

An Introduction to Inclusion: All Children Belong in a Natural Environment*

Script

Introduction

Welcome to “**An Introduction to Inclusion: All Children Belong in a Natural Environment.**” This 2-hour course is the first in a series of online trainings designed to help you, as child care providers and directors, to gain a better understanding of how to create an inclusive child care environment for infants and toddlers. Inclusion, as it relates to child care, is a process in which all children are recognized as being special. In an inclusive child care environment, every child in the program is truly included and the individual needs of each child are considered and valued. Children with and without disabilities participate in the same routines and play experiences. Special instruction and support are provided to children when needed. Inclusive child care programs, in fact, have the same characteristics of any high quality child care program.

The purpose of this course is to introduce you to the concept of inclusive child care for infants and toddlers. We will look specifically at the process of inclusion, examining laws and regulations that govern this process, and we will discuss how you can promote inclusive child care practices in home- and center-based settings.

Learning Objectives

By the time you complete this course, you should be able to:

- Define inclusive child care,
- Describe key features of inclusive child care,
- List the benefits of creating an inclusive child care environment,
- Identify and explain the laws and regulations that pertain to inclusive child care,
- Explain the identification and referral processes, and
- Describe initial steps you can take to make your child care program more inclusive for all children.

Defining Inclusive Care

A high quality child care environment benefits all children by valuing each child’s individual strengths and needs. Best practice for young children is best practice, regardless of the abilities of the children enrolled in a program. It is important to understand that inclusion does not change the program. Establishing an inclusive environment simply means that all children can attend and benefit from the same child care program. Inclusion means that children with disabilities participate in the same programs that they normally would participate in even if they did not have a disability.

Providers in an inclusive care environment learn to recognize that each child has a unique set of abilities and needs. When inclusion is successfully accomplished, all children are actively involved. They physically access play, and make personal choices. Children with disabilities are included in a child care setting with children of similar ages who do not have disabilities. Specialized instruction, support and help are available as needed. A feeling of belonging is an important part of the inclusion process; therefore, inclusive child care environments place a high value on participation, friendship, and diversity.

The Division of Early Childhood and the National Association for the Education of Young Children have written a joint statement that defines and describes various components of inclusive child care. It is written for families and professionals to use as a blueprint for quality child care programs. The handout entitled “*Early Childhood Inclusion: A Summary*” includes this joint statement by the two organizations.

[HANDOUT: Joint Position Statement -Early Childhood Inclusion: A Summary]

Available at http://www.naeyc.org/file/positions/DEC_NAEYC_ECSummary_A.pdf

The statement describes inclusion in this way: “Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential.”

Three important features of inclusive early childhood programs include: *Access, Participation, and Support*. Research has shown that the presence of these three features results in higher quality programs for all children. Let’s take a closer look at each of these features.

Access means “providing a wide range of activities and environments for every child by removing physical barriers and offering multiple ways to promote learning and development” (p. 1). Most toys and equipment are appropriate for all children and can be adapted for children with disabilities. Adaptations to the environment range from least-to-most intrusive. First consider the physical space. Are there any obstacles that prevent the child from moving safely in the area? Rooms can be re-arranged to accommodate children with mobility devices. Ramps and handrails can also help with mobility. Be wary of sharp edges on tables and curled up edges of rugs. Make sure furniture is not easily tipped over. Floor sitter wedges and adaptive standers are special equipment that can be used to help an infant or toddler access a floor or table activity.

If environmental accommodations are not fully effective, try adapting the activity or choosing another activity that might fulfill the same purposes. If a child has a physical disability and seems to slump or lean frequently, making sure that the child has appropriate support of the trunk would be less intrusive than having an adult hold the child. Non-slip mats, visuals, and Velcro wristbands or loops on toys or books can enable a toddler better toy usage. Toys should be accessible to the children at eye level for all children to see and touch. Toys and materials for

toddlers should be in easy-to-manipulate containers and there should be labels and/or pictures on every container showing the contents.

Participation, the second important feature of inclusive child care, means “using a range of instructional approaches to promote engagement in play and learning activities, and a sense of belonging for every child” (p. 1). All of us need help, especially young children, and help can come in a variety of different forms. Adjustments, modifications, and individualized accommodations can be made so that the children with disabilities can fully participate in the play and learning activities with their peers. Providing access through room set-up and equipment selection is one way to begin encouraging participation. In reality, infants and toddlers with any disability are more alike than different from children of the same age without disabilities. All young children have different abilities and needs and require emotional support, structure and direction. Adding sensory input such as texture, making toys easier to grasp, and placing toys near a child are methods to encourage an infant or toddler to engage in play.

For the young child with a learning disability, shorten activities to match the child’s attention span. Break activities into small steps. Children with learning disabilities may need to see or hear one step at a time, instead of a long list of instructions. Provide opportunities for children to practice activities over and over. All children enjoy doing familiar activities sometimes, and children with learning disabilities may need more practice to master a new skill. For the toddler who uses a wheelchair, using a beanbag chair for floor-time activities would help the child participate with other children at the same height. Simplifying activities, offering toys with larger handles or wrist straps can encourage participation. Likewise, using talking puzzles, talking books, and switch-operated toys can enhance a toddler’s participation. Moving the child physically through a task so he can feel what to do, verbal prompts, standing or sitting close to the child to help as needed, and using hand-over-hand to physically guide or support movement are common adaptations for infants and toddlers. Engage infants and toddlers in shared conversations by reading their sounds, gestures, facial expressions and body language. The ultimate goal is for the toddler to participate successfully with no more adult assistance than is necessary.

