Welcoming All Children
Inclusion Planner

Access for children with disabilities to the world of child care involves opening out hearts as well as widening our doorways.

Project EXCEPTIONAL
Welcoming All Children Inclusion Planner

This resource is provided to you by the Inclusive Child Care Project of Santa Barbara County funded by SB 1703. The Inclusive Child Care Project is a collaborative training project of the Santa Barbara Family Care Center (SBFCC) and the Santa Barbara County Child Care Planning Council (SBCCPC) ending June 30, 2005. The goal of the SB1703 funding is to increase inclusion in non-subsidized child care.

It is well established that inclusion works! Not only do children with disabilities and their families benefit from inclusive child care, but the entire community benefits. Successful inclusion doesn’t just happen; it requires collaboration, information, work, and most importantly a “can do” attitude on the behalf of families, child care providers, and service providers. The most critical step to successful inclusive child care is collaborative planning and preparation for the child to enter into the child care setting. If time and care is taken to ensure that the child, family, and provider are fully prepared, most problems can be avoided and the experience will be rewarding for everyone. Welcoming All Children Inclusion Planner is designed to support children, families, and providers through this process. We hope you find it a useful resource.

The rewards of serving children with special health care needs or disabilities are enormous. Everyone involved can grow in understanding, acceptance, and respect for those who are “different.”

Betty Presler

Acknowledgements

This resource is the result of work by many dedicated individuals who believe in a child’s and family’s right to quality inclusive child care. Their contributions and support are gratefully acknowledged.

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# Welcoming Every Child
## Inclusion Planner

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Inclusive Child Care Project of Santa Barbara County  
A Collaborative of Santa Barbara Child Care Planning Council and Santa Barbara Family Care Center
Steps to Successful Inclusion of Children with Special Needs

Step 1: Provide a high quality child care program based on developmentally appropriate practice.

Step 2: Cultivate a celebratory attitude towards diversity.

Step 3: Work in partnership with families.

Step 4: Learn what resources are available to assess and support children.

Step 5: Create a plan for screening and referring children.

Step 6: Develop close communication and a teamwork approach with service providers.

Step 6: Attend training and seek out information and resources.

Step 7: Look for creative ways to add staff to reduce child/staff ratios.

Step 8: *Let the community know inclusion works!*

Adapted from multiple sources
Inclusive Child Care Project of Santa Barbara County
Contracted through CIHS, Sonoma State University ~ 2005
Person First Language: Guidelines For Discussing People with Disabilities

It’s the “Person First” - THEN the Disability

If you saw a person in a wheelchair unable to get up the stairs into a building, would you say "there is a handicapped person unable to find a ramp?" Or would you say "there is a person with a disability who is handicapped by an inaccessible building?" What is the proper way to speak to or about someone who has a disability?

Consider how you would introduce someone - Jane Doe - who doesn't have a disability. You would give her name, where she lives, what she does or what she is interested in - she likes swimming, or eating Mexican food, or watching Robert Redford movies.

Why say it differently for a person with disabilities? Every person is made up of many characteristics - mental as well as physical - few want to be identified only by their ability to play tennis or by their love for fried onions or by the mole that’s on their face. Those are just parts of us.

Person first language

In speaking or writing, remember that children or adults with disabilities are like everyone else - except they happen to have a disability. Therefore, here are a few tips for improving your language related to disabilities and handicaps.

1. Speak of the person first, then the disability.

2. Emphasize abilities, not limitations.

3. Do not label people as part of a disability group - don’t say "disabled", say "people with disabilities."

4. Don’t give excessive praise or attention to a person with a disability; don’t patronize them.

5. Choice and independence are important; let the person do or speak for him or herself as much as possible; if addressing an adult, say "Bill" instead of "Billy."

6. A disability is a functional limitation that interferes with a person’s ability to walk, hear, talk, learn, etc. use handicap to describe a situation or barrier imposed by society, the environment, or oneself.

<table>
<thead>
<tr>
<th>SAY...</th>
<th>INSTEAD OF...</th>
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</thead>
<tbody>
<tr>
<td>child with a disability</td>
<td>disabled or handicapped child</td>
</tr>
<tr>
<td>person with cerebral palsy</td>
<td>palsied, or C.P., or spastic</td>
</tr>
<tr>
<td>person who has...</td>
<td>afflicted, suffers from, victim</td>
</tr>
<tr>
<td>without speech, nonverbal</td>
<td>mute, or dumb</td>
</tr>
<tr>
<td>developmental delay</td>
<td>slow</td>
</tr>
<tr>
<td>emotional disorder or mental illness</td>
<td>crazy or insane</td>
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<tr>
<td>deaf or hearing impaired</td>
<td>deaf and dumb</td>
</tr>
<tr>
<td>uses a wheelchair</td>
<td>confined to a wheelchair</td>
</tr>
<tr>
<td>person with mental retardation</td>
<td>retarded</td>
</tr>
<tr>
<td>has a learning disability</td>
<td>is learning disabled</td>
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<tr>
<td>non-disabled</td>
<td>normal, healthy</td>
</tr>
<tr>
<td>has a physical disability</td>
<td>crippled</td>
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<tr>
<td>congenital disability</td>
<td>birth defect</td>
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How to Identify and Refer Children Who May Have Special Needs

“Something’s not quite right, but I’m not sure what it is. What should I do?”
Probably every child care provider or teacher of young children has said these words. Other times, the concern is more obvious to the provider, for example, when a child’s speech is hard to understand.

