

**SUBJECT:** Standard Operating Procedure for the Special Needs Resource Team (SNRT).

1. PURPOSE. This Standard Operating Procedure (SOP) establishes guidelines and responsibilities for the placement, and subsequent review of the ongoing placements, of children with special needs, in Coast Guard Child Development Centers (CDC) and in Family Child Care (FCC) homes.

2. REFERENCES.

- a. COMDTINST M1754.15, Child Development Services Manual.
- b. COMDTINST 1754.7A, Coast Guard Special Needs Program.
- c. Public Law 93-112, sec.504 of the Rehabilitation Act of 1973.
- d. Public Law 105-17, Individuals with Disabilities Act Amendments of 1997.

3. APPLICABILITY. The Special Needs Resource Team (SNRT) applies to all military and civilian personnel eligible to use the programs and services provided by Coast Guard Child Development Centers and Family Child Care homes.

4. OBJECTIVES.

- a. Recommend a placement, which accommodates, to the extent possible, the children's individual needs, parents' mission requirements, and parents' preference for care setting.
- b. Facilitate the placement of children into the least restrictive environment.
- c. Consider developmentally and/or physically appropriate environment: adult and child ratios; risk assessment; group sizes; and necessary program adaptations.
- d. Establish/recommend pre-admission staff/provider training, to include:
  - Specialized caregiving health practices necessary for the child to function in the child care setting.
  - Recommendations concerning frequency and intensity of ongoing technical assistance, or follow-up support needed.

- e. Perform secondary functions of technical support, need for increased staff/provider support, referral to special education services, and periodic placement review of children enrolled in the CDC and FCC.
- f. Act as consultative service for non-diagnosed children, e.g., concerning developmental delays, challenging behaviors.
- g. Policy Exceptions.
  - If the SNRT chooses to depart substantially from the CDC/FCC specialized caregiving health practices, a request for exception to policy must be forwarded, via the Family Resource Specialist, to the servicing Coast Guard Health Clinic and G-WKW-2.
  - Placement of the child may not begin until approval of the exception to policy is granted and identified staff training is conducted.

5. DEFINITIONS.

- a. SPECIAL NEEDS RESOURCE TEAM. A team that addresses the placement of children with special needs in the CDC/FCC homes taking into consideration developmentally appropriate environment, adult/child ratios, group sizes, and any necessary program adaptations. The team is comprised of the Family Resource Specialist, CDC Director/FCC Provider, Coast Guard Health Care Provider, and parents of the child involved. Families shall be allowed to have a knowledgeable professional accompany them to the team meeting, at their cost.
- b. LEAST RESTRICTIVE ENVIRONMENT. Setting, to the maximum extent, appropriate for children with special needs. Children with special needs are to be included in CDC programs and in FCC homes, with children who do not have disabilities, or are otherwise identified as having special needs.
- c. CHILD WITH SPECIAL NEEDS. A child who has a physical, emotional, developmental, or intellectual disorder that limits his/her capability to engage in pursuits with peers and who requires special treatment, therapy, education, training, counseling, adaptive equipment, or special accommodations.
- d. INDIVIDUALIZED EDUCATION PLAN (IEP). A written statement for a handicapped child, above the age of 3 years, that is developed by a team of school staff and parents, and that states educational goals and services to be provided by the school district to meet the child's unique educational needs.
- e. INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP). A written statement for a handicapped child, birth to 3 years of age, that contains, in part, a statement

of child's present levels of physical development, language and speech development, and self help skills.

f. RISK ASSESSMENT. A process by which the unique needs, challenges, and behaviors of a child are considered in relationship to the potential for injury to himself and/or others while within a CDC/FCC placement.

6. RESPONSIBILITIES.

a. Family Resource Specialist (FRS)

- Chair the Special Needs Resource Team meetings; schedule location; retain written record of discussion and decision concerning each child reviewed.
- Schedule team meetings; coordinate with team members, parents, and additional experts; prepare agenda.
- Monitor and ensure CDC/FCC program compliance with applicable public laws, COMDTINST M1754.15, and other regulatory guidance.
- Review educational documentation on each child for suitability of placement.
- Serve as a point of contact to parents requesting information and referral to alternative programs.

b. CDC Director/ FCC Provider.

- Receive requests for placement.
- Coordinate with Family Resource Specialist to determine need for SNRT
- Provide information and guidance to SNRT members on services offered to special needs children.
- Review educational documentation on each child for suitability of placement.
- Make recommendations and coordinate necessary training for CDC staff/ FCC Provider
- Present placements for review: (a) Annually, (b) Upon receipt of new/additional information concerning the special needs of a child,

(c) To review placements that are experiencing challenges to success.

- Coordinate final placements.

c. Coast Guard Health Care Provider.

