

Inclusion Works!

Creating Child Care Programs That Promote
Belonging for Children with Disabilities

SECOND EDITION

California Department of Education
Sacramento, 2021



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Notice

The guidance *Inclusion Works! Creating Child Care Programs That Promote Belonging for Children with Disabilities, Second Edition* is not binding on local educational agencies or other entities. Except for the statutes, regulations, and court decisions that are referenced herein, the document is exemplary, and compliance with it is not mandatory. (See *Education Code* Section 33308.5.)

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A Message from the State Superintendent of Public Instruction

In 2009, the California Department of Education published *Inclusion Works! Creating Child Care Programs that Promote Belonging for Children with Disabilities*, designed to be a resource for providers as they worked to provide high-quality care and education to all California's children, including those with disabilities. This second edition of *Inclusion Works!* includes updated information about recent policies and position papers pertaining to inclusive programs, and additional resources and updated references. A companion video series is available at www.cdevideos.org.

Many families rely on child care from the time their children are infants and throughout the school years. Research has shown that all children and their families can benefit from high-quality early learning and care programs that work closely with family members and provide children with environments, materials, and relationships that enrich learning and development. Inclusive early learning and care settings allow all children to learn from their interactions with their teachers, caregivers, peers, and surroundings. Inclusive settings also allow families of children with special needs to feel that they are welcomed into a supportive community, one in which they and their child have a sense of belonging. This publication is designed to provide a rationale for inclusive strategies and research-based guidance that promote belonging and acceptance for all children. It is particularly timely, given the recent policy statements pertaining to inclusive programs. For example, in 2015, the US Department of Health and Human Services and the US Department of Education jointly released the *Policy Statement on Inclusion of Children with Disabilities in Early Childhood Programs*, which describes a vision for inclusion and provides recommendations to states, local educational agencies (LEAs), schools, and public and private early childhood programs for increasing the inclusion of infants, toddlers, and preschool children with disabilities in high-quality early childhood programs.

Although this policy statement focuses on including young children with disabilities in early childhood programs, it states: “... *it is our shared vision that all people be meaningfully included in all facets of society throughout the life course. This begins in early childhood programs and continues into schools, places of employment, and the broader community.*” This policy statement is a call to action for everyone in the early childhood field to build a culture of inclusion that sets the stage for providing access to inclusive, high-quality learning opportunities for all children.

One of the ways California is meeting that call to action is with the publication of the second edition of *Inclusion Works!*. This second edition is particularly relevant because it comes at a time when California is devoting new resources and funding to inclusive, high-quality early learning and care programs and statewide systems. It provides early learning and care providers with the rationale for inclusion and offers evidence-based strategies through case studies of real-life children who have been successfully included. This publication provides practical tools and resources for use when implementing high-quality, inclusive approaches that contribute to a culture of belonging.

This handbook is for ready reference and is a must-have tool for professional development and higher education coursework. I am confident it will contribute to California’s efforts to build early learning and care environments where every child belongs and thrives.



TONY THURMOND
California State Superintendent
of Public Education

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Understanding Inclusion





“All children including children with disabilities or delays deserve access to quality early learning and care programs.”

The purpose of this book is to help anyone providing child care for children from birth to twelve years old learn how to use successful strategies that promote inclusion and belonging for all children. People who are not accustomed to enrolling children with disabilities or delays into their programs will be reassured by the following:

- Children with disabilities or delays can be successfully enrolled and fully included into early learning and care programs while promoting belonging for all children
- Major modifications to their program or facility will probably not be needed to include children with disabilities; however, adaptive materials and adapting instruction may be needed
- Assistance and support for more significant changes in their program or facility may be available through the local educational agency
- An inclusive early learning and care program is rewarding for all the children, families, and staff in their child care programs—and for themselves

Early learning and care settings offer a rich environment where children learn from their interactions with other children and from their surroundings, and where they benefit from caring relationships with program providers and staff. All children are considered general education children first, while some children will need additional services and supports to access instruction and fully participate in the early learning and care environment. All children, including children with disabilities or delays, deserve access to quality early learning and care programs.

The information and resources presented on the following pages are designed to support efforts to make early learning and care programs accessible and inclusive. Most of the accommodations suggested can be easily made with little or no cost. These include proven strategies, stories of children with special needs who are successfully included in child care programs, and information on finding additional help for making inclusive programs possible.

The biggest barrier to including a child with a disability or delay continues to be fear—fear not of children with special needs but for them. Child care providers are afraid of unintentionally hurting a child, of not having resources and knowledge to meet perceived needs, and of the embarrassment of having to tell a parent “I do not know how to care for your child.” With knowledge, however, this fear fades and competence blooms. This publication offers a foundation for developing that knowledge and is designed to encourage all early learning and care providers to open their doors—and their hearts—to children with disabilities or delays.

This revised edition includes new information, such as policies and position papers that continue to support the inclusion of children with disabilities or delays in early learning and care programs. In 2009 the Division for Early Childhood and the

The biggest barrier to including a child with a disability or delay continues to be fear—fear not of children with disabilities but for them.



Their statement included the three essential elements for ensuring that the needs and priorities of infants and young children with disabilities and their families are met in inclusive opportunities: access, participation, and supports.



National Association for the Education of Young Children (NAEYC) issued a joint position statement highlighting three key principles of early childhood inclusion to be utilized collectively in identifying high-quality early childhood programs and services. Their statement included the three essential elements for ensuring that the needs and priorities of infants and young children with disabilities and their families are met in inclusive opportunities: access, participation, and supports. Each element is defined within the joint position statement:¹

Access. Providing access to a wide range of learning opportunities, activities, settings, and environments is a defining feature of high-quality early childhood inclusion. In many cases, simple modifications can facilitate access for individual children. Universal design is a concept that can be used to support access to environments in many different types of settings through the removal of physical and structural barriers. Universal Design for Learning (UDL) reflects practices that provide multiple and varied formats for instruction and learning. UDL principles and practices help to ensure that every young child has access to learning environments, to typical home or educational routines and activities, and to the general education curriculum.

Participation. Some children will need additional individualized accommodations and supports to participate fully in play and learning activities with peers and adults. Depending on the individual needs and priorities of young children and families, implementing inclusion involves consideration of a range of approaches, from embedded instruction and routines-based teaching to more explicit interventions such as scaffolding learning and participation for all children.

Supports. A well-planned infrastructure of systems-level supports must be in place to undergird the efforts of individuals and organizations providing inclusive services to children and families. Additionally, specialized services and therapies must be implemented in a coordinated fashion and integrated with general early care and education services. Throughout the service and support system, the goal should be to ensure access, participation, and the infrastructure of supports needed to achieve the desired results related to inclusion.

In the fall of 2015, the US Department of Health and Human Services and the US Department of Education issued the *Policy Statement on Inclusion of Children with Disabilities in Early Childhood Programs*, to accomplish the following:²

The purpose of this policy statement is to set a vision and provide recommendations to States, local educational agencies (LEAs), schools, and public and private early childhood programs, from the U.S. Departments of Education (ED) and Health and Human Services (HHS) (the Departments), for increasing the inclusion of infants, toddlers, and preschool children with disabilities in high-quality early childhood programs.

It is the Departments' position that all young children with disabilities should have access to inclusive high-quality early childhood programs, where they are provided with individualized and appropriate support in meeting high expectations. This joint ED and HHS policy statement aims to advance this position by:



It is the Department's position that all young children with disabilities should have access to inclusive high-quality early childhood programs where they are provided with individualized and appropriate support in meeting high expectations.



Despite the strong evidence base for inclusion, there continue to be barriers and challenges.

- Setting an expectation for high-quality inclusion in early childhood programs;
- Increasing public understanding of the science that supports meaningful inclusion of children with disabilities, from the earliest ages, in early childhood programs;
- Highlighting the legal foundations supporting inclusion in high-quality early childhood programs;
- Providing recommendations to States, LEAs, schools, and early childhood programs for increasing inclusive early learning opportunities for all children; and
- Identifying free resources for States, programs, early childhood personnel, and families to support high-quality individualized programming and inclusion of children with disabilities in early childhood programs.

Despite the strong evidence base for inclusion, there continue to be barriers and challenges. In California, for example, less than one-third of the preschool children with Individual Education Plans (IEPs) were receiving their educational services in general early childhood programs.³

Definitions of Terms Used in This Book

The terms and phrases listed below are used differently by different people. What follows are the definitions that are used in this book (a more complete glossary is available in [Appendix B](#)):

Children with disabilities or delays. Includes children with a specific diagnosis, as well as children who do not have a diagnosis but whose behavior, development, and/or health affect the child's ability to access or participate in the early learning and care setting and can impact their family's ability to maintain child care services. The disability or delay may be as mild as a slight speech delay or as complex as a mixed diagnosis of motor challenges, vision impairment, and cognitive delays.

Generally, this definition includes those children who are between birth and twenty-two years of age who are protected by the Americans with Disabilities Act (see [Appendix A: Laws That Apply](#)).

Children who are typically developing. Children who are displaying development and behavior in the expected range for their age.

Early learning and care program. Any setting where children are cared for by paid personnel for less than 24 hours a day. This includes preschools, public and private early learning and



care settings, child care and development centers, family child care homes, license-exempt in-home child care settings, after-school programs, transitional kindergarten programs, state preschool, and Head Start centers.

Family member or parent. The person with primary responsibility for raising the child. Examples include mothers, fathers, foster parents, blended families, and grandparents.

Inclusion. The full and active participation of children with disabilities or delays in community activities, services, and programs designed for typically developing children, including child care. If support, accommodations, or modifications are needed to ensure full, active participation, they are provided appropriately. The participation results in an authentic sense of belonging for the child and family.

Provider. The personnel working in the variety of early learning and care settings who may also be referred to as child care provider, teacher, early childhood educator, caregiver, or other staff who are responsible for the care and education of young children.

Specialist. Anyone providing intervention, therapy, or treatment services to a child with disabilities and their family. Examples include special education teacher, speech and language therapist, nurse, social worker, occupational therapist, and/or physical therapist.



2

Including Children with Disabilities or Delays: A Rationale





All children and families want to be accepted and included in their communities, regardless of ability.

There are many reasons to include children with disabilities or delays in early learning and care programs:

- All children and families want to be accepted and included in their communities, regardless of ability. They want to truly belong. But the kind of belonging they desire goes beyond simply “being together.” They want full, unconditional membership in family and community. As Norman Kunc—a disability rights advocate—said so eloquently:⁴

When inclusive education is fully embraced, we abandon the idea that children have to become “normal” in order to contribute to the world. Instead, we search for and nourish the gifts that are inherent in all people. We begin to look beyond typical ways of becoming valued members of the community and, in doing so, begin to realize the achievable goal of providing all children with an authentic sense of belonging.

- Families of children with disabilities or delays have the same needs for child care as do other families. However, families of children with disabilities or delays often find the search for quality and affordable early learning and care programs a greater challenge as they face the reluctance of many providers to enroll their children. This makes it all the more important that early learning and care providers make every effort to include all children in their programs so as not to increase the immense challenges that families already face.

Additionally, children with disabilities are supported and protected by federal law that explicitly states they have a right to an education in an inclusive educational setting.

- Children with disabilities or delays may present unique challenges, but the care they need is very similar to that needed by any child. Children with disabilities spend the majority of their time doing what other children do. They have the same curiosity, desire to play, and need to communicate as their peers do. Early educators who are providing individualized and developmentally appropriate care already have many of the skills they need to serve children with disabilities or delays.
- Quality early learning and care contributes to the emotional, social, and intellectual development of young children, and is an important part of school readiness and school success. Children with disabilities or delays benefit from quality child care just as much as children developing typically do.
- Children with disabilities or delays benefit from being in inclusive environments with children developing typically. Inclusive environments, with appropriate help and assistance, allow children to achieve more than they do in segregated environments.⁵ When children with disabilities have all of the opportunities that children who are developing typically have—and especially when they are in an environment with children who are typically developing—they strive toward new goals and achievements, often attaining levels of ability that surprise the adults who care for and about them. In fact, in the *Policy Statement on Inclusion of Children with Disabilities in Early Childhood Programs*, the scientific base for the benefits of inclusion is laid out with several references that speak to the research. Not only do children with all types of disabilities benefit and thrive in inclusive settings, there are some studies that have shown that children with disabilities in inclusive settings make greater gains than similar children in separate special education classrooms.^{6,7,8} This is why

Children with disabilities or delays benefit from quality child care just as much as children developing typically do.

Children who are typically developing also benefit from interactions with children with disabilities or delays.

inclusion is important as a core value for early learning and care providers.

- Children who are typically developing also benefit from interactions with children with disabilities or delays. Inclusive, supportive environments teach children about differences and about respecting and valuing other people, regardless of ability. Children seek to help one another as they grow, and when they see adults model ways to support a child with a disability, they will take steps to help as well.
- Turning children away from an early learning and care program solely because they have a disability or delay is a violation of the Americans with Disabilities Act and California's Unruh Civil Rights Act. Unfortunately, families continue to be routinely refused opportunities to enroll simply because their child has a disability, even when their child does not need any special accommodations. This is a loss for the child, the family, the other children in the programs, as well as the programs that turn them away. Additionally, all early learning and care providers need to know the legal consequences of turning a child with disabilities away. Refusing to enroll a child with disabilities from a child care program may expose the program to significant liability.

