send messages louder than your words.

3. Realize that the grief process is normal and that the various family/ guardian feelings or behaviors are appropriate for their situation. At times, the expression of some feelings may be intense, prepare for that.

4. Restate content of a discussion or statement in order to clarify.

5. Develop a non-judgmental and non-critical attitude. This is also true in interactions with providers.

6. Use effective questioning: use open-ended questions to facilitate the discussion of topics of interest.

7. Deal with family members' priorities and concerns:
   - Sometimes there are problems that are unrelated to the child with special needs but need to be dealt with before a family member can focus on the child. Help the family members connect with the resources that will help them.
   - A provider's goals for the child may not be the most pressing priority for the family member. By listening to them and their hopes for their child you serve the entire family better.

8. Involve the family members in planning: the more the provider tries to involve the family member in the planning and decision-making, the more involved and positive the family member will feel and outcomes to the situation will improve.

9. Avoid the "authority-layman" gap:
   - Open and reciprocal communication should be fostered from the beginning. Providers should acknowledge that the family members know their child best. This respect helps family members to trust they are part of the intervention process. Providers need to acknowledge that all suggestions will not work. They can do this by giving a number of alternatives to choose from.

10. Build on family members strengths:
    - Recognizing family members' strengths is crucial to building family members' confidence. A provider can share with family members specific feedback that helps them understand what they do well.

11. Inform families of their rights and options.

Variability in Family Involvement[12]

PROFESSIONAL-CENTERED: In this traditional approach, professionals are the experts who focus on the child's problem. Family needs are not addressed and service delivery is inflexible.

FAMILY-INVOLVED: A step away from the professional-centered approach is family-involved approach. Here families are the receivers of services and professionals remain the experts on all issues. Families may be involved somewhat in their child's program, such as in helping the child at home or fund raising for the program. Family support may be provided in a general way such as in family/ guardian group meetings.

FAMILY-FOCUSED: With this approach professionals are still the experts but family/ guardians are recognized as helpful to the professionals. Professionals seek a positive working relationship with parents. Family/ guardians may choose from an array of existing services and agencies. Family strengths are identified through the assessment process, but not utilized in on-going helping interactions.

FAMILY-CENTERED APPROACH: Here the family is seen as the expert on their child. Family members are active participants in all aspects of services and are viewed as the ultimate decision-makers. The purpose of intervention is family empowerment. Each helping interaction is an opportunity for families to use their strengths to learn new skills. Efforts are made to use and build families' informal support systems, rather than to rely solely on professional systems.

Whatever their level of involvement, family/ guardians must feel their priorities and concerns are being addressed. If family/ guardians are involved as much as possible in the planning for their child, the result is a family/ guardian-professional partnership in which goals can be pursued cooperatively.

Best Practice for School-Age Care

Providing a quality program is the first step to successful inclusion.

Recreation, leisure, and extracurricular involvement are essential for developing friendships, increasing the likelihood of community integration and postschool success, and improving the overall quality of life (Heward, 2006; Modell & Valdez, 2002). Moreover, extracurricular involvement – through such activities as participating in science programs, using computers, practicing foreign languages, working on yearbooks, and participating in 4-H clubs can also give students with moderate and severe disabilities many opportunities to practice and extend their academic skills.[7a]

Keys to inclusion in extracurricular and community activities include parental involvement, teacher support and adequate transportation. The use of person centered planning approaches in which teachers, family members, the student and peers develop an action plan for inclusion for the student on the basis of his or her gifts, interests and needs.

Four professional organizations have established standards to measure a program's quality and effectiveness: NAA, NAEYC, NCCA & NAFDC.

The National AfterSchool Association (NAA) has set forth standards for quality School-Age Care programs.

> For more information contact:
> National AfterSchool Association
> PO Box 34447
> Washington, DC 20043-4447
> 1-888-801-3622
> www.naaweb.org

The National Association for the Education of Young Children (NAEYC), the nation's largest organization of early childhood professionals, sponsors an accreditation program by which child care centers voluntarily meet higher quality standards than required by law.

> For more information about accreditation contact:
> National Academy of Early Childhood Programs/NAEYC
> 1509 16th Street N.W.
> Washington, D.C. 20036
> 202-232-8777 800-424-2460
> www.naeyc.org

The National Child Care Association (NCCA) is also dedicated to ensuring quality childcare for young children. NCCA is a professional trade association representing a membership of close to 4,500 licensed private childcare centers.

> For more information contact:
> National Child Care Association, Inc.
> 1029 Railroad Street, N.W.
> Conyers (Atlanta), Georgia 30207-5275
> 800-543-7161
> www.nccanet.org

The National Association of Family Day Care (NAFDC) offers accreditation to family childcare and group homes that meet high quality standards.