According to the U.S. Maternal Child and Health Bureau, 16% of children have disabilities and only half are identified before entrance into elementary school. Research shows that the children with disabilities who receive early intervention services make greater gains than those who do not receive intervention services. In fact, some children may not even need later special education if they receive special services when they are less than five years old. This is why it is important that child care providers know how to support and advise parents about their child’s development and where to refer children for assessment and special services when there are concerns.

Here are some simple steps that child care providers can take to ensure that a young child with disabilities is identified early and receives the intervention service(s) for which he/she is eligible.

1) **Build a positive relationship with the child's family.** Positive relationships are the foundation of successful collaboration. Children benefit most when families, child care providers, and early intervention/special education personnel work in collaboration.

2) **Observe the child at different times throughout the day** while they are involved in different types of activities. Jot down a list of what the child is able to do well, skills the child is learning, and what the child is not able to do. When possible, collect samples of the child’s drawings and other work or take photographs of his/her work. If you do not routinely screen children using a developmental checklist, you may want to compare your observations with such a list. A simple developmental checklist can be found at [http://209.183.228.233/](http://209.183.228.233/) on “thearc.org” Website.

3) **Share your observations with the child’s family** and ask them if their child does the same or different things at home. Ask if they have concerns about their child’s development. Discuss your concerns in a supportive manner. Avoid making statements such as, “There is something wrong with your child.” Instead, simply describe your observations in an objective manner.
4) Let the child’s family know that they can request to have their child’s development assessed for free and that their child may qualify for special services and support. To have a child assessed contact:

a) **Early Start Program at Tri-Counties Regional Center** at 1-800-266-9071 in Santa Maria or 1-800-322-6994 in Santa Barbara if the child is birth to 3 years old.

b) **Santa Barbara County Education Office, Special Education Support Services** at 805-922-0334 in North County or 805-964-4711 in South County if the child is 3 to 5 years old.

c) **The child’s teacher** if the child is school age. Let the teacher know that they are concerned with their child’s academic progress and would like to have their child referred for assessment. Families may also request an assessment for their child in writing through the special education office in their **school district**.

If you would like more information on how to work together with families of children with disabilities and other special needs, contact the Family First Program at the Alpha Resource Center in the north county at 805-347-2775 and in the south county at 805-683-2145.
Common Questions Parents Ask After Diagnosis

1. What is the cause of our child’s developmental disability?
2. How severely disabled will my child be?
3. Why did this have to happen to us?
4. Is it safe to have another child?
5. Does the genetic background of one parent contribute more to the disability of a child than that of the other parent?
6. Can this disability be cured?
7. Can this disability be prevented?
8. I cannot help but pity my child. Is this wrong?
9. If our disabled child lives at home, will it affect our normal child adversely?
10. How shall we explain our child’s disability to our relatives, friends, and neighbors?
11. Should we belong to a parent organization? What are the advantages to belonging to a parent group?
12. What went wrong during my pregnancy or the delivery process to cause this?
13. Is it possible there was something my doctors did to cause this problem?
14. Will I always have to be so involved in my child’s care?
15. What are the chances of my child going to college or getting a job later in life?

Source: James J. Messins, Ph.D.--Psychologist and father of a daughter with special needs.
Planning for and Supporting
Children with Disabilities and other Special Needs
and Their Families as They Enroll in Your Program

The first time you meet with a family can set the tone for the child’s entire experience in your early care and education program. This is especially true for children with disabilities and other special needs. This list is designed to help providers prepare a welcoming, supportive, and inclusive enrollment experience for the child and their family.

Child’s Name _______________________________ □ M □ F Age ______
Parents/Guardians________________________________________________________
Telephone Number ____________________  Email ______________________

Upon Application

☐ Provide family with a packet of written information about your program and tips for success.
☐ Meet the child, parents, and any significant others in the child’s life.
☐ Arrange for the child and his/her parents to visit your program.
☐ Observe child in their current setting (home, special day class, after school care).
☐ Ask the family to arrange a meeting with child’s therapists or service providers to
  • discuss the suitability of your program for the child,
  • determine accommodations if any the child will need,
  • determine the training and support the staff will need, and
  • plan a successful transition experience for the child and his/her family.
☐ Develop a “Welcome Plan” with your staff and the children.
☐ Review Questions and Answers about the Americans with Disabilities Act: A Quick Reference (Information for Child Care Providers).
☐ Check with Community Care Licensing to determine if there are any applicable licensing regulations regarding issues such as a non-ambulatory licensing designation on your license, fire clearance, diapering, performing medical procedures, dispensing medication, or whether an exception to any regulations must be requested.
☐ Review your program's liability insurance policy to determine if the company requires you to notify them of the enrollment of a child with special care needs.
After Acceptance

- Complete a transition plan with the family and therapists.
- Provide the family with tips for a successful transition into your program.
- Ask parent to sign a *Release of Confidential Information* form.
- Ask for a copy of child’s IFSP or IEP and any other relevant records.
- Evaluate your environment and make necessary environmental accommodations, such as widening spaces between furnishings, setting up a quiet corner, purchasing a booster seat with positioning straps.
- Arrange specialized training for staff if needed. Parents or service providers can provide training on feeding tubes, nebulizers, or positioning. You may also want to get videotapes or materials from your physician, the library, Internet on lifting safety.
- Complete an *Individual Care Plan* with family.
- Have family fill out and return the *Glad to Meet You* letter.
- Have family complete *Medication Dispensation Permission Form* if applicable.
- Decide on a transitional object for the child to bring back and forth from home each day (blanket, stuffed toy, photo of family).
- Introduce the family to another family in your program who has a child with disabilities.
- Let the family know about the Family First Program at the Alpha Resource Center for resources and support.
- Send the child a personal note letting them know that you and the other children are looking forward to having him/her in your program.
- Send the child a photograph of the children in your program. Older children can write their own welcome notes. Younger children can send drawings. The children could also create a book about the program that includes drawings or photographs.
- Let children know they will be making a new friend. If the child’s disability is visible and significant, talk sensitively to the children about the child’s special needs.