Supports, the third defining feature of inclusive child care environments, refers “to broader aspects of the system such as professional development, incentives for inclusion, and opportunities for communication and collaboration among families and professionals to assure high quality inclusion” (p. 1). Systems-level supports provide on-going training for staff and families. They also provide opportunities for communication and collaboration with families, therapists, and staff. These systems help provide specialized services and ensure that quality standards are able to be met. The Americans with Disabilities Act, which we will discuss later in the course, is an example of a support which protects children with disabilities and requires child care providers to serve children with disabilities if reasonable accommodations can be made. Another example of the concept of “supports” is a financial incentive similar to that provided by the Texas Workforce Commission. The TWC, through local Workforce Development Boards, provides a higher amount of child care assistance funding for qualifying children with disabilities.

Inclusive care is a vision in which the interests, strengths, and needs of each child are identified and addressed. Staff members understand child development norms and have a positive attitude in helping all children grow and develop. Staff members believe that all children are more alike than different. Moreover, staff in inclusive child care environments believe that all children have the potential to learn. In an inclusive program the teacher designs developmentally appropriate activities and routines that are individually suited to each child. Adaptations are made as children's needs and interests develop or change.

An inclusive environment allows all children to be active participants. Inclusion is simply everyone being a member of the group and taking part in the activities. If you offer a quality child care program for all infants and toddlers, you are offering an inclusive child care program for very young children; quality equals inclusion!

Attitudes Toward Inclusive Care

There are certain myths or misconceptions that are often associated with inclusive child care that can influence staff members' attitudes. Inclusive child care does not mean turning a child care program into a special education program. In most cases, it does not mean that staff must have special medical training to work with children with disabilities. A child care program is not practicing inclusion just because it enrolls children with special needs. In fact, including children with disabilities is only a small part of being an inclusive program.

What is your personal attitude toward inclusion? Does it cause you fear and anxiety? Are you worried that your program will have to change? Are you concerned that it will require expensive modifications? What is your general attitude toward inclusion? Is it positive, negative, or perhaps indifferent? Attitudes and beliefs about inclusion are very personal and are influenced by a variety of factors, including our life experiences. The beliefs of others and even lack of experience can influence our own attitudes as well. Becoming aware of personal attitudes and beliefs is essential to working toward a positive inclusive environment. Our attitudes influence what we actually do; therefore, developing positive attitudes can serve as an important first step in improving the quality of any program.

In just a moment, I would like to ask you to take several minutes to complete the "What's My Attitude?" survey. This survey was developed by Child Care plus+ to assess attitudes and beliefs which affect successful inclusion of children with disabilities in early childhood settings and other natural environments. As noted on the survey, the items are designed to raise awareness and help individuals identify personal attitudes and beliefs which can safeguard – or interfere with – the ability to include young children with disabilities in an early childhood program. By completing the survey, you seize the opportunity to take a closer look at yourself. With careful examination of your responses and knowledge of the overall views of the early childhood field on each issue you have a better foundation to assist you in deciding upon what steps you should take next, including what additional trainings you should pursue.

At this time, take approximately 15 minutes to complete the survey. Once you are done, pay special attention to the "Using the Results" section that follows the actual survey. It will help you to reflect on the personal experiences and beliefs that produced your responses.

Activity #1: “What’s My Attitude?”

Benefits of Creating an Inclusive Child Care Environment

As we discussed previously in the course, inclusive child care is based on involving and valuing all individuals in a program. When an inclusive environment is created, all those involved benefit from the program. This includes children (with and without special needs or disabilities), their families, you as a child care professional, and the community at-large. Let’s take a moment to examine some of the benefits of inclusive child care for all of these groups. We will start with the children themselves. Researchers have discovered that children in an inclusive environment develop:

- A sense of belonging and community,
- Shared experiences with diverse peers,
- A wider variety of friendships,
- Sensitivity and understanding towards others,
- A value that all children are more alike than different,
- A positive self-concept and increased self-esteem, and,
- An ability to cope and problem solve.

Families whose children are cared for in an inclusive environment also benefit from inclusive practices. Family members in an inclusive child care environment can:

- Expand the variety of social situations for themselves and their child,
- Receive quality child care in a diverse community,
- Develop an awareness and understanding of people, and
- Develop connections to other families and resources.

We now understand that children benefit from an inclusive child care environment. Families benefit from such an environment as well. But, what about you as a child care professional? How do you and your co-workers benefit from such an environment? Researchers have found that child care professionals in an inclusive environment benefit in both their personal and professional lives. Benefits include:

- Broadening teaching and personal experiences,
- Expanding techniques for individualizing activities,
- Helping prepare children for future integrative experiences, and
- Learning more about available resources.

In addition to benefiting children, families, and child care professionals, an inclusive environment benefits the community as a whole because inclusive early care sends a message to the community that all children are valued and welcome.

Laws and Regulations

Inclusive child care environments benefit all who are involved; however, it is important to understand that children with disabilities also have legal rights to participate in a child care program. Let's take several moments to examine some specific laws and regulations that have a direct impact on inclusive practices in child care settings. The handout "Key Terms and Acronyms" identifies terms and concepts that are important in this discussion.