- Review medical documentation on each child.
- Recommend program modifications/adaptations.
- Make recommendations for training that addresses specific issues of children with special needs.
- Provide, as requested, individual or group training for CDC staff and Family Child Care Providers.

d. Coast Guard Legal

- Consult with SNRT if there is a disagreement between the Team and the parents regarding the placement of a child.
- The CDC's or FCC's servicing legal office should assist the team with the final decision concerning the placement.

e. Additional Appropriate Experts.

- Review documentation on each child for suitability of placement.
- Recommend program modifications/adaptations.
- Recommend appropriate staff training.

f. Parents.

- Provide all necessary documentation (medical, IEP, IFSP, CDC enrollment forms including CDS Child Health Form [Encl.4] and immunization records).
- Attend the SNRT meeting.
- Keep CDC staff or FCC providers up-to-date with pertinent information about their child's medical condition or educational program.

7. PROCEDURES.

- a. REQUEST FOR PLACEMENT. Parents making request for placement of children at CDC or FCC homes will be asked: “Does your child have any medical problems or special needs? Is your child enrolled in Coast Guard Special Needs Program (or the Exceptional Family Member Program [EFMP] of sponsor’s respective branch of military service)?” If the answer is “yes” or “possibly”, parents will be provided a handout “*Child Development Services and Children with Special Needs*”. The handout (Encl. 1) explains the admission procedure for children with special needs. Parents will be told that placement of a child with special needs may not begin before the SNRT meeting takes place.
- b. PREREQUISITS.
  - All special needs children of active duty service members must be enrolled in Coast Guard Special Needs Program, or in the EFMP of any other branch of military service, or the enrollment process must have been started.
  - Parents and educational agencies may request that CDC/FCC assist with some objectives listed in IFSPs or IEPs. Parents would be responsible to provide copies of these documents to CDC or FCC providers.
- c. TEAM MEETING. Placements are scheduled for review one at a time, as indicated in the agenda prepared by CDC Director. The Chair briefly explains the purpose of the meeting. All team members introduce themselves. The parents are asked to provide information about the child. The Health Care Provider reviews medical documentation, the CDC Director/FCC Provider and Family Resource Specialist review educational information. Additional Appropriate Experts provide their opinions about the child’s condition. Discussion follows. Emphasis is placed on gaining information to ensure a success of the enrollment.
- c. RISK ASSESSMENT. Children who have medical conditions, to include infectious diseases, violent or disruptive tendencies, or mental impairments, are considered “qualified” under the Rehabilitation Act of 1973 and eligible to participate in the CDC/FCC programs, unless there is evidence that these children pose a “serious risk” to other children or to employees. The purpose of the risk assessment is for the SNRT to meet, either before the initial placement, after an incident, or when new information becomes available. Risk Assessment will be conducted if a child exhibits harmful behaviors to him/herself, other children, or staff members. Such behaviors would include biting, or other aggressive behaviors, that have hazardous potential or are out of norm and/or the developmental age of the child. The Risk Assessment Worksheet (ENC. 2) will be used in the SNRT review process. In the review process, following documentation will be used:

- CDC staff/FCC provider's incident reports.
  - Verbal input from staff/provider.
  - Behavior logs.
- d. **RECOMMENDATION PROCESS.** After review of required enrollment forms, medical/educational documentation, and the discussion, a recommendation about the placement will be made by the SNRT. The specifics of additional training for the CDC staff and FCC providers will be identified at this time. Members of the Team will make recommendations based on their individual experience. If there is a conflict between the Team's decision and parents' expectations regarding the placement of a child, local Coast Guard legal office will be consulted prior to the final placement decision.
- e. **TIMELINE.** The SNRT will meet on an "as needed basis", not less than once a month, if there are requests for placement.
- f. **DECISION NOTIFICATION.** The parent will be notified about child's placement at the time of the SNRT meeting; or by a telephone call from the CDC Director/ FCC Provider, if placement decision had to be deferred pending receipt of additional information; or by a letter, if a risk assessment needs to be completed. If a child cannot be accommodated in a Coast Guard facility, parents will be informed in writing and a list of alternative placements will be provided to the family.
- g. **CASE FORM AND MINUTES.** The Family Resource Specialist will maintain a case form (Encl. 3) and minutes of each team meeting. The minutes will include:
- Names of the Team members in attendance.
  - Topics covered.
  - Case number assigned to each individual request for placement.
  - Brief description of the special needs of each case.
  - Results of risk assessment (if applicable).
  - Recommendation made by the team.
  - Signature of the team Chair.

## **CHILD DEVELOPMENT SERVICES AND CHILDREN WITH SPECIAL NEEDS (Encl. 1)**

Coast Guard Child Development Centers (CDC) and Coast Guard Family Child Care (FCC) Homes include children with special needs (e.g., asthma, allergies, physical disabilities, vision and hearing problems, attention deficit disorder, developmental disabilities, behavior challenges and mental health conditions, etc.) in their programs. To ensure that the special needs of your child could be adequately met and managed at our facilities, the following documents must be obtained and reviewed by the Special Needs Resource Team (SNRT), prior to your child's placement in our care:

1. CDC/FCC enrollment forms, Child Health Form (Encl.4), and child immunization records.
2. Medical documentation specifically addressing the following;
  - a. Nature of child's disability or special need.
  - b. The child's special requirements for care, diet, and medication.
  - c. Special accommodations that the facility must make to accept the child.
  - d. Physician's opinion that the child will benefit from the type of program offered.
3. Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP).

