



Reaching the
WHOLE CHILD
COMPASS CONVENING SERIES

DYCD | NYC
The Department of Youth & Community Development

OUR MISSION

Reaching the Whole Child

Every young person in a COMPASS program deserves to
feel safe, supported, and able to grow.

This convening is for the leaders responsible for
building organizations that make that possible.

OUR GOALS

Reaching the Whole Child

- Build genuine understanding of the three priority areas in the new COMPASS RFP: **Mental Health Infrastructure**, **SEL Implementation**, and **Inclusion and Accessibility**
- Create space for EDs and PDs to **assess where their organizations stand** across all three areas: what they know, what they have in place, and what they need to build
- Solicit **candid feedback from the field** that will directly inform how TA providers design ongoing capacity-building support
- Understand and catalog the **distinct needs** of new providers launching COMPASS for the first time, organizations scaling to additional sites, and established providers navigating new requirements
- **Open the door to the peer learning and TA relationships** that will carry leaders through implementation

SUCCESS INDICATORS

Reaching the Whole Child

By the end of the week, we hope to support you by...

- ☐ Improving your understanding across the key areas (MH, SEL, and Inclusion and Accessibility)
- ☐ Improving your understanding of the requirements for your specific organization
- ☐ Providing clarification on at least one concrete next step for your organization
- ☐ Providing clarification on where to focus given competing priorities
- ☐ Connecting you with your peers
- ☐ Introducing our plan for ongoing capacity building support and how to access it
- ☐ Hearing your feedback to best support you beyond this week's convening

Inclusion and Accessibility for Organization Leaders

Change Impact



Introductions and Warm Up

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About Jen (she/her)



About Ali (she/her)





**helps social impact
nonprofits and schools
to achieve **results** +
advance **equity**.**



**M/WBE-
Certified**



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Agenda

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- Welcome!
- Introductions and Warm Up
- Understanding Inclusion and Disability
- Legal and COMPASS Compliance Responsibilities
- Action Planning
- Closing



Session Outcomes

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By the end of the session, you will leave with an **Action Plan** aligned to:

- Legal requirements,
- COMPASS expectations, and
- Inclusion best practices



Access Check

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- Visual content will be read aloud and videos will use closed captioning
- We will invite participation in reflections, discussion, and videos in large and small groups
- Feel free to take notes, move as you need, and engage in a way that is comfortable and helpful for you
- Is there anything else you need to fully participate?



Warm Up!

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In the chat:

When did you feel most included in a space or community? What made you feel that way?