> For more information contact:
> National Association for Family Day Care
> 725 15th Street, N.W., Suite 505
> Washington, D.C. 20005
> 800-358-3817

The basis for all interventions with children should follow developmentally appropriate practice (DAP) interventions and philosophies. For children with special needs, the same intervention strategies, curriculum and expectations should be followed and the preference is that these strategies and interventions are provided within the child's natural environment. Curriculum and interventions may be adapted, but they should still follow DAP. Children, who are developmentally lower than their chronological same age peers, should be with their same age peers whenever possible with adaptations made to the curriculum and classroom environment in order to meet those needs.

Answering Children's Questions:

Children will ask many questions as to why their peer with special needs can't do something or why they interact in certain ways. It is best to answer questions at the time of the question, being honest and explaining at a level of understanding that they are able to understand. Some comments may be:

- ◈ Kelsey uses her wheel chair to move around because her body needs a little help. Isn't it a neat chair? If you ask her, she can show you how she makes it go.
- ◈ The tube in Jamal's stomach is his way of eating foods. It brings the food to his stomach just like your throat brings food to yours.
- ◈ Jack is hitting you on the back because he wants to play! He is still practicing using his words. Let's go give him the sign for play and you can tell him to say play, not hit you.

Some programs prefer to have a discussion with children and parents prior to a child's enrollment. This is an individual decision, just be cautious that data privacy rules are followed and that the child's parents are involved in the discussion. It may be best to have a discussion about overall disabilities as opposed to an individual child.

Program and Curriculum Modifications and Adaptations

Children with special needs should have the opportunity to be included in whatever activities their peers are involved in. It may take adult assistance to assure they are participating in the activity or to make the modifications necessary. The goal for all children is to have independent, meaningful participation in the program. Reasonable adaptations and modifications need to be provided. Examples of modifications or adaptations include:

❖ Sitting in a defined space such as a carpet square
❖ Assist in the sitting posture so that the child is at their peer's level.
❖ Have the parent tape record the sharing item description for a child who is nonverbal.
❖ Position child in front of the "action" to eliminate distractions.
❖ Plan activities that showcase or require a variety of skills so all children are given the opportunity to "shine!"
❖ Allow for "breaks" from activities, which could include a quiet space to regroup, a sensory activity, etc.
❖ Provide social stories or scripts
❖ Provide visual schedules and prompts
❖ Use transition warnings, transition toys, etc.
❖ Additional staff support may be needed and each program will have to evaluate the need and resources to provide this support.

STEPS IN ESTABLISHING AND IMPLEMENTING CLASSROOM RULES AND CONSEQUENCES

Identify Rules
o State positively and specifically
o Have only a few rules that are well defined, keep rules developmentally appropriate
o Make sure they are reasonable, enforceable and explainable
o Post rules with written words and pictures for easy reference

Identify Consequences
o Identify consequences before problem behaviors occur, assure they are logical to the behavior
o Identify consequences for both following and not following the rules
o Identify consequences, which can be given consistently by all adults
o Make sure all adults know consequences

Teach and Review Rules
o Staff act as positive role models and model rules
o Teach rules to children
o Have them practice what you want them to do
o Review rules periodically and consistently reinforce rules

Explore and Reinforce Rules
- Frequently reinforce children for following the rules
- When children do not follow the rules:
    - A. State the rule when implementing the consequence
    - B. Implement the consequence in a neutral and matter of fact manner
    - C. Consistently implement consequences, follow through with what expectation the child has been told

Evaluate and Modify Rules and Consequences as Needed
- Are all adults able to implement consequences consistently?
- Do you review the rules and reinforce children for following them?
- Are rules and consequences posted so adults and children can refer to them as needed?

Originally written by Dr. Phillip Strain, LEAP Outreach Project, University of Colorado at Denver, School of Education, modified by Center for Inclusive Child Care program staff.

Sequential Steps if a child is experiencing difficulty in the program or following the rules:
1. Staff talk with the child about the action
2. Child will be asked to explain the situation to the parent/ guardian. Written documentation will be kept in the child's file.
3. Staff will conference with the parent/ guardian and child regarding the child's behavior. Staff may consult with other school personnel.
4. If behavior warrants further action, a behavior plan or the suspension procedure may be implemented.

Rules for Direction Giving

1. <u>Begin and End with Directions</u>
   As soon as a group of children come to you, be ready with your first set of directions. This means <u>telling them where to stand or sit</u> to hear what they will be doing. When the activity is over you will again have to give directions for where to stand or sit so the children can hear where they go next. Use pictures or symbols for visual cues.

2. <u>Look at the Child</u>
   When you give directions be sure each child can see you. Many times people will give directions with their backs to children or when standing behind a child. Try as often as possible to face the child or he/she may not understand what you want. When giving directions, feel free to use *gestures* such as pointing to where the materials are, demonstrating with the materials, or using simple sign language.

3.   Be Simple, Short and Specific
        You may have many directions you want to tell the children about the activity and/or
        materials. Pace these directions. Tell them what they need to know when they need to
        know it. Too much information given too quickly will not be remembered.

