Welcoming ALL Children
Creating Inclusive Child Care
2nd Revised Edition

Revised by the Community Integration Committee of the First Steps Interagency Coordinating Council
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2014
Welcoming All Children: Creating Inclusive Child Care, 2nd Revised Edition

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To download additional copies of this book and a companion video, Welcoming ALL Children: Best Practices in Action, visit:

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Introduction:

Welcoming ALL Children = Inclusive Care

We know that parents seek you out because they are confident that you provide high quality care for their children while they work, run errands, spend time with friends, or rest. Parents of children with disabilities, including children with special health or mental health needs, look for the same child care services that all other parents seek … for the same reasons! It is our goal to provide you with information that will support you in your efforts to provide high quality child care to all children, including children with special needs.

Child care providers in quality programs help every child and family feel like they belong. In this booklet, you will find specific strategies to help you build or expand your capacity to include children with special needs.

If you already nurture the individual growth and development of each of the children in your care, you have the skills necessary to include most children with special needs. We believe that your knowledge and expertise in child development is your best resource for providing appropriate care to any child. When you need additional support, you will find many resources right in your own community. Reach out … together we can make sure that ALL families have access to the inclusive child care services they need.

Inclusion means that the care and education of all children, with and without disabilities, takes place in everyday routines, activities, and places. Specialized services are embedded within the routines of those settings. Children are not only present, but participate as active social members of their peer groups and are seen as valuable members of their families and communities.

The following list of indicators may help you to identify your areas of strength and need in providing inclusive services:

- Your program’s philosophy welcomes children of all cultures and needs, and that belief is visibly represented in all activities, routines, and practices.
- Your program administration supports inclusive services through ongoing educational opportunities, effective use of personnel, and allocation of resources.
- Your program supports a spirit of true collaboration and partnership among members of the child’s team. This helps them to plan for the child’s individual needs and supports ongoing communication to share ideas.
- Your knowledge of how children learn and develop individually guides the care and education provided to each child.
- You make changes in the environment or daily routines so that ALL children and families can actively participate.
- Your program has a proportion of children with and without disabilities that is the same as it is in the population as a whole.
Benefits of Inclusive Child Care:

What are the benefits of an inclusive child care program?

We all know what it feels like to be excluded! Child care providers who strive to offer quality, inclusive services that welcome ALL children help to end that feeling of exclusion. They help to ensure that children with and without disabilities experience the benefits of living and growing together.

Inclusive practices help to create an atmosphere in which children are better able to accept and understand differences among themselves. Children begin to realize and accept that some people need to use wheelchairs, some use hearing aids, and some use their arms and legs in different ways. This section will help you to see the benefits of inclusive child care:

- Benefits for Children;
- Benefits for Families;
- Benefits for Child Care Professionals; and
- Benefits for the Community.
Benefits for Children:

❖ Children develop friendships and learn how to play and interact with one another;

“He just speaks so much clearer and it really is a benefit to me. He has friends and he talks to them, and that really makes me happy. You know, I like to see that when I go pick him up.”

—Parent

❖ Children develop a more positive image of themselves and a healthy attitude about the uniqueness of others;

❖ Children are provided with models of people who achieve, despite challenges;

❖ All children have opportunities to learn new skills by observing and imitating other children;

“Learning just good basic skills about school time and socialization and sharing. All the things that are important, especially at that age.”

—Child Care Provider

❖ Children are encouraged to be resourceful, creative, and cooperative;

❖ Children are more sensitive to the interests and needs of others; and

❖ Positive attitudes are developed that impact future relationships.

Benefits for Families:

❖ All families are supported to learn more about child development;

❖ All families have the joy of watching their children make friends with a diverse group of children;

❖ All families have an opportunity to teach their children about individual differences and diversity;

❖ All families have an opportunity to talk with other parents and realize they share many of the same frustrations, concerns, needs, hopes, and desires for their children;

❖ All families have access to child care; and

❖ All families are confident that their child will receive the same opportunities for learning as others.
Caregivers grow professionally by developing new skills and broadening their perspective on child development;

Caregivers have an opportunity to learn about and develop partnerships with other community resources and agencies;

Caregivers learn to communicate more effectively and work as a team;

Caregivers build strong relationships with parents;

Caregivers enhance their credibility as quality, inclusive child care providers;

Caregivers have an opportunity to learn about the diverse needs of individual children and families; and

By working as part of the child’s team, caregivers learn new skills and strategies from specialists that will support the child’s success in the program.