Identifying Children with Disabilities or Delays

All children develop at different rates and in different ways. Some children are born with disabilities that can affect their growth and development. Other children may not show developmental problems, delays, or differences until later in childhood.⁹ While all children have unique needs for attention and care, there are children who will require a greater level of support and thoughtful planning:

- Children identified with a specific diagnosis or disability by medical or educational professionals

- Children who may not have a diagnosis, but whose behavior, development, and/or health affect the child's ability to participate in child care services

Finding out if a child is considered to have a disability or delay can be a complicated task, since different agencies often use varying criteria for identifying conditions and for determining whether or not the child and family are eligible for services (more information on eligibility can be found in [Appendix A: Laws That Apply](#)). Generally, however, for a child to be eligible for early intervention services, they must show a delay in one or more areas of development. In addition, children identified through the early intervention system may be “at-risk” for developmental delays. Public schools and the early intervention system are the most common agencies for providing support and services to children with disabilities in child care settings.

To be eligible for special education services, children must meet certain criteria in one or more different disability categories. These categories are broader than specific diagnosis labels such as Down syndrome or cerebral palsy. Children with the same diagnosis may be placed into several different categories depending on other factors. Over half (58 percent) of California children up to age fourteen identified as having a disability qualifying for special education services have delays

Finding out if a child is considered to have a disability or delay can be a complicated task, since different agencies often use varying criteria for identifying conditions and for determining whether or not the child and family are eligible for services.





When children do have significant disabilities, they are likely to be receiving specialized services, which may then be accessed to support success in an early learning and care setting.

in learning and communication (see [Appendix D: California Children Enrolled in Special Education](#)). Learning disabilities are often not recognized or identified until children begin formal schooling. The second-largest category is a diagnosis of autism, at 25 percent, and the third-largest category for younger children is other health impaired. Challenges with behavior in group settings is a common special need demonstrated by children who learn differently, have impaired hearing, or delays in language. Early learning and care providers can provide a language-rich environment and make accommodations based on their knowledge of the individual child.

There are fewer children with more significant disabilities like physical and mobility impairments, or multiple disabilities. When children do have significant disabilities, they are likely to be receiving specialized services, which may then be accessed to support success in an early learning and care setting. Children who are eligible for and who receive early intervention or special education services have individual plans that outline the goals and strategies for teachers and providers to use. For

children under age three, the plans are called Individualized Family Services Plans (IFSPs); for children age three and over, the plans are called Individualized Education Programs (IEPs). Early learning and care providers can be important members of an IFSP or IEP team when these plans are being developed. More information about IEPs and IFSPs is available in [Appendix A: Laws That Apply](#) and [Appendix B: Glossary](#).

Learning About Individual Children

Information about a specific disability may give an early learning and care provider some ideas for how to support a child. However, when serving an individual child, it is more important to focus on the specific child's needs, not the disability or its label. A child with cerebral palsy, for example, may walk with leg braces (orthotics), use a wheelchair, have very minor physical symptoms, or demonstrate a delay in using language. The possible variations within this one label are tremendous, demonstrating that no single label or diagnosis can provide enough information about a specific child. Child care providers need to ask questions to learn beyond a textbook definition; and if those questions are asked with sensitivity and understanding—particularly when talking with

However, when serving an individual child, it is more important to focus on the specific child's needs, not the disability or its label.



This manner of approach can help assure a family member that the provider is sincerely concerned about the success of the child and is interested in providing appropriate, individually tailored care.

parents—they can go far toward setting a tone of welcoming and understanding. When a family member shares a child’s diagnosis, good follow-up questions are often, “How does that condition affect their development?,” “What has worked at home or in other community settings?,” or “What are the child’s preferences in activities and having fun?”

For example, if a parent calls and says, “I am looking for a preschool for my child. She has Down syndrome. Is your school good for her?” then an appropriate first response would be, “Our school has many wonderful things to offer. It may be a great place for you and your daughter. I would love to hear more about her interests and strengths. I’m sure that you have many questions that I can answer for you. In order to help me address these questions, may I ask how her Down syndrome affects her development?” This manner of approach can help assure a family member that the provider is sincerely concerned about the success of the child and is interested in providing appropriate, individually tailored care.

The response from the parent will help the early learning and care provider determine what accommodations might be needed, what other questions may be appropriate to ask, and whether or not specialists are involved and/or needed. [Chapter six](#) presents information on working collaboratively with specialists.



3

Comparing Inclusive Early Learning and Care Settings and Quality Child Care Settings





Quality early learning and care is evident when each child grows and learns, families feel confident and secure, and providers are qualified and stable.

Many providers are surprised to learn that there is very little difference between inclusive early learning and care and quality early learning and care programs. Quality early learning and care is evident when each child grows and learns, families feel confident and secure, and providers are qualified and stable. Current research provides a number of descriptions, including:

Evaluation science helps identify the characteristics of successful programs, known as effectiveness factors. In early care and education, for example, the effectiveness factors that have been shown by multiple studies to improve outcomes for children include:

- Qualified and appropriately compensated personnel
- Small group sizes and high adult-child ratios
- Language-rich environment
- Developmentally appropriate “curriculum”
- Safe physical setting
- Warm and responsive adult-child interactions

—Center on the Developing Child (2007)¹⁰

... the key to a high-quality program is what happens inside the classroom or family child care home, namely the interactions that take place between the teacher and child. In a high-quality

program, teachers engage children with learning strategies that are tailored to the age of the child and use an appropriate curriculum to structure the learning experience. A variety of supports are needed to facilitate these interactions so that high-quality teaching and learning can occur. As such, the quality of an early childhood program is dependent on the following three key factors. ... interpersonal interactions ... physical environment ... [and] program support structure.

—Center for American Progress (2017)¹¹

Child Care Aware, an organization supported by the Child Care Bureau of the US Department of Health and Human Services, has identified the following five key indicators for quality inclusive child care:¹²

1. A positive and healthy learning environment
2. The right number and mix of children and adults
3. Trained and supported personnel
4. A developmental focus on the child
5. Parents treated as partners

These indicators are clearly part of all quality early learning and care programs. The developmentally appropriate practices identified by NAEYC provide additional indicators of quality. NAEYC posits that the use of developmentally appropriate practices results in high-quality care for *all* children, including children with disabilities or delays.¹³

Professionals are constantly making decisions that affect the well-being and education of children. When these decisions are based on the following three important kinds of information or knowledge, developmentally appropriate practices are certain to emerge:¹⁴

- **Age appropriateness** refers to what is known about child development and learning and the activities, materials, interactions, or experiences that will be safe, healthy, interesting, achievable, and challenging to children (depending on, and varying with, the age of the children).

NAEYC posits that the use of developmentally appropriate practices results in high-quality care for all children, including children with disabilities or delays.





Not surprisingly, high-quality settings have more success fostering a sense of belonging, physical development, and intellectual abilities in children with disabilities or delays.

- **Individual appropriateness** relates to what is known about the strengths, interests, and needs of each individual child in the group.
- **Cultural/social influences** are what an early learning and care provider knows about the cultural and social contexts in which children live. Paying attention to these factors ensures that learning experiences are designed to be meaningful, *relevant*, and respectful for the participating children and their families.

Since most definitions of quality care include meeting the needs of the individual child, quality early learning and care is good for *all* children. And, not surprisingly, high-quality settings have more success fostering a sense of belonging, physical development, and intellectual abilities in children with disabilities or delays.

Promoting Inclusive Practice

Brochures, parent handbooks, and other written material regularly used in an early learning and care setting can set the tone of inclusion and belonging. If a program's existing documents already include phrases that emphasize welcoming *all* children or embracing diversity, it is relatively easy to add statements that include diversity of ability as well. This also serves to set expectations about who might be attending the program, as family members may have questions or concerns about how inclusion may impact their child. The inclusive, welcoming language in the statements and paragraphs below suggest ways to present the good news of an inclusive program:

- “Our early childhood teachers’ strong knowledge of child development helps them to successfully teach young children with all talents, interests, and abilities.”
- “We take pride in our inclusive program. Our teachers adapt activities to include all students, recognizing that their individual goals may be different. At times, our teachers and children may receive assistance from specialists, such as special educators, physical



therapists, and other school or early intervention personnel, who recognize the individual interests and strengths of children.”

The following examples are taken from an online brochure for an existing center:¹⁵

- The National Child Research Center provides a collaborative approach to preschool education in an environment that nurtures the whole child, fosters partnerships with families, and is committed to the inclusion of children with special needs.
- A highly trained, multidisciplinary faculty employs developmentally appropriate practices, supported by ongoing professional development and sound research. Essential to its role as a model of early childhood education is the creation of a diverse, respectful community. Both within and beyond the school community, the National Child Research Center seeks opportunities to advocate for all children and their families.

Even if children with disabilities are not currently enrolled in an early learning and care setting, there are still ways to promote inclusive practices. The pictures, books, and materials that are used at the site can be chosen with an eye on presenting children with disabilities in a general setting.

The pictures, books, and materials that are used at the site can be chosen with an eye on presenting children with disabilities in a general setting.

Opportunities to discuss how people are alike and different naturally arise in a child care setting; a caregiver can take advantage of these.

Opportunities to discuss how people are alike and different naturally arise in a child care setting; a caregiver can take advantage of these. How language is used is also critical in developing an atmosphere of inclusion. Best practices recommend the use of “person-first” language when talking about people with disabilities. This simply means putting the person before the disability: “a child with autism” rather than “an autistic child.”

The process of exploring inclusion with families, colleagues, and children will suggest other ways to expand inclusive practices. For example, planning staff discussions that address specific changes in philosophy, attitudes, and practices goes far toward integrating an inclusive approach into a child care setting. Outside of the immediate early learning and care setting, adults with disabilities in a community might contribute to a care provider’s expanding knowledge of issues related to inclusion specifically and disabilities in general.



Creating Inclusive Child Care Settings





Key providers or staff members are passionate about making inclusion work. This was the strongest factor and could include providers, teachers, program administrators, and even a district's director of special education.

Programs that are committed to quality and diversity often see belonging and inclusion as the starting point for all children. The Americans with Disabilities Act (ADA) and California's Unruh Civil Rights Act (see [Appendix A: Laws That Apply](#)) make it illegal for a child care provider or early learning and care setting to refuse to serve a child solely on the basis of a disability. There is, however, a significant difference between providers or program administrators who enroll children with disabilities or delays because it is the law and providers who reach out and welcome all children into their care.

Factors for Success

There has been a great deal of research on what makes inclusion of all children work. The Early Childhood Research Institute on Inclusion, a national research project funded by the US Department of Education, identified the following six factors as key supports in initiating and implementing inclusive practices:¹⁶

1. Key providers or staff members are passionate about making inclusion work. This was the strongest factor and could include providers, teachers, program administrators, and even a district's director of special education.
2. There exists a shared vision of inclusive practice developed over time by respecting and considering the views of all the persons involved in implementation.

3. State and national policies require programs to become inclusive. One example is the 1972 policy that required 10 percent of a Head Start program's enrollment to be made of children with disabilities. Some effective programs are also found in states that have state-level policies about inclusion.
4. Additional money, training by qualified consultants, or other types of support are provided for inclusive child care programs.
5. At the program or district level, support and planning time is given to enhance collaboration and communication among people involved in providing inclusive programs.
6. A passionate community of individuals, such as parents or other community advocates, works to spark interest in implementing inclusive programs.

Support and planning time is given to enhance collaboration and communication among people involved in providing inclusive programs.



Starting with Universal Design

The Individuals with Disabilities Education Act (IDEA) defines 'universal design' this way:

The term 'universal design' means a concept or philosophy for designing and delivering products and services that are usable by people with the widest possible range of functional capabilities, which include products and services that are directly accessible (without requiring assistive technologies) and products and services that are interoperable with assistive technologies.¹⁷

UDL is based on the fact that children learn in different ways.

Universal Design for Learning (UDL) is an approach to teaching, learning, curriculum development, and assessment that uses technologies to respond to a variety of individual learner differences. UDL is based on the fact that children learn in different ways. The focus then is on **why** they learn, **what** they learn, and **how** they learn. One organization, CAST, has taken the lead in promoting UDL with the following ideas:¹⁸

- **Engagement:** stimulate interest and motivation for learning
- **Representation:** present information and content in different ways
- **Action and Expression:** differentiate the ways that children can express what they know



The Universal Design for Learning Guidelines

CAST | Until learning has no limits®

Guidelines	<p>Provide multiple means of Engagement</p>  <p>Affective Networks The “WHY” of Learning</p>	<p>Provide multiple means of Representation</p>  <p>Recognition Networks The “WHAT” of Learning</p>	<p>Provide multiple means of Action & Expression</p>  <p>Strategic Networks The “HOW” of Learning</p>
Access	<p>Provide options for Recruiting Interest</p> <ul style="list-style-type: none"> • Optimize individual choice and autonomy • Optimize relevance, value, and authenticity • Minimize threats and distractions 	<p>Provide options for Perception</p> <ul style="list-style-type: none"> • Offer ways of customizing the display of information • Offer alternatives for auditory information • Offer alternatives for visual information 	<p>Provide options for Physical Action</p> <ul style="list-style-type: none"> • Vary the methods for response and navigation • Optimize access to tools and assistive technologies
Build	<p>Provide options for Sustaining Effort & Persistence</p> <ul style="list-style-type: none"> • Heighten salience of goals and objectives • Vary demands and resources to optimize challenge • Foster collaboration and community • Increase mastery-oriented feedback 	<p>Provide options for Language & Symbols</p> <ul style="list-style-type: none"> • Clarify vocabulary and symbols • Clarify syntax and structure • Support decoding of text, mathematical notation, and symbols • Promote understanding across languages • Illustrate through multiple media 	<p>Provide options for Expression & Communication</p> <ul style="list-style-type: none"> • Use multiple media for communication • Use multiple tools for construction and composition • Build fluencies with graduated levels of support for practice and performance
Internalize	<p>Provide options for Self Regulation</p> <ul style="list-style-type: none"> • Promote expectations and beliefs that optimize motivation • Facilitate personal coping skills and strategies • Develop self-assessment and reflection 	<p>Provide options for Comprehension</p> <ul style="list-style-type: none"> • Activate or supply background knowledge • Highlight patterns, critical features, big ideas, and relationships • Guide information processing and visualization • Maximize transfer and generalization 	<p>Provide options for Executive Functions</p> <ul style="list-style-type: none"> • Guide appropriate goal-setting • Support planning and strategy development • Facilitate managing information and resources • Enhance capacity for monitoring progress
Goal	<p>Expert learners who are...</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="220 1421 777 1481" style="background-color: #2e8b57; color: white; padding: 5px; border-radius: 10px;">Purposeful & Motivated</div> <div data-bbox="777 1421 1386 1481" style="background-color: #6a3d9a; color: white; padding: 5px; border-radius: 10px;">Resourceful & Knowledgeable</div> <div data-bbox="1386 1421 1984 1481" style="background-color: #1f77b4; color: white; padding: 5px; border-radius: 10px;">Strategic & Goal-Directed</div> </div>		

Every program is able to successfully include children with disabilities, and each makes it work child by child, day by day.

