UNITED STATES MARINE CORPS
MARINE CORPS AIR STATION
BOX 99100
YUMA, ARIZONA 85369-9100

StaO 1710.32B
3BC11
22 SEP 1997

STATION ORDER 1710.32B

From: Commanding Officer
To: Distribution List

Subj: STANDARD OPERATING PROCEDURES (SOP) ON CARE OF CHILDREN WITH SPECIAL NEEDS IN CHILD DEVELOPMENT PROGRAMS (CDPs)

Ref: (a) MCO 1710.30C
(b) StaO 1710.30C

Encl: (1) CDP's Behavior Management Techniques

1. Purpose. To revise the SOP for the enrollment and care of children with special needs in CDPs aboard Marine Corps Air Station Yuma, AZ consistent with references (a) and (b). The CDPs are the Child Development Center (CDC), the Family Child Care (FCC), and the Supplemental Program Services (SPS).

2. Cancellation. Stao 1710.32A.

3. Summary of Revision. This revision contains a substantial number of changes and should be reviewed in its entirety.

4. Special Needs. Special needs include but are not limited to: physically disabled, mentally retarded, chronically ill (including asthma, epilepsy, heart, and kidney problems) special diets, severe allergic reactions, emotionally and perceptually disabled to include behavioral difficulties.

5. Exceptional Family Member Program (EFMP) Participation. A special needs child enrolled in a CDP must present a letter of acceptance in the EFMP.

6. Special Needs Team. The team will assess the program's ability to accommodate a special needs child in the CDC, FCC home and SPS. The team should include: CDP Administrator (CDPA), FCC Director, FSC Social Worker, EFMP Coordinator, medical personnel, and community agency personnel.

7. Team's Report. The CDPA prepares the report and sends it to the Commanding Officer. The report includes:

a. Statement from the child's physician specifying the child's requirements in terms of diet, medications, appliances, communication aides, selfcare assistance, behavioral management, and a coordinated treatment strategy developed by personnel familiar with the child's treatment.

b. The impact of required accommodations on the CDP.

c. Special accommodations which the CDP must physically make, and those that the staff must make to accept the child.

d. Specific training to ensure the child's safety and well-being. Training of staff must be accomplished prior to enrolling a child with special needs.

8. Commanding Officer's Decision. The Commanding Officer determines if the necessary accommodations are reasonable. The cost of accommodations are not charged to the parents of special needs children. The parents acknowledge, in writing, their understanding that the program is not responsible for providing the child with services beyond those typically offered to other enrolled children. The decision to accept the child for care will consider that all accommodating factors can be met without detrimental effects on programs for other children. Parents are required to complete all CDP registration, Individual Education Plan (IEP), and behavioral management processes.

9. Decision of Undue Hardship

a. If a determination has been made that accommodation of the special needs child would impose an undue hardship on the operation of the CDP, the command will inform CMC (MH). Justification will include:

(1) Information on the overall size of the CDP.

(2) Number of employees.

(3) Number and type of facilities.

(4) Budget.

(5) Nature and cost of the required accommodation.

b. Examples of undue hardship may include but are not limited to:

(1) Additional staff or training in highly specialized areas.

(2) Significant facility improvements.

(3) Jeopardizing the safety of other children and staff.

(4) Additional equipment or other requirements that involve significant expenditures or impose an undue administrative or operational burden on the CDP.

10. Permanent Record. The Commanding Officer's decision and CMC (MH) action will be maintained on file in the CDP and will be subject to inspection review.

11. Special Dietary Needs. Special foods may be provided by the CDP or the parents.

12. Behavior Management. CDP will Identify and incorporate a plan for appropriate techniques for specific techniques for handling aggressive behaviors.

13. Training. The CDPA will ensure that training for CDP staff and FCC providers is conducted and documented annually.

C. J. TURNER

DISTRIBUTION: B Plus
S-1
FSC Dir
Family Advocacy Mgr
EFMP Coord
OIC Br Med Clinic

BEHAVIOR MANAGEMENT

Part I

WHAT TO DO WHEN YOU HAVE A VERY DISRUPTIVE CHILD IN YOUR ROOM.