[Handout: Key Terms and Acronyms]

Key federal and state laws and regulations that you should be familiar with include:

- The *Individuals with Disabilities Education Act* (or IDEA),
- The *Americans with Disabilities Act* (or ADA), and
- Minimum Standards published by the Texas Department of Family and Protective Services, Child Care Licensing.

The Individuals with Disabilities Education Act is the federal law for special education. IDEA has a long and detailed history. Passed in 1975, the law was designed to make sure that children with disabilities had the chance to receive a free, appropriate public education, just like other children. In the most recent revision, Congress recognized an urgent need to enhance the development of infants and toddlers with disabilities.

Part C is the portion of the law that describes early intervention services for infants and toddlers with disabilities. Under Part C, children birth to three years of age and their families may receive screening and early intervention services. Families may request a free evaluation and assessment. In the state of Texas, Early Childhood Intervention, or ECI, provides such services. We will talk more about ECI later in this course.

Child Find is a part of IDEA that requires states to identify, locate and evaluate children with disabilities. The process is designed for individuals from birth to age 21. Each state sets its own early intervention program policies.

Features of IDEA include:

- Outreach and identification through Child Find,
- Assessment by professionals,
- Development of an Individualized Family Service Plan (IFSP) for infants and toddlers or Individualized Education Program (IEP) for preschool and school-age children, and
- Intervention services that are provided in the natural or least restrictive environment.

Another important law that you should be familiar with is the Americans with Disabilities Act (ADA), which was signed into law in July of 1990. It is the most comprehensive federal civil rights law prohibiting discrimination and guaranteeing equal opportunity for people with disabilities. There are three parts to the law. All three affect employees and programs administered in public places. Part III addresses privately operated child care centers and home daycare providers. These are considered places of public accommodations. They must provide equal opportunities for children to participate in the programs and services. The intent of the ADA is to be fair to child care programs, while requiring that they make every reasonable effort to include a child with special needs.

Title III Basic requirements include:

- No discrimination based on disability,
- No exclusion from programs (unless determined a direct threat),
- No increased financial charges for the care of a disabled child,
- Making reasonable modifications to policies and practices to integrate children,
- Providing auxiliary aids and services needed for effective communication, and
- Making facilities accessible (without excessive difficulty or expense).

The Department of Justice enforces ADA laws. They can also help determine whether requested accommodations are reasonable.

In addition to IDEA and ADA, you should also become familiar with your state's regulatory standards. For child care providers in Texas, Chapter 42 of the Texas Human Resources Code requires the Texas Department of Family and Protective Services, or DFPS, to regulate child care and child-placing activities in Texas. It requires DFPS to create and enforce minimum standards. The Child Care Licensing division of DFPS develops rules for child care in Texas. Once adopted, these rules become part of the Texas Administrative Code. The Minimum Standards outline basic requirements to protect the health, safety, and well-being of children in care, including children with special needs. Subchapter F, Developmental Activities and Activity Plan specifically addresses planning activities designed to meet the individual needs and developmental level of each child. You can find out more about Texas child care Minimum Standards by going to the website on your screen.

Display DFPS website: https://www.dfps.state.tx.us/child_care/

“Children-First” Language

Now let's turn our attention to the very language that we use when referring to children with disabilities and other special needs. Our words are powerful tools to convey our attitudes about the world around us. It is important to remember that, above all, children are children first and our practices should reflect this reality. Thinking about a child first has power and value. When we look at the child, rather than the disability, we are more capable of seeing them for who they are and who they may become. This attitude is called the “child-first principle.” You demonstrate your commitment to including young children with disabilities in your care program by what you say. This same principle applies to the language that we use in written materials because it reflects the attitudes of the program as a whole and sets the tone for the center or home. Using appropriate language is much more than being politically correct. It is evidence of a positive and respectful attitude toward young children.

We need to exercise great care in not labeling children by their disability. Choose words carefully when talking about children with disabilities. There are a few common terms that should no longer be used to refer to people with disabilities. One of those is the word handicapped, which is a word used to describe a physical barrier. The more appropriate term to use in reference to a child would be “a child with a disability.” The word retarded is also inappropriate. Instead, you could use the phrase “a child with a cognitive disability or delay.” “Old school” terms label children by their disability. Never refer to “what is wrong” with a child.

Rather, address the “special needs” of the child. Every child needs to hear the message that they are capable.

Children should be called by their name and described by their interests. Children deserve respect just for being who they are. The “child-first principle” means referring to the child before using any other descriptive characteristics. Reference to a child’s disability should only be used when it is relevant to the question being asked. Talk about the strengths and abilities of the children.

Applying the “child-first principle,” you would say:

- a child with a disability, not a disabled child,
- a child with spina bifida, rather than a spina bifida child, and
- a child with a physical disability, rather than a crippled child.

[ACTIVITY #2: The Language of Inclusion]

Let’s take a few moments to complete another activity that will help you think about the language that you use when referring to children with disabilities. Look at the activity called “The Language of Inclusion.” On the left hand side of the document are old phrases that do not appropriately reflect the “child-first principle” that we’ve been discussing. On the right hand side, you will find phrases that demonstrate respect for children with disabilities. Please take several minutes to match the new and appropriate language on the right with the old phrases that should no longer be used.