Daily Success

As every child is unique, so is every early learning and care program. There is no magic formula for making inclusion work within each of them, beyond the creativity, energy, and interest that most early learning and care providers already bring to their work. Their uniqueness notwithstanding, every program is able to successfully include children with disabilities, and each makes it work child by child, day by day. A “can-do” attitude among the early learning and care providers helps to generate the necessary energy for coming up with solutions to the inevitable challenges, along with an enthusiastic focus on how to make inclusion work rather than on simply fulfilling a legal obligation.

Some children require small changes to the curriculum or minor supports to get the most out of certain activities. These sorts of things can consist of fairly simple accommodations, such as providing a chair to assist the child in participating in circle-time activities to maintain the child’s engagement, a special place or quiet activity for a child who is learning to manage emotions in a busy classroom during large group



activities, or making a snack available for a child who needs to eat more frequently than typically scheduled meals and snacks. Other children may require more specific adaptations that might not be readily apparent. A variety of community resources can be helpful in determining what those might be. The first and most important source for guidance on what a child might need is always the family. After consulting with the family, checking with an area specialist or attending a local workshop can also provide guidance. Beyond the immediate community, there is a world of literature in books, periodicals, and internet sites devoted to disabilities and inclusion that can inform a child care provider about appropriate adaptations for a child with a specific condition or need.

Effective, inclusive programs begin with a high-quality, developmentally appropriate foundation. They also do the following:

- Promote a positive attitude among its early learning and care providers
- Ensure appropriate adult–child ratios
- Provide supportive administrators
- Cultivate good communication with the local educational agency responsible for assisting in the child’s access and participation
- Supply ongoing supports and adequate training for teachers and providers

An effective inclusive program will be in a good position to creatively accommodate a child with disabilities or delays, exactly as it does for children who are typically developing. If a child already has an established diagnosis, there may also be trained intervention personnel who can assist in this process. One of the biggest roles for a program is to create a culture of belonging and inclusion. Consider these helpful strategies:¹⁹

- Start with the assumption that all children are competent
- Adapt the environment so that it is accessible, developmentally appropriate, challenging, and based on the needs and interests of each child



Effective, inclusive programs begin with a high-quality, developmentally appropriate foundation.

While there may be a need to support a child's mastery of a specific skill, keep the whole child in mind, particularly the child's social-emotional experience.

- While there may be a need to support a child's mastery of a specific skill, keep the whole child in mind, particularly the child's social-emotional experience

Ask the following questions when facilitating inclusive adaptations for an activity:

- Does the child have an opportunity to control the learning experience?
- Is there a balance between adult-initiated learning and child-initiated learning?
- Can the child make choices while learning the skill?
- Is the child able to initiate their own efforts to practice the skill, with support given by the child care provider?
- Is the child initiating and participating in activities with their peers?
- Is the child gaining self-confidence and showing the joy of accomplishment while learning?
- Is there room in the activity for the child to make discoveries?

Common Modifications, Adaptations, Accommodations, and Support

Although each child is an individual and modifications, adaptations, accommodations, and supports should be designed with a single child in mind, researchers from the Early Childhood Research Institute on Inclusion found that many of these changes can be grouped into common categories of modifications. These categories are commonly used in various early learning and care programs that include children with disabilities or special needs.²⁰ The most common categories and brief descriptions are included below, with more detailed illustrations and stories in chapter seven, "[Learning from Examples of Inclusive Strategies.](#)"

1 Environmental Support

Altering the physical, social, or temporal environment to promote participation, engagement, and learning.

Examples

- Using a photo, picture, or object to signal the next activity
- Making boundaries for activities (e.g., marking sections of the floor with tape, providing a tray or box lid for art activities)
- Freeing surfaces of bumps or smoothing them with “lips” and ramps
- See [Li’s story](#) for more detailed example



2 Materials Adaptation

Modifying materials to promote independence.

Examples

- Adding knobs to wooden puzzles
- Using Velcro closures on dress-up clothes
- Placing “no-slip” placemats under dishes when children eat or serve themselves
- See [Danny’s story](#) for a more detailed example

Modify materials to promote independence.

3 Activity Simplification

Simplifying a complicated task by breaking it into smaller parts or reducing the number of steps.

Examples

- Giving materials for a task to a child one piece at a time
- Preparing materials for easier use (e.g., peel the background off stickers and bend them so they lift off easily)
- Replacing materials that may be difficult to use with ones that are simpler and can serve the same function (e.g., use a squeeze bottle instead of a pump dispenser)
- See [Carlos's story](#) for a more detailed example

4 Child Preferences

Capitalizing on a child's favorite activities.

Examples

- Observing a child's interests and then providing additional materials or toys that match these interests
- Using the child's preferred activities, such as music, to support efforts to learn other skills
- Finding ways to build on a child's preferred activities when introducing new ideas
- See [Luke's story](#) for a more detailed example

Observing a child's interests and then providing additional materials or toys that match these interests.



5 Special Equipment

Using adaptive devices to facilitate participation.

Examples

- Ensuring that providers know how to properly use adaptive or medical equipment, such as hearing aids, glasses, or nebulizers (following licensing requirements and pediatrician or specialist recommendations), and knowing that there is an added need for vigilance by adults when this equipment is present
- Allowing all children to participate in early learning and care activities by providing appropriate seating or other equipment, such as a plastic chair near the water table for a child who uses a wheelchair
- Using picture cards or electronic switch-activated speaking devices for children who cannot speak, allowing them to communicate their choices
- See [Jessie's story](#) for a more detailed example

6 Adult Support

Employing direct adult intervention to support a child's efforts.

Examples

- Assigning a primary caregiver to a child so that the assigned adult is able to know the unique needs of the child and ways to support them
- Providing direct instruction or guidance to a child while learning or practicing tasks
- Learning specific ways of interacting or communicating with a child, such as using a picture board or tablet computer with symbols to make choices, or basic sign language
- See the story of [Andrea, Jamal, and Tamika](#), or [Jazmine's story](#), for more detailed examples



Using adaptive devices to facilitate participation.

7 Peer Support

Using classmates as models to help children learn.

Examples

- Pairing a child with a certain disability with a child who does not have a disability during certain activities, such as eating, class chores, etc., and being sure that the child with disabilities is sometimes the helper and not always the one being helped
- Facilitating children's interactions and observations of one another in small groups
- Teaching children specific ways to engage and interact with a child with disabilities
- See [Sofia's story](#) for a more detailed example



8 Invisible support

Arranging naturally occurring events to assist inclusion.

Examples

- Putting additional popular items in the dress-up center or kitchen corner to make it easier for more children to participate
- Assigning roles during children's play, such as having a child with limited mobility be in charge of "pumping gas" as the children riding bikes go by
- Commenting on children's play in ways that encourage further interaction
- See [Erica's story](#) for a more detailed example

Arranging naturally occurring events to assist inclusion.

Identifying Concerns and Finding Help





Early learning and care providers are often the first to notice a child who is learning, communicating, or developing in a way that is different from other children in their care.

Early learning and care providers are often the first to notice a child who is learning, communicating, or developing in a way that is different from other children in their care; or a child care provider may be the first person who family members approach with their concerns. When a critical difference is noted—and careful observation and efforts to work effectively with a particular child do not seem to be meeting the child’s needs—the next step involves looking for additional help to foster belonging for the child and to appropriately support the child in an early learning and care program. While this help can come from the family, more expertise is often needed, such as advice or insight from the child’s pediatrician or health care provider, or from the child’s therapist or other specialist. Utilizing developmental screening tools such as the Ages and Stages Questionnaires-Social Emotional (ASQ-SE) may also help to identify areas of concern that can then be easily shared with the family or pediatrician.

Making a Referral to a Specialist

When an early learning and care provider recommends that a family seek help from a pediatrician or specialists, or if family members grant a provider the necessary permission to seek help, the provider is “making a referral.” This requires talking to the parents of the child first. The parent or guardian must

give their written permission (signed consent) before an early learning and care provider seeks other outside assistance. Parents sometimes choose to pursue assistance on their own. The child care provider may offer reassurance to the family that any referrals discussed together may help to get additional resources or rule out any concerns.

Talking with Parents

Communicating concerns about a child to the family is often a difficult step. Success is more likely if this step is taken within an already-existing relationship that is built on trust and respect. Even when this relationship is in place, early learning and care providers still need to plan ahead about what to say about concerns for the child. Any techniques used for effective parent conferences can apply here. A discussion of this nature should take place in a private location, with adequate time allowed, and if applicable, with all family members who are parenting the child in attendance.

The first step is to ask the family how they see their child and then to share the positive qualities observed by the provider within the care setting. Some parents might worry that you are sharing concerns in order to remove their child from your program. It may be useful to start your sharing by saying, “We want to help your child be successful in our setting.” At the outset, it is helpful for early learning and care providers to let the family know that they share concerns for the child; that their intent is to support the child’s development; and that, in order to do this, they need to get some ideas for how to best meet the child’s needs. If the family differs in their view of the child, be open to their perspective, ask questions, gather information, and invite them to be your partner in meeting the needs of their child. When done respectfully, this communication can lead to a fruitful exchange of ideas and ultimately help for the child.



It may be useful to start your sharing by saying, “We want to help your child be successful in our setting.”

Documenting Concerns

When it is time to share concerns about a child, clear communication is vital. Communicate using concrete examples and without judgment. For instance, rather than insisting that a child is “behaving badly and bothering other children,” it would be more effective to provide a few specific facts by letting the parents know that certain observations have been documented. For example, it was observed that their child has a harder time sitting still than other children, does not cope well with transitions, and has had five incidents of hitting other children during the last week. Do not feel like you need to tell the parents a laundry list of every issue of concern.

It is especially important that these observations be shared in a neutral way without labeling or diagnosing. For example, do not suggest that a child has a specific diagnosis, such as attention deficit disorder or autism. Most child care providers are not qualified to provide such a diagnosis and doing so often gets in the way of the next steps in the referral process. On the other hand, specific observations and descriptions of what is happening will be very helpful to any specialists that become involved.

An inclusive child care provider lets the appropriate family members know that everything will be done to support the child and to incorporate any new ideas into the program’s procedures, curriculum, and activities.

Supporting the Family That Wants Access to Services

Families often need and appreciate support in getting help but may not have the information necessary to access the available supports. Many families report fears that a provider will reject their child or them if their child needs extra help, which may make them reluctant to approach an early learning and care provider with this need. An inclusive child care provider lets the appropriate family members know that everything will be done to support the child and to incorporate any new ideas into the program’s procedures, curriculum, and activities. When a clear consensus of the child’s needs is agreed upon, everything is in place to refer the child to an early intervention program, local school district, or pediatrician/health care provider, while

allowing the family to take the lead. For those families that want to actively explore additional sources of support for their child, a child care provider can then talk with them about where to go and how to obtain further assessment and/or possible services.

This is the point at which the early learning and care provider is “making a referral.” In this process, it is generally appropriate to refer the family to their pediatrician and to a local early intervention/special education resource at the same time. Information about these kinds of services is available within most care programs. These include local early intervention services, special education services, and other resources. By sharing concrete observations and pertinent information throughout the process, a provider succeeds in helping a family clarify their questions about their child and giving them an idea of what the referral will accomplish.

By sharing concrete observations and pertinent information throughout the process, a provider succeeds in helping a family clarify their questions about their child and giving them an idea of what the referral will accomplish.





Confidential issues are sacred, so parents must give written permission (signed consent) for anyone, including an early learning and care provider, to talk about their child with referral sources.

Calling resource agencies ahead of time to get information for the parents can be very helpful. However, no one can guarantee eligibility or services from another agency to a family. A better approach for a child care provider is to describe what might happen after the referral and what the possible outcomes might be, based on past experience. A child care provider can also offer to be a source of information to the referral source. Confidentiality issues are sacred, so parents must give written permission (signed consent) for anyone, including an early learning and care provider, to talk about their child with referral sources. In California, the [MAP to Inclusion and Belonging County Services page](https://cainclusion.org/county-resources) is available to providers and families to facilitate linkages with special service providers at <https://cainclusion.org/county-resources> [Link no longer available].

Most communities also have California Early Start Family Resource Centers (also listed on the county services page on MAP) to assist parents in this process and help them understand their rights to services.

When family members want to access other resources, it is necessary to consider a number of other important issues, such as insurance, linguistic fluency, cultural practices, transportation, and any previous discomfort or negative experiences with authority figures, such as teachers or doctors.

