



# ACCOMMODATIONS REQUEST: SPECIAL ACCOMMODATIONS (ADA) PACKET

Child's Name: \_\_\_\_\_ School Number & State: \_\_\_\_\_

Director/Principal Name: \_\_\_\_\_ School Phone: \_\_\_\_\_

Special Accommodation or Need: \_\_\_\_\_

## Is this request for a child currently enrolled or prospective enrollment?

Currently Enrolled, Enrollment Date: \_\_\_\_\_

Prospective Enrollment, Desired Enrollment Date: \_\_\_\_\_

## Accommodations Request Process

1. Review the Policy for Enrolling Children with Special Accommodations or Needs (ADA) with the parent/guardian.
2. Review the Authorization for Individualized Needs Assessment and Release of Info with the parent/guardians. Ensure that form is completed and signed by the parent/guardian, and the Director/Principal.
3. Provide the parent/guardian with the ADA Information Sheet for Parents.
4. Complete a Trial Day with the child.
  - a. Trial Day was completed on: \_\_\_\_\_ in the \_\_\_\_\_ classroom.
5. Ensure the Individualized Needs Assessment is completed.
  - a. Section 1 is to be completed by the parent/guardian.
  - b. Section 2 is to be completed by the Director/Principal.
6. Ensure the Care Plan for Children with Special Accommodations or Needs is completed by the child's Health Care Provider.
7. Facilitate any applicable training for the school staff.
  - a. Staff Training was completed on \_\_\_\_\_ for the following employees:
    - i. \_\_\_\_\_
    - ii. \_\_\_\_\_
    - iii. \_\_\_\_\_
    - iv. \_\_\_\_\_

## Submitting the Accommodation Request (Director/Principal)

Collect the following completed forms and any other pertinent information provided by the parent/guardian or health care provider:

- Accommodations Request Cover Sheet (this form)
- Authorization for Individualized Needs Assessment and Release of Info
- Individual Needs Assessment (Parent/Guardian Section)
- Individual Needs Assessment (Director/Principal Section)
- Care Plan for Children with Special Accommodations or Needs

*\*Please do not include the Policy for Enrolling Children with Special Accommodations or Needs or ADA Information Sheet for Parents in the final request that is sent to the Inclusion Team for approval.*

**Scan the completed documents\* and submit to the Inclusion Team via [MySupport in Service Now](#). If you have any questions, email the Inclusion Team:  
[InclusionTeam@LearningCareGroup.com](mailto:InclusionTeam@LearningCareGroup.com)**



# POLICY FOR ENROLLING CHILDREN WITH SPECIAL ACCOMMODATIONS OR NEEDS (ADA)

*This policy will supersede any and all previous policies for Enrolling Children with Special Accommodations or Needs.*

## **Standard:**

We act in compliance with the Americans with Disabilities Act and other applicable federal, state or local laws pertaining to the provision of services to children with disabilities. Our goal is to meet the individual needs of the child within the structure of our program, while maintaining a healthy and safe environment for all the children and staff. We will make reasonable accommodations to afford children with disabilities full and equal enjoyment of our programs and services in the most integrated setting appropriate to their needs. We will make no assumptions concerning any individual's abilities or disabilities and will make an individual assessment to determine if we can meet each child's need in our group childcare setting.

## **Procedure:**

Inform the parent/guardian that the Company must conduct an Individualized Needs Assessment prior to acceptance for enrollment. Prior to enrollment, the Director or management person in charge must follow the steps outlined below when meeting with a parent/guardian of a child with special accommodations or needs.

The packet consists of the following five (5) forms:

1. **Accommodation Checklist/Coversheet:** The Director must use this form to track the collection of all information and complete this form in its entirety.
2. **Authorization for Individualized Needs Assessment and Release of Info**
3. **Individual Needs Assessment (Part One):** Parent/Guardian must complete Section 1 of this form.
4. **Individual Needs Assessment (Part Two):** Director must schedule a trial day/time to observe the child in the age appropriate classroom. The Director must complete Section 2 of this form during the observation.
5. **Care Plan for Children with Special Accommodations or Needs:** Child's primary care physician, nurse practitioner and/or caseworker must complete and sign this form. Parent/Guardian must update this form annually or otherwise required by your state licensing regulations. Please keep a confidential copy of this form in the child's classroom.

The Director must email all completed forms and supporting documentation, including, if provided, an IEP (Individual Education Plan) or equivalent plan prepared by the child's school or county/state agency, to the Inclusion Team to determine whether we can reasonably accommodate the child's needs.

Upon recommendation of enrollment, the Director must:

- Coordinate staff training (a minimum of 2 trained staff on site at all times while child is in attendance);
- Discuss with parent/guardian that follow-up, evaluation, continuous communication and partnership is required for the child's success;
- Maintain confidentiality of the child's information per company, state, and federal guidelines.