Understanding Inclusion and Disability

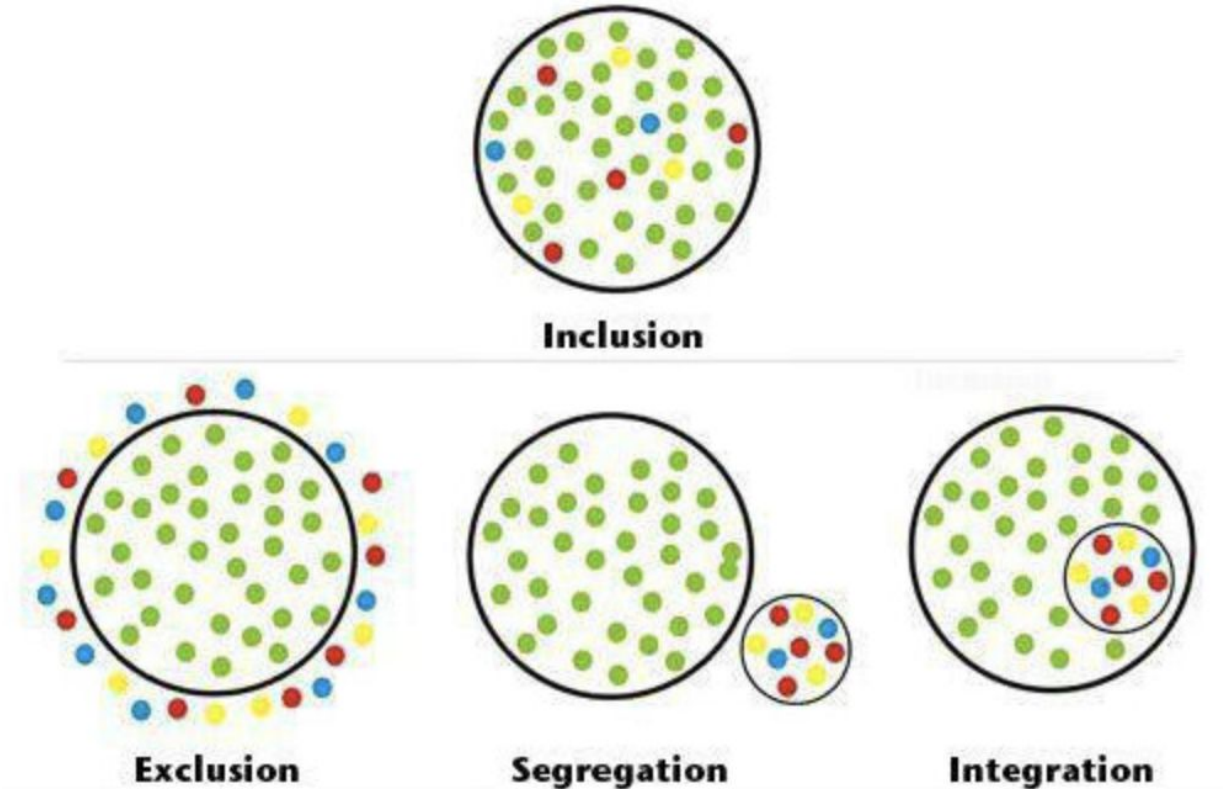


What is Inclusion?

A state of feeling, belonging, and **working** in a space where diversity is created and valued.

People in an inclusive space consistently **feel seen, heard, respected and safe.**

Inclusion means **everyone** has access to **resources and opportunities to thrive.**



Reflection

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What are some examples of how your programs create:

- Physical Inclusion?
- Functional Inclusion?
- Social Inclusion?