Commonly, an early learning and care provider helps a family obtain the services their child needs by setting the process in motion for them. At the same time, it is important that the early learning and care provider not do too much for the family or feel responsible for resolving every issue. The provider can be more helpful for everyone involved by focusing on supporting the family as it moves through the process. Finding ways to meet their child's needs will best serve the family and their child in the long run.

Supporting a Family That Chooses Not to Access Services

Sometimes family members may choose not to access resources when they first hear an early learning and care provider's concerns about their child, as they may need more time to process the information and may not act immediately. Child care providers must remember that everyone moves at a different pace and accepts information differently. These differences are often influenced by a family's emotional response, which greatly affects what they are able to hear and understand.

Processing and integrating this information will take varying amounts of time. The idea that their child may be different than other children is extremely difficult for some families to accept. Unless behavioral or other issues, such as medical urgency, make it impossible to care appropriately for the child without assistance, early learning and care providers must allow a family to proceed on its own timeline. A child care provider's role under these circumstances is to support a family in understanding the information that has been shared, to repeat the information whenever necessary, and to remind them that additional resources and information are available whenever they want it. By maintaining a positive, nonjudgmental approach with the family, you will continue to have a positive relationship to support the family when they are ready to move forward.

If an early learning and care provider's own judgment or emotions about this interfere with the ability to respect the family as the decision-maker, the best professional response by

Child care providers must remember that everyone moves at a different pace and accepts information differently.

the child care provider is to seek personal/professional support and then suggest that the family discuss this with someone else as well. If an early learning and care provider believes that a family's refusal to seek help constitutes potential for harm to the child, then that provider has an obligation to be clear with the family about the critical nature of the concerns presented. At this point it also becomes appropriate for the early learning and care provider to proceed with a referral, independent of the family's involvement.

Finding Resources for Families

Health and Medical Service Systems

In many cases, it is appropriate to have a family talk about their concerns with their primary health care provider. Many primary health care providers use screening and surveillance procedures to identify children in their practice who might benefit from medical and/or educational evaluation. Some issues faced by children with disabilities or delays are medical in nature and require careful follow-up by a health care provider. There is increased movement to educate health care providers on how to collaborate with early education and early intervention teams to best support young children and their families. Regardless, parents and early learning and care providers must be proactive to assure a good match between child and primary health care provider.

It is often a good idea for a referral to be made to the special education/early intervention service system at the same time the referral to the health care provider is being made because the referral process takes time and referring only to one system (such as health care) may delay entry to the other (such as early intervention). While the health care provider can address medical issues, the school can address special education and supports that will allow the child to be more successful in the child's current child care setting. Referrals are best made directly by the family. If a provider makes a referral, the family must have provided written (signed consent) permission.

There is increased movement to educate health care providers on how to collaborate with early education and early intervention teams to best support young children and their families.



Local Special Education/Early Intervention Service Systems

Local special education/early intervention service systems are required by law to engage in “Child Find.” This means that there needs to be an active and ongoing effort on the part of the special education system to identify children who may be eligible for services. Some areas may provide free screenings at local child care settings, while others may send outreach materials to child care and medical agencies. Not all children with differences in their development will qualify for services from special education/early intervention. Appropriate screening and assessment are generally required to make this determination. These procedures are provided to families free of charge, as are most early intervention and all special education services.

After a referral is made, the special education/early intervention agency has 60 calendar days (45 for children under age three) to complete the assessment, determine eligibility, and hold a meeting to plan for service, if needed. If a family makes the request to the agency in writing, saying they are “*requesting an eligibility assessment to determine if there is a need for special education services,*” that will start the timeline. Again, referrals are best made directly by the family. If a provider makes a referral, the family must have provided clear, written (signed consent) permission.

Not all children with differences in their development will qualify for services from special education/early intervention.

Even if a child is not found eligible for special education services, the team providing the assessment may have suggestions for ways to support the child's growth and development.

If an early learning and care provider suspects that a child in their setting may have a disability or other developmental delays, that individual should encourage the child's parents to call the local school district or the special education program of the county office of education to request an assessment. For concerns regarding children from birth to three years old, families may call the California Department of Developmental Services (800-515-BABY [2229]). They will be provided with information on resources in their local community, including the regional center or their California Early Start Family Resource Center for parent-to-parent support.

Once a referral is received, representatives of those agencies will talk with the family and may schedule an assessment to see if the child qualifies for services. Knowing the best contact name and number in a district can be of great help to the family. The local California Early Start Family Resource Center usually has this information. There are a number of important things for parents to know when they contact these agencies:

- The agencies operate under legal timelines for responding to parents' requests for consideration of early intervention or special education services (parents may want to put their request in writing if they are having difficulty getting a response)
- Parents must give written permission for their child to be tested and receive early intervention or special education
- All services are confidential and provided at no cost to the family

Even if a child is not found eligible for special education services, the team providing the assessment may have suggestions for ways to support the child's growth and development. Parents might appreciate being aware of this possibility and encouraged to take advantage of the information provided. Additionally, the assessment team will be able to give guidelines for monitoring the child's progress as the child becomes older, in case the family or others become newly concerned over later-developing behaviors or challenges with the child.

If the child referred is found eligible and begins to receive services, the child can benefit from his or her early learning and care provider working with the specialists who provide the service. The specialists can then become consultants to the early learning and care provider and the family. The [next chapter](#) offers ideas for ways to maximize this kind of collaboration.

Communicating with Parents of Other Children

Sometimes when including children with disabilities or delays, a provider may need to respond to questions or concerns from parents of the other children enrolled in the setting. If you have provided language about the inclusive nature of your program, that is a good start. When responding to other family members, it is important to emphasize that you will not share information about an individual child or family, just as you would not share information about their child with others. You can reassure the family members that you and your program are working to ensure that all children are enjoying the benefits of the program and activities. It is important to let families know that your early learning and care setting serves children with disabilities as a part of standard policy, and although you cannot speak about specific children, you can provide information about the diversity of children you serve.

The following suggestions from Kushner may help:²¹

Parents and children often have very legitimate questions or concerns that need to be addressed. They may want to know more about a particular disability or how the other children are responding to having a child with a disability in their program. Often parents and/or staff members are interested in knowing what to say to other children about disabilities and differences. Any information that is given must not violate a child's or family's right to privacy. The best course of action is to plan ahead and ask the family how they would like information shared and what they feel comfortable being shared about their particular child and/or their child's disability.



Sometimes when including children with disabilities or delays, a provider may need to respond to questions or concerns from parents of the other children enrolled in the setting.

When the concerns are about behavior issues or the safety of the child, it may be helpful to provide general information about ways that parents can talk about it with their children.

Often parents can be a center's best resource by providing written information, answering questions, or explaining in understandable ways about how their child is like all the other children and how their child is different. During the course of a day staff may be approached by parents or volunteers with a question or concern regarding a child who has a disability. Under no circumstances is it appropriate to share information unless there has been explicit consent provided by the child's family. If in doubt, it is always appropriate to say, "It is our policy that we respect the right to privacy and practice confidentiality for all children and all families. I am sorry that I cannot answer your question but would be happy to refer you to the child's parents." In this way, families learn to trust that confidentiality for all families is practiced, regardless of the circumstance.

When the concerns are about behavior issues or the safety of the child, it may be helpful to provide general information about ways that parents can talk about it with their children. A sample letter that can be shared is included in [Appendix C: Sample Forms](#).



Talking with Children about Differences

“What’s wrong with her? She talks funny.”

“He’s a baby, right? Big boys don’t wear diapers, do they?”

“I don’t want to play with him. He can’t move around fast like me.”

“Why does she always get to sit next to you? I want to sit there.”

“I don’t like him, Teacher. He always grabs my toys.”

The early years are filled with opportunities for children to learn about who they are, and about how they are alike and different from others in their world. It is important to be prepared to share information sensitively and honestly when responding to questions like the ones above. Responding to these questions is an opportunity to give positive messages about differences, messages that will shape children’s positive attitudes for years to come. Your responses can facilitate belonging for children with disabilities or keep them in the category of “visitor.” Always discuss this with the parent or guardian of the child with disabilities to get their ideas about how to respond to comments and questions like those above. It is easiest when our answers match the ones that the child has been hearing. Eventually these answers will come from the child themselves or their friends. Here are some possibilities you may want to consider:

- **“I don’t like her, Teacher. She talks funny.”**
 - It’s hard to understand her sometimes, isn’t it? She really wants to talk to you. When you don’t understand her, maybe you could ask her to show you.”
- **“He’s a baby, right? Big boys don’t wear diapers, do they?”**
 - “He’s four years old, just like you. Some big boys do wear diapers. He wears diapers because he is learning how to use the potty. Remember when you learned how to use the potty? There are lots of things to learn, aren’t there?”

The early years are filled with opportunities for children to learn about who they are, and about how they are alike and different from others in their world.

There are many opportunities throughout the day to build understanding and acceptance so that ALL children can belong.

- **“I don’t want to play with him. He can’t move around fast like me.”**
 - “You’re right, he moves more slowly than you do. His muscles work differently than yours. Can you think of something you can play without moving around fast? There isn’t anyone playing with the farm animals right now.”
- **“Why does she always get to sit next to you? I want to sit there.”**
 - “She needs to sit there so that she can see what I am doing. Her eyes work differently than yours and she can see best if she sits close. Would you like to sit on my other side?”
- **“I don’t like him, Teacher. He always grabs my toys.”**
 - “It’s hard when someone grabs your toys. He is still learning how to take turns and use his words. When he wants to have a toy, you can show him how to stay calm and use words. If you need help, let me know.”
- **“Why is he so little? Is he a baby?”**
 - “He is the same age as you, but his bones grow slower than everyone else. When he is a grown up, he will be shorter than you.”

There are many opportunities throughout the day to build understanding and acceptance so that ALL children can belong. Perhaps you could come up with other ideas and share them with others at your site.



6

Collaborating for Inclusion





The primary role of an early learning and care provider is to nurture and support the child's development in a loving and caring manner.

To effectively meet the needs of children with differing abilities and learning characteristics, early learning and care providers may need to expand the way they reach out to families and link with specialists. These two groups of people have particularly important information to share and can serve as resources to support children in a program. Their suggestions invariably enrich inclusive efforts. Specialists themselves may be able to visit an early learning and care facility and offer some on-site guidance.

Providing inclusive child care does not mean a provider—or even a group of providers—has to do it alone. Everyone has a role to play. The primary role of an early learning and care provider is to nurture and support the child's development in a loving and caring manner. Partnerships formed with other adults who are caring for the child—the parents, health care providers, or specialists—can complement the efforts of all concerned, especially when everyone concentrates on what they do best. When various expert viewpoints combine together, ideas develop and strategies emerge that are better than those any one person could have developed alone.²² This is the essence of true collaboration.

The following elements are essential for successful collaboration:

- **Respect for family members' knowledge and experience with the child.** Family members are a provider's first and best resource; they should be included in the planning and implementation of care for their children.

- **Clear and regular communication.** Planned meetings and informal conversations are arranged with everyone involved in a child’s development. These occasions are ideal opportunities to discuss what is working and what needs improvement, while practicing all-important communications skills—asking questions, listening carefully, and sharing concerns. If what is discussed needs to be reflected in the IFSP/IEP, the early learning and care provider needs to specifically ask how that will happen.
- **Time reserved for collaboration.** Commonly, nearly everyone involved in supporting a child with a disability or delay will be pressed for time. The commitment to collaboration includes an understanding that making the time to plan, interact, communicate, and evaluate will actually save time in the long run.
- **An investment in the inclusive program.** This is where a shared vision sets the tone. All early learning and care providers need to be actively involved in developing the inclusive program and feel a personal interest in its success. If teachers support inclusive practices, but the program administrators do not, the most valiant efforts are not likely to be successful.
- **Collaborative efforts with the family and specialists to access the appropriate assessment and support services that can be provided in a program.** If a child is eligible for specialized services, an early learning and care provider can and should participate in IFSP or IEP meetings and in the planning and delivery of services if a parent requests the provider’s participation. Sometimes a specialist will be able to come into the child care program regularly; other times, the specialist will be able to serve as an outside consultant. Additional suggestions for ways to access and utilize specialists are included in chapter five, [“Identifying Concerns and Finding Help.”](#)

The commitment to collaboration includes an understanding that making the time to plan, interact, communicate, and evaluate will actually save time in the long run.

Early learning and care teachers and child care providers often have a great understanding and perspective on what is important for a child, based on their knowledge of child development and their observations of other children within the program.

Contributing to Collaboration

There are many ways child care providers contribute to collaboration with family members and specialists. One of the gifts a child care provider can bring to collaboration around a specific child is the focus on the child as a child first—not a focus on the disability or challenging areas. Some additional ideas for ways to collaborate are listed below:

- **Gather multiple perspectives.** Early learning and care teachers and child care providers often have a great understanding and perspective on what is important for a child, based on their knowledge of child development and their observations of other children within the program. The family members have a very different, deeper knowledge of the child while the specialists offer insight based on their training and experience.
- **Seek assistance as soon as possible.** It is wise to write down and document concerns about what is happening for a child with disabilities or delays who is included in a child care program. Share the documented observations and concerns with the family and specialists to get their input and support. Seeking outside input and assistance can help ensure a more appropriate response to a child's unique characteristics, which may or may not be due to the child's condition.
- **Be open to learning.** While it is difficult to “know what you do not know,” it is critical to develop strategies for reflection and self-assessment when concerned about a child and take appropriate steps for support. Effective early learning and care teachers who think of themselves as a student—someone who is always learning—will always study the child and family, looking for clues to how to better enhance the child's learning and development.
- **Provide the modifications or adaptations recommended.** When working with specialists or families, a child care provider must be prepared to implement recommended strategies for successful inclusion. The child care



provider must also inform others if more clarification or demonstration is needed to implement the strategy. It is also important to have a well thought-out plan that enables a child care provider to monitor and evaluate the effectiveness of an intervention.