4.   Remember Your Directions are Rules for the Activity – You Can Make New Directions
        (Rules) as Necessary
        Many times occurrences will happen during an activity that you did not think of ahead of
        time. For example, you have given directions for two children to dip sponges in water
        then "paint" on the board. They are doing everything appropriately, but water is dripping
        all over the floor and on them. A new direction or rule would be "dip it in the water,
        squeeze it out…"

5.   Use Preventative Directions
        Many times you may see a potential problem that could use a rule or direction to prevent
        the problem. For example, if children are going down a slide into a pool at a fast rate and
        other children are in the pool, there is a good possibility they may bump into each other.
        A good direction or rule for each child at the top of the slide could be to make sure there
        is timing of going down the slide or watching to assure the friend is out of the way..
        Preventative directions may be necessary many times during an activity, so be ready and
        observant. Non-verbal directions may also be needed, at times both verbal and non-verbal
        direction are helpful.

6.   Use Directions as Cues for Appropriate Behavior
            Children may need reminding of the rules or directions of an activity. A good way to
            do this is to say the direction right before the behavior should occur. For example, if
            you want the child to squeeze the sponge before "painting" in the board say
            "Remember, now squeeze…" as the child dips the sponge in the water.

7.   Repeat Your Directions as Reinforcing Statements
        You want to let the children carrying out the directions you have given them know they
        are doing a good job. For example, "Good, you are squeezing your sponge" or "nice
        waiting your turn, Susan." If you do this, it will serve as reinforcement to one child and a
        cue or reminder to other children at the same time.

8.   Use Physical Prompts with Directions When Necessary with Fading Procedures
        Some children may not understand verbal directions alone. They may need some initial
        help following the directions. For example, if you want the child to dip the sponge in the
        water, squeeze it out, then paint on the board, you may have to do the procedure with the
        child. Hold your hand over his hand and put him through the directions, saying "dip,
        squeeze, paint…" You can repeat this a few times, and then begin to fade your physical
        help. Soon you will want to see if the child can do it on his own. Begin to fade your
        physical help, but continue giving the verbal direction.

9.   Give Children Minimum of Five Seconds to Respond to a Direction
       Because of limited time and the number of children in a classroom, children need to
       respond quickly to directions. Sometimes children do not hear or understand the
       direction. Do not repeat directions until you wait at least five seconds for children to
       respond. If a child does not respond, follow through with a verbal, visual, or physical
       reminder.

10.   Give Directions in a Quiet/Calm Tone
       Because children are active learners, the noise level in the classroom can get high. It
       helps if the adult takes in a quiet tone to children and other adults. Do not yell to adults
       or children across the room. Quietly give your directions. If a child is out of your
       speaking distance, walk over to him and give the direction.

Written by Dr. Phillip Strain, LEAP Outreach Project, University of Colorado at Denver,
School of Education.

Dealing with Disruptive Behavior

Goal of Behavior	Child Looks Like	Child May Be Feeling	Teacher's Reaction	What You Can Do
To Gain Attention	* Nuisance * Show off * Clown * Keeps teachers busy * Manipulates teachers to serve	* I only count when I am noticed or being served * I am terrified that I may not stay alive	* Feels annoyed * Gives service * Is kept busy * Reminds often/coaxes * Thinks: He/she occupies too much of my time	* Don't give attention when child demands it *Give attention at other times *Ignore behavior *Don't show annoyance *Be firm
To Gain Power	* Acts stubborn * Argues * Has temper tantrums * Tells lies * Disobeys * Does opposite of instructions * Does little or no work * Says "If you don't let me do what I want you don't love me"	* I only count when I am dominating, when you do what I want you to * I am scared when I am not in control * I am afraid that my needs won't be met unless I go after them aggressively	Feels *Defeated *Angry *Provoked *Challenged *That leadership is threatened Thinks *He can't do this to me *Who is running this class? Him or me? *He/she can't get away with this	*Establish equality *Give power in situation where the child can use power constructively *Recognize power *Avoid power struggle *Withdraw from struggle *Don't fight *Don't give in *Respect the child *Redirect the child's activity into constructive channels *Make agreement
Attempt to Hurt	* Is: *verbally abusive *vicious *sullen *defiant * Steals * Kicks, bites, scratches * Hurts animals, peers, adults	* No one cares * Nothing I do is good * I don't have power * I'll count with you if I can hurt you * I feel hurt by life	Feels: *Deeply hurt *Angry *Resentful *Outraged *Dislike for child	*Don't say "I am hurt" or act hurt *Withdraw from struggle *Maintain order with minimum restraint *Apply logical consequences, *Don't punish (punishment produces further rebellion) *Persuade child he/she is liked *Use encouragement
To Feel Adequate	* Feels inferior * Feels hopeless * Acts stupidly * Gives up * Rarely participates * Withdraws * Says "Leave me alone"	* I don't know how to please you so I give up * I can't do anything so I won't try to do anything at all * I'm no good. You don't like me, so I will not even try	Feels: *Helpless *Discouraged *Frustrated Thinks: *I don't know what to do with this child. I give up	*Give encouragement when the child makes mistakes *Help him/her feel worthwhile *Acknowledge when he/she tries *Say," I think you can do it." *Don't support inferior feelings *Develop a constructive approach *Show faith in child's ability *Find other sources of encouragement for child's self

Suspension of children from a program

Suspension of a child from a program should be a last resort whenever possible. Children should be given opportunities of behavior plan implementation.