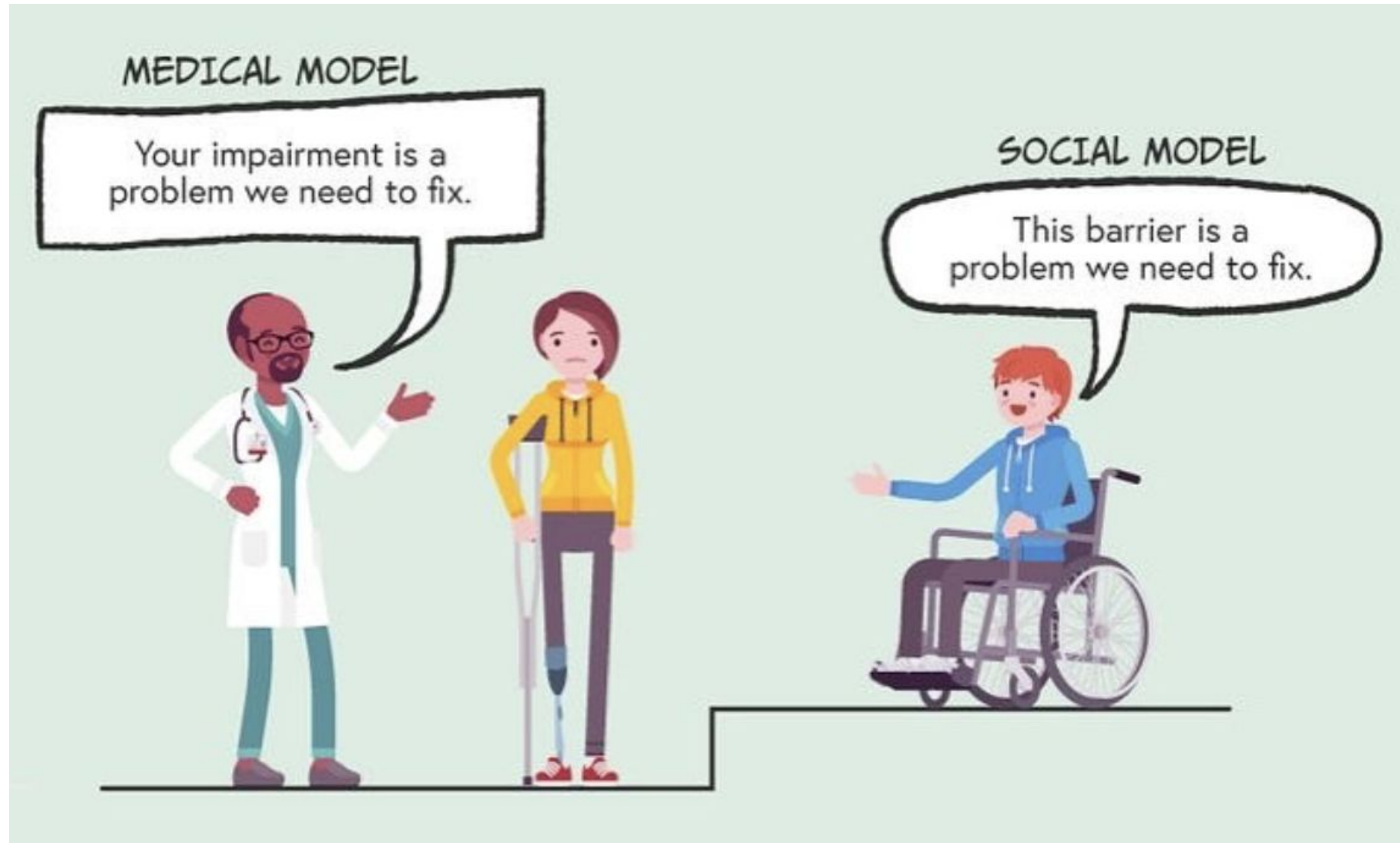
What is Disability?

New York City Public Schools serves over **200,000** students with *identified* disabilities, 22% of the total student body

Disabilities are diverse! They can affect how you:

- Talk
- Read and write
- Grow
- See and Hear
- Think
- Take care of yourself
- Learn
- Feel
- Move

Views on Disability



Individuals with Disabilities Act (IDEA) Categories

1. Specific Learning Disability (SLD): Covers learning issues such as dyslexia, dysgraphia, and dyscalculia
2. Other Health Impairment (OHI): Conditions that limit a child's strength, energy, or alertness such as ADHD, asthma, diabetes, epilepsy, and Tourette syndrome
3. Autism Spectrum Disorder (ASD): Developmental disability that can significantly affect social interaction and verbal/nonverbal communication
4. Emotional Disturbance (ED): Mental health conditions existing over time and with a negative impact, such as anxiety, depression, or bipolar disorder



Individuals with Disabilities Act (IDEA) Categories

5. Speech or Language Impairment: Covers difficulties with communication

6. Visual Impairment: An impairment in vision that, even with correction (like glasses), has an adverse effect

7. Deafness: A hearing impairment so severe that a child is impaired in processing linguistic information through hearing, with or without amplification

8. Hearing Impairment: Hearing loss that has a negative effect

9. Deaf-Blindness: The combination of both hearing and visual impairments



Individuals with Disabilities Act (IDEA) Categories

- 10. Orthopedic Impairment: Physical impairment such as cerebral palsy, amputations, or bone tuberculosis
- 11. Intellectual Disability: Characterized by significantly below-average general intellectual functioning, existing alongside deficits in adaptive behavior
- 12. Traumatic Brain Injury (TBI): An acquired injury to the brain caused by an external physical force
- 13. Multiple Disabilities



Accessibility for All



[Source](#)



Breakout Rooms

What resonated with you from the video?



Understanding Neurodiversity

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Neurodivergent, sometimes abbreviated as **ND**, means having a mind that functions in ways which diverge significantly from the dominant societal standards of “normal.”