Confidentiality

Let’s turn our attention now to the issue of confidentiality. There are both ethical and legal standards for working with families. Trust is an extremely important factor in building relationships with parents and children. Confidentiality is more than simple trust. Showing respect for a family’s privacy is referred to as confidentiality. Confidentiality means safeguarding family privacy. Parents may share information with child care staff that they do not openly share with others. Observations by staff may also reveal personal information. These details about a child’s disability and what is happening at home are details that should be kept confidential.

Confidentiality is more than just keeping secrets. It means not sharing records or information about children without written permission from parents or legal guardians. Written permission must be given before asking other professionals for information about a child. Parents also have the right to inspect and review records about their children. Parents have the right to change their mind about permission. It is their right to protect their child’s records. Parents are the only ones who can share any information they wish and with whom they wish.

Written permission forms are used to request information from those involved in the care of a child. Therapists, physicians, and related agencies are examples. Forms for requesting or discussing information about a child do not have to be formatted in a specific way. However, they must include the following information:

- The name and address from which information is being requested,

- The type of information requested,
- The child's full name and birth date,
- A parent's (legal guardian's) name and signature, and
- The date signed.

A separate form is required for each agency or individual who requests access to the child's information. The date signed is important because the request is only valid for one year. The form must be received before sharing any information. One method of requesting information can be requests for copies of records or reports. After written permission is documented, telephone or personal consultations can be used as well. Never give out any information that was received from another source without the permission form.

The one exception to the parent permission rule is reasonable concern for danger or harm to a child. Law requires that child care staff report concerns about neglect or abuse to local authorities.

Maintaining confidentiality should become a daily habit. It is important in all conversations about children and their families. When talking about activities of the day or concerns about a child, be sure to avoid using names. Lists of medication reminders should not have names. Erase names from observation notes. When questioned about the behavior of a child, answers should be general information only.

Now that we have an idea of how and when to communicate confidential information, let's turn our attention to the process of identifying children who might need additional support to reach their full potential.

Identification & Referrals

Children develop at different rates and in different ways. Differences in development may be related to personality, temperament, and/or experiences. Some children may also have health needs that affect their development. Child care professionals should be knowledgeable concerning the typical developmental milestones for the children in their care. Moreover, child care providers should continually monitor the development of all children in their care through ongoing observation and recording.

The period from birth to age three is a critical time in the lives of children. Child care providers are a primary referral source for early intervention, meaning you are in a unique position to observe a child's progress and identify any potential concerns. Behaviors should be looked at in light of the whole child. This helps to discern if behaviors are of concern or just part of the child's temperament or personality. Know the typical patterns of growth and development and look for patterns or clusters of behavior. The handout "Red Flags and Referrals" comes from the Center for Inclusive Child Care. It provides a quick checklist of typical milestones from birth to three years of age. This tool can be used to help assess whether a child is progressing along the expected trajectory at the expected rate, or whether she might need more support in order to grow and develop fully.

[HANDOUT: CICC Center for Inclusive Child Care Red Flags and Referrals]

Tip Sheet available at www.inclusivechildcare.org

When trying to assess a potential developmental concern, be sure to observe the child in a variety of situations. Red flags are behaviors that should warn you to stop, look, and think. Make sure your expectations for the child are developmentally appropriate. Sometimes a child's behavior may seem unusual, but be perfectly normal for his age. If you suspect that a child may be experiencing developmental problems, delays or differences, document your observations and help the child's parent arrange for additional assessment. Careful observations can confirm your concerns. Objective observation means recording exactly what is seen and heard. Avoid personal interpretations.

Child care providers should begin the referral process as early as possible upon noticing a developmental concern. The sooner a child receives treatment, the better the outcome. Parent handbooks should have a statement describing the IDEA mandate for referring children for screening for developmental concerns. They should also outline the process of making a referral – notifying parents of the concern, helping them contact the appropriate agency to seek a screening or evaluation, and then, if the child is identified as having a delay or disability, working with a team to create a plan to support the child's development and learning.

The handout, "Tips for Child Care Providers to Communicate with Parents Concerns about Children's Development," provides a good summary of the referral process, which we are about to discuss in greater detail.

[HANDOUT: Tips for Child Care Providers to Communicate with Parents Concerns about Children's Development]

The relationships child care staff members have with the parents of children in their programs are as important as the relationships they have with the children themselves. Building relationships with parents is hard work. Parents know their children. However, they often need reassurance. Communication should always be honest and respectful and should occur on a regular basis. Keep parents informed about day-to-day activities that affect their children. Having a strong relationship with a family will make it easier to communicate with them if you need to have a conversation about developmental issues.

It can be very difficult for parents to hear concerns about their child's development or behavior. These are very sensitive issues and require support and partnership. There are some important guidelines to keep in mind when talking with parents about their children.

Keep open communication with parents before a referral is made. Arrange a time to communicate with the parents when children are not present. Use a positive approach and share an example of a positive quality that you have observed in their child. Describe a positive interaction you had with their child, or something you really like about their child. Then share with them specific examples of developmental concerns and how this impacts the child while in your care. Be careful to use descriptions of the child's behavior and avoid references to any disability.

It is also important to share specific examples of the strategies that you have tried to help the child be successful in your child care environment. Remember to give parents some time to process and respond to the information that you share with them. End the session on a positive

note, emphasizing how important their child's success is to you. Parents could be asked to watch for similar behaviors for a period of time and then arrange for a second meeting.

As soon as the parents are ready, help them develop a plan of action and locate resources and support. Once the parent is notified of the referral process, they have the right to refuse evaluation and services. To identify eligibility for services, ECI provides evaluations and assessments at no cost to families. The family will contact ECI directly to arrange a screening, but your support can be crucial in giving them the confidence and motivation to reach out for help.