Upon Enrollment

- Review enrollment and other forms for completion.
- Have a simple *Welcome Ritual* that welcomes but does not overwhelm the child, such as his/her primary caregiver simply walks the child around and shows him/her the environment and introduces him/her to the other children, or a brief circle time with a welcome song.
- Take a photo of the child with his/her new friends on the first day and send it home with the child.
Communicate daily with the parents the first week or two. Share their child’s successes, no matter how small. Let them know about the activities in which their child participates. Tell them about the friendships their child is making.

Individualize curriculum and make necessary adaptations so the child can participate in all activities.

Support a strong, secure attachment between the child and his/her primary caregiver, for example, have the primary caregiver spend at least 10-15 minutes a day playing one-on-one with the child. Let the child guide the play.

Pair the new child with a “play partner” (also called play buddy) for the first few days in your program. The play partner’s role is to play with the new child, show him/her where and how to do different activities, and help the new child learn the daily routine. If the child is under three, caretakers will need to take on this role.

After Enrollment

Continue to spend 5 minutes one-on-one each day with the child until the child is comfortable in the setting and trusts you.

Find frequent opportunities to share stories with the family about their child’s day, friends, and accomplishments.

Update the child’s Care Plan whenever changes occur.

Invite the child’s family to spend time in your program—make them feel welcomed and valued.

Continue to pair the new child with a “play partner” until the child knows the routines and has made friends.

Enjoy your new relationship!
Hi!

My name is ______________________. I am _______ years old. I live with ________________________________. I have _____ brothers and ____ sisters. I have ____ pets.

I communicate by:

Some things I can do well are:

Some things I need help with are:

You can help me by:

Some things I really like to do are:

My favorite toys are:

When I am sad or upset, you can help make me feel better by:

I’m looking forward to getting to know you!

Deborah Conn, Inclusive Child Care Project of Santa Barbara County
Contracted through CIHS, Sonoma State University © 2005
Individualized Care Plan

This plan is to make sure your child’s needs are met and to ensure consistency between our program and your home. We will ask you to update the plan every three months and whenever there are changes in your child’s health, behavior, food restrictions, medication, toileting practices, or routines.

Child’s Name: _________________________________________________

Arrival and Departure

1. Morning and afternoon caregivers:

2. Transitional objects and rituals:

3. Plan for transitioning into the program:

Individual Feeding Plan

1. Food restrictions:

2. Food likes and dislikes:

3. Bottle/breastfed (type of formula or milk):

4. Introduction of solids or new foods:

5. Tooth brushing:

Adapted from multiple sources
Inclusive Child Care Project of Santa Barbara County
Contracted through CIHS, Sonoma State University ~ 2005
Individual Diapering/Toileting Plan

1. Diapers (type and quantity):

2. Method of toilet learning (boys stand/sit?):

3. Equipment needed for toilet learning (potty/toilet/other):

4. Clothing needed for toilet learning:

5. Words used for toileting:

Napping Plan

1. Typical home sleeping schedule: Wake-up time_______, Nap(s)_______ to _______, Bedtime_______,

2. Routine and needs for going to sleep:

3. Favorite sleeping position:

4. Changes in sleep patterns: (note date)
## Special Needs

1. Medication dispensation form attached?  
   - [ ] Yes  
   - [ ] No  
   - [ ] N/A

2. Written order or prescription from physician?  
   - [ ] Yes  
   - [ ] No  
   - [ ] N/A

3. Medication in original prescription bottle?  
   - [ ] Yes  
   - [ ] No  
   - [ ] N/A

4. Emergency plan attached?  
   - [ ] Yes  
   - [ ] No  
   - [ ] N/A

5. *Release of Confidential Information* attached?  
   - [ ] Yes  
   - [ ] No  
   - [ ] N/A

6. Equipment or accommodations required for my child's special needs, including accommodations for behavioral needs. (Describe and attach instructions.)

7. Activities recommended by therapist that will help my child to develop. (Describe and attach instructions.)

8. Resources:

   ____________________________________________________________
   Signature of Parent/Guardian                     Date

   ____________________________________________________________
   Signature of Parent/Guardian                     Date

   ____________________________________________________________
   Signature of staff                                Date

   ____________________________________________________________
   Signature of staff                                Date

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Adapted from multiple sources  
Inclusive Child Care Project of Santa Barbara County  
Contracted through CIHS, Sonoma State University ~ 2005
Role of the Child Care Provider in the Individualized Family Service Plan Process or Individualized Education Program Process

The following checklist has been designed to assist child care providers in understanding the important role they play in the Individual Family Service Plan (IFSP) and Individualized Education Program (IEP) process.

An IFSP is a legal document that describes a child’s developmental level, family concerns and priorities, outcomes, and early intervention services. It applies to children birth to three years.

An IEP is a legal document that describes a child’s special education needs, annual goals and objectives, and special education and related services. It applies to children and youth three to twenty-two years.

Ongoing:

- Establish a process to document your observations of the child (e.g. notebook, index cards, sticky-labels)

- Share your observations with the child’s family on a regular basis.

- With parent’s consent, maintain communication with the specialists working with the child, (speech, occupational and physical therapists, vision specialists, etc.) Share your observations of the child. Ask for suggestions on ways to best meet the needs of the whole child by focusing on his/her interests and strengths.

Before the IFSP or IEP meeting:

- Review the child’s progress with the parent, considering the child’s strengths, interests, and needs. Include observations from all staff working with their child.