A community becomes more accepting and supportive of all people;

A more diverse community leads to more creativity, possibilities, and opportunities;

Inclusion helps children with disabilities become adults who have valuable skills that contribute to the success of business;

A community is able to acknowledge and better understand the individual needs of their citizens; and

Inclusion helps adults with disabilities to be better prepared for the responsibilities and privileges of community life.

“I wanted to see her in the future being out in the community, being as fully functional as she possibly could be.”

—Parent
Inclusive Practices:

What can you do to prepare your program to be more inclusive?

Many childcare providers are already serving children with special needs in their programs. Do you have children in your program with asthma or seizures? What about children who use wheelchairs or who learn at a different pace than others? Whether you currently have children with identified special needs or not, your program can reflect your interest in being nondiscriminatory and inclusive.

By providing an environment that is inclusive you are telling all children and families that they are welcome and accepted.

You can make your home or program more inclusive by making these practices a part of your everyday routine:

- Use Person First Language;
- Provide Adequate Staffing, Appropriate Ratios and Group Sizes;
- Use Materials that Reflect Diversity;
- Encourage Acceptance of Differences;
- Respond Honestly to Children’s Questions about Disabilities; and
- Utilize the Checklist for Receiving Services in Child Care Settings located in the Appendices starting on page 36.

“The difference between the right word and the almost right word is the difference between lightning and the lightning bug.”

—Mark Twain
**Benefits of Inclusive Child Care**

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### Use Person First Language

The use of “Person First” language embraces the idea that children with disabilities are children first. In most instances, the way to refer to a child with a disability is the same as the other children … by their name!

If you are having a conversation where a child’s disability is relevant to the topic you are discussing, be sure to refer to the child before you refer to their disability. For example, you might say “a child with autism” instead of “an autistic child.”

We can never know someone simply by knowing about their disability. Each person, including those with the same disability, has a unique set of abilities. By speaking of the person first and then their disability, we help everyone to remember that a person’s disability is only one part of who he or she is.

“Nobody looks at anybody any differently. They’re little people who are learning and it just feels good; it feels right.”

—Child Care Provider

### Use Materials that Reflect Diversity

Diversity may also be observed in family structure, cultural expectations or individual abilities. Families may include one parent or several adults living together and represent various cultural backgrounds. Providers are always challenged to recognize and respond to this diversity.

It is important for children to see all types of people reflected in the books, pictures, dolls, posters, and other materials that they see every day. Look around … do your program’s materials promote conversations about how people are alike and different?

One of the best ways to find low-cost materials that celebrate diversity in ability is to ask the children’s librarian at your local library for recommendations. Following are a few possibilities.

#### Books for Young Children

Encourage Acceptance of Differences

Young children do not always automatically include children with special needs and may need additional support and strategies. You may need to show children ways to invite others to play, especially in the beginning. Children are good at accepting differences when that is what they see and experience around them. One of the most positive things we can do as adults is to model acceptance and celebrate differences.

“The kids accept him as just one of their peers; they don’t look at him any different than the rest of the children. We all just accept him and it’s not a problem.”

—Child Care Provider

If we avoid or “baby” the child with disabilities, so will the other children. If, on the other hand, our behavior shows children that a disability is only one of the many ways that people are wonderfully unique, we have an opportunity to create an environment where every child feels accepted.

“Generally, if you have a classroom where the teachers don’t look at children with disabilities as being different, then the children don’t.”

—Child Care Provider

We can promote acceptance by having high expectations for each child based on their unique strengths and needs. All children should be expected to follow the classroom guidelines. You may have to stretch or adapt some of these to accommodate a child with disabilities.

Respond Honestly to Children’s Questions about Disabilities

As children begin to notice similarities and differences, they may ask you very direct questions. Children typically notice differences that are most observable. They may ask questions like, “Why can’t he walk?” or “Why does she wear that thing in her ear?”

It is important not to criticize a child for noticing or asking questions about a disability. Let children discuss it freely. Children are simply curious and want to know more. One of the most important things we can do is to be matter-of-fact about differences.

Prepare yourself with accurate information and then give children answers that are simple and honest. Don’t overwhelm children with too much information. If they want to know more, they will ask.

Here are some examples that may be helpful to you:

Child: “She’s a baby because she wears a diaper.”
Adult: “No. She can’t feel when she has to go to the bathroom, so she needs a diaper.”