Safety of each individual child and staff are the program's primary concern. Should an individual behavior threaten or endanger his/ her own safety or the safety of others, he/she may need to be suspended as a behavior plan is designed and a conference with the child and parent is completed.

The Parent and Staff Handbooks should define this practice and the parameters for such a decision. An example may include a child being suspended for excessive noncompliance, any form of bullying or harassment of others, verbal or physical aggression, leaving the program area without permission. For any of these reasons, if persistent or related to a child's special needs, a behavior management plan should be created and accommodations listed.

Documentation

Ongoing documentation of child progress, successes and concerns is important in current and future planning. Documentation can be completed within Individual Program Plans. Sample Summary forms are included in this chapter.

Sample Procedures

First Incident
1. Site Manager/ Program supervisor contacts Coordinator to report incident and provides detailed information.
2. Complete critical incident report and forward to all pertinent parties.
3. ____ (title of position) decides if suspension is appropriate and for what duration.
4. ____ (title of position) contact parents with the following information
   - Incident Information
   - Length of suspension and return date
   - Date and time for rentry parent/ student conference
5. Outline behavior plan and any adjustments for future behavior expectations to be discussed/ reviewed with parent and student at reentry conference.

Repeat above process for further incidents with potential increased consequences

Building Partnerships & Communication

ADULT LEARNING

In working with adults, keep in mind that adults, like children, learn in a variety of ways. Each individual has a preferred learning style, which is typically flexible enough to accommodate a wide variety of possibilities while favoring a few. Adult educators and mentors need to be aware of and learn to accommodate diverse learning styles as they plan adult learning possibilities.

Adults, like children, progress through developmental stages throughout their life spans. New learning builds on previous learning: knowledge and skill advance from simple to complex. For example, a new teacher may learn to plan some generally appropriate activities, then to involve children in the activities, then to individualize within activities, then to orchestrate a variety of interesting activities, which meet individuals needs.

Understanding learning style and developmental stages can assist the adult educator to provide learning experiences and follow-up support, which adequately meets the needs of the adult learner. The key is being aware of individual differences and providing a variety of learning opportunities and methods.[15]

The following are commonly held principles of adult education and their implications for training[15]

Principle 1: Learning depends on motivation

Adults are pragmatic learners. Their orientation to learning is problem-centered. They want learning to be based on immediate needs. When they come to a learning experience they want to know *what's in it for me?* Adults tend to want to apply new skill or knowledge to everyday problems or concerns. Therefore, base training on needs assessment data, which details participants' perceptions of their needs. Whenever possible, point out the immediate utility of training content. Incorporate problem solving sessions designed to address specific content-related issues into training, and provide opportunities to practice and apply new skills in the workshop.

Principle 2: Learning is self-directed

The self-concept of an adult moves from dependence to self-direction. When adult learners have too little autonomy their dignity can be affronted, their motivation inhibited, and their pleasure in learning stifled. Therefore, encourage participant input in regard to planning and designing learning experiences. Offer choices in regards to goals for implementation, follow-up activities, learning methods, workshop content, etc. Provide opportunities to share experiences and ideas related to content, and offer content-related resources for extended study.

Principle 3: Learning depends upon past and current experience

Adults come to a learning situation with a great deal of prior experience and knowledge, which must be respected and built upon. Previous individual experiences enable adults to be combination teacher and learner. Therefore, incorporate liberal opportunities for idea sharing, problem solving, discussion, questions and answer, and citing personal examples. Do role-plays, case study analysis and brainstorming sessions. Provide opportunities for learners to integrate new ideas with what they already know.

Principle 4: Learning depends upon active involvement of the learner

Adults kept in a passive dependent role lose interest. Activity directly helps sustain adult learning behavior. More than 50% of a training session should be devoted to active involvement of the learner; a rule of thumb is to plan an activity every 15-30 minutes. Further, if learning is to be transferred into the classroom then a combination of presentation, demonstration, and practice paired with feedback must be included in the workshop.

It is important to recognize that activity should not be carried on just for its own sake. If teachers are called on to be active, they will profit only to the extent that the activity makes sense to them. They must perceive that the activity somehow is relevant and addresses their interests and needs.

Principle 5: Learning effectiveness is dependent upon feedback

Feedback motivates and enhances learning. It is a way to individualize and collectively give information on progress, accomplishment, and needs for improvement. It can be oral or written, given by trainer, or participants. Some guidelines for giving feedback are: it must be prompt, positive with emphasis on improvements and strengths rather than deficiencies and mistakes, honest, informational, specific with suggested corrective procedures, and supportive of self-evaluation and self-correction.