[Source](#)



Understanding Neurodiversity

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Society is neurodiverse.

An individual who diverges from the norm /
neurotypicality / neuronormativity is
neurodivergent.



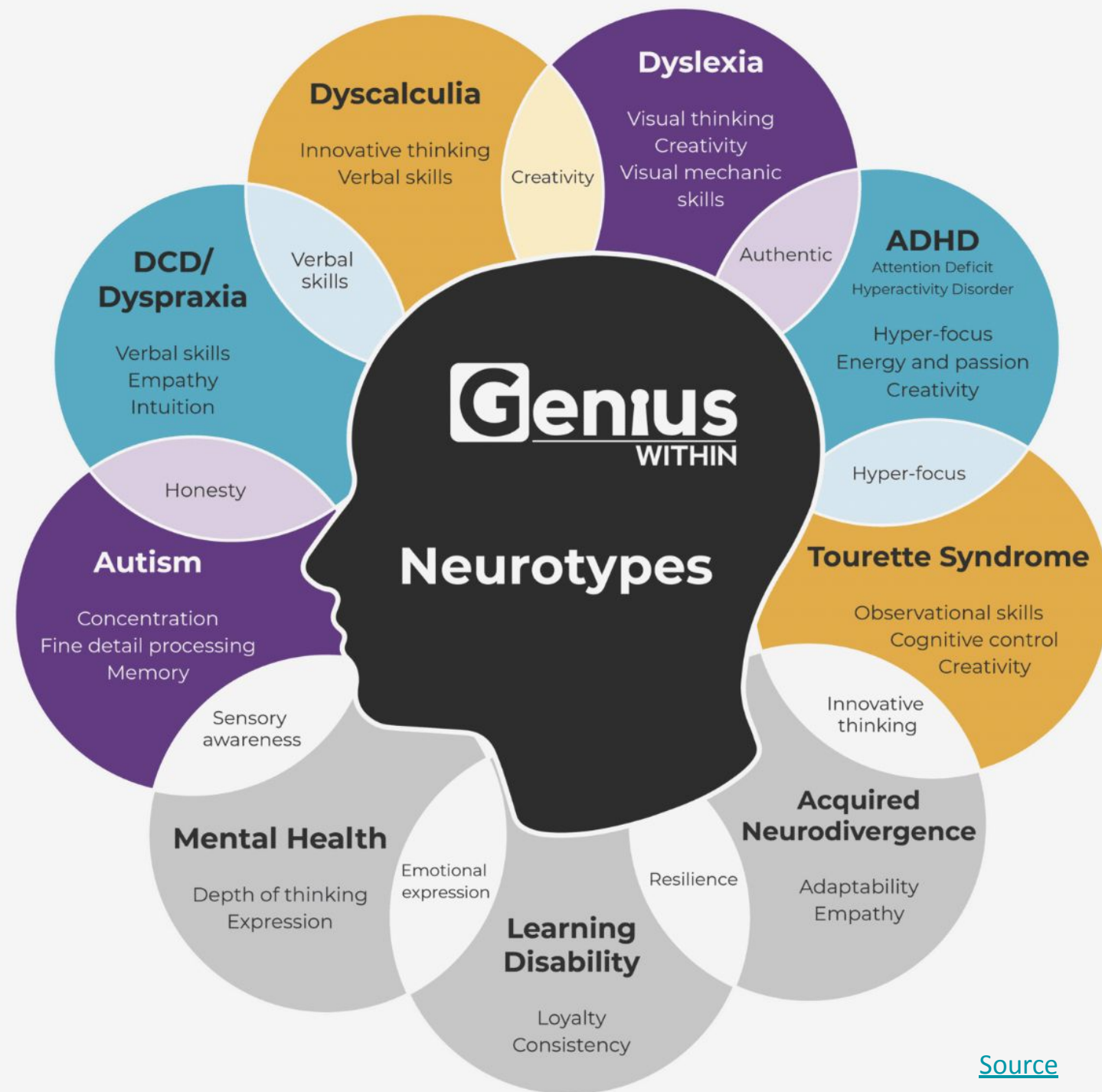
What does Neurodiversity mean?

