Department of Parks and Recreation

Inclusion Programming
Guidelines and Procedures

January 2015
The Prince William County Department of Parks and Recreation is committed to serving the needs of everyone in the community through inclusive programming, providing an atmosphere in which persons with and without special needs can interact, play, and socialize with their peers in an all-inclusive, supportive environment.

The American with Disabilities Act (ADA) prohibits discrimination in public accommodations based on disability and requires most child care programs to provide reasonable accommodations unless the accommodation would fundamentally alter the program, pose a direct threat to the child or others, or otherwise impose an undue burden on the center or school.

What does “reasonable accommodation” mean?
Reasonable accommodations/modifications are program changes made to assist a person with a disability to meet essential eligibility requirements (participation skills). An accommodation/modification is “reasonable” when it does not result in a fundamental alteration in the nature of the activity. (www.usdoj.gov/crt/ada/adahom1.htm).

Reasonable accommodations/modifications specifically mentioned in Title II of the ADA include but are not limited to the following:

- **Extra staff**: providing additional employees or trained volunteers to assist the participant. The extra staff should have additional training on disability awareness, program adaptation, behavior management, and related issues; and have experience with behavior management plans.
- **Additional staff training**.
- **Auxiliary Aids or Services**: this includes sign language interpreters, note takers, assistive listening services, cassette versions of documents, and Braille documents.
- **Changes to Rules and Policies**: When a rule can be changed without resulting in a fundamental alteration of the service, it must be changed for the person with a disability.
- **Adaptive Equipment**: Many vendors make adaptive sports equipment, adaptive game pieces, adaptive card holders, special eating utensils, and adaptive musical instruments. Department of Parks and Recreation shall make every effort to acquire adaptive equipment, if requested.
- **Removal of Architectural Barriers**: This will occur only when it is “readily achievable” to do so. When barrier removal is easily accomplishable and able to be carried out without much difficulty or expense. (ADA 36.304)
- **Other Effective Modifications**: Public entities do not necessarily have to make each of their existing facilities accessible. The Department of Parks and Recreation will make every effort to evaluate how to provide program access through any number of methods including alteration of existing facilities, acquisition or construction of additional facilities, relocation of a service or program to an accessible facility, or provision of services at alternate accessible sites.

**Inclusion Guidelines**

In order for the Prince William County Department of Parks and Recreation to provide accommodations/modifications, a twenty one (21) business day prior notice is preferred. This advanced notice will allow for the Department of Parks and Recreation to obtain the necessary information, outline the modification needed and, if necessary, to acquire the necessary resources to implement the modification. Exceptions to this policy are:

- Accommodations/modifications will not include invasive procedures such as trach suctioning, cauterization, tube feedings, injections or oxygen tank monitoring.
- Staff will assist with medications when they can be administered in a non-intrusive manner in accordance with the Recreation Department’s Medication Dispensing Policy.
- Toileting: Staff will provide the following toileting assistance to participants (with the consent of the parent if under the age of 18): reminders, verbal cueing, pulling up and down of clothes, and snapping, zipping, or buttoning of clothes. Staff will not provide diapering, post-toilet wiping, or hands-on transferring of persons with special needs. Staff will not provide any procedures dealing with a catheter.

All participants must enroll in age appropriate programs with their peers. Age/grade requirements for each program/activity will be enforced for all programs.
**Inclusion Request Procedure**

- An Inclusion Request Form must be received twenty one (21) business days prior to the start of a program to allow for adequate time to assess the request.
- Requests will only be considered if there is room in the program for an additional participant. If the class has already reached its maximum number of participants, the Program Manager will contact the parent to communicate that the class is already full and if possible to provide alternative options.
- Once a request is received, the Children’s Program Manager will contact the parent to discuss the specific needs of the child.
- All attempts will be made to accommodate the needs of all participants, however due to staffing restraints and/or capacity limits within the requested program/classroom, days, times and locations may be limited or other options may be offered other than what was originally requested.

If a request is received less than twenty one (21) business days before the start of the program, all attempts will be made to accommodate the request. Due to time or resource restraints, requests are not guaranteed to be filled.

**Safety/Risk Issues**

Under the Americans with Disabilities Act (ADA) accommodations/modifications are not reasonable if it compromises the safety of staff and/or participants. Safety issues must be formally identified and recorded. The Department of Parks and Recreation staff must issue a memo to the participant and/or his or her legal guardian or caregiver if a modification is denied. The memo must include what was requested, what the agency considered or attempted, why the agency denied the request, and any alternatives that were made available instead of accommodating the request.

In the event that a participant’s behavior causes an unsafe situation to arise, a behavior plan must be developed. Appropriate Department of Parks and Recreation staff, in consultation with other departments if necessary, will develop the plan.

If a parent/guardian has not requested accommodations/modifications and has registered the participant for a program, and it is then determined and communicated that the accommodation/modification is needed, the following steps will be taken.