Principle 6: Learning is enhanced by an informal atmosphere and the freedom to make mistakes

Adults learn best in an environment that is pleasant but purposeful, that emphasizes good relationships and trust among participants and instructors. Adults need to experience success in their learning attempts; mistakes should be accepted and minimized. Therefore, provide a comfortable physical environment; do ice breakers. State ground rules and goals, avoid competition, celebrate effort and accomplishment, and acknowledge each.

The Special Training for Special Needs training manual[15] addresses the principles of adult learning in the following ways:
- Competence inventories serve as needs assessment and allow individualization
- Training activities address competencies
- Training activities include a wide variety of methods to actively involve participants and accommodate various learning styles

- Training activities provide liberal opportunities for discussion, problem solving and idea sharing
- Competency-based learning addresses immediate needs
- Learning builds upon previous knowledge and skill
- Feedback opportunities occur during training and follow-up activities
- Self-study activities reinforce learning
- Follow-up includes observation and feedback in the classroom
- Participant's contribution to the learning experience

COMMUNICATION

Characteristics of a Good Listener[15]

1. **Good listeners give the other person a chance to talk.**
   This means they stop talking and give the other person time to complete their thoughts. They feel comfortable with silence. They know that attentive silence gives the speaker time to process what's been said.

2. **Good listeners create a comfortable environment for talking.**
   They remove distractions; they assure confidentiality if desired or appropriate. They eliminate interruptions as much as possible. They remove physical barriers between the speaker and listener. If distracters do get in the way, they talk about it openly and establish another time to talk if necessary.

3. **Good listeners ask appropriate questions.**
   Questions can help the listener understand better as well as encourage the speaker to explore his/her thoughts.

4. **Good listeners lead the other to talk.**
   They may use door-opening statements which invite another to talk such as *you seem hassled today,* or *is there something you'd like to discuss? Or tell me what's been going on.* After the door has been opened good listeners encourage further talk with statements, such as *tell me more…I see…can we talk about that further? Go on…what happened then?*

5. **Good listeners show interest through their body language.**
   They sit upright facing the speaker, perhaps leaning forward. Their body movements are relaxed and natural. They do not fidget or sit rigidly in one position. They use appropriate eye contact, comfortably looking at the speaker and looking away. Their facial expressions indicate that the speaker's message is of real interest to them.

6. **Good listeners attend to content, not delivery.**
   Things such as the speaker's style of dress, quality of voice, accent, mannerisms and physical characteristics can be distracting. Good listeners direct their attention to what is being said and away from the distracters.

7. **Good listeners listen to the complete message.**
   They are patient and listen to the total message before they begin to form their own response. They make an attempt to really understand the speaker's point of view.

8. **Good listeners listen to the main ideas.**
   Since it is impossible to remember everything a person says, the listener should attempt to focus on the central idea and remember the less important facts only long enough to understand what's being said.

9.   **Good listeners look for area of common experience and agreement.**
        This is done by briefly recognizing a similar past experience or a brief account of a
            similar point of view that listener holds. This can help the listener better relate to what
            is being said.

10.   **Good listeners deal effectively with their blocks to listening.**
        They realize that everyone has blocks to listening with some people and in some
            situations. They are aware of their commonly used blocks and they catch themselves
            in the act of using them. They can then get on to the experience of really listening.

11.   **Good listeners practice listening.**
        Like any other skill, listening can be learned and perfected, but it takes practice. Good
            listeners put themselves in a variety of listening situations such as adult education
            classes, parent meetings, discussion groups, informal talks with friends, and parent
            contacts where they can practice listening.

STRATEGIES FOR COMMUNICATION WITH PEERS
  ➢ Go directly to the person
  ➢ Keep an open mind to differences of opinion
  ➢ Remember there are no win-lose situations
  ➢ Balance personal and professional
  ➢ Welcome new staff
  ➢ The "Team" is everyone in the building, not just particular groups – there isn't a
      hierarchy, just different jobs
  ➢ Have an awareness of the policies
  ➢ There are no dumb questions; ask anyone. If you know the information, share it. If you
      don't know the answer, assist the person in finding it.
  ➢ Don't talk about staff, talk to them

COMMUNICATION BETWEEN PARENTS AND STAFF

Communication is a vital link between home and school age care programs. In order to provide the most effective program service for the child, it is important parents and staff to have consistent communication. Following is an example of communication information (presented at intake)

1.   Please inform us of any changes that may affect your child. These changes include hospitalization, medical status, tube feedings, medications, moving, new baby, vacations, changes in family structure, etc.
2.   It is imperative for parents to provide current emergency contact persons and numbers to the office.
3.   We encourage you to call the SAC program to talk with the directors, coordinators, or teachers regarding questions or concerns you may have about your child or programming.
4.   Parents providing their own transportation may always stop to briefly discuss their child's day with respect given to staff that must supervise all children in their care. Staff is always happy to set up a time for more in-depth conversations.
5.   Families should review the list of daily activities posted on the bulletin board outside the SAC room(s).
6.   Parents of children not yet potty trained may receive an information sheet daily to indicate bathroom procedure times. Please discuss the documentation needs for your child with your child's teacher.
7.   Each teacher has his or her own voice mail extension. Please fell free to leave messages for your child's teacher and they will return the call during their break times.