- Ask parents if they have been given and understand their parent rights and responsibilities, and ask if they are prepared to participate in the IFSP or IEP process.

- With parent consent, forward any developmental screening or ongoing assessment information you have completed on the child to the Part C service coordinator.

- Prepare a list of information and suggestions that you can share during the IFSP or IEP team meeting (e.g., the child’s strengths, how you could assist in adapting routines and environment in order to best meet the child’s needs.)

Adapted from Role of the Primary Caregiver or Home Visitor in the Individualized Family Service Plan Meeting CIHS/Sonoma State University ~ 2005
Consult with the family to determine if interpretation will be needed during the IFSP or IEP meeting. If interpretation is needed, encourage the family to inform the service provider.

**During the IFSP or IEP Meeting:**

- Assist the parent to understand what is happening in the meeting (if needed).
- Share a summary of your observations, including the child’s strengths, needs, progress and preferences.
- Participate with the IFSP or IEP team in identifying goals and objectives for the child.
- Assist parents to communicate their family’s strengths, needs and resources. (Support the family to advocate on their own behalf.)
- Be prepared to describe the services and support provided by your program.
- Suggest activities, interventions and strategies for service delivery based on your knowledge of young children and the family and child’s preferences and interests.

**After the IFSP or IEP Meeting:**

- Request a copy of the child’s IFSP or IEP from the child’s parent, or ask the parent if you can review the child’s plan.
- Ask the parent and service provider for ideas on how you can adapt activities and how you can infuse the new IFSP & IEP goals into the child’s daily routines and activities.
- Agree upon a system to communicate the child’s progress to parents and service providers.
- Continue ongoing observations and assessment of the child; review the child’s goals and program plan.
- Maintain ongoing communication with the parents, the specialists, and the service coordinator.
- Be prepared to make changes in your curriculum and program activities as the child develops.

Adapted from Role of the Primary Caregiver or Home Visitor in the Individualized Family Service Plan Meeting
CIHS/Sonoma State University ~ 2005
Questions & Answers about the Americans with Disabilities Act: A Quick Reference
(Information for Child Care Providers)

1. What is the ADA?
The Americans with Disabilities Act (ADA) is a federal civil rights law which was passed in 1990. Among other things, the ADA prohibits discrimination by child care centers and family child care providers against those individuals with disabilities. States may provide greater protection for people with disabilities than what is guaranteed by the ADA.¹ In California, the Unruh Civil Rights Act prohibits all business establishments, including child care providers, from discriminating on the basis of disability.² The Unruh Civil Rights Act goes much further than the ADA in its protections for children with disabilities.

2. Who is protected by the ADA?
Four groups receive protection under the ADA. They are:
- People with a physical or mental impairment which substantially limits one or more major life activities (when determining whether one has a substantial limitation, one takes into account any corrective measures they use, such as medication);
- People with a history of a physical or mental impairment which substantially limits one or more major life activities;
- People who are regarded as having a physical or mental impairment which substantially limits one or more major life activities; and
- People who are associated with people who have a physical or mental impairment which substantially limits one or more major life activities.

3. What does the ADA require of providers?
The ADA requires that providers not discriminate against persons simply because they have disabilities. Instead, they are to make a case-by-case assessment of what the person with the disability requires to be fully integrated into the program. Once they know what is needed, they must assess whether reasonable accommodations can be made to allow this to happen.

¹ 28 Code of Federal Regulations § 12201(b).
² California Civil Code § 51 (West 2000).
4. **Who determines if the accommodation is reasonable?**
   The ADA sets out three primary types of accommodations (changes in policies, practices, or procedures, removal of barriers in existing programs, and provision of auxiliary aids and services—special equipment and services to ensure effective communication). Making these accommodations is required unless:
   - In the case of changes in policies, practices or procedures, the accommodation would fundamentally alter the nature of the program;
   - In the case of auxiliary aids and services, the accommodation would fundamentally alter the nature of the program or pose an undue burden (significant difficulty or expense);
   - In the case of the removal of barriers in an existing program, the accommodations are not readily achievable (cannot be done without much difficulty or expense).

   What is “reasonable” will vary, depending on the accommodations requested and the resources available to the program. Generally speaking, less will be required of a family child care home which typically has fewer resources and staff than a center, but individualized assessments of the child’s needs and the program’s ability to accommodate always need to occur to determine what is reasonable.

   The most important thing is to undertake a process of dialogue with the parents to determine what accommodations are necessary and whether they are reasonable to the program. It should be the goal of both the parents and the provider to reach an informal resolution whenever possible.

3 If you are making major renovations or are constructing a brand new facility, the facility must be readily accessible to a child with a disability, almost without exception.

Ultimately, if the parent and the provider cannot agree, it is a court that determines if the accommodation requested is reasonable.

5. **Are there situations in which care can be refused?**
   These situations will be very limited. They include situations in which a child poses a direct threat—a substantial risk of harm to others (which must be documented by objective professional evidence) or where the accommodations needed would not be reasonable for the program to provide (see question above for the standards used to determine if an accommodation is reasonable).

6. **Can I be sued by other parents for taking a child with disabilities?**
   Not successfully. In fact, the law is to the contrary. Anyone who would interfere with a program’s rightful compliance with the law (for example, enrolling a child with disabilities) can be sued for violating the ADA. A high quality program will provide opportunities for parent education which in turn should include discussions of the benefits to all children of inclusive child care.