- If a participant is deemed to be disruptive or unsafe, participant will be removed from program until parent meeting, inclusion profile and discussion of the accommodation/modification is complete.
- If accommodation/modification is needed and includes the need for additional staff, there may be a time delay for participant to re-enter into the program until staffing is acquired.
- If it is determined that no accommodation/modification is needed, it is then understood that participant must meet the basic qualifying skills of the program.

**Applied Behavioral Analysis (ABA Therapists)**

- If a parent/guardian is requesting that an ABA therapist attend a particular program with their child, an ABA visit request form must be submitted to the program manager 15 days prior to the start of the program.
- ABA therapists must have documentation that they have passed a criminal background check as well as a Central Registry Check in order to enter the classroom/program.
- Due to capacity reasons within a classroom, visitation may be denied and/or alternates dates and times will be considered and agreed upon.
Parent/Guardian Agreement

- I understand that this service is not designed for therapeutic or one-on-one care.

- I understand that the Inclusion Aide does not dictate the structure of the program, and should I have concerns about the structure of the program, I should contact the Program Manager or Children’s Program Manager.

- I understand it is my responsibility to provide the Inclusion Aide/Children’s Program Manager with the most current information on my child/dependent and his/her abilities to assist in making modifications to meet his/her needs.

- I understand it is my responsibility to let the Inclusion Aide/Children’s Program Manager know if there are any changes to the information I have provided on my child/dependent as soon as a change occurs.

- I understand it is my responsibility to inform the Children’s Program Manager for each program my child/dependent signs up for in which I wish to have his/her modifications in place.

- I understand that my child’s/dependent’s inclusion plan does not exempt him/her from following the Prince William County Department of Parks and Recreation program rules and consequences. The modifications in place may assist him/her in meeting these rules, but does not exempt him/her from following them.

- I understand that if my child/dependent is unable to comply with these rules, even with use of the modifications in place, he/she will be subject to the Prince William County Department of Parks and Recreation disciplinary procedures. Parent conferences, probationary periods and suspensions are some of the steps that may be taken to ensure children and families are aware their placement in the program is in jeopardy. In some cases, children may be subject to emergency suspension or expulsion if their behaviors are beyond our ability to control.

__________________________________________________________
Parent/Guardian Signature

__________________________________________________________
Date
If you are requesting any type of accommodation for your child, you must submit a written request form at least 21 business days prior to the start of the program. Once a written request is received, you will be contacted to schedule an assessment meeting to further discuss the needs of your child.

Date __________ Name of child __________________________ Age of child __________
Name of Parent(s) __________________________ Home Phone __________________________
Cell Phone __________________________ E-mail __________________________
Address __________________________ City________ State _________ Zip _________

Program wishing to participate in:
- Name of Program __________________________
- Location of Program __________________________
- Dates of program __________________________

Has your child previously participated in a Department of Parks and Recreation Program? YES NO

Description/Definition of Child’s Special Needs
- □ Autism
- □ Asperger’s
- □ Intellectual Disability
- □ Visual Impairment
- □ Hearing Impairment
- □ Cerebral Palsy
- □ Learning
- □ Behavioral
- □ Physical
- □ Seizure Disorder
- □ ADHD/ADD
- □ OCD
- □ Diabetes
- □ Emotional
- □ Oppositional Def. Disorder
- □ Other

Additional information __________________________

What specific modifications are you requesting?
______________________________________________
______________________________________________
______________________________________________
______________________________________________
______________________________________________

Please e-mail this form to Lisa Herr at lherr@pwcgov.org or mail to:

Lisa Herr – Children’s Program Manager
Sharron Baucom Dale City Recreation Center
14300 Minnieville Road
Dale City, VA 22193
Profile Completed By: ____________________________ Date _____________________

Child Name _________________________________  Child Birth date  Mo. ____ Day _____ Year ______

Chronological Age: _____  Cognitive Age: _____  Emotional Age: _____  □ Male  □ Female

Meeting conducted with__________________________  Relationship to Child: __________________________

Parent Name ___________________________________  Home Phone Number: __________________________

Cell Phone Number: _____________________________  E-mail Address __________________________________

Program Location Interested In:

□ Ben Lomond Center  □ Birchdale Center  □ Camp Mawavi
□ Chinn Center  □ First Tee Golf  □ Lake Ridge Park
□ Locust Shade  □ Silver Lake  □ Veterans Park
□ SB Dale City Recreation Center

Type of Program Interested In

□ Full Day  (type) ____________________________  □ Partial Day  (type)______________________________

Dates/Weeks/Title of Program Interested In_________________________________________________________

What specific modifications are you requesting for your child?
_____________________________________________________________________________________________________

What are our program goals for your child?