- **Be knowledgeable about applicable laws and regulations.** Early learning and care directors and family child care home providers should have specific training in the laws related to special education and early intervention, as well as in the federal Americans with Disabilities Act (ADA) and relevant California statutes on disabilities (see [Appendix A: Laws That Apply](#)). Knowledge of licensing regulations and of when and how to apply for waivers for serving children with disabilities—especially those with special health care needs—is also critical.
- **Be familiar with community resources.** Early learning and care providers can find out which agencies in the community provides services and/or support to children and families, get to know the individuals from those agencies, and develop relationships with them. Knowledge of resources that may benefit the family of a child with disabilities can make a critical difference in the

Knowledge of licensing regulations and of when and how to apply for waivers for serving children with disabilities—especially those with special health care needs—is also critical.



Parents and family members are an early learning and care provider's first and most important resource.

quality of support or the appropriateness of a referral that an early learning and care provider is able to give a child.

- **Gather more information.** It may be appropriate to get specific training related to an individual child's disability or special need. It may also be desirable to take additional workshops and courses on inclusion; seek technical, on-site support; and/or participate in peer groups focused on inclusion.

Working with Specialists

How to Start

- Parents and family members are an early learning and care provider's first and most important resource. To access other specialist resources, a child care provider *must* have the parent's written consent; if written consent is not provided, the parent must request that the specialist contact the early learning and care provider.
- An early learning and care provider may, of course, use other staff members to create solutions without specific parental consent, but everyone should be respectful and aware of confidentiality issues when doing this.

Individuals and Agencies That Can Be Used as Resources

- There are many different agencies providing services for young children with disabilities or delays and their families, such as school districts, early intervention agencies, regional centers, public health agencies, family resource centers, and therapy centers.
- Specialists working with the child and family may come from a wide variety of backgrounds, including special education, speech and language, early intervention, behavioral/mental health, nursing, social work, vision, occupational therapy, physical therapy, deaf and hard of hearing, assistive technology, etc.

- Any one of these specialists may be willing to provide staff development at the request of the early learning and care program (if the information shared by the specialists raises questions about a specific child, it is essential to include the family in any discussion or visits).
- If a child is already receiving services from an early intervention program or a public school special education program, or receiving specialized services from therapists or other providers, an early learning and care program may ask the family for permission to communicate with the service providers. A family may also ask specialists to provide services or support to their child within the child care program itself.
- How to assist a child in participating more fully in an early learning and care program is not always self-evident. Almost every teacher—but especially those who are working to expand their inclusive efforts—need ideas for communicating with children who have disabilities or delays, want help in positive behavioral support techniques, and generally welcome any other kind of support that a specialist can provide.
- Linking specialists with a child care program, in partnership with families, expands intervention efforts and helps to secure even greater positive outcomes for all children.

What Specialists Can Do in a Child Care Setting

Specialists act as consultants who support and provide resources to early learning and care programs and family members in a variety of ways:

- Sharing information specific to a child with disabilities
- Providing services to a child within the program or classroom
- Exchanging information on typical development
- Giving suggestions to be implemented into the daily routine
- Observing and giving feedback
- Demonstrating techniques

Linking specialists with a child care program, in partnership with families, expands intervention efforts and helps to secure even greater positive outcomes for all children.

The act of working together often leads to discovering the best way to share information and discuss how to best meet the needs of the child, the family, and the early learning and care program.

- Supplying information on resources, agencies, and services available in the community
- Finding answers to questions
- Providing written information
- Including the early learning and care provider in the educational documents for the child and family (the Individualized Family Services Plan [IFSP] for children under age three, or the Individualized Education Program [IEP] for children age three and older)
- Writing into the IFSP or IEP a plan for direct consultation to the early learning and care program by the specialist

Coordination with Specialists and Families

The best way to coordinate child care efforts with those of specialists and families depends on the needs of the child, the family, and the early learning and care provider. Ideally, the three constituencies meet together to discuss the specialist's role in the early learning and care program. The act of working together often leads to discovering the best way to share information and discuss how to best meet the needs of the child, the family, and the early learning and care program. After the specialist's roles in this setting are articulated, along with any specific agreements on the part of the family or child care setting, it would be wise for the early learning and care provider to record the agreements. Once those are established, then everyone involved may also want to determine when the agreements will be reviewed. A sample agreement form is provided in [Appendix C: Sample Forms](#).



Learning from Examples of Inclusive Strategies





These studies are designed to inspire and encourage early learning and care providers who are working to develop inclusive settings.

Inclusive early learning and care takes place in many different ways and presents many different faces, depending on the setting and the needs of the children in the program. This chapter offers several case studies that illustrate the unique strategies different programs have used to meet the needs of their children. Although each case uses a variety of strategies to support the sense of belonging and inclusion of the children described, one primary strategy is highlighted for each (also see chapter four, “[Creating Inclusive Child Care Settings](#)”). These studies are based on real children and programs, with names and identifying details changed to protect confidentiality. These studies are designed to inspire and encourage early learning and care providers who are working to develop inclusive settings.

1 Strategy: Supportive Environments

Setting: Family child care home

Child: Li

Age: Three years

Background

Li is three years old and lives in a beach community. A quiet, sweet-natured little girl with a lot of determination, she was born prematurely and, as a result, has a significant

visual impairment and mild delays in language and cognitive development, including having difficulty feeding herself. Li lives with her parents, Tran and Phuong, and is an only child. She has been attending the Jackson Family Child Care Home since she was fourteen months old. Li's parents had previously used Tran's mother to care for their daughter, but when the grandmother developed health problems, they needed to find other care. Although nervous about using someone who was not a member of the family, they both needed to work. The family found the Jackson Family Child Care Home through their early intervention provider, who had offered intervention services there in the past.

Terry Jackson has 12 children enrolled in her family child care home and employs two helpers, one in the morning and one in the afternoon. Terry had provided care for another child who had been born prematurely; however, that child had different needs than Li. This left Terry wondering how she would address Li's visual and developmental needs. She did know that the ideas from the early intervention specialist had been very helpful when caring for the previous child, so she was optimistic about taking advantage of the same resource in providing effective care for Li.

Services

Li received Early Start early intervention services through an Individualized Family Services Plan (IFSP) until she was three years old. Through this service, an early intervention specialist made visits to the Jackson Family Child Care Home every other week, and a vision specialist made visits monthly. Li also received visits from the early intervention team at her home on alternate weeks. The early interventionist and service coordinator worked with the family



Li has been attending the Jackson Family Child Care Home since she was fourteen months old.

Li had transitioned to receiving services from the local school district through an Individualized Education Program (IEP).

and provider designing a transition plan since service providers changed at age three.

Li had transitioned to receiving services from the local school district through an Individualized Education Program (IEP). Terry Jackson was able to attend the IEP meeting with the family, the early interventionist, the service coordinator and representatives from the school district. After development of the IEP, the team discussed where the services would be provided. The family requested that Li remain at the Jackson Family Child Care Home with support from the district, as they had become quite comfortable with this arrangement. Before this instance, the school district had not provided services in a family child care home, but the personnel agreed on the arrangement.

Strategy

Because Li has a visual impairment, the environment was the primary area that needed modification. She could make some visual distinctions: she could see shapes that were within six inches of her eyes and could distinguish between strongly contrasting colors. However, many environmental modifications were needed to support her inclusion. The Jackson family home's several transition points were the beginning, since it was important that these were made visible to Li. This was accomplished first by moving furniture so that it acted as a border between the family room and dining room, which was up one step, thus protecting Li from tripping up or down that step. Additionally, large removable stickers were placed on the sliding glass door that led outside, ensuring that Li would not walk into the glass. The toys that Li liked to play with were kept in the same place every day, and other children were encouraged to return them to the same shelf to help Li locate them independently. Containers that held the toys were in colors that contrasted from the toys inside. This also helped Li find what she was interested in.

Toys and materials themselves required modification as well. For example, Li liked to play with containers, take objects out of them, then put the objects back into the containers. Many



containers were adapted so that the edges were more visible by coloring them with a permanent marker or by applying colored tape to darken the edge. Li also needed clear contrasts between her food and the plate or bowl she was using. Terry planned which color of plates and bowls to use, depending on the food being served. Beyond her need for contrasting colors, Li preferred that her food did not have mixed textures (like a casserole). As an accommodation, Terry worked with Tran and Phuong to develop ideas for menus. Terry also asked the specialist for resources on feeding for children with disabilities. In addition to her own learning, Terry made sure that both of her helpers had a chance to learn from the specialists, since Li's needs required the attention and involvement of everyone at the home. For example, an adult needed to keep a special eye on Li when the children were all playing. To help everyone contribute to the learning process, Terry keeps a list of questions as they present themselves in the setting.

One thing everyone learned was that the activities at the family child care home needed to be adjusted, since Terry noticed that Li was hesitant to join in with the larger groups. She made a special point of keeping the groups small by having more than one interesting activity going at a time. The specialists offered helpful ideas about ways to encourage Li to use her body when

In addition to her own learning, Terry made sure that both of her helpers had a chance to learn from the specialists, since Li's needs required the attention and involvement of everyone at the home.

moving through the environment. An orientation and mobility teacher from the school district went so far as to create an obstacle course that Li especially enjoyed. As it turned out, all the other children also seemed to enjoy it.

Terry was able to participate in one of the IFSP meetings and was actively involved in planning for the transition-to-school services and the IEP for Li at age three. With the knowledge she had gained from the early intervention specialists and the developing relationship with the preschool specialists, Terry was very sure that she could continue to provide a quality learning environment for Li.

Supporting Factors

- The family had a strong relationship with the family child care home educator.
- The family child care home educator had a prior relationship with the specialist and was comfortable asking for help and ideas.
- The specialists were able to visit the environment where the child spent much of her time and offer ideas for modifications.
- All providers at the child care were involved in providing support and creating modifications for Li.
- The child care provider was able to play an active role in the planning meetings (IFSP and IEP) as well as be involved in the transition discussion.
- As a result of the above factors, Li and her family received continuity in care and services and experienced a smooth transition between early intervention and special education.

The child care provider was able to play an active role in the planning meetings (IFSP and IEP) as well as be involved in the transition discussion.

2 Strategy: Materials Adaptation

Setting: Military child care center

Child: Danny

Age: Two-and-a-half years



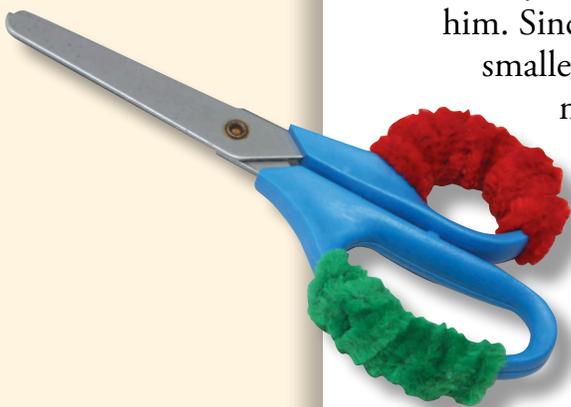
Background

Danny is two-and-a-half years old and lives on a military base. Very talkative and social, Danny was born with spina bifida, a spinal defect that affects his ability to move his legs and control his bladder and bowels. He also has hydrocephalus (increased fluid around the brain), which has been treated with a shunt (a tube that allows fluid to drain and be absorbed into his body). He has had several hospitalizations for surgeries on his shunt and feet, but none in the past eight months. Danny seems relatively healthy now. He wears leg braces to keep his legs straight and protected. He moves by rolling and scooting on his bottom. He talks quite well, mainly in phrases of two or three words. While he seems to understand what is said to him, he does not have a very long attention span. He lives with his mother, Crystal, who is in the Marine Corps. He began attending the early learning and care center on the military base when he was twenty-two months old.

Danny began attending the early learning and care center on the military base when he was twenty-two months old.



As Danny became more and more interested in playing with the toys and children in the center, the early learning and care providers asked for help in making the materials accessible and usable for him.



Services

Danny receives early intervention services from a public school early intervention program. He is visited by an early interventionist weekly at the early learning and care center and occasionally at home. He is also seen in his home by physical and occupational therapists from the early intervention program. The doctors on the base and at the spinal-defects clinic of the local children's hospital all closely follow his medical care.



Strategy

As Danny became more and more interested in playing with the toys and children in the center, the early learning and care providers asked for help in making the materials accessible and usable for him. At the invitation of the staff at the center, the therapists and early interventionist made visits to observe Danny in the environment and then held a meeting with Crystal and the providers to share ideas.

As a result of their suggestions, materials at the center were modified in several ways. Some toys and art supplies were placed on lower shelves to give Danny easier access. After careful observation of his interests, a toy car area was moved from a tabletop to the floor. A table easel also was moved to the floor so that Danny could sit and paint. Nonskid backing was added to the paint tray so that the paint did not tip as Danny scooted over to it. The sensory table was waist-high to children who were standing. This was used when Danny had an adult available to hold him or get a chair for him. Since sensory toys were a high-interest activity for Danny, smaller tubs were filled with his favorite sensory toys and materials and made available on low shelves for him whenever he wanted. Because heavy toys were difficult for Danny to hold while scooting, lighter-weight toys and blocks were also provided. The lighter toys also enabled him to initiate play with other children and join in their play.