Upon enrollment, the Director must store all of these documents in the child's file. In the event we cannot reasonably accommodate this child or the parent/guardian does not enroll the child, the Director must store these documents in a separate file in the Director's office.

Note: Information should be updated not less than once per year-usually in September, as well as any time that a change in diagnosis is made. Whenever an update is being made, a new Authorization for Individualized Assessment and Release of Information and Records form must be executed.

***If you suspect that an enrolled child may have a disability, you must consult your District Manager and the Inclusion Team immediately for assistance.***



# AUTHORIZATION FOR INDIVIDUALIZED ASSESSMENT AND RELEASE OF INFORMATION AND RECORDS FOR:

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

## INDIVIDUALIZED ASSESSMENT

The purpose of this assessment is to determine possible reasonable modifications and/or alterations to Learning Care Group, Inc. and its affiliates and subsidiaries ("Company") programs to assist in successfully integrating a child with special needs or disabilities in accordance with applicable mandates of *The Americans with Disabilities Act (ADA)*. The ADA requires this assessment as part of a proper determination of whether or not a child's disabilities prevent the child from being successfully integrated into Childtime Childcare's programs. Integration of each child is the goal unless that would require a fundamental alteration of these programs. This assessment is an objective analysis based on the needs and abilities of the individual child. The assessor must talk to the parents or guardians, as well as any other professionals (for example; educators or health care professionals) who work with the child in other contexts to obtain their input. **This assessment will be completed by the Director in conference with the child's parents or guardians.** The final determination will be provided in writing to the parents or guardian with a complete explanation of the decision.

## RELEASE OF RECORDS

I, \_\_\_\_\_, the parent or legal guardian of the above-named child, hereby authorize the following to release information, records and documentation, including, but not limited to, pertinent medical records, child care records, counseling records or opinions that are pertinent to the individualized assessment for \_\_\_\_\_ to the Company, its authorized employees and agents, for the sole purpose of evaluating my child for enrollment and/or continued enrollment at the Company. I understand that the Company shall keep all such records confidential and only persons performing the individualized assessment shall review such documentation. I hereby forever waive and release all claims against the following for their release of such information and documentation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Parent/Legal Guardian Signature) (Date)

\_\_\_\_\_  
(Director/Principal Signature) (Date)

# AMERICANS WITH DISABILITIES ACT INFORMATION SHEET FOR PARENTS

Learning Care Group, Inc. and its affiliates and subsidiaries ("Company") does not discriminate on the basis of a child's disability, and we accept children with disabilities where we can reasonably accommodate your child and where she/he does not pose a direct threat to the health and safety of the center or require a fundamental alteration in the center's program. A Director must interview all children in person and make an individualized assessment before an enrollment decision can be made.

As part of the individualized assessment, you will be requested to provide pertinent information, records and documentation, including, but not limited to, pertinent medical records, child care records, counseling records or related opinions that relate to your child's special needs and an individualized assessment for appropriate reasonable accommodations. We will work with you to update and refine your child's individual education plan annually. All documentation and the assessment will be kept confidential and only viewed by persons completing the assessment and/or developing your child's individual education plan.

Please keep in mind that any proposed accommodation must also meet the state's child care regulations, with which the Company is bound to comply.

For any lawful reason that satisfies the Americans with Disabilities Act and that the Company deems appropriate to maintain the safety, security, health or general well-being of the children, families, and staff at our facility, and after appropriate consultation with parents and/or appropriate attempts at re-direction to alter the disruptive behaviors, the Company in its sole discretion, reserves the right to refuse the enrollment of any child, or at anytime during the enrollment to ask parents to make temporary or permanent alternate arrangements for the care of a child enrolled in the Company program. The acceptance of an application for enrollment or a pre-registration fee does not guarantee enrollment.

## U.S. DEPARTMENT OF JUSTICE

Civil Rights Division, *Disability Rights Section*

**EXCERPTS FROM: "COMMONLY ASKED QUESTIONS ABOUT CHILD CARE CENTERS AND THE AMERICANS WITH DISABILITIES ACT"** For the complete text of "Commonly Asked Questions about Child Care Centers and ADA, please go to: <https://www.ada.gov/childqanda.htm>.

### **Q1: Does the Americans with Disabilities Act -- or "ADA" -- apply to child care centers?**

A1: Yes. Privately-run child care centers -- like other public accommodations such as private schools, recreation centers, restaurants, hotels, movie theaters, and banks -- must comply with title III of the ADA. Child care services provided by government agencies, such as Head Start, summer programs, and extended school day programs, must comply with title II of the ADA. Both titles apply to a child care center's interactions with the children, parents, guardians, and potential customers that it serves.