Once the family has provided written consent to the early intervention program, professionals will do family interviews and then work with the child to determine whether she is eligible to receive services. ECI supports families to help children reach their potential through developmental services. Early referral and intervention helps to minimize the need for special education and related services once these infants and toddlers reach school-age.

IFSP

If a child is found to be eligible for early intervention services, the ECI team works with the family to set goals and choose which services will most benefit them. A team approach is used to develop an Individualized Family Service Plan (IFSP). The IFSP is the tool used in goal-setting and service-planning for infants and toddlers with a disability or delay. The plan is developed with input from parents, family members, therapists, physicians, social workers, child care providers or teachers, and other professionals with relevant expertise. The IFSP describes the child's development, skills, and abilities. It lists any services that are currently in place and identifies goals for the child and family. The family's resources and concerns are included in the plan, and are critical in setting goals and planning services.

An IFSP provides important information about the child. It can be used by child care providers to help adapt routines and activities for the child. As a child care provider, you have an important role in the IFSP process because you spend regular time with the child. Your observations are important in working with the team to identify the child's abilities and needs. In order to attend an IFSP meeting or consult with any of the team members, you must have written permission from the child's parent or guardian. Some parents may not realize that you would be open to an invitation to an IFSP meeting or welcome an IFSP team member in the classroom. Take the time to explain to parents of children with disabilities how your participation can enhance their child's experience in the child care program. Some parents may choose not to include you on the IFSP team. This can happen for a number of reasons, and is entirely the parent's choice. If that is the case for a child in your care, work to build a positive, trusting relationship with the parents and request information directly from them about how you can best serve their child's needs.

The center or family child care home provides a natural environment to work toward the IFSP goals in the context of the child's daily activities and routines. Parents and other team members can help with suggestions for incorporating IFSP goals into your program planning. The input and interactions of the child care provider are vital to the child's successful progress. The IFSP must be reviewed every six months to make changes. During this review, the team may determine that the child no longer requires services.

Although not the focus of this particular course, at age three a child can transition to the public school services. The IFSP then changes to an Individualized Education Program (IEP), which is similar, in many ways, to the IFSP. It is written as the public school's plan for special educational services for the child age three to twenty-one. The IEP addresses the child's competencies and educational goals but it does not include information about family resources and concerns.

If a child comes into your child care program with an identified special need, ask for a copy of their IFSP or IEP. The plan will provide information that can help you understand the child's special needs and guide decisions about how best to adapt activities and environments for that child. Remember that the IFSP will specify goals for both the child and family. Child care providers can support these goals through communication with family members.

Working with Services

The provider's role in the IFSP and IEP processes revolves around being part of the team. Understanding the roles of the various team members and services provided by each is the beginning of the process. Children with disabilities who are enrolled in child care or other early childhood programs often have at least one professional in addition to the child care staff who provides specialized care for the child. The following is a list of the individuals you are most likely to come into contact with as you include children with disabilities in your program. As we discuss them, think of each of these individuals as a member of a team working toward common goals on behalf of a child with disabilities and their family.

First, let's look at the role parents play on the team supporting a child with disabilities. The child's parents or legal guardians are the first and most important members of the team. Other specialists may be highly motivated and attached to the child, but no other team member has such an intimate relationship with the child. The role of parents is to help other team members come to understand their child, their hopes for their child, and their family's strengths and needs.

Next, let's look at your role as an early childhood professional. Early childhood professionals typically have a background in child development and can contribute information from observations about the child, including the types of activities she enjoys, specific strengths she displays, and challenges she faces in your program. With the appropriate consent from parents, you can share documentation notes, photographs, and work samples to illustrate the child's development. You may be asked to share center activities, lesson plans, and even the physical layout of your child care facility. You may also be asked to help identify ways your program can be modified to better meet the child's needs.

Depending on the child's needs, there may be one or more physicians or other medical specialists who work with the child. Although not specifically listed here, some physicians specialize in treating children with particular disabilities such as children with cystic fibrosis or children with ADHD. Let's take a look at some of the medical practitioners you might encounter in your work with a child with a disability.

An allergist diagnoses and treats allergies, the most common health impairment in young children. An allergist can identify what the child is allergic to and describe his or her common reactions, what should be done, and the side effects of any medication.

A cardiologist specializes in evaluation and treatment of disorders related to the heart. Typically, this individual is brought in when a heart or circulation problem has been identified. The role this team member plays often includes sharing information about medical treatment options and procedures, activity restrictions, and medication.

A general practitioner or family physician attends to and treats a wide variety of physical health problems. This individual typically provides care for the entire family and may provide primary care throughout the life of the child. If there is no pediatrician working with the family, the general practitioner would provide the information we'll describe later when we discuss the role of a pediatrician.

A geneticist specializes in diagnosis and treatment of genetic or chromosomal disorders. This medical specialist can help team members understand the implications of the child's disability. If the child has a rare disorder, the geneticist may be the only team member who is familiar with the characteristics and behaviors associated with the child's condition.

An ophthalmologist is a physician who specializes in the diagnosis and treatment of eye conditions. This individual helps other team members understand the child's vision and can suggest adaptations or treatment options that other team members can implement.

An orthopedist specializes in the treatment of bones, joints, and muscles. This individual monitors the child's physical growth and is often the team member who prescribes splints, braces, and other adaptive equipment designed to build strength and compensate for weaknesses in physical development.