Neurodiversity is the concept that all humans vary in terms of our neurocognitive ability. Everyone has both talents and things they struggle with. However, for some people the variation between those strengths and challenges is more pronounced. This can bring advantage but can also be disabling.

Neurodivergent people tend to find some things very easy and other things incredibly hard. This usually leads to an inconsistent performance at school or work.

Neurodiversity can be a competitive advantage when the individuals are in the right environment, making use of their strengths, instead of constantly trying to overcome challenges. To achieve this we must create inclusive spaces to work and learn that reduce disabling factors and amplify diverse abilities.

Please note that the diagram provided offers common examples but is a simplification. Individual experiences, overlaps and abilities vary significantly.



A man with a beard, wearing a pink shirt, a dark vest, and a tie, sits on the left side of a grey armchair. A woman with long dark hair, wearing a dark sleeveless top, sits on the right side of the same armchair. They are both smiling at the camera. The background is a plain, light-colored wall. The text 'GREAT MINDS DON'T THINK ALIKE' is overlaid in large, bold, white capital letters across the center of the image.

**GREAT MINDS
DON'T THINK ALIKE**

Unmind

[Video Link](#)

Reflection

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How do your programs currently adapt for neurodiversity?





Legal and COMPASS Compliance Responsibilities



Law	Requirements and Implications
Section 504, the Rehabilitation Act	<i>Federal:</i> CBO-led programs must provide "reasonable accommodations," which are changes to the environment, rules, or the way a program is run that allows a child with a disability to participate.
Americans with Disabilities Act	<i>Federal:</i> ADA requires programs to make an individualized assessment about whether they can meet the particular needs of a child with a disability.
Individuals with Disabilities Education Act	<i>Federal:</i> NYCPS-sponsored programs are required to meet IEP needs, and school-based COMPASS programs can work with their principals to request paraprofessionals and other services for students participating in their OST programs.
NYS Human Rights Law	<i>State:</i> NYSHRL defines disability more broadly than ADA to include nearly any medically diagnosable ‘impairment.’ It mandates that programs serving children and youth provide reasonable accommodations to allow all to participate. It implies a duty to perform an individualized assessment rather than using a diagnosis to justify a "blanket" rejection.
NYC Human Rights Law	<i>City:</i> NYCHRL requires a "Cooperative Dialogue,” a mandatory conversation with families to explore accommodations with a written final determination to the family.

Important Reminder

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It is important to note that if a student has an IEP, 504 Plan, disability diagnosis, and/or school-day paraprofessional assignment, it does not automatically mean they require identical supports in an after-school program.



Process

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1. Providing foundational staff training
2. Engaging families through cooperative dialogue
3. Conducting individualized assessments
4. Implementing and documenting accommodations; exploring alternatives when needed
5. Providing staff training and coaching on specific needs/accommodations
6. Consulting with DYCD
7. Documenting and communicating the entire process in writing



Requirements for New COMPASS Programs

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- Make an individualized assessment to determine whether the participant could be accommodated.
- Use the process established by DYCD to request resources that may expand the reasonable accommodations a program can provide (more information to come).
- Appoint an Inclusion Coordinator from the staff to oversee inclusion efforts.



Requirements for New COMPASS Programs

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The Coordinator will:

- Manage Individualized Accommodation Plans, Behavioral Support Plans, and Assessment/Communication Logs
- Maintain Student Behavioral Support Plans and Logs
- Coordinate services implemented directly (e.g., hiring paraprofessionals for SWD; hiring staff with relevant language skills...)
- Communicate with DYCD about needs for specialized supports that are beyond the program's capacity through a reasonable accommodation



Let's Discuss!

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What qualities will you look for in appointing the Inclusion Coordinator?