A child care center's employment practices are covered by other parts of the ADA and are not addressed here. For more information about the ADA and employment practices, please call the Equal Employment Opportunity Commission.

### **Q7: Our center specializes in "group child care." Can we reject a child just because she needs individualized attention?**

A7: No. Most children will need individualized attention occasionally. If a child who needs one-to-one attention due to a disability can be integrated without fundamentally altering a child care program, the child cannot be excluded solely because the child needs one-to-one care.

For instance, if a child with Down Syndrome and significant mental retardation applies for admission and needs one-to-one care to benefit from a child care program, and a personal assistant will be provided at no cost to the child care center (usually by the parents or through a government program), the child cannot be excluded from the program solely because of the need for one-to-one care. Any modifications necessary to integrate such a child must be made if they are reasonable and would not fundamentally alter the program. This is not to suggest that all children with Down Syndrome need one-to-one care or must be accompanied by a personal assistant in order to be successfully integrated into a mainstream child care program. As in other cases, an *individualized assessment* is required. But the ADA generally does not require centers to hire additional staff or provide constant one-to-one supervision of a particular child with a disability.

### **Q8: What about children whose presence is dangerous to others? Do we have to take them, too?**

A8: No. Children who pose a *direct threat* -- a substantial risk of serious harm to the health and safety of others -- do not have to be admitted into a program. The determination that a child poses a direct threat may not be based on generalizations or stereotypes about the effects of a particular disability; it must be based on an *individualized assessment* that considers the particular activity and the actual

abilities and disabilities of the individual. In order to find out whether a child has a medical condition that poses a significant health threat to others, child care providers may ask all applicants whether a child has any diseases that are communicable through the types of incidental contact expected to occur in child care settings. Providers may also inquire about specific conditions, such as active infectious tuberculosis, that in fact pose a direct threat.

**Q9: One of the children in my center hits and bites other children. His parents now say that I can't expel him because his bad behavior is due to a disability. What can I do?**

**A9:** The first thing the provider should do is try to work with the parents to see if there are reasonable ways of curbing the child's bad behavior. He may need extra naps, "time out," or changes in his diet or medication. If reasonable efforts have been made and the child continues to bite and hit children or staff, he may be expelled from the program even if he has a disability. The ADA does not require providers to take any action that would pose a *direct threat* -- a substantial risk of serious harm -- to the health or safety of others. Centers should not make assumptions, however, about how a child with a disability is likely to behave based on their past experiences with other children with disabilities. Each situation must be considered individually.

**Q17: Can we exclude children with HIV or AIDS from our program to protect other children and employees?**

**A17:** No. Centers cannot exclude a child solely because he has HIV or AIDS. According to the vast weight of scientific authority, HIV/AIDS cannot be easily transmitted during the types of incidental contact that take place in child care centers. Children with HIV or AIDS generally can be safely integrated into all activities of a child care program. Universal precautions, such as wearing latex gloves, should be used whenever caregivers come into contact with children's blood or bodily fluids, such as when they are cleansing and bandaging playground wounds. This applies to the care of all children, whether or not they are known to have disabilities.

**Q20: What about children with diabetes? Do we have to admit them to our program? If we do, do we have to test their blood sugar levels?**

**A20:** Generally, yes. Children with diabetes can usually be integrated into a child care program without fundamentally altering it, so they should not be excluded from the program on the basis of their diabetes. Providers should obtain written authorization from the child's parents or guardians and physician and follow their directions for simple diabetes-related care. In most instances, they will authorize the provider to monitor the child's blood sugar -- or "blood glucose" -- levels before lunch and whenever the child appears to be having certain easy-to recognize symptoms of a low blood sugar incident. While the process may seem uncomfortable or even frightening to those unfamiliar with it, monitoring a child's blood sugar is easy to do with minimal training and takes only a minute or two. Once the caregiver has the blood sugar level, he or she must take whatever simple actions have been recommended by the child's parents or guardians and doctor, such as giving the child some fruit juice if the child's blood sugar level is low. The child's parents or guardians are responsible for providing all appropriate testing equipment, training, and special food necessary for the child.

For the complete text of "Commonly Asked Questions about Child Care Centers and ADA, please go to: <https://www.ada.gov/childqanda.htm>. For further general information, please go to: [www.ada.gov](http://www.ada.gov)



# INDIVIDUALIZED NEEDS ASSESSMENT

## Section 1: Parent Section

Please complete this questionnaire so we can become more familiar with your child. This information will help us determine whether we can reasonably accommodate your child's needs within our program.