Child: “What is that on his ear?”
Adult: “It’s called a hearing aid, and it helps him to hear.”

Children are good at accepting everyone, if we let them.
More Tips on Preparing Your Setting to be More Inclusive

Use the term “disability” rather than “handicap.”

Use the terms “children without disabilities” instead of “normal.”

Describe a child “using a wheelchair” instead of “confined” or “wheelchair-bound.” Special equipment gives a child or adult with disabilities freedom.

Talk to children about any concerns they may have so they do not develop misconceptions. For example, children sometimes think that a disability happens to someone who is bad.

Children of different abilities often find unique ways of playing together. If children are struggling with how to include a child into their group, suggest or model ways to include a child in various activities.

If teasing is occurring, talk to both children about their feelings, or involve both children in an activity in which the child with a disability does well. Let children know that the expectation is that all children are accepted and respected.
Preparing for a New Child:

What can you do to learn about the individual needs of children who are enrolling in your program?

When a family approaches you about caring for their child, it is important to focus on their child’s individual strengths and needs and their expectations of you as a child care provider. It will be important to develop a good relationship with them because they will help you to understand their child’s needs. This will help you to provide quality, appropriate care to their child as well as others in your care.

There are three key factors to help you be prepared:

» Focus on building a strong relationship with families;

» Make sure your policies, practices, and procedures are consistent with the Americans with Disabilities Act (ADA); and

» Have a basic understanding of the Individuals with Disabilities Education Act (IDEA).
Quality child care begins with the idea that parents are a child’s first and most important teachers. As a child care professional, you have probably already discovered that a positive working relationship with a child’s family is critical to your success. After telling parents about your program, ask them what they would like you to know about their child.

You have expertise about child development to share with parents and parents have expertise about their child to share with you. Exchanging information helps you to work together to support each child’s unique needs. Notice a child’s progress and share this information with the family. Remark on small successes helps to build positive relationships.

You will have other questions about a child as you get to know him/her better. Although you may find it helpful to have occasional meetings with parents, strong relationships are built around the small interactions you have with families on a daily basis. Spend a few moments talking with parents as they drop off and pick up their child. Ask them questions about how you can better support the needs of their child. Don’t forget that families also love to hear the successes of the day! As one parent shared with us . . .

“It is always music to my ears when I hear a child care provider acknowledge the different aspects of my daughter that are positive… It also brings balance to the picture when someone, other than myself, can see the greater picture of my daughter, beyond her disability.”

Following are some questions that you may find helpful to ask parents during their enrollment into your program. To avoid concerns about discrimination, it is best to ask these questions after you have determined that you have an opening for the child and that your program will meet the family’s needs in other ways like hours of operation, cost, and quality.

**Suggested Questions**

- What does your child do well or enjoy doing?
- What is upsetting to him?
- In what areas does your child need assistance (e.g., toileting, feeding, moving, communicating, socializing)? How does he let you know what he needs?
- Is your child receiving any specialized services, or does he have an individualized service plan? (see page 26).
- Are there any accommodations or changes our program would need to make in order to meet your child's needs? If so, what would they be?

(If the family answers “yes” to this question, be sure to follow ADA guidelines in assessing HOW your program can reasonably accommodate the needs of the child.)

- Is there a need to set up a time to receive training for any unique care-giving routines or to teach specific skills (e.g., specialized equipment, positioning of a child with physical disabilities, g-tube feeding, etc.)? Who will conduct the training? When will it happen?
- How do you guide your child’s behavior? Are there any specific strategies we should use to respond to this behavior?
Make sure your policies, practices, and procedures are consistent with the Americans with Disabilities Act (ADA)

What is the ADA?

The Americans with Disabilities Act (ADA) is a federal civil rights law that was passed in 1990. The ADA makes sure that children and adults with disabilities have the same choices to go to the same places and do the same things as anyone else. It prohibits discrimination against people with disabilities with regard to employment, state and local government services, public accommodations, public transportation, and communications (see page 12 for contact information).

Who does the ADA protect?

Any child or adult who...

- has a physical or mental condition, which limits one or more major life activities such as seeing, hearing, walking, or learning. It also includes individuals with a wide range of special health or mental health care needs;

- has a history of having a disability;

- is regarded as having a condition (such as burn scars or cleft palate); and

- is associated with any of the persons described above (such as a friend, sibling, or other relative).

How does the ADA affect child care programs?