Recommended Practices



Recommended Protocol: Prior to Enrollment

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1. Hold a Cooperative Dialogue meeting with the family to discuss the child's strengths, needs, and accommodations required.
 - a. Identify the child's specific needs.
 - b. Explore potential accommodations.
 - c. Evaluate the effectiveness and feasibility of those accommodations.
2. Conduct a Reasonable Accommodation Assessment and make a determination.
3. Communicate the determination in writing, including evidence for the decision and next steps.
4. Create an Individualized Accommodation Plan (IAP) and share it with relevant staff; provide staff with training and/or other necessary resources.



Reasonable Accommodations

Reasonable Accommodation (Usually Required)	Unreasonable/Undue Burden (Typically Not Required)
Training an existing staff member to supervise a child.	Hiring a new, full-time 1-on-1 nurse if the program doesn't have one.
Buying a \$50 sensory chair or specialized grip.	Installing a \$50,000 elevator in a private historic building.
Modifying a game so a child in a wheelchair can play.	Changing the entire curriculum so it no longer meets the program's purpose.
Allowing a private therapist to come into the program.	Paying for the private ABA therapist out of the program's budget.



Recommended Protocol: If Challenges Emerge

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1. Observe the child to ensure the agreed upon accommodations are in place and needs are being met; adjust the IAP as needed.
2. If there is a challenge, hold another Cooperative Dialogue meeting and revisit the Reasonable Accommodation Assessment.
3. If a new reasonable accommodation is identified, update the IAP.



Recommended Protocol: If Challenges Persist

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1. Escalate the issue by consulting with DYCD.
2. If there are no further reasonable accommodations to be provided, use the Escalation Protocol to document the situation.
3. Issue an updated determination letter to clearly communicate with the family, and to ensure the program exit is documented and evidence-based.



Tools and Templates!



1. Sample Disability Inclusion Policy

[Click here to make a copy of this template.](#)

(Aligned to U.S. Americans with Disabilities Act and NYC Human Rights Law)

1. Purpose and Philosophy

[Program/Organization Name] is committed to providing an inclusive environment where every child, regardless of ability, has the opportunity to thrive. We believe inclusion benefits all children by fostering empathy, diversity, and community. Our program complies with all applicable federal and local laws, including the Americans with Disabilities Act (ADA) and the New York City Human Rights Law (NYCHRL).

2. Non-Discrimination Statement

We do not discriminate against any child or family on the basis of a disability or perceived disability. This includes, but is not limited to:

- Physical or mental impairments.
- Medical conditions (e.g., epilepsy, diabetes, severe allergies).
- Developmental or learning disabilities (e.g., Autism Spectrum Disorder, Down Syndrome).
- Behavioral or emotional challenges related to a disability.

3. Individualized Assessment

We evaluate every child's admission and participation based on an individualized assessment.

2. Family Engagement Conversation (Cooperative Dialogue) Template

[Click here to make a copy of this template.](#)

1. General Information

Child's Name:		Date of Dialogue:	
Parent/Guardian Name:		Staff Facilitator:	

2. Understanding the Child's Needs

- What are your child's strengths, interests, and preferred activities?
- Please describe the specific barrier or challenge your child may face in the program environment:

3. Requested Accommodations / Supports

What modifications would help your child participate fully? (Check all that apply)

- ☐ Visual Schedules/Aids
- ☐ Sensory Breaks
- ☐ Modified Physical Activity
- ☐ One-on-One Support (Paraprofessional)
- ☐ Medication Administration (IHCP Required)
- ☐ Behavioral Intervention Plan Alignment
- ☐ Assistive Technology
- ☐ Avoidance of certain foods or other allergens
- ☐ Toileting support
- ☐ Other (please describe)

Details on requested modifications:

3. Sample Assessment for Reasonable Accommodations

[Click here to make a copy of this template.](#)

Program Name: [Insert Program Name]

Child's Name: [Insert Name]

Date of Assessment: [Insert Date]

Purpose: This internal assessment tool is used by program leaders (Program Director, Inclusion Coordinator, or similar) to evaluate accommodation requests identified during the Cooperative Dialogue process. It ensures compliance with all applicable laws.