Danny also was encouraged to ask his friends and teachers for help when he wanted something. The providers agreed to pay attention to his requests and interests when thinking about what other materials to adapt. His IFSP team (parent, specialist, and child care provider) also decided to explore some type of wheeled toy that Danny could use when he wanted to join in with the other children when they were riding tricycles. After hearing all of these ideas, Crystal became interested in also getting a wheelchair for Danny.

Supporting Factors

- The child's interests were observed and respected.
- Specialists were available to observe and give ideas.
- Materials were provided in a different form or adapted to meet the child's needs.

3 Strategy: Activity Simplification

Setting: Head Start center

Child: Carlos

Age: Four years



Background

Carlos is four years old and lives in a rural community. While very outgoing and friendly, he is more like a two-year-old in most areas of development. Carlos was diagnosed with Down syndrome shortly after birth. He had heart surgery that successfully corrected a heart problem when he was eighteen months old, and he has had no additional health problems.

Carlos lives with his mother, Maria, his two older sisters, and one older brother. His mother primarily speaks Spanish, and his siblings are bilingual. His fourteen-year-old sister often cares for him. Carlos was enrolled in the Head Start center at the beginning of the year and attends it four afternoons every week.

Carlos was enrolled in the Head Start Center at the beginning of the year and attends it four afternoons every week.

His Head Start teachers are interested in how to modify materials so Carlos can play with them alongside his peers in the class.

Services

Carlos attends a special education class three mornings a week. He attended that class last year as well. His mother had her other children in Head Start and wanted Carlos to attend when he turned four. She has asked that his special education teachers work with the Head Start staff so that Carlos can receive bilingual speech therapy at the Head Start center with other children from his class.

Strategy

Carlos plays with toys like a child younger than four. He often puts toys in his mouth and has trouble using his hands and fingers on small objects. His Head Start teachers are interested in how to modify materials so Carlos can play with them alongside his peers in the class. They also want to support his growth and development in his play with toys and his small muscle movement. One of the Head Start teachers was able to visit Carlos' special education class and get ideas for toys and activities. The Head Start disability specialist had previously supported many children with Down syndrome and had several ideas to contribute. Carlos' mother and his sister also helped by letting the team know what his favorite toys were at home.

The first and most important modification was to carefully examine all of the toys available in the classroom, looking for small parts that could be dangerous if Carlos put them in his mouth. Any toys that were considered dangerous were used only under careful adult supervision. Second, toys that Carlos enjoyed were provided in larger form along with similar toys. Teachers were initially worried that they would be forced to use "baby toys" to meet Carlos' needs, but they were pleasantly surprised at how easy it was to find age-appropriate materials. For example, in a tub that was filled with one-inch cube blocks, larger blocks were added, some with magnets or Velcro that allowed Carlos to successfully stack them. Cars, trucks, and airplanes with large wheels and removable people were brought in near other wheeled toys. Cardboard books (some in Spanish, others bilingual) were placed alongside the paperback books.

Some books were taken apart and put into photo albums, resulting in pages that were thicker and therefore easier for Carlos to turn.

In the arts and crafts materials area, three sets of special loop scissors were



borrowed from special education personnel; these allowed Carlos to cut with minimum effort; the extra scissors also allowed his friends to try them as well. Larger markers and crayons were added to the supply. The handles of sponge paintbrush were made larger by wrapping duct tape around them. While helping Carlos work through activities, staff members also gave Carlos only the materials he needed for one step at a time, while at the same time helping him think methodically through the directions for any activity. They found that they were often able to simply repeat directions they had given the other children—but one at a time.

The teachers kept Carlos and all of these new strategies in mind when they thought of new materials and activities. As a result, he continued to gain skills while having fun playing with his friends. Carlos blossomed at Head Start and his teachers from the special education class came to observe him. They were able to encourage his new skills in the special education classroom and learned some new things about Carlos.

Supporting Factors

- The family was involved in planning for toys and materials.
- The internal resources available supported access to various toys.
- The Head Start staff and special education class staff learned by observing Carlos in a different setting.

While helping Carlos work through activities, staff members also gave Carlos only the materials he needed for one step at a time, while at the same time helping him think methodically through the directions for any activity.

4 Strategy: Child Preferences

Setting: On-campus after-school program

Child: Luke

Age: Eleven years

Background

Luke is an eleven-year-old boy with cerebral palsy. He lives with his mother, Joy, and his younger brother in a large city. Luke has always received support in the regular class from the special education teacher. Luke has learning disabilities, and his mobility is affected by his cerebral palsy. He is able to walk and run for short distances but loses his balance on occasion and gets tired when walking long distances. He and his brother attend an after-school child care program on the campus of their elementary school.²³

Services

Luke is in fifth grade and receives services from the resource specialist, speech therapist, and adaptive physical education teacher at school. He has been attending the after-school

program for two years. In the past, there has been little overlap between the specialists and the after-school program. At first, the after-school providers were uncomfortable with Luke's lack of balance, which resulted in his occasionally falling. Because the providers wanted to avoid an injury, they tried to restrict his outdoor activity by placing him with a group of younger children when the older group was outside or on

Luke is in fifth grade and receives services from the resource specialist, speech therapist, and adaptive physical education teacher at school. He has been attending the after-school program for two years.





field trips in the neighborhood. However, he did not like their indoor games and started getting into trouble.

Strategy

After talking with his mother, the after-school providers decided to spend some time talking with Luke about what he wanted to do after school. They discovered that he wanted to play basketball and go on field trips with the oldest group. He also was very good at computer games and wanted the program to have some for him to play.

Looking carefully at Luke's preferences, it was clear that he was asking to do very different things than the after-school providers had been offering him. The first thing they did was receive permission from Joy to talk with the adaptive physical education teacher at the school site and get some ideas for ways to handle the occasional falls and what to do if Luke was injured. Then, on field trip days, his mother brought in his bicycle so that he could go out with the group and keep up. Next, the program, which had previously had a policy against computer games, obtained some games for a donated computer and made playing the computer games one of Luke's choices during the time he spent inside. This provided Luke with an opportunity to demonstrate the skill

Looking carefully at Luke's preferences, it was clear that he was asking to do very different things than the after-school providers had been offering him.

he possessed at many of the games. As a result, he was also given leadership responsibilities for teaching and supervising the younger children as they played those games. To support continual efforts to adapt Luke's after-school setting, the family also requested that regular consultations to the after-school program be written into the IEP, with reciprocal visits for information, ideas, and support.

Supporting Factors

- Luke was able to participate in his program development by sharing his interests and ideas.
- The after-school child care provider was open to new ideas from the child, the family, and other adults working with Luke.
- The special education program and the child care program shared information, with consultations planned for the future.

With assistance from a local child care resource and referral agency, Jessie's mom found a licensed family child care provider, Maya, who serves eight children near Jessie's home and can provide care during the extended hours needed by the family.

5 Strategy: **Special Equipment**

Setting: Family child care home

Child: Jessie

Age: Eleven months

Background

Jessie is eleven months old and lives in a suburb of a highly industrialized California city. Jessie was born prematurely and was hospitalized for the first ten weeks of her life. Now, at the age of eleven months, she has mild developmental delays and a chronic respiratory illness. Jessie lives with her parents, Dawn and Kirk. Finding appropriate child care was challenging for Dawn because Jessie requires daily medications by mouth and nebulizer treatments up to four times a day. Jessie's parents' work schedules include long commutes and four 12-hour workdays. With assistance from a local child care resource and referral agency, Jessie's mom

found a licensed family child care provider, Maya, who serves eight children near Jessie's home and can provide care during the extended hours needed by the family.

Services

Jessie receives California Early Start early intervention services through an Individualized Family Services Plan (IFSP) developed by the local regional center. Her medical condition is carefully monitored, and she has many appointments. Her four-day-per-week work schedule allows Jessie's mom to have one weekday at home with Jessie for the medical and special service appointments Jessie needs. During naptime at the family child care provider's home, an IFSP meeting included the parents, the regional center service coordinator, a developmental specialist, and the child care provider. Together, they developed a plan for early intervention and for coordinating services, along with a special care plan in case of emergencies. At this meeting, Maya expressed some concern about Jessie's medical conditions. She had previous experience caring for children with disabilities, but none with these particular issues.

During naptime at the family child care provider's home, an IFSP meeting included the parents, the regional center service coordinator, a developmental specialist, and the child care provider.



The developmental specialist from the Early Start program now visits Jessie at the family child care home once a week to provide ideas for promoting Jessie's developmental skills and addressing her health care needs.

Strategy

After signing appropriate medical release forms and checking with licensing, Dawn trained Maya to administer Jessie's medications and nebulizer treatments. Maya also contacted the local lung association and Jessie's health care provider for additional training and information on the use of inhaled medications. Dawn worked closely with the child care provider and her back-up assistants to ensure that there was someone on-site at all times who knew how to care for Jessie.

The developmental specialist from the Early Start program now visits Jessie at the family child care home once a week to provide ideas for promoting Jessie's developmental skills and addressing her health care needs. Maya is able to integrate some of these activities for promoting development into the regularly scheduled program. In this way, the activities become a part of the curriculum for all children supporting their growth and development, and Maya feels confident in the care she provides.

Supporting Factors

- The specialized service providers, the family child care provider, and the family coordinated services.
- The family child care provider received specialized training prior to the child's enrollment in the program.
- Good communication between service providers and the family allowed services to be provided in an appropriate fashion for the group setting.



6a

Strategy: Adult Support

Setting: Subsidized center-based child care and development program

Children: Andrea, Jamal, and Tamika

Ages: Three years, four years, and three-and-a-half years, respectively



Background

City Child Care Center is a subsidized, center-based child care and development program. The program has 24 children in the three-year-old class, with two teachers, an aide, and often a foster grandparent. All three providers have had some training or experience in serving children with disabilities, of which there are three in the class. Each has very different needs. The one thing they all have in common, however, is a significant delay in speech and language.

Andrea is three years old and full of energy. She has a significant hearing loss and wears a hearing aid, although she often takes it off and gives it away to friends or buries it in the sandbox. Andrea smiles constantly and seeks interaction with children and adults. She can verbalize a few words and is sometimes frustrated in groups, probably because she cannot hear what is happening. She communicates best with facial expressions and gestures and is beginning to use a little sign language.

Jamal is four years old and has been at the center for two years. During that time, he was diagnosed as having autism. Because of this condition, Jamal loves predictability and routine. His favorite activity has been lining cars up or spinning their wheels. He is very attached to one of the teachers, and, for that reason, he has remained with the three-year-old class. Jamal speaks in memorized sentences (quotes from TV shows or stories); however, he does not consistently use words to communicate with others. He has only recently begun to pay attention to the other children and adults.

All three providers have had some training or experience in serving children with disabilities, of which there are three in the class.

The City Child Care Center developed an interagency agreement with the school district that provides services to Jamal and Tamika.

Tamika is three-and-a-half years old and likes to observe for a long time before joining in. She interacts best in smaller groups of children and is often happiest being rocked by the foster grandmother. Tamika has mild cerebral palsy and speech delays. She was recently introduced to sign language and seems to like using it.

Services

Four mornings a week, Andrea attends a program for children who are deaf and hard of hearing and receives her special services in that setting. California Children's Services (CCS) covered expenses for Andrea's hearing aid. Jamal and Tamika attend a special education preschool class together three mornings a week. Jamal receives additional visits to his home two mornings a week. Tamika receives speech therapy once a week and monthly physical and occupational therapy consultations with CCS. The City Child Care Center developed an interagency agreement with the school district that provides services to Jamal and Tamika. As a result of the agreement, the district provides staff who train the providers, visit the City Child Care Center program monthly, and extend invitations to the providers to attend the IEP meetings (with parent permission).

Strategy

The teachers decided to take a sign language class so they could better support Andrea's and Tamika's communication development. The supervisor was able to get their class fees reimbursed through a fund for professional development. The teachers in turn taught the signs they learned to their aide and foster grandparent during the center's naptime. When they began using sign language in the program, they encouraged all the children to sign when they communicated with Andrea and Tamika. Additionally, the providers received training from Jamal's specialist on strategies to increase his participation, including using picture boards to help him predict his activities and to use in his efforts to communicate.

Interestingly, the sign language excited Jamal. Because he did not sleep during naptime, which had been a problem in the past,



the teachers discovered that he loved watching them practice sign and would ask them to sign the alphabet and numbers over and over again. They readily responded to his requests and, as a result, found

themselves—and Jamal—rapidly developing the skill. In the meantime, Andrea and Tamika (along with many of the other children) responded to the picture communication boards used for Jamal. The teachers made up picture cards for everything, using toy catalogs, photographs, and the picture symbols shared by the speech therapist.

The classroom became a buzz of communication. All the children dramatically increased their language and communication skills. Jamal began interacting with the other adults and children via sign language. Tamika used sign language and pictures at first, but toward the end of the year she began using words and sentences and, on her own volition, stopped relying so much on sign language. Andrea became much less frustrated in her efforts to communicate and more comfortable using sign language. She, too, was using words in addition to the sign language by the end of the year. The supervisor decided to keep the entire class and the same providers together for the next school year to keep the communication-rich environment progressing.

Supporting Factors

- The early learning and care providers had specialized training in using sign language and picture communication.
- Structured interventions were designed for each of the children with disabilities, and these interventions were then integrated into the regular class setting.
- Interagency agreements gave providers training and services within the early learning and care environment.

The classroom became a buzz of communication. All the children dramatically increased their language and communication skills.

6b Strategy: Adult Support

Setting: Private Community Preschool

Child: Jazmine

Age: Four years

Jazmine has lived with her great-aunt and adoptive parent, Tina, since she was sixteen months old. She had been in foster homes prior to that time.

