AIR FORCE CHILD AND YOUTH PROGRAMS
SUPPORTING CHILDREN AND YOUTH WITH SPECIAL NEEDS
INSTRUCTIONAL GUIDE
Reference: DoDI 6060.02; AFI 34-144

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1. TRAINING OBJECTIVE: To assist Air Force (AF) Child and Youth Programs (CYP) personnel (CYP staff, Training and Curriculum (T&C) Specialists, Program Managers, Family Child Care (FCC) Providers and Coordinators, Specified Volunteers, and Contract Workers) in supporting the inclusion of children/youth with special needs in CYP.

2. PURPOSE: The Air Force goal of inclusion is to support the participation of children and youth, with and without disabilities, in CYP activities.

3. OVERVIEW:

a. No child/youth who meets the basic age and eligibility requirements may, solely based on disability or special need, be excluded from CYP. During the enrollment process, CYP professionals gather information from families about required modifications and support for children/youth with disabilities, medical conditions, and/or special needs. CYP professionals will work with the family to determine:
   - Placement in the most inclusive setting that is medically and developmentally appropriate
   - Reasonable modifications and support for participation
   - Auxiliary aides or services to ensure effective communication
   - Emergency action plans for medical or other health-related concerns
   - Methods for ongoing communication between CYP professionals and the family

b. Children/youth with special needs may need modifications to make CYP accessible or may otherwise require more than routine and basic care. Special needs may include children/youth with or at risk of disabilities, chronic illnesses or physical, developmental, behavioral, or emotional conditions that require health and related services of a type or amount beyond that required by children in general.

c. Inclusion is an attitude and a philosophy that welcomes and supports all children/youth. Inclusion is a belief in every person's inherent right to participate fully in society. Inclusion conveys the idea we appreciate each child/youth, we see each child's/youth's gifts, and we value children/youth of all abilities being together.

d. Inclusive programs are communities where children/youth with and without disabilities live, learn, and play together. The goal of inclusion is to support the participation of all children/youth in activities and programs. Children/youth with and without disabilities are respected as contributing members in CYP.

e. One of the major misconceptions about inclusion is it only benefits the children/youth with disabilities. Although children/youth with disabilities do benefit, children/youth without disabilities, parents, agencies, and the community all benefit from inclusion. Children/youth with and without disabilities make new friends, have the opportunity to learn from peer models, build independence and coping skills, notice similarities and differences amongst their peers, develop interpersonal skills, and learn to accept others.

f. Elements of inclusive programs include:
   - Policies, practices, and procedures supporting the participation of children/youth with and without disabilities or other special needs
   - Modifications to support the ability of children/youth to play, learn, socialize and participate in daily routines and activities
   - Modifications to materials, activities, and the environment to accommodate the needs of children/youth
   - Behavior support strategies to help children/youth meet expectations and learn appropriate behavior
   - Partnerships with families and ongoing interpersonal communication
   - Consideration of adult to child ratios
   - Training and support for CYP personnel to increase knowledge and skills

4. INTAKE AND ENROLLMENT:

a. A family's first contact with CYP will set the stage for the family and the CYP professional relationship throughout the child's/youth's participation in the program. The intake and enrollment process allows both the family and CYP personnel to exchange information about the child's/youth's needs so he/she may experience success in CYP. It gives the family the opportunity to learn about CYP policies and procedures. It also provides an opportunity for CYP personnel to share the AF philosophy on inclusion and how children/youth with and without disabilities are supported in the program.

b. In order to identify appropriate placement, CYP personnel will work with the family to gather information about the child/youth. If a child/youth is identified as having a disability, medical condition or special need, CYP personnel will work with the family to determine if an Inclusion Action Team (IAT) meeting is needed. An IAT may be needed for children/youth with or at risk of disabilities, chronic illnesses, or physical, developmental, behavioral, or emotional conditions requiring additional services.

c. All efforts should be made to conduct the IAT meeting before the family requires enrollment to ensure the environments, modifications, and any required trainings are in place before the child/youth starts.

d. It may be difficult for the IAT to provide customized recommendations for a child/youth that is new to the program. A flexible plan may need to be developed initially to allow for time to evaluate the child/youth's needs and adjustment to the program.