Step 1: Identification of the Barrier and Requested/Needed Accommodation

What is the specific program activity or environment that the child cannot fully access due to their disability?

Has the child or family requested an accommodation? If so, please describe.

Step 2: Analysis of the Requested Accommodation

Evaluate the accommodation(s) requested and/or that seem necessary against the following legal and operational criteria:

Evaluation Criteria	Yes	No	Notes/Evidence
Safety: Can the accommodation be implemented without posing a "direct threat" to the health or safety of the child or others?	☐	☐	

Tools and Templates!

4. Accommodations Determination Notice Templates

See below for two accommodations determination notice templates: 1) for when you are enrolling a child and 2) for when accommodations cannot be made. [Click here to make a copy of these templates.](#)

Accommodation Determination Letter – For use when proceeding to enrollment

[Program Name]
[Program Address]
[Phone Number] | [Email Address]

Date: [Date]

To the Parent/Guardian of: [Child's Name]

Subject: Notice of Determination Regarding Requested Accommodations

Dear [Parent/Guardian Name],
Thank you for participating in the Cooperative Dialogue process on [Date of Meeting] regarding the inclusion and support of your child in our school-age child care program. At [Program Name], we are committed to providing an inclusive environment that complies with the law.

Following our discussion and a careful review of your request, we have reached a determination regarding the reasonable accommodations necessary to support your child's participation in our program.

1. Determination Summary

Requested Accommodation	Status	Implementation Details / Alternatives
[Example: Sensory break space]	[Approved]	[Child will have access to the quiet corner with

5. Individualized Accommodations Plan

[Click here to make a copy of this template.](#)

Child Name: [Name] **Date of Birth:** [DOB]
Plan Start Date: [Date] **Review Date:** [Date]
Primary Contact: [Parent/Guardian Name] **Phone:** [Phone]

This IAP is designed to ensure staff understand and implement supports necessary for the child's successful participation in the program. It is informed by the Cooperative Dialogue process and relevant medical/educational documentation.

1. Youth Profile & Strengths

Strengths, Interests, and Motivators:

[e.g., Loves drawing, enjoys group games but needs clear roles.]

2. Key Areas of Support

Domain	Specific Strategies & Accommodations, where applicable
Communication	[e.g., Use visual schedules, provide 2-step directions max, allow for processing time.]
Transitions	[e.g., 5-minute and 1-minute verbal warnings, transition buddy, visual timer.]
Environment/ Sensory	[e.g., Noise-canceling headphones during gym time, sitting away from high-traffic areas.]
Social/ Behavioral	[e.g., Use of a "cool-down" card, reward system for following group norms.]
Health/Safety	[e.g., Refer to IHCP for seizure protocol, hand-washing supervision.]

6. Escalation and Support Review Protocol and Documentation

[Click here to make a copy of this template.](#)

Purpose: This document is used when a previously agreed-upon accommodation is no longer maintaining safety or when a new safety concern has emerged. It serves as a formal record of the program's attempt to modify support and/or escalate the issue for increased support before a final decision regarding enrollment is made, in compliance with the law.

1. Incident or Safety Concern Description

Date(s) of Concern:	
Staff Involved:	

Description of Safety Risk:

(Describe specific behaviors or medical concerns that pose a risk to the child, other children, or staff. Include frequency and intensity.)

Reminder: Safety incidents, such as serious injuries or hospitalizations, must also be reported in DYCDConnect [following the protocol outlined here.](#)

2. Review of Current Accommodations

Which accommodations from the *Individualized Accommodation Plan (IAP)* were in place during the time of the concern? Were they followed?

Current Accommodation	Effectiveness / Observations
[e.g., Use of quiet space]	[e.g., Child refused to enter the space; physical aggression increased when prompted.]