An otolaryngologist diagnoses and treats disorders of the ears, nose, and throat and is usually referred to as an ENT specialist. This individual is a critical member of the team when a child's hearing difficulties affect his or her ability to learn.

A pediatric neurologist specializes in the diagnosis and treatment of disorders of the developing nervous system. For young children, this means treating problems such as seizures, brain damage, neuromuscular disorders, brain tumors, and so on. The pediatric neurologist carefully monitors medications to treat these conditions and relies on other team members to report behavior and/or activity changes that may occur as a result of medication.

A pediatrician specializes in the diagnosis and treatment of childhood diseases and in the physical health care of children. Often the pediatrician is the person most qualified to advise parents and other team members about immunizations, medications, activity restrictions, and other precautions that should be taken to ensure the child's health.

A psychiatrist specializes in the diagnosis and treatment of mental, emotional, and behavioral disorders. Treatment may include prescribed medications and/or participation in therapy. Children with challenging behaviors often see a psychiatrist who can help parents and other team members understand the child's behavior and work together to design a behavior guidance program that can be implemented in different settings.

A surgeon specializes in the use of surgical techniques to treat infections, tumors, and injuries, to correct deformities, and to improve physical function. The surgeon can help other team members

prepare for the child's surgery, describe what to expect after surgery, and identify activity restrictions or requirements that may be necessary due to surgery.

The next type of professional we will discuss is an early intervention specialist. Early intervention specialists provide care for children from infancy to two years of age. They conduct developmental assessments and make recommendations for developmental goals and outcomes based on those assessments. They help families learn strategies to facilitate the child's development and integrate the child into family, school, and the community.

In Texas, early intervention specialists are a part of the Early Childhood Intervention (or ECI) program. In addition to providing screening and assessment of children with suspected developmental concerns, ECI serves families of infants and toddlers with identified delays and disabilities by coordinating the development of the IFSP, offering family-centered services, providing case management, serving the family in familiar settings, connecting the family to professional service providers, and developing plans for continuing services as the child transitions to the public school system. Since ECI is mandated to serve children in their natural environment, it is very likely that an ECI professional will visit your program to observe a child with a disability. If so, welcome the individual into your program and support her as she seeks to resolve any problems the child might be experiencing. Moreover, be open to ideas the ECI professional suggests to help increase the child's participation in everyday activities.

Working with Services (continued)

Another type of professional you may encounter on the team supporting a child with a disability is a therapist. Therapists come from many different disciplines. Each one is trained to help in diagnosis, treatment, and rehabilitation. Let's take a closer look at a few different types of therapists who serve infants and toddlers with disabilities.

An audiologist tests a child's hearing. A small child's hearing may need to be tested more than once before an accurate picture of hearing abilities can be determined. If a hearing loss is detected, the audiologist teaches the family and other team members about the proper care, fit, and use of hearing aids.

A child psychologist specializes in the diagnosis and treatment of behavioral, developmental, and emotional problems of children. Unlike psychiatrists, psychologists cannot prescribe medication; they provide behavioral therapy and can help other team members understand the child's behavior and work together to design a behavior guidance program that can be implemented across different settings.

A nutritionist cares for children with specific metabolic disorders and assesses children's past nutritional history and current status. Nutritionists devise dietary plans that provide the necessary nutrients and calories for children with specific nutritional needs.

An occupational therapist, sometimes called an OT, provides therapeutic treatment aimed at helping children with injuries, illness, or disability develop and improve self-help skills, adaptive behavior, and play. An OT addresses the young child's motor, sensory, and postural development with the overall goals of preventing or minimizing the impact of an impairment or developmental delay and promoting the acquisition of new skills to increase the child's ability to function independently.

A physical therapist, sometimes called a PT, provides therapeutic treatment designed to prevent or alleviate movement dysfunction through a program tailored to the individual child's needs. The goal of the program may be to develop muscle strength, range of motion, coordination, or endurance; to alleviate pain; or to attain new motor skills.

A speech therapist is responsible for screening, diagnosis, and treatment of children who have disorders related to voice, language, articulation, oral motor skills, and hearing. Speech therapists examine alternative types of communication systems the child uses or could use, such as a sign language system or alternative communication device, and helps other team members learn to use this system to communicate with the child.

Another type of professional you might work with on a child's team is a nurse. In addition to providing care in the hospital or doctor's office, nurses may care for the child in the home or child care setting when the child's condition requires skilled nursing care. There are some medical procedures that cannot be done by anyone other than a licensed medical practitioner. The nurse can provide answers to many of the team members' questions about the medical condition of the child and can teach other team members to perform less intrusive medical procedures as needed.

You may also work with a social worker, a preschool special education teacher, an advocate, an administrator, or a respite care provider on a child's team. A social worker helps children and their families in the areas of family relationships, employment, finances, and referral for and use of community services. The social worker on the team is often the individual who best understands the array of services that are available and can match the family's and child's needs with services.

Educators or teachers in preschool special education have specialized training and experience in facilitating learning and development of young children with special educational needs. Responsibilities of a preschool special education teacher include conducting developmental assessments, suggesting goals and objectives based on these assessments, and designing classroom activities that incorporate these community-based early childhood programs to provide consultation to providers and teachers and/or direct services to children.