COMMUNICATION WITH CHILDREN
The use of positive action phrases is a good way to communicate with children because the phrases provide constructive alternatives to more negative behaviors. Some positive action phrases that may be used include:

1.   Walking feet in the hallway (vs. no running)
2.   Adults/Teachers open doors and gates (vs. don't open the door)
3.   Inside voices (vs. no yelling)
4.   Gentle hands (vs. no hitting)
5.   Listening ears (vs. no talking)
6.   Feet stay on the floor (vs. no climbing)
7.   Stop (vs. no)
8.   Use your words (vs. no hitting)
9.   All children cannot leave the room or be out of sight of an adult (ex. when going to lockers, getting drinks, etc.)

It is helpful to have parents use these phrases at home for reinforcement and consistency.

Individual Program Plans for Children

When an Individual Child Care Program Plan (ICCP) is needed:

For Rule 3 Programs:
....

"When a license holder admits a child with special needs, the license holder must ensure that an individual child care program plan is developed to meet the child's individual needs. The individual child care program plan must be in writing and specify methods of implementation and be reviewed and followed by all staff that interact with the child." Rule 3, 9503.0065Subparts 3.

The center should advise the parents of a child with special needs, prior to admission, that it must have the Individual Services Plan (ISP) that is generated by their county developmental disabilities division or an Individual Education Plan (IEP) that is generated by their public school program. This information is needed to ensure that the Individual Child Care Program Plan is developed to meet the child's individual needs.

If the child qualifies for and has an IEP, the ICCP must be coordinated with this plan. The ICCP must also be reviewed at least annually by the child's parent, licensed physician, licensed psychologist or licensed psychiatrist.

For Rule 2 Programs:
....

Rule 2 family childcare providers require that any specialized service providers provide written instructions for any special needs. A copy of the child's IEP would meet this requirement if they have this plan.

When a Behavior Management Plan is needed:

Programs may desire to set in policy, or be required to set in policy, an accommodation and revision to the standard behavior or discipline policies if a child has a diagnosed special need that is related to challenging behavior. This may include modifications to suspension times, etc. This can also be spelled out as individual practice within a behavior Management Plan created for an individual child.

Rule 3 defines persistent unacceptable behavior as an unacceptable behavior that occurs 3 or more instances in a day, 5 or more instances in a week, or 8 or more instances in two weeks. The number of instances acts as a guideline although program staff may determine a lower threshold as appropriate.

Rule 3 defines the procedure for "Persistent Unacceptable Behavior" as once a child exhibits repeated instances of unacceptable behavior, written procedures should be developed to focus on the specific recurring behavior and to meet the needs of the child. The goal of this plan is to work with the child and child's family to have a positive impact on the behavior. The provider should observe and record the behavior of the child and the staff response to the behavior and develop a plan to address the documented behavior in consultation with the child's parent and with other staff persons and professionals when appropriate.

If the plan that is developed for a child is not successful, the program needs to determine changes in the plan. The changes may include alternative methods of intervention, a referral for assessment or consultation.

Safety of each individual child and staff are the program's primary concern. Should an individual behavior threaten or endanger his/ her own safety or the safety of others, he/she may be suspended or terminated from a program.

Use of "Time Out":

Most adults tend to use "timeout" as an adult need for time away from a child or situation instead of removing the child from activities that are positive to them. If "time out" is used it should be documented as to what happened in the situation and whether the "time out" did assist the child in decreasing or eliminating the undesirable behavior. Rule 3 programs need to have a plan approved by the parent prior to using "time out".

Restraining Children
Physical restraint for calming or managing behavior should only be used as a last resort, only by trained staff and should not include equipment or straps or any specific products. If a child is in need of restraint options within their plan, consult with a qualified profession in the establishment of the plan. If a program allows for physical restraints to be used, a specific policy should be in place detailing the process for its use.

Use of Individual Assistants:

The use of an individual assistant for a child with special needs will be different for each child. The goal in the use of an individual assistant for children with special needs is to have a staff person assist the child with participation in activities. The individual assistant should not be hovering the child with special needs so much that it isolates the child with special needs from the other children in the group and also draws attention to their special needs. The adult should be available to assist the child as needed; they should not hover or do everything for the child. The child needs to have the opportunity to attempt activities on their own first and then receive assistance as needed.