Child care programs are considered public accommodations. The ADA covers child care centers, licensed or exempt family child care homes, preschools, before- and after-school programs, recreational programs, and any program that accepts any form of state or federal funding sources such as vouchers, Child and Adult Care Food Program (CACFP), or are a part of Paths to QUALITY™. This means that children with disabilities, including children with special health or mental health needs, may not be denied care based solely on the fact that they have a disability.

It is very important that you fully understand what the ADA requires. The ADA does not want child care programs to be placed under an unreasonable burden. Many children with disabilities can be included with minimal environmental changes. The ADA requires that you talk with every family about what accommodations would be needed in order to include their child. You must then look at the resources available to you in your child care business and in your community to make these accommodations. There may be community resources and tax credits available to you to help make them more financially reasonable. When you have all of this information, you can make a determination whether your program can reasonably accommodate a particular child.

Reasonable accommodations may include, but are not limited to, easily accomplished changes like: installing offset hinges to widen a door opening, grab bars in toilet stalls, or rearranging tables, chairs or other furniture to allow a child in a wheelchair to participate in the program. You are required to make accommodations unless they pose an “undue hardship” on the operation of your child care business. In order to determine “undue hardship,” the size, financial resources, and nature and structure of the child care setting is taken into consideration.
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What if a family thinks a child care program is not complying with the ADA?

Families have specific rights under the ADA. If a trusting relationship has been established, they will usually talk to you about any concerns. Families may know about resources available in the community to help you meet your responsibilities under the ADA. Trained mediators are generally available at no cost to support families and child care providers to work through any differences of opinion that may come up. Families may request a mediator if they file their ADA complaint with the Department of Justice.

All child care providers, regardless of program size, can be sued if they do not comply with the ADA. If a child care provider is sued, and loses, the provider will be required to comply with the law. The losing party can also be ordered to pay the attorney fees of the winning party. In rare cases, the provider can also be ordered to pay the family of the child with disabilities monetary compensation for the discrimination and pay a public fine.

The ADA normally does not allow child care providers to:

- follow policies or procedures that exclude children because of their disability;
- charge a higher fee to a family of a child with a disability;
- turn away a child with special needs because of insurance reasons;
- exclude a child because of the intolerance of staff members, families, or other children;
- deny a child access to their program due to lack of knowledge or experience; and
- deny care because you believe a child may pose a direct threat to the health and safety of others. However, if you can document that the child’s condition does pose a direct threat to the health and safety of others, then child care services can be denied.

Have a Basic Understanding of the Individuals with Disabilities Education Act (IDEA)

The Individuals with Disabilities Education Act (IDEA) provides resources to support the educational needs of children with disabilities. IDEA is the federal special education act. Services may include a variety of therapeutic and educational services within the child’s natural routines and activities or the least restrictive environment (LRE). Child care providers should be familiar with the system for initiating referrals (see page 28). Part B of IDEA supports and mandates services to children three to five years old. Part C of IDEA supports services to children birth through two years of age.
Tips, Hints & Considerations

In this section, words in bold have a specific legal meaning.

发展理念等标准，欢迎所有儿童。

☑️ Make reasonable accommodations in your policies, procedures, and practices to ensure children of all abilities are included.

☑️ Partner with other community resources such as the child care resource and referral Inclusion Specialist, early intervention, Early Head Start, and public school special education professional to better support children in your program and to help make it more accessible.

Consider what support is needed when enrolling a child. Request additional training from the family, Inclusion Specialist, or service provider to meet the special needs of the child.

Identify and remove any barriers that would prevent a child from participating in an activity.

Provide auxiliary aids and services for children with disabilities unless this would fundamentally alter the nature of your program or would create an undue burden on your program.

Find out more about the Americans with Disabilities Act (ADA) by contacting the following resources:

**U.S. Department of Justice/ADA Information Line for Technical Assistance and Materials:**
Order by phone at 800-514-0301 (Voice) or 800-514-0383 (TTY) / Internet: www.ada.gov
Ask for a free copy of “Commonly Asked Questions About Child Care Centers and the ADA”

**Disability and Business Technical Assistance Center:** Technical assistance and materials
DBTAC Information Line - 800-949-4232 (Voice/TDD) / Internet: www.adata.org

“Child Care Settings and the Americans with Disabilities Act:” Explains the provisions of the ADA and how they affect child care. It includes definitions of terms and resources to support inclusion. Phone: 800-433-5255 / email: info@thearc.org / Internet: www.thearc.org

**Individuals with Disabilities Education Act (IDEA):** Phone: 202-245-7605 / Internet: idea.ed.gov

This section on the Americans with Disabilities Act was adapted, with permission, from various publications of Child Care Connection, Inc., 407 W. International Airport Road, Suite 27, Anchorage, AK 99518.
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Using Your Creativity:

How can you use your creativity and knowledge of child development to make accommodations to meet the unique needs of each child?