The goal of this process is to share information to ensure the success of your child's placement in our programs. You will be notified of the time of the meeting. You are encouraged to invite to the meeting a knowledgeable professional who could present details about your child's special needs. The team will make recommendations about your child's placement at the time of the meeting, or as soon as all required documentation is received and reviewed.

If for any reason, we would not be able to care for your child in our facility, we would provide you with information about alternative programs.

**For further information about the Special Needs Resource Team (SNRT) or Coast Guard Special Needs Program, please contact:**

**Family Resource Specialist  
CDC Director**

**SPECIAL NEEDS RESOURCE TEAM  
RISK ASSESSMENT WORKSHEET  
(Encl. 2)**

**PURPOSE:** To assess risk involved in the initial placement, or continued placement, of a child with potential or documented behaviors/conditions that may cause injury to self or others.

Child's Name: \_\_\_\_\_

Case Number: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Requested Placement: \_\_\_\_\_ Current Placement: \_\_\_\_\_

Attending Team Members:

_____	_____
_____	_____
_____	_____
_____	_____

Nature of Risk (to self or others):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Expected Duration of Risk: \_\_\_\_\_

Probability of the Risk: \_\_\_\_\_

Interventions Implemented (current placement)

\_\_\_\_\_

\_\_\_\_\_

Could modifications to the physical environment, practices, and procedures mitigate risk?

\_\_\_\_\_

\_\_\_\_\_

Team Decision:

\_\_\_\_\_

\_\_\_\_\_



**SPECIAL NEEDS RESOURCE TEAM  
CASE FORM (Encl. 3)**

Team Meeting Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Placement Requested: (CDC, FCC) \_\_\_\_\_

Child's Disability: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Risk Management Form Attached: Yes \_\_\_\_\_ No \_\_\_\_\_

Team Recommendation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff/Provider Training:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Program Modifications Needed:

\_\_\_\_\_

\_\_\_\_\_

Review Date: \_\_\_\_\_

**CHILD DEVELOPMENT SERVICES  
CHILD HEALTH FORM (Encl. 4)**

**To be completed by a health practitioner before admission to a child care program.**

\_\_\_\_\_ has had a complete history and physical examination at my office on  
(Child's name: Last/First/Middle)

\_\_\_/\_\_\_/\_\_\_ . Findings for this child are indicated as follows:

1. Date of most recent tuberculin test \_\_\_/\_\_\_/\_\_\_ . Result: Positive \_\_\_\_\_ Negative\_\_\_\_\_.

2. The child has the following which may significantly affect his education/care experience:

	YES	NO	COMMENTS
a. Visual problem	_____	_____	_____
b. Hearing problem	_____	_____	_____
c. Speech or language problem	_____	_____	_____
d. Other physical illness or impairment	_____	_____	_____
e. Mental, emotional, behavior problem	_____	_____	_____
f. Developmental delays	_____	_____	_____
g. Allergies	_____	_____	_____

Significant physical findings, comments, and recommendations:

\_\_\_\_\_

\_\_\_\_\_

3. YES / NO The child has a health condition, which may require care or emergency action while he is at child care. (Please specify, e.g., seizures, bee sting allergy, diabetes, etc.)

\_\_\_\_\_

\_\_\_\_\_

Recommendations: \_\_\_\_\_

4. YES / NO The child has or is a known carrier of a communicable disease.

Explain: \_\_\_\_\_

5. YES / NO The child is on long term medication. Specify:

\_\_\_\_\_

6. YES / NO The child requires a modified diet and/or special feeding procedures. Specify:

\_\_\_\_\_

7. YES / NO Except as noted above, the child is otherwise in good physical and mental health, is free of communicable disease, has no problem that may interfere with his learning, and may participate fully in all activities.

**ANSWER THE FOLLOWING QUESTIONS ONLY IF RELEVANT:**

8. If child cannot fully participate in all areas of child care program, what areas should be limited or altered to suit this child's needs?

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9. YES / NO Does child's physical activity need to be restricted?. If YES, explain

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10. What specialized treatments, if any, will this child require?

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Instructions for care:

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11. Does this child require any supportive equipment? (Braces, crutches, etc.) YES\_\_\_\_\_ NO \_\_\_\_\_

If YES, please specify type\_\_\_\_\_

Special instructions for use\_\_\_\_\_

12. Additional comments:

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**SIGNATURE & STAMP REQUIRED**

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Health Practitioner (**please print**)

Phone

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Signature of Health Practitioner

Date

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**ADDRESS**