7. **What do I do when another parent makes inquiries about a child with disabilities?**
   Information about a child’s disability is confidential and should not be shared with others unless you have consent from the parents of the child with the disability. If you have a respectful relationship with the parents, you may be able to have a conversation with them about how they would like you to handle inquiries about their child’s disability from the parents and the children. Some parents will prefer that information about their child’s disability continue to be kept confidential while others may welcome the opportunity to share with other families the nature of their...
child’s disability. When a family is open about a child’s disability, not only does the child benefit, but there are also many benefits and advantages for the staff and children in the center. Once again, one of the best ways to respond to families is outside of the context of a particular child and in the general context of information about what quality care is all about. High quality programs will provide opportunities for parent education, which in turn should include discussions of the benefits to all children of inclusive child care.

8. Is there a certain number of children I may care for if I care for a child with special needs?

There is no particular number of children you may care for when you care for a child with special needs, as each child with special needs is different, and there are no special ratios. The provider must evaluate his/her own program keeping in mind the special needs of each child before making the determination of how many children with special needs their program can accommodate.

9. Can I charge more for a child with special needs because they require more individualized attention? If I can’t how will I survive financially?

When an accommodation is above and beyond a reasonable accommodation, an additional fee may be imposed but a legal consultation should be made with someone knowledgeable with the ADA laws. Programs may not charge the parents of children with disabilities more for providing reasonable accommodations. Programs are free to raise their fees to all families, use tax credits or deductions available from the IRS, or seek resources from outside their programs. Programs may charge parents for the cost of providing additional, non-child care services, such as physical therapy, occupational therapy and the like. Keep in mind that in many instances, the reasonable accommodations which are necessary are not very costly and/or in the case of improving ratios, could benefit all the children in care.

10. I understand that programs may not discriminate, but in addition I want to be clear that my program welcomes children with disabilities. How do I say that in my brochure?

Your materials may include language that states that your “program is fully accessible” or that your teachers “have experience in caring for children with disabilities.”

11. When I care for a child with special needs who receives a subsidy, may I receive any additional money?

Yes, there are special needs rates and additional funding that may be obtained when caring for children with exceptional needs and severely handicapped children. However, the additional money cannot be charged to the parents, but must be billed to the funding entity. Also, the definitions of “children and with special needs” are interpreted differently from county to county. You should check with your local alternative payment program to determine the practice in your county.

12. How can I care for children with disabilities if I am not trained? If I work on my own?

Many of the accommodations children need are not complicated and can be easily learned. In other instances, where training is helpful or necessary, it may be available from the parent, from early intervention or special education specialists, from health professionals, from disability organizations, resource and referral agencies or community colleges. The important thing
is to identify community resources that can assist with inclusion.

13. **May I automatically decline to serve a child with disabilities and simply refer them on to another provider who I think is better able to serve them?**

No. A parent may prefer your care and if it is possible for you to make the reasonable accommodations necessary to serve that child he or she may not be turned away and referred to another program. If a program can document that it undertook an individualized assessment of the situation and found that accommodating the child would not be reasonable the program may then offer suggestions for other potential care.

14. **Shouldn’t providers get to choose who they enroll since it is their business?**

By deciding to become professional caregivers, providers become responsible for complying with many types of laws—tax laws, licensing laws—as well as civil rights laws, which in the case of ADA, protects people with disabilities from discrimination. It is worth remembering that any of us could become a person with disabilities at any time, and we too may benefit from the ADA’s protections.

15. **If a parent of a child with a disability has conflicts with the provider or the parent fails to comply with rules applied to all families can the family be terminated from the program?**

Yes, if it can be documented that the reasons for termination have to do with failure to comply with rules or standards that are: uniformly applied to all families, not relevant to any potential required accommodations, and are not used as pretexts for discrimination. So for example, a recent case found that a mother’s belligerence and total lack of cooperation, coupled with her failure to comply with rules imposed on everyone which had nothing to do with her child’s disability, would cause her ADA claim to fail.
**THE AMERICANS WITH DISABILITIES ACT (ADA)**

**A NEW WAY OF THINKING: TITLE III**

**ADA GOAL:**

To make reasonable accommodations for individuals with disabilities in order to integrate them into the program to the extent feasible, given each individual’s abilities.

**ADA PRINCIPLES:**

- **INDIVIDUALITY**
  the abilities and needs of each individual;

- **REASONABLENESS**
  of the modification to the program and to the individual;

- **INTEGRATION**
  of the individual with others in the program.

**TYPES OF MODIFICATIONS:**

- **AUXILIARY AIDS AND SERVICES**
  special equipment and services to ensure effective communication;

- **CHANGES IN POLICIES, PRACTICES AND PROCEDURES**;

- **REMOVAL OF BARRIERS**
  architectural, arrangement of furniture and equipment, vehicular.

**REASONS TO DENY CARE:**

- ACCOMMODATION IS UNREASONABLE, and there are no reasonable alternatives.
  
  - For **auxiliary aids and services**, if accommodations pose an **UNDUE BURDEN** (will result in a significant difficulty or expense to the program) or will fundamentally alter the nature of the program;
  
  - For **auxiliary aids and services**, or **changes in policies, practices or procedures**, if accommodations **FUNDAMENTALLY ALTER** the nature of the program;
  
  - For **removal of barriers for existing facilities**, if accommodations are **NOT READILY ACHIEVABLE** (cannot be done without much difficulty or expense to the program). Child care facilities built after January 26, 1993 must comply with ADA Accessibility Guidelines (ADAAG)

- **DIRECT THREAT**
  The individual’s condition will pose or does pose a significant threat to the health or safety of other children or staff in the program, and there are no reasonable means of removing the threat.

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This document is intended to provide general information about the topic covered. It is believed to be current and accurate as of January 2003, but the law changes often. This document is made available with the understanding that it does not render legal or other professional advice. If you need legal advice, you should seek the services of a competent attorney.
When Are You Required to Admit a Child with a Disability? The Evaluation Process Under the ADA, Title III: Public Accommodations

A child with a disability requests enrollment into your child care program.