To ensure all children benefit from being with others, it may help to make accommodations that increase their success in building friendships. Accommodations are small changes in typical activities or play materials that allow all children the opportunity to participate. Accommodations may also be needed to ensure that children are functioning (physically and socially) as independently as possible.

Keep in mind that most children, including children with special needs, will not require major changes to your program, class routines, environment, or play materials. You will find yourself naturally making accommodations as you get to know a child and her family. When you notice that a child is not able to play with a toy or participate in an activity, it may be time to look for additional ideas that support the child’s participation.

Changes can be made to the way you do things or in the way you use materials/equipment in your classroom. When we talk about making accommodations we will be looking at the following:

- Try new strategies;
- Choose toys thoughtfully;
- Make simple changes to activities throughout the day; and
- Learn about special equipment.
As a provider of quality child care, you already have many of the skills needed to meet the needs of children. You, most importantly, have a good understanding of child development. By noticing what children are able to do at different stages of their development, you are able to create opportunities in your program to encourage them to take the next “step.” For example, with preschoolers, you may need to ask peers to purposefully model appropriate friendship skills such as greeting others, asking for a turn, or playing together.

You probably also have lots of experience with making small changes or accommodations in your activities or play materials. The five major developmental areas are summarized on the following pages. Some children may have delays in these areas. The charts will give you an idea of what some of those delays may look like and what accommodations you can make in order to help each child be successful. You may see ideas that you have already used with children in your care, ideas that are new to you, and ideas that will trigger other ideas! Adapting your curriculum to emphasize hands-on, cooperative learning will support the various learning styles of young children.

There are various strategies that might be implemented to embed learning opportunities within the context of the natural routine. We could also think of this as taking advantage of “teachable moments” during the day. For example, a child that needs to learn to request items may have an opportunity to ask for “more juice” at snack time or ask for her favorite book to be read at circle time.
“We help the other child (without disabilities) help him use his words. Other than slowing down and being more particular about our word choices and using some simple signs and hand motions, I haven't had to change much of what I do in here. He's just been there and become an important part of our classroom.”

—Child Care Provider

1. Communication Development

How do children communicate their needs and wants to the people around them? How do they let us know when they are happy or sad? How do they let us know that they love us? They may tell us by using their words (verbal communication) or they may tell us through their use of body language or signs (nonvocal communication). It is important that every child has a means to communicate with care givers and peers.

All children communicate in some way.

**Children might...**

- have greater receptive (understanding) than expressive (speaking) language skills;
- substitute one sound for another, such as “wabbit” for “rabbit;”
- omit sounds, such as saying “han” for “hand;”
- distort sounds, such as saying “thay” for “say;”
- speak in short sentences;
- not use many words for their age;
- have trouble understanding what other people mean or are saying; and
- begin talking later than other children the same age.

**You try to...**

- use and reinforce good language skills by talking about and labeling what you are doing and asking the child to talk about what he is doing;
- repeat what the child has said and add any missing words; build upon what the child has said by adding new information when you repeat his/her comments;
- position yourself face-to-face to increase the number of cues the child receives;
- give simple and complete directions;
- use patient listening skills and good eye contact;
- add new information slowly and clearly, and allow enough time for the child to process and understand what you said;
- use alternative communication (such as sign language, communication board, pictures, gestures); and
- wait patiently for the child to express him/herself.
2. **Physical Development** - Includes fine and gross motor, hearing and vision

**Motor Development** – One of the first ways in which children learn is by physically exploring their surroundings. They reach, and grasp, and touch everything using the small muscles in their hands (fine motor skills). They crawl, and kick, and pull, and push using the large muscles in their arms and legs (gross motor skills).

Children whose motor development is delayed or who have a motor disability cannot learn as easily or as much about their surroundings because of their limited ability to move and explore the things around them. Spina bifida and cerebral palsy are examples of disabilities that may impact motor skills.