Background

Jazmine has lived with her great-aunt and adoptive parent, Tina, since she was sixteen months old. She had been in foster homes prior to that time. She recently enrolled in the Mountain View Child Care Center, a full-day program located in the Central Valley. Jazmine is extremely active and has displayed challenging behavior in group settings. Her last group was a family child care home and she was the only child over the age of three in the setting. Jazmine is big for a four-year-old and has had numerous episodes of out-of-control behavior at child care and at home. These behaviors include throwing herself on the floor, screaming, throwing toys, and hitting other children. Transitions are particularly difficult for Jazmine, and she tends to wander during those scheduled periods when the children are expected to sit.



Services

Jazmine received speech therapy services from the local school district, and they had recommended this preschool center since they were implementing the Teaching Pyramid Framework, a multitiered system of support for promoting social–emotional development and preventing challenging behavior. There was a coach within the district who provided consultation services to programs as part of a Response to Intervention (RTI) initiative. The coach was able to provide three consultation visits to the classroom.

The early learning and care providers wanted to gather information from the previous child care setting, but Tina asked them not to pursue that as she was still upset at the way she and Jazmine were treated. Tina felt that Jazmine had not had consistent discipline in her early life, and she was hoping that by socializing with other children her age, she would learn appropriate behaviors.

Tina confided in the director that she was really concerned that she was not going to be a good parent for Jazmine. Jazmine has a lot of energy and Tina feels she has had to be too harsh with Jazmine. She is hoping for some ideas to support more appropriate behavior at home.

Strategy

The teachers began by assigning one of the assistants to spend extra time with Jazmine, getting to know her likes, strengths, and preferences. Jazmine was placed in her small groups and she became the main point of contact for Jazmine when she arrived. The assistant documented her efforts on each tier on a “tiered plan of action” form used in the Teaching Pyramid. This included:

- Building relationships
 - Increasing the number of positive emotional deposits that Jazmine experiences during the day
 - Learning about her temperament characteristics
- Creating a supportive environment

Jazmine received speech therapy services from the local school district, and they had recommended this preschool center since they were implementing the Teaching Pyramid Framework, a multitiered system of support for promoting social–emotional development and preventing challenging behavior.

- Teaching her the expectations of the classroom, particularly regarding transitions
- Using visual cues and mini-visual routines for teaching her about transitions
- Teaching social and emotional skills
 - Beginning to teach her to regulate and manage her strong emotions
 - Promoting awareness of other children’s appropriate behavior

The RTI coach worked with the entire teaching team. They carefully observed Jazmine during transitions throughout the day, collecting behavior observation reports when she exhibited challenging behavior and when she handled the transition with appropriate behavior. These observations provided some additional ideas for the skills Jazmine needed to be taught as well as identifying situations that seemed to prevent challenging behavior. They also logged the number of incidents and their level of concern during those incidents. In one month, challenging behavior incidents decreased from 10–12 times per day and “extremely concerning” to 1–2 per day and “concerning.”

Additionally, Tina was invited to join a Teaching Pyramid for Families series that offered parent support and information about the Teaching Pyramid strategies being used in the classroom. Child care was also provided. Tina was able to attend these meetings and learned to implement many of the same strategies at home.

Tina (parent) was invited to join a Teaching Pyramid for Families series that offered parent support and information about the Teaching Pyramid strategies being used in the classroom.

Supporting Factors

- The program was implementing the Teaching Pyramid, an evidence-based program that promotes appropriate social–emotional development and prevents



challenging behavior.

- Adult support (not one-on-one support) having one of the team focus on getting to know Jazmine and then supporting her as she learned new skills.
- A parenting class, with child care, was available through the center.
- The communication between home and school occurred respectfully, regularly, and with agreed-upon outcomes.
- When coaching on RTI was received, the early learning and care providers worked with the school district to coordinate and implement a plan and then support the changes in behavior.



The communication between home and school occurred respectfully, regularly, and with agreed-upon outcomes.

7 Strategy: **Peer Support**

Setting: Community college lab school

Child: Sofia

Age: Four years

Background

Sofia is four years old and lives with her parents, Eduardo and Jamira, in a suburb of a large California city. Sofia's parents are originally from Brazil and take classes at the community college. Sofia is very shy, has good walking and movement skills, loves playing with dolls, and has been receiving special services since her premature birth. She has delays in her language, cognitive, and small motor skill development. She has been at the lab school in the morning program for over one year.

The teachers at the school were invited by her parents to attend the last IEP meeting and provided information about Sofia's interactions at school.

Services

Sofia currently attends a language/speech therapy group two afternoons per week at the local elementary school. An early childhood special education teacher visits the campus lab school at least once a month. The teachers at the school were invited by her parents to attend the last IEP meeting and provided information about Sofia's interactions at school. Lately they have been concerned that Sofia was keeping to herself and playing almost exclusively with dolls in a way that was more typical of a younger child.

Strategy

As a way of helping Sofia interact with other children, teachers looked for another girl who also enjoyed dolls. They found Robyn and asked her to be Sofia's buddy. All the children were paired with buddies to make this activity part of the larger group. The specialist from the school taught Robyn some ways of getting Sofia's attention and encouraging her to play with the dolls like Robyn did. The head teacher learned the techniques, as well. The providers made the home dramatic play center larger for several buddies to play there at the same time, and the student interns were coached to encourage interaction through the comments they made while observing the children at play. Additionally, different kinds of dolls were



provided in the home center that potentially encouraged more developmentally advanced play, such as dolls in various kinds of dress and with different hair, babies and older dolls, and boy dolls and girl dolls. Gradually, different props were added (beds, high chairs, food, etc.) into the area and other buddies began playing more actively with Sofia and Robyn.

Having a buddy helped Sofia move into other areas of the classroom. With a doll under her arm, she became very comfortable following Robyn into the block area, the book area, and other places beyond the home center. Teachers gently offered her something from the other play areas to encourage her to expand her play beyond the dolls and commented on what the other children were doing, especially Sofia's partner, Robyn. Sofia began to leave the doll in the home center when moving around the classroom and started to interact with other children.

Having a buddy helped Sofia move into other areas of the classroom.

Supporting Factors

- Another child in the program shared Sofia's interests.
- The specialist was able to train the peer and the providers in ways to encourage interaction.
- The teachers used their knowledge of child development to expand and encourage more mature play skills.

8 Strategy: **Invisible Support**

Setting: Private after-school program

Child: Erica

Age: Eight years

Background

Erica, eight years old, lives with her parents, Jeff and Debbie, and is the older of two girls. They live in a city in far northern California. Erica is very active and loves to skate, but reading challenges her. Erica recently started complaining that she did not like going to her after-school program and did not have

Jeff (parent) met with the after-school staff members to discuss what was happening in school and to see what ideas the staff members had.

any friends there. She was also complaining of not having friends at school. Jeff met with the after-school staff members to discuss what was happening in school and to see what ideas the staff members had. The staff members expressed concern about Erica's behavior and thought that her strong personality and desire to have activities done her way was interfering with her ability to make friends in the program.

Services

Erica was receiving resource services to help her reading. She was also already being monitored for some behavior challenges in the classroom, specifically those related to her interactions in small groups. She was working on impulse control in the classroom, and her parents were satisfied with the progress she was making at school. But they were concerned about the latest reports from the after-school program.

Strategy

Jeff was able to share with the staff members in the after-school program some of the strategies that the classroom teacher was using to support Erica's interactions with other children. Because Erica tended to go to the loudest and most active group, this often meant that an activity was already in progress and the group was formed. Moving from this observation, the staff members (borrowing an idea from Erica's classroom) made clothespins with the children's names on them. They also made a card for each activity that had lines indicating the maximum number of clothespins that could be clipped onto the card. This let the children know how many of them were able to participate in an activity at one time. Then, Erica was given support to select an activity and stay with it until there was a "spot for her clothespin" in a different activity. The clothespins also were used as a way of determining the order of taking turns if the activity called for it. The child with the clothespin on the first line went first, and the rest of the children took turns from there. This visual reminder helped Erica wait for her turn. When she interrupted, the other children simply pointed to the card.



The staff members found that other children appreciated the smaller groups and the new, visual way of “taking turns.” Erica also began to interact well with a couple of other children, and the staff members began to encourage them to participate in small group activities together. Erica started getting along with the other children and eventually was invited to several birthday parties. By the end of the year, she had two good friends. Additionally, a staff member from the after-school program attended Erica’s next IEP meeting at the father’s invitation with the intention of increasing the coordination and collaboration between the settings.

Supporting Factors

- The family shared strategies from the school classroom.
- The after-school staff members implemented changes that supported many children.
- Paying attention to interest and interaction helped nurture friendships.
- A relationship between the after-school program and the school program was initiated.

A staff member from the after-school program attended Erica’s next IEP meeting at the father’s invitation with the intention of increasing the coordination and collaboration between the settings.

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Appendixes



Appendix A

Laws That Apply

California's Unruh Civil Rights Act

Every state has the option of enacting provisions that provide more protections than the federal Americans with Disabilities Act (ADA). California has the Unruh Civil Rights Act, California Civil Code Section 51, which is much more expansive than the ADA and offers even broader protections for children with special needs. Unlike the ADA, it provides protection from discrimination by all business establishments in California, including housing and public accommodations. California's law may even apply to religious entities, although there have not been published legal opinions where that has been tested.

Americans with Disabilities Act

The Americans with Disabilities Act (ADA) is federal legislation that was passed in 1990. The ADA guarantees civil rights protections to people with disabilities in areas such as employment, transportation, and public accommodations, including child care. Both child care centers and family child care homes must comply with the ADA, whether they



are privately or publicly funded. The only exemptions allowed are for religious organizations operating child care programs. The ADA provides protections to a child or adult who meets one of the following criteria:

- Has a physical or mental impairment that substantially limits one of the “major life activities”
- Has a record of such an impairment
- Is regarded as having an impairment
- Is associated with an individual with a disability

The ADA mandates that “reasonable accommodations” be made for children with disabilities in child care. In most cases, the accommodations needed are quite simple and inexpensive to implement. For instance, a child with diabetes may need a snack at a different time or more frequently than other children, or a child who has difficulty transitioning to different activities may need a little extra time and support to do so. The ADA also makes it clear that families of children with disabilities cannot be charged more by the child care program than other families.

The ADA also mandates that “architectural barriers” to entering or using facilities must be removed when this is “readily achievable.” This means that those necessary changes that do not place “an undue burden” on a provider need to be made (“an undue burden” is defined as a “significant difficulty or expense”). Examples of readily achievable designs could involve rearranging furniture for a child with visual impairments, installing a handrail in the bathroom for a child who uses a walker, changing door hinges, or other similarly minor accommodations. By making these relatively simple accommodations, a child care provider is complying with the ADA.

There are instances in which accommodation involves more significant changes. Fortunately, there are tax credits and other resources that can help offset the cost of these more extensive alterations to the child care setting.

The ADA also acknowledges that there may be a situation in which a child cannot be admitted to the child care program if the child would pose a direct threat to others, if the modification would fundamentally alter the program itself, or if the accommodation needed would be an undue hardship to the program. These exceptions are considered on an individual basis and the law expects child care providers to work hard to include children with disabilities as often as possible.

Individuals with Disabilities Education Act: Services for Children with Disabilities or Delays

The Individuals with Disabilities Education Act (IDEA) is federal legislation mandating special education for all eligible children. The IDEA guarantees children with disabilities a free, appropriate public education; an education in the least restrictive environment; related services; and fair assessment in the delivery of those special education services to children from birth to age twenty-two. The law has four parts:

- Part A covers the general purpose of the law and definitions
- Part B addresses the requirements for the education of all children with disabilities from age three through age twenty-one
- Part C covers the specific requirements for services to infants and toddlers (children from birth to thirty-six months) with disabilities and their families
- Part D authorizes national activities to improve special education services (research, personnel development, technical assistance, and state improvement grants)

The IDEA makes it possible for states and localities to receive federal funds to assist in the education of infants, toddlers, preschoolers, children, and youth with disabilities. Essentially, to remain eligible for federal funds under the law, states must ensure the following:

- All children and youth with disabilities, regardless of the severity of their disability, will receive a free, appropriate public education at public expense.
- The education of children and youth with disabilities will be based on a complete and individual evaluation and assessment of the specific, unique needs of each student.
- An Individualized Education Program (IEP) or an Individualized Family Services Plan (IFSP) will be drawn up for every child or youth found eligible for early intervention or special education, stating precisely what types of early intervention services or what kinds of special education and related services or each infant, toddler, preschooler, child, or youth will receive.
- To the maximum extent appropriate, all children and youth with disabilities will be educated in the regular education environment.

Children and youth receiving special education have the right to receive the related services they need to benefit from special education instruction.

- Parents have the right to participate in every decision related to the identification, evaluation, and placement of their child or youth with a disability.
- Parents must give consent for any initial evaluation, assessment, or placement; they must be notified of any change in placement that may occur; they must be included, along with teachers, in conferences and meetings held to develop individualized programs; and they must approve these plans before they go into effect for the first time.
- The right of parents to challenge and appeal any decision related to the identification, evaluation, and placement—or any issue concerning the provision of free, appropriate public education—of their child is fully protected by clearly spelled-out due process procedures.
- Parents have the right to have information kept confidential. No one may see a child's records unless the parents give written permission. Once a child has an IFSP or IEP, parent consent is needed for anyone to discuss the child with others. The exception to this is school personnel who have legitimate educational interests.