□ Recreation Participation  □ Activity Skills Enhancement  □ Exercise for Fun  □ Socialization
□ Physical Fitness  □ Improve Group Participation  □ Other _____________________________________________

Child’s primary diagnosis is

□ Autism  □ Asperger’s  □ Intellectual Disability  □ Visual Impairment  □ Hearing Impairment
□ Cerebral Palsy  □ Allergies  □ Medical Procedure  □ ADD  □ Behavioral
□ Physical  □ ADHD  □ OCD  □ Sensory Integration  □ Emotional
□ Oppositional Defiance Disorder  □ Learning  □ Seizure Disorder  □ Diabetes
□ Other ____________________________________________
□ Additional information

Severity of Disability  □ Mild  □ Severe

Is Child Currently Taking Medication  □ Yes  □ No

If yes, what type__________________________________________________________

If yes, will medication need to be administered during camp hours?  □ Yes  □ No

Does your child have any allergies  □ Yes  □ No

If yes, what type__________________________________________________________

If yes, will medication need to be administered during camp hours?  □ Yes  □ No
Type of Classroom  
- Self-Contained (all children have disability)  
- Inclusive  
- Part-time inclusion/self-contained

Child has a 1:1 aide  
- at all times  
- during academic learning  
- during vocational/manipulative tasks  
- lunch  
- self-help tasks

Participates in inclusion  
- at all times  
- during academic learning  
- during specials  
- recess  
- lunch  
- never

Bathroom Skills  
- independent  
- Toilet trained but needs prompting for hand washing  
- Toilet Trained, occasionally has accidents and needs some prompting  
- Currently toilet training at school and at home and needs some prompting  
- Is not toilet trained and requires hand-over-hand assistance

Does the child

Currently have an IEP?  
- Yes  
- No  
- If yes, would you be willing to share this information? __________

Interaction Skills

On a scale of 1 to 5, with 5 being strongly agree and 1 being strongly disagree, please rate the following:

<table>
<thead>
<tr>
<th>Skill</th>
<th>Rating</th>
<th>Additional Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehends and learns through verbal directions</td>
<td></td>
<td></td>
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<tr>
<td>Speaks and is clearly understood</td>
<td></td>
<td></td>
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<tr>
<td>Consistently requires visual aids and modeling to participate in activities</td>
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<td></td>
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<tr>
<td>Requires adaptive equipment to participate in activities</td>
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<td></td>
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<tr>
<td>Responds to incentive/reward programs</td>
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<tr>
<td>Is sensitive to the touch of others</td>
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<tr>
<td>Can manage his/her own anger when upset</td>
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<td></td>
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<tr>
<td>Can communicates personal needs</td>
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<tr>
<td>Will cooperates with staff and peers; shares</td>
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<td></td>
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<tr>
<td>Stays with assigned group with minimal supervision</td>
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<tr>
<td>Becomes frustrated during recreation activities</td>
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<tr>
<td>Learns best with visual cues</td>
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<tr>
<td>Able to maintain personal space</td>
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<tr>
<td>Will requires redirecting and prompting to attend to tasks</td>
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<tr>
<td>Can stay on task for minimum of 15 minutes</td>
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<tr>
<td>Does displays aggression toward others</td>
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<tr>
<td>Does demonstrates self-injurious behaviors</td>
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<tr>
<td>Will use inappropriate language/gestures</td>
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<td>Will obsesses about particular topics</td>
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<tr>
<td>Will be able to participate in off-site fieldtrips, using bus for transportation</td>
<td></td>
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</tbody>
</table>

What strategies/techniques do you find successful in redirecting or modifying unwanted behaviors?

What types of activities might cause anxiety or a willingness not to participate

- Large spaces
- Loud Noises
- Touching
- Animals
- Water
- Types of people
- Other

Notes:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
If you are requesting to have an ABA (Applied Behavioral Analysis) Therapist attend a program with your child, please complete and submit the information below at least **21 business days prior** to your request visitation date. Once a written request is received, you will be contacted to schedule a visitation to the classroom/program. **Please note that due to capacity issues within the classroom/program, requests may be denied and/or alternate days and times will be suggested.**

Date _____________ Name of child ________________________________________ Age of child _________

Name of Parent (s) ___________________________ Home Phone ____________________________

Cell Phone ___________________________ E-mail ____________________________

Name of ABA Therapist ___________________________ Company Name _________________________

Email ___________________________ Cell Phone ____________________________

Program wishing to observe

Name of Program ___________________________ Location of Program __________________________

Dates of observation ___________________________ Time of Observation __________________________

Will this be a one-time visit or are you requesting reoccurring visits?

☐ One time visit only
☐ Reoccurring, please list days and times ____________________________

Purpose of visit

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Has your child previously participated in a Department of Parks and Recreation Program? YES NO

Please e-mail this form to Lisa Herr at lherr@pwgov.org or mail to:

Lisa Herr – Children’s Program Manager
Sharron Baucom Dale City Recreation Center
14300 Minnieville Road
Dale City, VA  22193