The adults' proximity to the child can fluctuate depending on the needs of the child and the activity. Not all children need the additional assistance to be touching them or holding them at all times. The individual assistant should not be the sole adult to interact and work with the child. The teacher should play a critical role in working with the child, planning their program and assuring that their needs are being met, just as they do for any other child. It is the teacher's role to direct and lead the individual assistant in the daily activities and to be the primary contact person with parents.

Leading/Supervising an Individual Assistant:

The most important leadership that a provider can offer is clear expectations to the individual assistant. You cannot assume that expectations are known. The greatest challenge is that some assistants may actually have more than one supervisor due to their funding source. Clear expectations for all involved are critical from the beginning and will need to be revisited on a regular basis, possibly monthly or more often. It is also important to define roles and expectations of professionals working with the child that are not employees of the program or provider. (e.g. a nurse or PCA employed by another agency). The provider needs to set expectations and can require that professional to follow the guidelines of the program.

Written documentation of the plan is important and can clarify expectations. Sample chart systems are included in this chapter. This is also helpful when there is substitute staff assisting the child.

Keep in mind that the parent plays a critical role in the definition of expectations and the program plan. It is critical to define the primary person to communicate with the parent and how this will be accomplished. This is a critical component because of the conflicts that can arise if this is not clearly spelled out. For example, if there is conflict between the provider and the individual assistant, the parent may easily be pulled into the conflict. There should be specific systems established so that this does not occur, such as an agreed upon mediator for any conflicts.

Management Guidelines

The following staff guidelines are a sample of procedures for staff. They help develop the most positive environment for each child and assist in maintaining consistent patterns of response to the variety of behaviors exhibited by children. These are strategies that can be used by parents at home as well. In addition, parents should provide input to staff on particular strategies that work well with their child (ren).

1. Structure activities and schedules. Avoid prolonged teacher directed or inactive lessons.
2. Observe, be alert to potential situations, i.e. potential to cause injury or harm to peers, staff, or self. Reinforce the positive; offer encouragement and praise. Avoid the negative "dislike" responses.

> ➢ Use DO phrases, not DON'T phrases; use positive action phrases, i.e. "feet on floor, walking feet"
> ➢ Do not use terms such as "naughty", or "bad" as they do not explain the why or what.

3. Build a positive relationship with each child; use that trusted relationship to help the child if a difficult "behavioral" situation arises.
> ➢ If another staff member is dealing with a child in a "behavioral" situation, let them continue, unless they ask for help or are experiencing physical harm from the child.
> ➢ If you need a child's attention, go to the child (do not yell across the room or gym unless there is a danger or you physically cannot get there)

4. Be alert to the needs of the children.
> ➢ Know your children in order to recognize the differences in their behaviors, thus enabling you to use appropriate intervention.
> ➢ Change activities when children seem bored
> ➢ Be alert to children who may need extra encouragement to complete or succeed with a task.
> ➢ Use transitions for appropriate regrouping.

5. Be alert to safety issues
> ➢ One staff person should lead a group and one should follow when moving from room to gym, playground, etc. Remember, teachers open gates and doors.
> ➢ Always remember to spread staff out on a playground and in the gym.
> ➢ "Behavior Incident" reports are sent to parents when a behavior causes an injury to another child or adult.

In all cases if any child displays behaviors that inhibit productivity from the rest of the group or themselves, and/or could potentially cause harm to him/herself and/or another person around them, the situation is discussed with a coordinator or program director so that assistance and support to staff can be arranged and monitored. If necessary, a behavior guidance plan will be established with parent input.

Behavior Guidance

The following policy is a sample for staff:

At **NO TIME** is any staff member, volunteer, or student in training to:
1. Subject a child to corporal punishment such as hitting, pinching, shaking, shoving, etc.
2. Subject a child to emotional abuse (i.e. name calling, threatening, humiliation, etc.).
3. Separate the child from a group except in accordance with an approved plan.
4. Punish for lack of toileting control.
5. Punish by withholding food, clothing, etc.
6. Physically or mechanically restrain a child except in relation to an approved plan developed for the safety of the child and/or those around him/her.

Sample Forms:

For form "Program Plan for Children with Special Needs" the following is a description of its use:

Other Schedules

In this space add therapy schedules, play therapy times, any other schedules that may be pertinent, but may be daily.

Daily Schedule

In this column – follow the child's full day schedule, putting in the times for the activities and the specific activities. In this area, document specific medication times, feeding times, etc. You can add the routine schedule of the class as pertinent to the child's schedule.

Child Needs

In this space you can document the specific needs the child has in order to participate in the listed activity. For example, for fine motor activities, needs hand over hand assist to cut, or pulls down own pants for diapering but needs assist to get on to the toilet.

Goals related to activity

In this space place goals in therapy or on the IFSP that are specific to the listed activities. You can also add any informal goals that the parent may have.

Description of Activities

In this space give ideas for activities and how you want them to be played out, ideas for what the child likes to do or what you want them to be presented with.

Person Responsible

In this space list the person(s) responsible for the activity. This is where you can clarify with people what you want them to do.