Action Planning

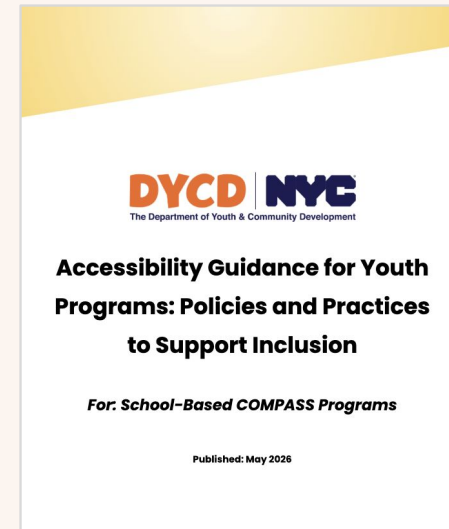




Time to Plan – Program Leaders

Review the **Accessibility Guide** and complete the **Program Inclusion Action Plan**:

- Review the accommodations plan and related tools
- Reflect on requirements against your current practices
- Identify next steps to be ready to meet COMPASS requirements



[tinyurl.com/
COMPASSguidance26](https://tinyurl.com/COMPASSguidance26)

Process Step	Self-Assessment and Adjustments Needed
1. Providing foundational staff training	
2. Engaging families through cooperative dialogue	
3. Conducting individualized assessments	
4. Implementing and documenting accommodations, exploring alternatives	
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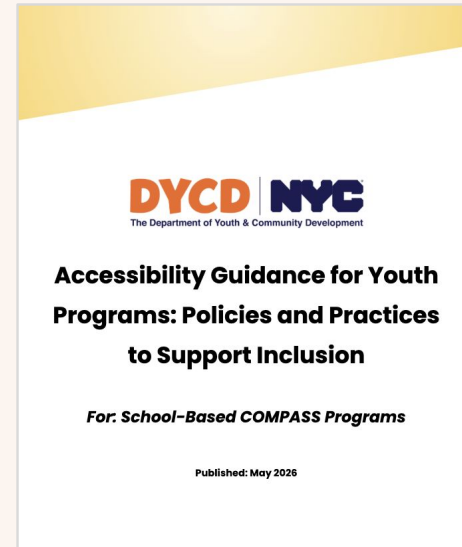
[tinyurl.com/
COMPASSProgram26](https://tinyurl.com/COMPASSProgram26)



Time to Plan – Organizations

Review the **Accessibility Guide** and complete the **Program Inclusion Action Plan**:

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[tinyurl.com/
COMPASSorgs26](https://tinyurl.com/COMPASSorgs26)

Resources

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Resources

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[America After 3PM for Children with Special Needs](#)

[Americans with Disabilities Act: Child Care FAQ](#)

[Universal Design for Learning Guidelines](#)

[NYC Human Rights Law](#)

[The Neurodiversity Podcast](#)

[Neurodiverging](#)

[Persons with Disabilities: Right to Education](#)



Try our self-paced courses, free to DYCD providers!

Accessibility and Universal Design

Sharing Power in Youth + Community Programs

Restorative Communication

Ensuring Equitable Mental Health

Supporting Newcomer Youth and Families

Using DYCD's Promote the Positive Framework with an
Equity Lens

Promoting Equity in NYC

Implementing Equitable SEL



bit.ly/ChangeImpact_PD_25-26

Closing



Session Recap

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- Understanding disability; shifting from medical to social model, addressing barriers
- (Re)consider inclusion at the physical, functional, and social level
- Legal and COMPASS requirements
- Building protocol and using tools to maintain relationships and equitable processes
- Action planning and featured resources



Reflection

What is a learning or key takeaway you'll share with someone after today's session?



SUCCESS INDICATORS

Session Wrap Up: Did we...

- ☐ Improve your understanding across the key areas (MH, SEL, and Inclusion and Accessibility)
- ☐ Improve your understanding of the requirements for your specific organization
- ☐ Provide clarification on at least one concrete next step for your organization
- ☐ Provide clarification on where to focus given competing priorities
- ☐ Connect you with your peers
- ☐ Introduce our plan for ongoing capacity building support and how to access it
- ☐ Hear your feedback to best support you beyond this week's convening