

Tyndall Child and Youth Services Flight
325 Force Support Squadron, Tyndall AFB, FL

Policy Statement
Children with Special Needs

The Tyndall Child Development Center (CDC), School Age Care (SAC), and Family Child Care (FCC) provide quality care for children ages 6 weeks to 12 years, including children with special needs. It is understood that many children have special needs which require “special attention” to support a child’s healthy growth and development. For the purpose of this flight policy, children with special needs will be defined as those children requiring recurrent medication, special diet, and/or extra assistance. These special needs may impair and/or substantially limit one or more major life activities and are often recorded as a special need through the Exceptional Family Member Program (EFMP).

The CDC, SAC, and FCC follow guidance and procedures stated in the governing AFI 34-144, *Child and Youth Programs*, as well as Higher Headquarters Inspection Criteria. *It is the policy and goal of Air Force CYP to make reasonable accommodations which support inclusion and participation of children/youth with and without disabilities. CYP programs must be designed to reasonably accommodate and be inclusive of children/youth (entering or already enrolled in the program), including those with identified disabilities as well as special learning, medical and developmental needs. CYPs must follow the most recent AF CYP Inclusion Action Team Instructional Guide. (AFI 34-144; 15.1).*

The focus of the programs is to support the individual needs of all children by promoting positive social, emotional, cognitive, and physical growth and development. Ensuring continuity and support of the development of an individual child who receives medical, developmental or other intervention services requires teamwork and cooperation among agencies, parents, and the care program. A release form will be provided to families allowing for the exchange of information between the intervention agencies and the care program.

Installation medical authorities must make a determination of special needs and care requirements. A written plan of care must be on file and followed for each child designated as having special needs. AFPC/SVI will be notified of recommended ratio changes for further guidance.

To make this determination, the CDC, SAC or FCC specialist will request input from the intervention specialist(s), pediatrician(s), the family and any other significant individuals who directly contribute to the growth and development of the child. This information will allow the Tyndall Child and Youth Programs (CYP) Medical Advisor to determine the staff to child ratio and group size using the “Child Care Plan for Children Identified with Special Needs” form provided by the CDC, SAC or FCC (see reverse). The CDC, SAC or FCC program staff, together with the CYP Medical Advisor and other identified personnel, will determine what type of care is required or if reasonable accommodations for care is possible in the on-base facilities.

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Information Release Form

_____ I agree to allow the Child Development Center (CDC), School Age Care (SAC), and/or Family Child Care (FCC) and CYP Medical Advisor (if applicable) to exchange and share information with the intervention service program(s) and medical professional(s) listed below for the sole purpose: a) to develop a specialized plan for my child, b) to determine and ensure the most appropriate staff:child ratio and group size is established and maintained for my child while attending the CDC, SAC or FCC, and c) to support his/her growth and development while enrolled in the program.

_____ I understand that:

- a) Any information shared between the intervention service program and the CDC, SAC, FCC or CYP Medical Advisor *is to be kept confidential*.
- b) To support strong partnerships and communication with the family, CDC/SAC/FCC and intervention program, a log of contact will be maintained by the CDC/SAC/FCC and shared with me at any time I request.
- c) A parent conference will be held at least semi-annually to discuss my child's growth and development in the program.

_____ I understand that the Individual Family Service Plan (IFSP) or Individual Education Plan (IEP) that has been developed by the intervention agency may be provided or reviewed with the CDC, SAC, or FCC and CYP Medical Advisor (if applicable) and that this information will be kept confidential. Please select the manner in which you choose to provide or share this information:

- I will provide or share the IFSP or IEP with the CDC/SAC/FCC. This will be accomplished prior to my child's enrollment in the CDC/SAC/FCC or within 2 weeks from the date of my signature below.
- I request that the intervention program provide or share the IFSP or IEP with the CDC/SAC/FCC. I understand the CDC/SAC/FCC will notify me when this is obtained.

_____ Parent Name (please print)

_____ Parent Signature

_____ Date

Child's Name:		Date of Birth:	
Program Enrollment: (check all applicable)			
<input type="checkbox"/> CDC	<input type="checkbox"/> SAP	<input type="checkbox"/> FCC	<input type="checkbox"/> EFMP
Medical Professionals (providing support):			
_____		_____	
Professional's Name		Duty/Office Phone	
_____		_____	
Professional's Name		Duty/Office Phone	

Child Care Plan for Children Identified with Special Needs

Instructions: Parents fill out the parts highlighted in yellow only. Have your child's doctor fill out the remainder of the form.

CHILD'S NAME: _____ **DOB:** _____

Diagnosed Special Need: _____

- AF established staff:child ratios are adequate to meet needs of child.
- AF established staff:child ratios are not adequate to support the required staff:child interactions or individual and group developmental and safety needs.

The following staff:child ratio is required to provide adequate care: ____:____.

The group size for this child should not exceed: _____.

The dietary requirements are (N/A):

Foods that cannot be served or provided:

Suitable substitutions for restricted food items:

Other medical requirements are (N/A):

(Asthma Care Plan required for asthma condition)

Developmental requirements are (N/A):

Are there any emergency or unusual episodes that might arise while the child is in care? YES NO

If yes, how should the situation be handled?

Are there any special instructions for sleeping, feeding, diapering, toileting, active play or other? YES NO
 If yes, please provide instructions:

The following changes to the environment are required (N/A):

Do CDC, SAP, or FCC staff require additional training to provide adequate child care? YES NO

If yes, please explain:

Additional comments:

Medical Provider's Name and Stamp

Date

Medical Facility

Phone Number

FOR CDC/SAC/FCC USE ONLY:

Not all children/youth with or at risk of disabilities, chronic illnesses and physical, developmental, behavioral, or emotional conditions that require health and services of a type or amount beyond that required by children/youth in general will need to be referred to the IAT (e.g. typical food allergies, infrequent asthma symptoms, etc). Decisions for referral to the IAT should not be made solely based on diagnosis. Each individual child/youth and situation must be considered on a case-by-case basis. Does this case need to be referred to the IAT? YES NO

Completed by Tyndall AFB CYP Medical Advisor and listed agencies to validate the plan with the parent/legal guardian.

CYP Medical Advisor	Date	FSF Flight Chief	Date
Medical Group EFMP Representative	Date	EFMP – FS	Date
Director/FCC or SAC Coordinator	Date	CDC/SAC/FCC Specialist (T&C)	Date

This Child Care Plan must be reevaluated in no more than 12 months from the date above.