**Children might...**
- not reach for toys with their hands;
- walk or move in an unusual way;
- fall or stumble easily, especially on uneven ground;
- have trouble controlling certain parts of their body;
- not be able to grasp objects securely (such as a toy to manipulate and explore);
- have difficulty learning to walk, talk, sit, or crawl; and
- tire quickly with little exertion.

**You try to...**
- allow extra time for transitions, positioning, and practice during activities;
- provide materials that are easier to grasp and hold (for example, large cars and trucks, puzzles with knobs, big paint brushes, oversized crayons, and pencils and paintbrushes with handles adapted with foam tubing);
- Place materials where they can be reached from any position;
- remember that physical delays do not always have an accompanying cognitive delay;
- know the child’s physical abilities and limitations so you can best involve and support the child in all activities;
- be familiar with any special positioning or handling needed by the child so they are able to interact and play with other children; and
- foster independence by focusing on the child’s other physical abilities.
**Hearing** – This is one of our first and most important connections with the rest of the world. Children who have either partial or complete loss of hearing usually have difficulty understanding language and have trouble learning to talk.

**Children might...**
- not respond when you speak to them;
- not begin talking when other children their age are talking or not talk very much;
- leave out certain sounds when they speak or talk in a flat-sounding voice without expression;
- watch your mouth very closely when you talk; and
- have difficulty understanding directions/requests.

**You try to...**
- get the child’s attention before beginning an activity, giving directions, or introducing additional materials;
- learn about any adaptive aids the child uses (such as hearing aids);
- know the degree of hearing loss and how it affects the child;
- communicate with pictures, objects, gestures, and signs; involve other children in learning signs so they can communicate with each other; and
- encourage the child to let you know when he doesn’t understand, and then say it in another way rather than simply repeating it.

**Vision** – When children are partially sighted, have low vision, or are blind, it may have an impact on their overall development because it is difficult for them to explore their world.

**Children might...**
- not respond to your smiles and facial expressions;
- blink, squint, or rub their eyes quite often;
- hold books or other objects very close to their faces;
- cover one of their eyes or tilt their heads in unusual ways;
- complain of headaches, dizziness, itchy eyes, or fuzzy vision; and
- trip over small objects or run into doors or furniture.

**You try to...**
- tell the child what you and the other children are doing as you’re doing it; forewarn the child if you will be touching or moving the child in any way;
- show an object to the child and allow him to explore it with his other senses;
- familiarize the child with the room arrangement, change the environment only gradually; give the child time to adjust;
- use books and pictures that are simple and bold;
- use sensory cues (touch, voice, sounds, light/dark) to get a child’s attention or to support the child during transition times;
- guide the child to initiate play activities with the other children; and
- emphasize hands-on exploration and learning.
3. Cognitive Development

Children learn to think, understand, and problem-solve through their cognitive development. Children with cognitive delays may learn at a slower pace or may need more repetition to learn. Some children may not be limited in their ability to learn, but may have difficulty with one or more processes of learning.

Children might...

- have difficulties in recalling information;
- have difficulties with coordination;
- have difficulties in learning new information;
- have difficulties understanding directions/requests;
- have a hard time attending to lengthy tasks;
- need extra help with transitions;
- have a hard time remembering things;
- need help applying what they learned to different situations;
- have less mature language;
- have problems with social skills; and
- need help with fine motor activities.

You try to...

- determine the child’s cognitive abilities;
- have clear transitions; avoid abrupt changes in activities;
- provide time and opportunity to practice new skills and ideas;
- keep the child involved with or near other children to encourage social interactions; this can also promote language, cognitive, social, and emotional development;
- show the child tasks or play activities in small steps; you can physically move the child through an activity or task so he gets the feel of what he is supposed to do;
- give clear directions, speak slowly and clearly; use other ways to communicate (pictures, gestures) to help the child understand;
- use visual cues such as pictures to show the class activities, duties, or special projects;
- present age-level as well as developmental-level challenges; and
- involve the child in activities that are multi-sensory or open-ended (like house play or dress-up) allowing the child opportunities for creativity and modeling other children’s behaviors or real-life activities.
Would you expect a five-year-old child to scream and throw himself on the floor if he is asked to share a toy with another child? Children with behavioral, social, or emotional disabilities may exhibit emotions or behaviors that are inappropriate to a setting or to their age. Sometimes it is typical and expected for a child to be fearful of strangers or to have temper tantrums. Examples of disabilities related to social or emotional development include attention deficit-hyperactivity disorder, depression, and severe emotional disturbance.