You may work with a preschool special education teacher if the infant or toddler in your care is accepted into an Early Head Start program. Early Head Start is a federally-funded program that primarily serves infants and toddlers from low-income homes.

You may also work with a preschool special education teacher when the child is preparing to transition from ECI services to public school services, such as a Preschool Program for Children with Disabilities or Head Start.

An advocate is usually an individual who has experience and/or special training to safeguard the rights of families and children. This individual is sometimes added to the team if team members have difficulty deciding on appropriate services for the child or if the team disagrees on the services to be provided. Each state has an advocacy agency that specifically addresses the needs of persons with disabilities.

Administrators, such as the director of special education, child or family service agency director, school principal, or child care center director may attend team meetings to advise the team of

availability and scheduling of various services. Although an administrator may not always be an active member of the team, administrators play an important role on the team. It is the responsibility of the administrator to manage the agencies and the funding that make services to children with disabilities possible.

A respite care provider is the individual who provides skilled caregiving service to the parents of a child with disabilities or a serious illness. Respite care allows the parent time away from home for several hours or overnight to rest or attend to other needs and may be provided in the family's home or the home of a respite care provider.

Parents have the right to add anyone else to the team that they feel may be helpful in determining the kinds of services their child needs. Sometimes this individual is a family friend who knows the child well and serves as a support person for the family. If a guardian has been identified to assume legal and/or parenting responsibilities in case of the death of the parents, this individual may also be invited to participate.

The parent identifies one member of the team to serve as the service coordinator. This individual is responsible for coordinating the activities of the team and scheduling meetings to develop and monitor the IFSP. Any team member, including a family member, can be the service coordinator, but in Texas the service coordinator is most often a representative of the ECI program. The service coordinator is a key individual to identify as you become familiar with the members of the team, how a team functions, and how you can be a team member.

Each of the team members described above has a unique contribution. The team members will be different for each child. While one child may have a genetic disorder and require the expertise of numerous medical specialists, another child may have a team that consists of several individuals that specialize in behavioral intervention. Once the right team has been assembled, together these individuals can identify the parts and pieces of intervention that will help a child with a disability be successful in the early childhood setting.

Inclusion as a Process

The principle of child care inclusion goes beyond the notion of physical integration and fully incorporates the basic values of quality care for all children. Children with disabilities need child care for the same reasons that all other children need child care. Inclusion is an ongoing process and there is always more to learn. Quality care and inclusive care look the same because they are the same.

Please take several minutes to read over and complete the "Inclusive Child Care Checklist" to conduct an informal evaluation of your child care center or family child care home. As with most child care programs, you probably have areas of strength and weakness. Based on your responses to items on the checklist, what are some actions you could take to improve the quality of your program? Remember, quality equals inclusion!

[ACTIVITY #3: Inclusive Child Care Checklist]

Child development is a gradual process that involves numerous physical, cognitive, and social-emotional changes. Inclusion in the child care environment should also be thought of as a process. It is continuous in the sense that it involves many changes for the child, parents, and

child care staff. Like all high quality child care programs, inclusive child care environments require professionals to meet daily challenges that involve continual planning and revising of all aspects of the program. Keep in mind that there is no such thing as a “one-plan fits all” inclusive classroom environment. There are definitely best practices for establishing inclusive child care environments that meet the needs of every child; however, inclusion is a daily, step-by-step process that seeks to help each child to be included – to belong. Each step in the process yields a more skilled staff and better environment. As the needs of the children change, so does the program.

Accepting inclusion as a process allows you, as the provider, to build partnerships, recognize your strengths, and overcome your weaknesses. It helps you become more patient and tolerant. Child care providers in inclusive programs are sincerely interested in each child and eager to learn about the special needs of the children in their care. Accepting the idea that inclusion is a process helps you to realize that it is a step-by-step learning situation for everyone. The process allows providers to adapt activities and routines to individual needs. It is an important step to ensure that children with disabilities are included in everyday community life.

Inclusion is a process for parents too. They begin to trust the child care provider as they see their children enjoying the joys of childhood. Before entering a child care program, many of their daily routines may have revolved around specialists and tending to special needs. In the child care inclusion process, parents get to observe their children participating in typical activities with their peers. Parents learn to collaborate with others and let others share in the care of their child. They recognize the gradual changes as their child builds social skills and begins to fulfill their potential.

The child care setting provides a natural setting for therapists and specialists to work with the child. Therapists can help child care providers make adaptations to ensure the child has the chance to participate. They can help prepare the child care professionals and the environment for a child with special needs. Therapists can help blend the everyday routines with medical intervention. Successful inclusion is a team process that involves families, childcare professionals, and therapists.

Inclusive Child Care: What It Looks Like in Day-to-Day Practice

Infant and toddler teachers, even those with years of training and experience, may feel overwhelmed at the thought of caring for a child with disabilities. However, a child with a disability is first and foremost a child. Children’s emotional, physical, and intellectual experiences in the first years of life are vital in laying the foundation for the future. Normal routines and rhythms are important for all infants and toddlers. Strategies that facilitate learning and development for all children are applicable in inclusive settings, but some children may simply need extra help and more time for practice. As discussed earlier, some adaptations to the environment, activities, or materials may be needed to provide all infants and toddlers opportunities to engage in developmentally appropriate activities.