5. CHILDREN/YOUTH CURRENTLY ENROLLED IN CYP:

a. Children/youth may already be enrolled in CYP when they receive a diagnosis or may exhibit behaviors (with or without a diagnosis) that interfere with their ability to learn, develop and maintain relationships and/or adapt to the CYP environment. CYP professionals should work with families to make reasonable modifications and support participation. If needed, a referral to the IAT may be made by the program.

b. If the child is identified with a special need(s) after enrollment, the child's developmental and/or medical requirements must be reviewed by the CYP Medical Advisor and the team of experts listed below within 45 days.

6. IAT MEETING REFERRAL PROCESS:

a. An IAT may be needed for children/youth with or at risk of disabilities, chronic illnesses, or physical, developmental, behavioral, or emotional conditions requiring additional services. Decisions about referral to the IAT should not be made solely based on diagnosis. Each child's/youth's situation must be considered on a case-by case basis.

b. Prior to referring children/youth for an IAT meeting, CYP professionals have a responsibility to approach the family as the first line of support. The family may be able to provide the information needed to support the child/youth to enable the child/youth to participate in the program. The referral process should not replace ongoing conversations with parents or guardians regarding concerns about the child/youth's behavior or participation in the program.

c. The CYP Flight Chief, who serves as the IAT Chairperson, along with the CYP manager and CYP Medical Advisor, review the documentation to determine if an IAT meeting is needed.

7. IAT MEETING:

a. The purpose of the IAT meeting is to support CYP personnel in identifying reasonable modification for the needs of children/youth and to assist the program in securing the necessary support and resources.

b. The required frequency of IAT meetings will depend on the size of the program and needs of children/youth/families/staff; however, once documentation is received, the IAT should convene within 10 business days.

c. The IAT will develop an Inclusion Action Plan which includes:

- Determining placement in the most inclusive setting appropriate to meet the need; Modifications and supports for participation (i.e., ratios, transition supports, room arrangement, etc.);
- Auxiliary aides or services to ensure effective communication;
- Medical emergency action plan developed by the health care provider (if applicable);
- Additional training or meetings required;
- Method for communicating with families.

d. The CYP Flight Chief is responsible for assembling and chairing the IAT.

e. IAT members may include professionals working in the field of child and youth development, early intervention, medical, legal, family support services, therapy, special and general education, or related fields. The number of IAT members will vary by installation according to the size of the installation, resources available, and community involvement. The structure of the team will depend on what works best for each installation and/or the individual child/youth/family/staff needs. Although the members may differ by installation, the core team members represented on the IAT should include:
   - CYP Flight Chief (or GS-12 or above designee).
   - CYP Managers
   - CYP Medical Advisor
   - Exceptional Family Member Programs (EFMP) Family Support Coordinators and/or School Liaison Officer (SLO)
   - Training and Curriculum Specialist (T&C)
   - Parents of the child/youth

   Other IAT members who may be consulted as needed may include:
   - Installation legal office
   - Educational and Developmental Intervention Service (EDIS), Pediatric Behavior Medicine, or other community resources
   - CYP personnel who will be working with or have objectively observed the child/youth

f. IAT meetings may be conducted in a variety of ways. Perspectives may be presented in person, in written form such as an Individual Education Plan from the school, email, or via telecom or video conference. The IAT chairperson may want to consider recruiting several individuals from each discipline to account for scheduling conflicts or logistical issues. To maximize participation and minimize scheduling conflicts, the IAT chairperson should consider setting a recurring date/time for meeting.

g. Representatives of the CYP programs will vary, depending on the child's/youth's need being presented. Some meetings may include several CYP personnel from different programs. The CYP personnel should only attend the portion of the meeting applicable to the child/youth in their program.

h. Parents or guardians should be notified and encouraged to attend the IAT meeting. Parents will attend the portion of the IAT meeting that applies to their child/youth. Parents may not be present for discussions of other children/youth participating in CYP. It is critical the IAT maintain the confidentiality of all children/youth and families.

i. If a placement decision is not made at the IAT meeting, parents will be notified by the IAT when a decision has been made regarding the best environment for their child/youth. A team approach ensures all decision making perspectives are shared and avoids placing the weight of delivering the decision on one person. In addition, it provides an opportunity for the parent to ask each team member questions.