Evaluate the individual needs of the child with a disability.

Does the child's condition pose a direct threat?

Yes: Can the direct threat be eliminated through reasonable modifications?

No: The child cannot be reasonably accommodated at this point. Reassess when direct threat can be eliminated.

Identify ways to reasonably accommodate the needs of the child.

Is this a new facility or are major renovations being made?

Yes: Renovated area and new facilities (after January 26, 1993) must be fully compliant with ADA Accessibility Guidelines (ADAAG) regulations.

No: Does the child need auxiliary aids and services to ensure effective communication?

Yes: Will providing this impose an undue burden or fundamentally alter the nature of your program?

No: Will changing policies and practices fundamentally alter the nature of your program?

Yes: Are there any reasonable alternatives to accommodate the child?

No: The child can be reasonably accommodated. Admit the child into your program.

The child does not need to be accepted by your program now. If reasonably possible, set long-term goals to enable your program to meet similar needs in the future.

No: Do you need to reasonably modify policies, practices and procedures to accommodate the child?

Yes: Do you need to remove any architectural (physical) barriers from an already existing facility to accommodate the child?

Yes: Will removing barriers be readily achievable?

No: The child can be reasonably accommodated. Admit the child into your program.

Yes: Does the child need auxiliary aids and services to ensure effective communication?

No: Will providing this impose an undue burden or fundamentally alter the nature of your program?

Yes: Are there any reasonable alternatives to accommodate the child?
Questions and Answers About the IDEA & Child Care

1. **What is the IDEA?**
The Individuals with Disabilities Education Act (IDEA) guarantees children with disabilities the same access to education as children who do not have disabilities. ¹ Congress passed the IDEA in 1975 in response to frequent discrimination against children with disabilities in public school systems. All states must meet the minimum federal IDEA standards regarding the educational rights of children with disabilities. However, state laws can expand these rights.

2. **Who is eligible for services under the IDEA?**
Children ages 0 to 21 with certain disabilities are eligible.

   - Infants and toddlers are eligible for Early Intervention (EI) services under the IDEA. EI services may be necessary if a child is experiencing developmental delays or has a diagnosed physical or mental condition which has a high probability of resulting in developmental delay.² Some states have created a third eligibility category of children at-risk of developmental delays.³
   - School-age and preschool children found to have mental retardation, hearing impairments, speech or language impairments, visual impairments, serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities, who as a result need special education and related services are eligible.⁴

3. **How do families apply?**
Local educational agencies (LEA) have an obligation under federal law to “actively and systematically seek out” all persons aged 3 to 21 who would be eligible for special education.⁵ If the Department of Education is the lead agency for Early Intervention Services then they have the same obligation for children ages 0-3.
Child care providers can refer children they think may be eligible, although the family must consent in writing to an assessment. If a parent feels her child is eligible for services under the IDEA, she should contact her local school district.

4. **What is an IEP?**
- An Individualized Educational Program (IEP) outlines a child’s special education and related services.⁶ An IEP is for preschool (ages 3 to 5) and school-age children.
- A committee consisting of parents, regular and special education teachers, a representative from the LEA, and anyone else the parent or local school district feel should be present, formulate the IEP at a collaborative meeting.
- An IEP is an agreement between the parent and the school district to provide a special education placement and other services for the child.
- The IEP must include the child’s present levels of performance, measurable annual goals, and the child’s special education and related services.
If a child does not participate in the regular classroom or in general nonacademic and extracurricular activities, the IEP must explain why and list supports and program modifications to allow participation in the general classroom. A parent must provide written consent to the services to be provided.

- The committee reviews the IEP at least annually, or when either a parent or a teacher request a meeting for a new assessment, lack of anticipated progress by the child, or other matters.

5. **What is an IFSP?**
   - An Individualized Family Service Program (IFSP) is very similar to an IEP, but an IFSP is for Early Intervention (EI), children ages birth to 3.
   - An IFSP may include the infant/toddler’s present levels of development, the major expected outcomes for the infant/toddler and her family, the specific EI services necessary to meet the needs of the infant/toddler and her family, the natural environments in which the services will be carried out, and steps to help the infant/toddler transition to preschool or other services.
   - An IFSP is evaluated annually and reviewed at least every 6 months or more frequently if the infant/toddler or family needs it.

6. **What role can child care providers play in the IEP/IFSP process?**
   At the discretion of the parent or agency, other individuals with “knowledge or special expertise regarding the child,” (IEP) or “as appropriate, persons who will be providing services to the child or family” (IFSP) may participate in the IEP or IFSP meeting and planning. This could include child care providers. Child care providers can give input on services or technology that would enable the child to participate in their program.

7. **What placement can families and children obtain under the IDEA?**
   - The IDEA is designed to guarantee children with disabilities of all ages the opportunity to participate, learn, interact, and succeed in the school setting.
   - Children with disabilities in school are assured a Free Appropriate Public Education (FAPE). FAPE is not tied to funding and must be based on the child's educational need. Placement is based on the child's individual needs and skills as outlined on her IEP, and not on her disability.
   - Inclusion is an important goal of the IDEA. Also, for preschool and school-age children with disabilities, the IDEA requires that they be placed in the Least Restrictive Environment (LRE). LRE applies to extracurricular and nonacademic activities as well, which can include child care.
   - EI (age 0 to 3) has a “Natural Environment” similar to the LRE. A “natural environment” includes a child’s home and “community settings in which children without disabilities participate,” and “settings that are natural or normal for the child’s age peers who have no disabilities,” such as child care.