In inclusive child care programs, schedules for infants are used as a guide for the day and are responsive to the individual needs of the children. Partnerships and frequent communications with parents are significant factors in providing quality infant and toddler care. Parent partnerships help you in individualizing your daily schedule. In infant and toddler settings,

caregivers maintain the overall routine as consistently as possible, while being flexible to accommodate individual children's natural rhythms and temperaments. Infants and toddlers need stimulating, safe environments, time for outdoor play and fresh air, a variety of play choices, and warm, nurturing interactions with adults. Infant routines of diapering, feeding and napping will form much of the daily schedule, but even these routine activities provide excellent opportunities for learning and stimulation.

Caregivers must work with parents who have children with and without disabilities to ensure that arrivals are pleasant and reassuring for parents and children. This time allows children to extend the bonds of trust from parent to caregivers in the program. Routines and rituals are important in making this a smooth process. Daily routines offer children a sense of stability, and a feeling of warmth and caring. They provide relationship and repetition for learning. Teachers and parents can create a predictable routine for infants and toddlers during arrival time. Teachers should be nurturing and greet the child and parent by name. Take a few minutes to talk with parents to get a better understanding of the morning's events and reassure the parent if they have concerns or special instructions. This communication may be especially important with the family of a child with a special health need or disability. Knowing the child's status at the start of the day can help you make crucial decisions about how to best support the child throughout the day. Some toddlers will also need a ritual (or special action) between parent and child or teacher and child to ease or enrich emotional separations. The ritual helps give the child and parent a sense of comfort and control. A ritual might be a staff member and the child going to a special book to read or hand washing together.

Routine care times for infants such as feeding and diapering provide opportunities for learning and stimulation. Interactions such as playing peek-a-boo, tickling toes and talking to children during diapering provide one-on-one interchanges and help develop language and social development. Don't rush through daily tasks. Practice listening and paying attention to what the baby is telling you; be sensitive to his cues.

Babies should spend time in their cribs only when they are sleeping. Awake time should be spent near adults, watching, hearing, touching, smelling and tasting. Free play times in the infant schedule should include opportunities to learn and explore. Caregiver behaviors such as smiling, nodding, clapping and giving warm facial expressions all convey to the child that you are near and engaged. Awake time should also include belly time, reading time and outside walks. Additional adaptations for children with disabilities might include increased physical support, positioning, and hand-on-hand guidance to reach or touch. Schedules for infants and toddlers must be flexible enough to consider each child's readiness for participation and include alternatives if a planned activity doesn't work.

In an inclusive program, children with and without disabilities participate in the same routines and play experiences. Toddlers need structured play as well as free play times in their schedules. This is also the time to start introducing a very short circle time activity. All toddlers need a safe, loving and stimulating environment where they feel free to learn and grow at their own pace. Consistent routines, activities that happen at about the same time and in about the same way each day, provide comfort and a sense of safety to toddlers. Knowing what will happen next gives toddlers security and more emotional stability. Additional adaptations might be required for toddler participation in activities. Observe all of the children to identify strengths and areas of challenge. Adjustments to books, blocks, and toys to improve the ability to grasp, and

positioning assistance to help the child access the toys or activity will ensure more variety in play for all children. Adding sound, texture and lights to toys will encourage participation by all children and include children with vision or hearing difficulties.

Transitions and nap time can present some challenging moments for toddlers. The routine can either convey warmth and security or stress and turmoil. Always provide advance warnings and a realistic amount of time for transitions from one activity to another. Using a timer, song, or special game may help toddlers prepare for change. Create a relaxed and quiet time for rest by methods such as playing soothing music and rubbing backs.

Departures should also be pleasant and reassuring for the parents and infants and toddlers. Staff should greet the parents and take a few minutes to discuss the activities of the day. Caregivers should relay at least one positive activity or child's accomplishment from the day. Parents should know that you care about their child and look forward to the next day. Written communication concerned with the day's activities and routines should also be provided for the parents. Departure routines such as "words and waves" should also be provided for the toddler as he departs.

Conclusion

During this course, we have explored the concept of inclusive child care, including common features that are present in programs that successfully implement inclusive practices. We examined our own attitudes toward inclusion, recognizing that our attitudes toward children with disabilities have an impact on what we do in our various child care programs. We looked at some of the benefits that inclusive child care offers for not only children, but also for families, child care staff, and the community at-large. We examined laws and regulations that govern inclusion in child care settings and other environments. We also explored the language that we use when referring to children with special needs, noting that our words can have a positive or negative impact on children. Finally, we discussed some of the services offered to children with disabilities and how you, along with other professionals and family members, are a part of a team that is intent on helping every child succeed. The success of the inclusion process in child care centers and homes is largely dependent on your commitment to meeting the needs of all children. Here are the major messages we would like you to "take home" from this training:

- An inclusive environment means that every child in the program is truly included and that the individual needs of each child are considered and valued,
- Federal and state laws protect the rights of children with disabilities and provide regulations for child care centers,
- All children are children first and our language and practices should reflect this attitude,
- Child care providers should maintain confidentiality by safeguarding all information concerning children and families,
- All children, families and child care professionals can benefit from an inclusive child care environment,

- A child who reaches important milestones much later than the same-age peers might be experiencing a developmental delay and should be observed and referred for assessment,
- If a child is eligible for early intervention services, ECI, the child's family, and a team of relevant professionals will develop an IFSP, and
- Inclusion is an ongoing process that changes as knowledge, experiences, and understanding of young children with disabilities grow.

Thank you for your participation in this course, and for your desire to provide quality inclusive care for young children in child care.

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