8. IAT RESPONSIBILITIES:

a. To support CYP personnel and families, the IAT's responsibilities include but are not limited to:
   - Identify the needs of the child/youth
   - Contribute to the development of individualized accommodations and supports
   - Review emergency action and health management plans
   - Collaborate with CYP personnel on development of the Inclusion Action Plan
   - Make recommendations for Behavior Support Plans (if applicable)
   - Assist CYP personnel in identifying resources and services
   - Research and organize resources for CYP personnel and families
   - Support CYP personnel with inclusion related issues such as training, community collaboration, and physical access
   - Provide follow-up communication and support

9. IAT MEETING DOCUMENTATION:

a. Minutes are developed for each IAT meeting. Notes should be recorded and filed with the IAT Chairperson. A copy of the Inclusion Action Plan will be provided to the child's/youth's parent(s) and kept in the child's/youth's file in the program. At a minimum, the plan should be reviewed annually by the IAT.

10. PROCEDURES FOR PROVIDING CARE:

a. Attempts must be made to provide care in the most inclusive setting that is appropriate and to support the family's needs.

b. If a reduction of ratio is required, an extra staff member should be added to the group as opposed to not filling available spaces.

c. The installation legal office should be consulted for any modification that deviates from policy.

d. If reasonable modifications can be made, the Inclusion Action Plan is followed.

e. If reasonable modifications cannot be met, the CYP Flight Chief contacts the installation's legal office for guidance to assure compliance with Section 504 of the Rehabilitation Act and other applicable public laws and regulations prohibiting discrimination based on disability. In addition, the Air Force Services Activity (AFSVA) Child and Youth Specialists are consulted to explore additional alternate care options (i.e. subsidized care on or off the installation).

f. CYP professionals should not assume a child/youth referred to the IAT should automatically be placed in a Family Child Care (FCC) home.

11. CONFIDENTIALITY:

a. CYP personnel will only gain a family's trust if parents are assured that information shared will be kept confidential. Details about a child/youth should only be shared on a need to know basis.

b. Families should be notified that their child's/youth's information may be shared with the IAT, relevant AFSVA personnel, or CYP contract personnel (i.e., Kids Included Together (KIT) or Military Family Life Consultant (MFLCs) in order to receive customized recommendations for adjustments, modifications and supports. In order to share information, written permission must be obtained from the parent.

c. Systems for maintaining confidentiality should include the following:
   - Processes for keeping all records, forms, and other information about the child/youth in a secure location;
   - Proper procedures are used when emailing Privacy Act Information and/or electronically storing files;
   - Training CYP personnel on keeping information confidential;
   - Assisting CYP personnel in developing a response when parents ask questions about other children/youth in the program.

12. INCLUSION SUPPORT TRAINING PLAN:

a. An Inclusion Support Training Plan must be completed for each child-specific case presented at IAT meetings and kept in the child's/youth's file. The plan is developed by the CYP T&C and the staff/providers for implementation of the plan. The plan should include:
   - Summary from the Inclusion Action Plan;
   - Outline of strategies and modifications being implemented in the CYP;
   - Emergency action plan, health management plan or behavior plans (if applicable);
   - Description of how information will be shared with CYP professionals working directly with the child/youth and any necessary training;
   - List of recommended resources for CYP professionals and the child's/youth's family;
   - Outline of follow-up plans (i.e., how often CYP professionals will communicate with the family, KIT Inclusion Helpline, additional training assistance and support).