8. **What related services can families and children obtain under the IDEA?**
   Families and children can receive any service that is necessary to help a child benefit from her special education program. All services under the IDEA for children 3-21 are free and based on each child’s educational need, not on her disability. Some examples of these services are transportation, speech pathology, psychological services, physical and occupational therapy, counseling services, and school health services. For children receiving early intervention services (Part C of IDEA), some states charge fees based on a sliding scale and/or require access to public/private insurance.
9. Can a family get child care or afterschool care through their IEP?

- Children with disabilities, from ages 3 to 5, may receive preschool or child care services, or a consultation to the child care program in their IEP. The IDEA makes grants available to states to extend special education services to eligible preschool aged children. Some school districts may try to limit reimbursement for placement in private preschools where there is no universal public preschool, but this is not allowed if the placement results from the IEP.

- If afterschool care or extended day is a related service that is necessary for a school-age child to benefit from her special education, then a family could receive afterschool care through an IEP. The related service must be connected to the child’s education and needs, not family or other issues, except in the case of early intervention. Early intervention expressly considers the family’s needs and strengths as well as the child’s.

- In some states a portion of the cost of child care will be paid for under Part C of IDEA (0-3 years of age). For example, where a child has socialization with typically developing children as a goal in his/her IFSP, Part C can pay for the time in child care when the child is receiving this support.

10. What assistive technology is available to child care providers for children with disabilities under the IDEA?

- Assistive technology means any equipment, off-the-shelf or customized, used to increase, maintain or improve the functional capacities of children with disabilities. Some examples of assistive technology are computers, transportation aids, glasses, and hearing aids.

- If assistive technology helps a student benefit from her special education placement, including child care, then the technology is guaranteed by the school district. Parents do not have to pay for the equipment.

- The need for assistive technology must be considered in every child’s IEP, and it is an EI service that must be considered in the IFSP process. If the IEP team decides that the child needs access to those devices in non-school settings, for example child care, in order to achieve a FAPE, the LEA must allow the child to use a school-purchased assistive technology device at home or in other settings.

11. What rights do parents have if the school district denies a child services or a parent does not like her child’s placement?

Parents or the child’s representative have the right to a due process hearing if they disagree with their child’s IEP or on any matter relating to the child’s evaluation, placement and services under the IDEA. A parent can disagree in whole or in part with the IEP. See the resource box for agencies you can contact about more information or assistance.

This document is intended to provide general information about the topic covered. It is believed to be current and accurate as of 07/07/03, but the law changes often. At the time this document went to print, IDEA was under reauthorization at the federal level and therefore, changes in the law may occur. This document is made available with the understanding that it does not render legal or other professional advice. If you need legal vice, you should seek the services of a competent attorney.
Key Considerations
for Including Children with Disabilities
in Early Childhood Programs

Environmental Strategies:

How does the setting appear at a child's level? Are there interesting things to see and touch, such as windows, mirrors, aquariums, and toys?

Is there room for children who use wheelchairs or are physically challenged to negotiate in and out of spaces and turn around?

Are shelves and tables at a comfortable level for a child's height? Is there a place (preferably more than one) that you accommodate a child in each activity area?

Are shelves, tables, sinks, and other fixtures sturdy enough to hold the weight of a minimally mobile child who may need special support?

Can supportive devices/adaptive equipment be easily accessed in the areas where children might gain practice standing or sitting without an adult's assistance while engaged in an activity?

Are some of the materials and toys accessible to a child without assistance even if she or he is minimally mobile?

Are the sound level and acoustic arrangement of the room satisfactory for a child with a hearing impairment or hearing aid?

Are there some special quiet areas for children to work with minimal noise distraction?

Does the environment contain sufficient contrasts to attract the notice of a child with visual impairments?

Are the cues (eg., use of color, different levels, dividers) that designate different areas clear and consistent?

How much of the environment is designed for self-management and engagement?

Does the arrangement of the room allow for quiet places and social places to meet the changing moods and needs of children?

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CIHS, Sonoma State University ~ 2005
Are tables and chairs and all play areas in the room arranged to provide ample room to accommodate a child's equipment for mobility?

Consider the space the child needs to turn around, as well as space required for stationary activity and direct movement from one point to another.

Consider leaving an area free of furniture for play, floor sitting for certain activities, or movement activities.

Make sure any free-standing furniture such as bookcases or toy shelves are heavy enough and secure enough to not topple if a child pulls up on the furniture.

Are play areas accessible for one-hand use if the child needs to stand up for an activity?

Are play materials accessible to the child at appropriate body levels?

Make sure materials are kept within reach considering the individual child’s height in a chair and also arm-reach distance.

Can materials be arranged in the classroom according to their use within distinct areas to reduce the requirement for unnecessary movement?

**Other Considerations:**

Will the modified spaces and equipment be usable by and attractive to all people?

Are there common points of entry for all children that are part of a "circulation" system that is usable by all children and connect the entire school building, if applicable?

Is there a good balance of orderliness and consistency? However, the room should not be too subdued for "typically" developing children.

Does the learning environment incorporate all the senses (i.e. color, shape and texture, etc.)?

Are small sheltered places provided adjacent to activity areas so that children may separate themselves from the larger group when they are feeling overwhelmed or over stimulated?

Is there adequate storage space for materials and adaptive equipment?


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Early Intervention and Special Education
Acronyms and Terms

ADA ♦ Americans with Disabilities Act. Major civil rights legislation that prohibits discrimination against individuals with disabilities.

EI ♦ Early intervention. Specialized services provided to infants and toddlers at-risk for or showing signs of developmental delay.