PHASE I.

1. Look at yourself. Is there anything you're doing that might unintentionally provoke this behavior (i.e. bias towards a specific gender, race, or ethnic origin)?

2. Look at the room. Is the room causing the behavior change (i.e. room arrangement, not enough toys out, inappropriate toys)?

3. Are their inconsistencies between staff team members (i.e. not following through with consequences and promises, caregivers changing constantly)?

4. What is happening in the child's home (i.e. recent separation or divorce, parent deployed, recent move, family violence)?

5. First formal conference with parents.

PHASE II.

1. Look for ways to help the child (i.e. redirect, hold a personal conversation with the child, give child a hug, interact one-on-one with the child, ignore negative behaviors).

2. Discuss situation with CDPA, Training & Curriculum Specialist, and Program technician for further advice.

3. Document all cooperative and uncooperative behavior in primary caregiving chart each day. Ensure that parents have read and signed the chart.

PHASE III.

1. Continue documenting in the primary caregiving chart and submit to administrative staff any particulars that happened prior to the child reacting violently (i.e. kicking, screaming, hitting, spitting, choking, throwing objects).

2. Discuss with team members their observations and individual plan for modification of unacceptable behavior.

ENCLOSURE (1)

3. If disruptive behavior contines on a regular basis, approximately 1-2 weeks and after Phase I and Phase II have been met, schedule a second parent conference. Discuss the above and additional behavior modification techniques to be used.

4. A child should not be sent home unless:

a. You have done everything you can do to redirect the child.

b. The behavior is extremely disruptive to the class causing harm to him/herself or harming other children and staff members.

c. All phases I & II Parent conferences have taken place.

ENCLOSURE (1)

Part II

1. Behavior Management part I addresses the process of identifying and implementing a plan for working with difficult children. Part II deals with specific ways to handle the child's aggressive behavior. These techniques can be used when Part I have already been used.

2. Understand why the child is experiencing out of control behaviors (i. e. anger, aggression, difficult). Children who act out have a special need. The words special needs covers a wide range of physical, emotional, and situational problems. It is important to remember that all children have special needs. When a parent divorces, that child now has a special need. He or she is possibly feeling insecure or abandoned. As a result, the caregiver may see behavior problems such a hitting others, destroying other's artwork, frequent tantrums or crying, and withdrawal.

3. Children who have been diagnosed by a Pediatrician, Psychiatrist, Psychologist, or any other health professional, to have a mental disorder and/or physical problem, can exhibit behavioral problems as a direct or indirect result of the disorder. Some of the most common behavior problems caregivers come across are extreme outbursts of crying, tantrums, yelling, agression, and short attention spans. These behaviors can be very frustrating for the caregivers. Frustration stems from lack of knowledge about the disablity and the techniques used to defuse or redirect the behavior. Appropriate techniques include:

a. Verbal and token reinforcers.

b. Consistency and implementation of rules.

c. Tell the child that his/her behavior is not okay.

d. Remove the child from the situation.

4. If the behavior continues and violent outburts continue, use the appropriate techniques to limit the risk of safety for him/herself or other children. The following should be used:

a. Take the child and sit in a chair or on the floor with him/her. The child faces away from you, your arms gently wrapped around the child's waist. Talk to the child. Let them know that their behavior is unacceptable. Ask them often if they are ready to join his classmates.

b. Stay within clear view of other staff members and video cameras.

c. Praise the child when he/she decides to rejoin the class.

001208
(Date)

MEMORANDUM FOR THE RECORD

From: Directive Control Point Clerk
To: Files

Subj: STATION ORDER 1710.32B

1. Upon my assumption as Station DCP Clerk, and upon my review of the subject Order, there was no supporting documentation contained in the Official File Folder.

(SIGNATURE)

No Back up files

No Ann Review since 9704