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Person Completing the Form: \_\_\_\_\_ Relationship: \_\_\_\_\_

Complete Address: \_\_\_\_\_

### INFORMATION ABOUT YOUR CHILD

**Please list the school and/or programs your child is currently attending:**

\_\_\_\_\_

**If presently attending school, what grade is your child in:** \_\_\_\_\_

**Please describe any previous childcare placements or arrangements:**

\_\_\_\_\_

**Please note any special services your child receives while in attendance at school or other program:**

Occupational Therapy (OT)  Physical Therapy (PT)  Speech Therapy  Other: \_\_\_\_\_

**Please note any special equipment your child may use:**

Braces  Walker  Crutches  Wheelchair  None  Other: \_\_\_\_\_

**Please check any that apply to your child:**

Seizures  G-Tube  Severe Allergy  C-Line  Hearing Difficulty  Vision Problem

If any apply, please explain: \_\_\_\_\_

**Please describe what your child does well:**

\_\_\_\_\_

**Please describe what your child has difficulty with:**

\_\_\_\_\_

**What auxiliary aids would be helpful for your child while at our child care center:**

\_\_\_\_\_

**What is your child's current language ability:**

\_\_\_\_\_

**INFORMATION ABOUT YOUR CHILD, Continued**

**Please describe your child's diet and eating patterns/habits:**

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**Describe your child's sleeping habits:**

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**Is your child toilet trained:** [ ] Yes [ ] No **Does your child wear diapers/pull-ups:** [ ] Yes [ ] No

**Describe any assistance with toileting your child may need:**

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**Please list any activities your child should not participate in:**

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(Parent/Guardian Printed Name)

(Signature)

(Date)

## ***SECTION 2: Director Section***

Please complete after observing the child in the age appropriate classroom during their trial day/time. For current enrollments, please include observations of the child in their current classroom.

**Proposed Classroom Placement:** \_\_\_\_\_ **Current Ratio:** \_\_\_\_\_ **State Ratio:** \_\_\_\_\_

**Describe child's small and large motor skills:**

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**Describe any behavioral issues exhibited:**

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**Describe child's supervision needs (for example, did the child require more one-on-one attention, did the child wander, etc.):**

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**Check the box that best describes the child's behavior patterns exhibited during the trial day:**

<b>Behavior</b>	<b>Always</b>	<b>Frequently</b>	<b>Occasionally</b>	<b>Seldom</b>	<b>Never</b>
Is distracted or has trouble functioning if there is a lot of noise around.					
Has difficulty paying attention.					
Has difficulty making new friends, interacting or participating in group play.					
Has difficult tolerating changes in routine.					
Has difficult following directions.					

**Is there anything you wish to add that has not been asked?**

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**Director Name:** \_\_\_\_\_ **Date form was completed:** \_\_\_\_\_

(Printed Name of Management Person Completing Form)

(Signature)

(Date)





# CARE PLAN FOR CHILDREN WITH SPECIAL ACCOMMODATIONS OR NEEDS

*Important: In order to ensure the health and safety of your child, it is vital that any person involved in the care of your child be aware of your child's special health needs, medication your child is taking, or needs in case of a health care emergency, and the specific actions to take regarding your child's special health needs.*

To be completed by the child's Health Care Provider

Today's Date: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Primary Health Care Provider: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Specialty Provider: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Specialty Provider: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Diagnosis(es): \_\_\_\_\_

Allergies: \_\_\_\_\_

### **EMERGENCY CARE**

Medication to be Given at Child Care	Schedule (when)/Dose (how much?)	Route (how?)	Reason Prescribed	Possible Side Effects

List medications given at home:

\_\_\_\_\_  
\_\_\_\_\_

### **NEEDED ACCOMMODATION(S)**

Describe any accommodation(s) the child needs in daily activities and why:

Diet or Feeding: \_\_\_\_\_

Naptime/Sleeping: \_\_\_\_\_

Toileting: \_\_\_\_\_

Classroom Activities: \_\_\_\_\_

Outdoor or Field Trips: \_\_\_\_\_

Transportation: \_\_\_\_\_

Therapy Services: \_\_\_\_\_

Other: \_\_\_\_\_

Special Equipment/Medical Supplies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CARE PROCEDURE**

CALL PARENTS/GUARDIANS if the following symptoms are present:

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CALL 911 (EMERGENCY MEDICAL SERVICES) if the following symptoms are present, as well as contacting the parents/guardians:

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TAKE THESE MEASURES while waiting for the parent/guardian or medical services to arrive:

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Suggested Special Training for Staff:

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**HEALTH CARE PROVIDER COMMENTS AND INFORMATION**

I feel that group child care is appropriate       I do not recommend group child care for this child.

Additional Comments and Information:

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(Printed Health Care Provider Name)

(Signature)

(Date)

**PARENT NOTES (Optional)**

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*I hereby give consent for my child's health care provider or specialist to communicate with my child's care provider or school nurse to discuss any of the information contained in this care plan.*

(Printed Parent/Guardian Name)

(Signature)

(Date)