FAPE ♦ Free Appropriate Public Education. A basic principle of IDEA.


IEP ♦ Individualized Education Program (for students 3 to 22 years old). A legal document that describes a child’s special education needs, annual goals and objectives, and special education and related services. It applies to children and youth three to twenty-two years.

IFSP ♦ Individualized Family Services Plan (for children 0 – 3 years old). A legal document that describes a child’s developmental level, family concerns and priorities, outcomes, and early intervention services. It applies to children birth to three years.

LEA ♦ Local Education Agency. Usually considered the local school district.

LRE ♦ Least Restrictive Environment. A key principle of IDEA that applies to children 3 and older. Guarantees participation in regular education to the fullest extent possible.

Natural Environment ♦ Environment that the child would be in naturally if she did not have a disability such as home, family child care home, or community setting.

Part C ♦ Section of IDEA legislation that addresses identification and services for infants and toddlers (0-3) at-risk for or with developmental delays.

Related Services ♦ Support services that help programs include children with disabilities and help them achieve their IEP/IFSP goals/outcomes. Examples include: transportation, assistive technology, physical therapy, etc.

Section 504 ♦ Refers to Section 504 in the Rehabilitation Act of 1973. Civil rights legislation prohibiting discrimination against individuals with disabilities for programs receiving federal funds.

504 Plan ♦ An accommodation plan for a student with a disability. The student may or may not receive special education.

SELPA ♦ Special Education Local Planning Area. Santa Barbara County Education Office is the lead agency in Santa Barbara County.

Deborah Conn, Inclusive Child Care Project of Santa Barbara County
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Inclusive Child Care Training Project

WEB SITE RESOURCES

**Disability Resources:**

**Access Board** is an independent Federal agency devoted to accessibility for people with disabilities. The Board provides information on developing and maintaining accessibility requirements for the building environments, transit vehicles, telecommunications equipment, and electronic and information technology. Information and publications on Americans with Disabilities Act are available on the site.  [http://www.access-board.gov/](http://www.access-board.gov/)

**Child Care Law Center** (CCLC) is a national nonprofit legal services organization that uses legal tools to make high quality, affordable child care available to every child, every family, and every community. 415/394-7144  [www.childcarelaw.org](http://www.childcarelaw.org)

**Circle of Inclusion** This Web site is for early childhood service providers and families of young children. This web site offers demonstrations of and information about the effective practices of inclusive educational programs for children from birth through age eight.  [http://www.circleofinclusion.org](http://www.circleofinclusion.org)

**Council for Exceptional Children** (CEC) is the largest international professional organization dedicated to improving educational outcomes for individuals with exceptionalities, students with disabilities, and/or the gifted.  [http://www.cec.sped.org/](http://www.cec.sped.org/)

**Division for Early Childhood** (DEC) of the Council for Exceptional Children (CEC) is a nonprofit organization advocating for individuals who work with or on behalf of children with special needs, birth through age eight, and their families. Governmental information, recommended practices, and other disabilities related resources are available.  [http://www.dec-sped.org/](http://www.dec-sped.org/)

**IDEA Practices** is an excellent Website that answers your questions about the Individuals with Disabilities Education Act ansered, keeps you informed about "IDEAs That Work", and supports your efforts to help ALL children learn, progress, and realize their dreams. It has excellent information on State and district-wide assessments and accounability.  [http://www.ideapPractices.org/](http://www.ideapPractices.org/)

**National Information Center for Children and Youth with Disabilities** Web site provides fact sheets on specific disabilities in both English and Spanish. Its state resource lists help you locate disability organizations and agencies within your state. Complete OSEP IDEA Training Package with training curriculum, overheads, and handouts in English and Spanish available.  [http://www.nichcy.org](http://www.nichcy.org)

**National Early Childhood Technical Assistance System** The link to the NEC*TAS Website includes full text of IDEA Part B and Part C, list of ICC chairpersons, list of state 619 and Part C coordinators, numerous downloadable resources (some in Spanish), and a list by state of the agencies and schools that are responsible for providing early intervention service.  [http://www.nectas.unc.edu](http://www.nectas.unc.edu)
Behavioral Health:

Center for Social Emotional Foundations for Early Learning Website is designed to strengthen the capacity of programs to improve the social and emotional outcomes of young children. Downloadable What Works Briefs promote responsive teacher practices. The Center will develop the training template for the Cluster training events. The Center is a grantee of the Head Start Bureau. http://csefel.uiuc.edu/

Disability Specific Web Sites:

The ARC of the United States Website provides information on mental retardation. It includes a discussion board for questions and a search engine for locating articles and fact sheets. Click on Mental Retardation and developmental disability-related Websites. Then click on Chapters of The Arc to find your local chapter. http://www.thearc.org

United Cerebral Palsy The UCPA Website provides fact sheets, parent information, discussion groups and more. Click on What is UCP and scroll down the page. Click on Affiliate Network to find your local chapter. http://www.ucpa.org

Down Syndrome WWW Page is a resource-rich Website with articles on inclusion, education and medical issues. Click on The Toy Store for an extensive list of companies that provide toys for children with special needs. The link Organizations Worldwide provides a list of disability-related organizations in other countries. http://www.nas.com/downsyn

The Autism Society of America Home Page Website offers basic information about autism and lists books, videos, journals, and additional links. Click on Autism Society of America, Chapter Listing and Links to find your local affiliate. http://www.autism-society.org

Fathers of Children with Disabilities:

The National Father's Network Website provides resources and support for fathers of children with disabilities. It has wonderful articles by fathers, many of them in Spanish. The organization also produces written and video resources for fathers. The Website is an excellent source of links for fathers, disabilities, and families. http://www.fathersnetwork.org