Part C in California: Early Start

As mentioned above, Part C of the IDEA addresses services for infants and toddlers. California's state law that implements this component of the IDEA is the California Early Intervention Services Act, the state's early intervention program for infants and toddlers from birth through thirty-six months. This state act is guided by both federal and state law. The Department of Developmental Services is the lead agency for Early Start and collaborates with California's Department of Education, Department of Social Services, and several other state agencies to provide services to infants and toddlers who have a developmental disability or who are at risk for developmental disabilities.

Children and families eligible for the Early Start Program qualify for early intervention services. Regional centers share primary responsibility with local educational agencies (school districts and county offices of education) for coordinating and providing these services at the local level. They may include specialized instruction, speech and language services, physical and/or occupational therapy, and transportation.

Infants and toddlers may be identified and referred to regional centers or local educational agencies (LEAs) through primary referral sources in their communities, including hospitals, health care providers, child care providers, other LEAs, social service programs, or the child's family. Each infant or toddler referred to Early Start receives an evaluation to determine eligibility and, if eligible, an assessment to determine service needs. The Individualized Family Services Plan (IFSP) is the legal document that describes the services the child is receiving. IFSPs are reviewed at least every six months, and child care providers are welcome to participate in these meetings, as long as they have the permission of parents. The participation of child care providers in these meetings could be especially important if the child is receiving any early intervention services at the child care program's site.

Federal and state laws emphasize that early intervention services should be provided in "natural environments" whenever possible. Natural environments are those places where the child and family would be if the child did not have a disability, such as the home or a child care program. Therefore, a parent may approach service providers about providing intervention at their child care program itself. Welcoming a therapist or an early interventionist into a child care program is a positive way for a child care provider to promote inclusion and enrich the program as a whole.

Early Start also provides funding for 55 resource centers throughout the state that provide parent-to-parent support to families with infants and toddlers with special needs. These Family Resource Centers/Networks are staffed primarily by parents and provide support in a nonclinical, family-



centered environment. Specifically, Family Resource Centers/Networks provide referral information and outreach to underserved populations, they support child-find activities and family/professional collaborative activities, and they assist families with transition.

Services for Children Three to Twenty-Two Years of Age

As briefly discussed, Part B of the IDEA applies to children three to twenty-two years of age who qualify for special education services. The California Department of Education oversees the implementation of Part B services in the state, as do departments of education in other states across the country.

There have been several revisions to the IDEA over the years, and the latest strengthens provisions concerning “least restrictive environments.” This means that, to the furthest extent possible, children should be in the same classes as their typically developing peers. For children ages three to five, this means that specialized services are ideally provided in settings such as the home, child care center, or family child care home. For this age group, these services are provided through the local school district, county office of education, or special education local planning area.

Special education provides specific early education programs for children between the ages of three and five with disabilities. These programs include individual and group services in a variety of typical, age-appropriate environments for young children, such as regular child care programs, the home, and special education preschool programs. Services are based upon ongoing consultations with the family, include related support services for the child and family, and are provided in the least restrictive environment.

IDEA and Child Care

Both Part C and Part B of the IDEA strongly emphasize a collaborative relationship between parents and teachers/providers in the development of services. Parents may invite child care providers to participate in the development and implementation of IFSPs and IEPs. Participating in this process is an excellent opportunity for child care providers to share knowledge about the child in their care and to assist in coordinating services for that child. Families can also request that consultation or direct services from early intervention and special education programs be provided in the child care setting.

Appendix B

Glossary

Like many professionals, early intervention and special education specialists have their own vocabulary. This glossary of common special education terms, compiled from a variety of sources, is included to help care providers when speaking with specialists. The contents of this glossary do not necessarily represent definitions endorsed by the California Department of Education.

ADA. Americans with Disabilities Act (see [Appendix A: Laws That Apply](#)).

Assessment. A process using observation, testing, review of information, and analysis of a child's strengths and areas of need to plan appropriately for services and supports.

At-risk. A term used with children who have, or could have, delays or challenges in their development that may affect their later learning.

Child care program. Any setting that provides care for children by paid personnel. This includes child care and development centers, family child care homes, in-home child care settings, after-school programs, Head Start centers, etc. The personnel at these settings may be referred to as providers, teachers, caregivers, or staff.

Child Find. A service directed by each state's department of education for identifying and diagnosing unserved children with special needs.

Children who are typically developing. Children who are displaying development and behavior in the expected range for their age.

Children with disabilities or other delays. Children with a specific diagnosis, as well as children who do not have a diagnosis but whose behavior, development, and/or health affect their family's ability to maintain child care services. The disability or delay may be as mild as a slight speech delay, or as complex as a mixed diagnosis of motor challenges, vision impairment, and cognitive delays. Generally, this definition includes those children who are between birth and twenty-two years of age and who are protected by the Americans with Disabilities Act.

Children with exceptional needs. A California *Education Code* definition aligned with special education: California *Education Code* Section 8208 (l). Children who have been determined to be eligible for special education and related services by an individualized education



program team according to the special education requirements contained in Part 30 (commencing with Section 56000) and who meet the eligibility criteria described in Section 56026 and sections 56333 to 56338, inclusive, and sections 3030 and 3031 of Title 5 of the California Code of Regulations. These children have an active individualized education program and are receiving appropriate special education and services, unless they are under three years of age and permissive special education programs are available. These children may be developmentally disabled, hard of hearing, deaf, speech impaired, visually impaired, seriously emotionally disturbed, orthopedically impaired, other health impaired, deaf-blind, or multihandicapped; or children with specific learning disabilities that require the special attention of adults in a child care setting.

Children with special needs. Definition from California *Education Code* Section 8208 (m). Includes infants and toddlers under the age of three years old; limited-English-speaking-proficient children; children with exceptional needs; limited-English-proficient handicapped children; and children at risk of neglect, abuse, or exploitation.

Due process. An action that protects a person's rights. In special education, this applies to action taken to protect the educational rights of students with special needs in areas of identification, evaluation, service, delivery, or placement.

Early Learning and Care Programs. Any early childhood or child care settings that serve young children from birth to five years old.

Early intervention (applies to children eligible for California’s Early Start Program). Services for infants and toddlers (from birth through thirty-six months of age) with disabilities and their families. Early intervention services may include, but not be limited to, the following: special instruction for the child, service coordination, family counseling and/or training, social work services, health services, medical services, audiology services, speech therapy, occupational therapy, and physical therapy. Children are eligible for early intervention services if they exhibit developmental delays or have a diagnosed physical or mental condition that has a high probability of resulting in developmental delays in cognition, social–emotional behavior, adaptive behavior, communication, or physical development. Early intervention services are funded under Part C of the Individuals with Disabilities Education Act (IDEA).

Eligible. The child meets certain requirements to qualify for services.

Evaluation. A formal way of collecting information about a child’s learning needs, strengths, and interests. An evaluation is part of the process of determining whether a child is eligible for early intervention or special education programs and services.

Family member (or parent). The person with primary responsibility for raising the child. Examples include mother, father, foster parent, and grandparent.

Family Resource Centers/Networks—Early Start (FRC/N). Agencies funded by the California Department of Developmental Services to provide parent-to-parent support, education, training, and other services to families with children from birth to thirty-six months of age who have, or are at risk for, a developmental disability.

IDEA. Individuals with Disabilities Education Act (see [Appendix A: Laws That Apply](#)).

Identification. The process of locating and identifying children needing special services.

Inclusion. The full and active participation of children with disabilities or delays in community activities, services, and programs designed for typically developing children, including child care. If support, accommodations, or modifications are needed to ensure full, active

participation, they are provided appropriately. The participation results in an authentic sense of belonging for the child and family.

Individualized Education Plan (IEP). A written plan for each child, from three to twenty-two years of age, who receives special education services. The IEP includes the following: statements of the present level of the child's functioning, annual goals, specific educational services needed, dates of service, a description of the recommended degree of participation in regular education programs, and procedures for evaluating the child's progress. The IEP must be signed by the child's parents (or legal guardians) and the educational personnel working with the child, including the general education teacher.

Individualized Family Services Plan (IFSP). A written plan for each infant and toddler, from birth to three years of age in most states, who receives early intervention services. The plan outlines service and supports provided to the child and family. Services are family-focused and provided in the natural environment. The IFSP must contain a description of the child's level of development, strengths and needs, family concerns, priorities and resources, expected major outcomes, services needed, date of the next IFSP, and the starting date for services on the present IFSP.

Individualized Program Plan (IPP). A written plan for each child over three years of age who is receiving regional center services under the California Lanterman Act requirements.

Informed consent. A parent- or guardian-signed written consent that is required before any information about their child can be shared with, or released to, other agencies. Before they sign, parents/guardians must review all relevant information. All informed consent forms must be written in the parent's first or primary language.

Lead agency. The agency (office) within a state or territory that is in charge of overseeing and coordinating early intervention programs and services under the IDEA.

Least restrictive environment (LRE). Required by the IDEA, LRE applies to children between three and twenty-two years of age who are receiving special education services in settings and through activities where children who are typically developing may be found (e.g., regular class placement and child care settings). The IDEA states that children with special needs are to be educated with their nondisabled peers to the

maximum extent appropriate. The law also states that removing a child from general education settings may occur only after it is determined that the severity or nature of the disability prevents the child from receiving effective education in the general education class. Amendments to the IDEA have strengthened the original law's commitment to the least restrictive environment.

Local education agency (LEA). The school district or county office of education that is responsible for providing special education services to students with disabilities.

Natural environments. Those home and community settings that are most "natural" to the child. Most often they are places where a child's typically developing peers can also be found. Early intervention services are provided to children from birth to three years of age in the natural environment to the maximum extent appropriate, including home and community settings in which the infant or toddler without disabilities participates.

Parent. Any person living with a child who has primary responsibility for the care and welfare of the child (see also *family member*).

Referral. A formal request to test a child to determine if he or she is eligible for early intervention or special education services.

Regional Centers. In California, a private, nonprofit organization responsible for providing services to persons with developmental disabilities from birth through adulthood through contract with the state Department of Developmental Services (DDS). DDS is the lead agency for early intervention services in California.

Special Education Local Planning Agency (SELPA). In California, the agency responsible for special education services within a geographic area.

Special Day Class (SDC). A term used in public education to refer to a special education classroom for children who receive the majority of their instruction from the classroom teacher in that classroom.

Transition. A change from one environment or service delivery model to another (e.g., leaving early intervention services and entering preschool).

Appendix C

Sample Forms

Agreement Form

An agreement form is used when coordinating services among specialists, families, and child care providers. While the IFSP or IEP lists specific outcomes for the child (and family), an agreement form is especially useful for listing those other questions that arise when a specialist is providing services in child care programs, such as:

- Who will contact the specialist when the child is not at the child care center on the day of an expected visit?
- How will information be shared among the specialists, families, and child care providers (copies of visit notes, a journal or notebook that records events and agreements, phone contacts, etc.)?
- How will the services of the specialist be delivered in the child care program?
- How will equipment for a child to use in the child care program be shared or acquired?

Agreements

Child's Name:

Meeting Date:

Review Date:

Family agrees to:

Specialist agrees to:

Child care provider agrees to:

Family Member	Specialist	Child Care Provider	Other
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Signatures

[Include each party's signature below.]

Letter for Family Members When Supporting a Child with Challenging Behavior

Dear Parents,

Thank you for entrusting your child to us at [insert name of school]. We take pride in the quality of our early education program and work to provide all of the children with support and opportunities to learn and grow. The children have grown so much since the start of the school year. They are learning exceptionally well and bring us joy each day.

As many of you have noticed, we also work hard to support individual children as they struggle to manage their social–emotional skills and behavior. We know that some of you have been worried because your child may have been hurt or involved in a difficult interaction. We want to assure you that we are keeping the well-being of your child, and all of the children, in mind as we support children who may display challenging behavior. We cannot discuss any personal or confidential information about a specific child; however, we want to assure you that we are doing everything we can to support each child to be successful in our program.

We thought it was important for you to know what was going on when your child shares information from their day. We would also like to ask for your help in talking with your child about other children’s behavior if it comes up. We are focusing on the message that each child is a wonderful, caring child and sometimes they need help calming down and playing gently with the toys and their friends. Please assure them that their teachers will keep them safe and that they can help by demonstrating their good social skills at school.

Sincerely,

The Teaching Team

Appendix D

California Children Enrolled in Special Education

The percent of California children enrolled in special education provided by the Special Education Division as of December 2019 from birth to age fourteen, in each of the categories is represented below.

<i>Special Education Category</i>	<i>Birth to Age Six</i>	<i>Birth to Age Fourteen</i>	<i>Age Six to Fourteen</i>
Specific Learning Disability	1.82%	33.41%	39.16%
Speech and Language Impairment	56.30%	26.71%	21.64%
Intellectual Disability	3.70%	4.30%	4.43%
Other Health Impairment	6.71%	12.88%	14.01%
Autism	25.15%	16.24%	14.42%
Orthopedic Impairment	1.44%	1.02%	0.92%
Emotional Disturbance	0.23%	2.29%	2.68%
Hard of Hearing	2.13%	1.35%	1.13%
Multiple Disability	1.14%	0.85%	0.78%
Visual Impairment	0.36%	0.36%	0.36%
Deaf	0.57%	0.37%	0.32%
Traumatic Brain Injury	0.09%	0.14%	0.15%
Deaf-Blindness	0.01%	0.01%	0.01%
Established Medical Disability (EMD)	0.33%	0.07%	0.00%

Endnotes

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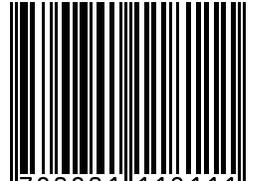
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