It is also important to provide an evaluation of any plan that is designed – the frequency can be individualized – but at a minimum it should be changed and monitored as changes occur.

> Supporting this effort is to have staff provide a monthly summary of the child and how things are going. Expressing what is working and what is not and changes that need to be made, providing a modification of the plan if it is needed.

> Be sure to have parents sign off on any plan that is created.

Sample Behavior Contract:

I/We understand that my child will be expected to abide by the _____(Program Name) expectations for appropriate student conduct at all times as stated in the Program's Discipline Policy.

Also, in order to ensure safety of my child in attendance at (Program Name), I/We understand that certain rules must apply to all children in the program. The rules are as follows:
1. Keep hands, feet and objects to yourself
2. Follow directions and be respectful of the person(s) in charge
3. Us appropriate language
4. Respect other people and property

If a violation of the rules stated above occurs, the _____ (Position) will work with the parent and child to develop a plan that addresses the behavior.

I/We understand that if my child displays any of the following behaviors it may result in my child being suspended or expelled from the program.
1. A behavior that takes away any person's right to feel and be safe
2. A behavior that keeps any staff person from fulfilling their job requirements to be available to all children because of constant interference of a child.
3. A behavior that includes inappropriate touching of a person's body, and/ or using inappropriate sexual language or actions.
4. Blatant disregard or absolute refusal to follow directions of those in charge.

I/We have read, discussed and understand the Behavior Contract and its expectations and implications.

Signature of Parent(s)/ Guardian (s)   _____

Child's Signature   _____

Date   _____

Program Plan for Children with Special Needs

Child Name: _____ Birthdate: _____ Date Documented Created: _____

The overall goal of this plan is to document what supports the child needs to assure successful inclusion in classroom activities.

Other Schedules	Daily Schedule	Child Needs	Goals Related to Activity	Description of Activity	Person Responsible

Include in the above information the child's favorite activities, what level of support they need to accomplish the task.

Important information about the child:

Child Care Program Plan

Child Name: _____ **Birthdate**: _____

Date of Plan: _____ **Review Date**: _____

GROSS MOTOR

Skills	Program Plan/Activities

FINE MOTOR

Skills	Program Plan/Activities

LANGUAGE-EXPRESSIVE & RECEPTIVE/BASIC SKILL DEVELOPMENT

Skills	Program Plan/Activities

SOCIAL/EMOTIONAL

Skills	Program Plan/Activities

Child Care Program Plan
Parent Questionnaire

What do you see as your child's strengths?
....

What are your expectations of the program?
....

What do you see as your primary target areas of growth/goals for your child?
....

Topics you would like to cover within the conference:
....

PLEASE REVIEW QUESTIONS AND BRING THIS INFORMATION TO YOUR CHILD'S
CONFERENCE.

Individual Learning Program Plan

For:

_____

The following Program Plan (ILP) was developed on (date)
_____

With (parents)
_____

And (staff)
_____
_____
_____

Attached is a summary of skills demonstrated within the classroom setting. The following are additional skills/comments by parents:

Goals:

Target Date:

CHILD CARE PROGRAM PLAN

Child's Name: _____

GOALS	DATE INITIATED	IMPLEMENTATION PLANS (materials and support needed)	TARGET DATE	FOLLOW-UP

CHILD CARE INDIVIDUALIZED PROGRAM PLAN

Child Name: _____   **Date:** _____

Birthdate: _____   **Dates Updated:** _____

Goals/outcomes desired

Daily Activities	Goal 1	Goal 2	Goal 3

Behavior Management Plan

For: _____

Date Implemented**:** _____   Date Discontinued**:** _____

Dates reviewed and Person Reviewing: _____   _____

_____   _____

Notes**:** _____

_____

_____

BEHAVIOR	INTERVENTION	PROGRESS

Parent Signature Agreeing to Plan:

_____

INTERVENTION PLAN

FOR: _____

Date of Implementation: _____
Date Discontinued: _____

The following plan is to be used to (increase/decrease)

_____
Demonstrated by _____.

The behaviors being addressed include:

_____
_____

If there is an indication of the identified behavior, redirect _____ by

_____

If _____ is demonstrated, _____ is to be removed from the
activity. He/she is to sit at the side of the group. An adult may sit next to him/her if needed,
although the preference is that the adult remains a short distance away and ignores the behaviors
and language.

_____ is to remain at the side of the group until he/she demonstrates
actions showing that they are ready to go back to the group. He/she is not to sit alone for more
than ____ minutes, if a longer time is needed, an adult will sit next to them and talk with them
about the situation and determine if other interventions are needed (e.g. a walk, rocking, etc.)

All incidents that require removal from the group must be documented on the specified
spreadsheet.

This plan will be evaluated monthly by the provider and parents to determine continuation.

Parent Approval of above plan:
I approve of the above plan.

_____   _____
          Parent Signature   Date

Inclusion in School-Age Care, Guidelines for SAC Providers in Caring for Children with Special Needs 12-08

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