**Children might...**

- miss or misread nonverbal cues (e.g., showing lack of interest by looking away, or showing frustration or anger by frowning, etc.);
- have difficulty starting and maintaining (or continuing) interactions;
- be aggressive;
- withdraw from other children and not talk or play with the group;
- have extreme outbursts of crying, tantrums, or yelling;
- be impulsive;
- have short attention spans (be careful that problems with attention span, crying, and withdrawal are not caused by placing inappropriate expectations on a child’s behavior, such as expecting a young child to sit still for too long);
- be easily frustrated by lack of structure;
- have few friends;
- have frequent disagreements with other children over toys, space, etc.; and
- have difficulty understanding their own and others’ emotions.

**You try to...**

- add room dividers or carpeting to the room to reduce noise levels or disruption from nearby activity areas;
- provide a quiet place for children to go to when they need to be away from other children;
- establish and enforce a limited number of classroom guidelines; when children understand what is expected, they can be more confident in making “acceptable” choices (e.g., “We keep our hands and feet to ourselves” or “We use words to solve our problems”);
- establish and follow a consistent daily routine; prepare the children for activity changes, and allow transition time between activities;
- embed social interaction within the routines of the day (e.g., peers greeting each other at arrival time or engaging in conversation at the snack table);
- encourage children with appropriate social skills to be peer models for those children who are struggling with friendship and social skills;
- help children understand their feelings are important by helping to interpret their feelings verbally;
- help children understand appropriate ways of expressing their feelings;
- use suggestions with children whenever possible, rather than commands, so that they feel some control over their situation;
- offer a limited number of choices; and
- make sure your expectations are appropriate for the child’s developmental level: asking a two-year-old to “share nicely” isn’t a realistic friendship skill for a child that age.
5. Adaptive Development

Adaptive or self-help skills are those that allow us to care for ourselves and include such things as dressing, eating, and toileting. In most cases, delays in adaptive development are accompanied by delays in other areas of development. It is important to help children to become more independent by encouraging them to do things for themselves when they are ready.

**Children might...**

- be unable to dress by themselves;
- be unable to use the toilet independently; and
- be unable to feed themselves.

**You try to...**

- encourage independence but give assistance when needed to avoid frustration;
- give reminders during the day to use the toilet, and provide assistance as needed;
- provide many opportunities to practice skills during the natural routine of the day (changing into a paint smock, putting coats and boots on for outside play, etc.);
- encourage the use of clothing with fasteners that children can manage (bigger zippers, bigger buttons, Velcro); and
- encourage children to feed themselves by: providing utensils that the children can manage; providing foods that can be eaten independently (things that will stay on the spoon, like pudding or mashed potatoes, finger foods).

Keep in mind what is appropriate for their age.

For additional resources and ideas about making adaptations, you may want to look at the following publications:


Choose Toys Thoughtfully

All children need time to play. By playing with toys, children begin to explore and ask questions. Playing nurtures a child’s ideas and imagination. It gives children the chance to dream, make choices, try new things, have fun, and learn.

You already know what’s important when selecting toys for your child care setting—they need to be safe, durable, the right size for your environment, colorful, and encourage a variety of play. When you’re thinking about toys to include, it may be useful to ask for help from people who are in the business of toys. There are companies who specialize in creating toys that are adaptable, and they can help you to determine what toys may help children to develop skills while they’re “playing.”

The toys that you will want to invest in are those that can be modified to be used by a number of children in a variety of ways (for example, a ball can be used to roll, throw, balance on, or knock over pins). You will also want to have toys that encourage children to play together, either face-to-face or side-by-side (such as, board games for older children, large and small blocks, housekeeping toys, and sand and water tables).

Oppenheim Toy Portfolio - 212-598-0502 / Internet: www.toyportfolio.com

Toys “R” Us (Toy Guide for Differently-Abled Kids) - 800-869-7787 / Internet: www.toysrus.com

Also, duplicates of materials arranged together allow for verbal and nonverbal communication and may minimize squabbles.

Here are a few other qualities to consider when choosing toys for children with and without disabilities:

- **Accessible** - Children of differing abilities should be able to play in, on, or with the toy with little or no help (for example, blocks of different materials, weights, and sizes allow for children’s varying motor abilities);

- **Adaptable** - It’s more important that each child be able to do something playful with a toy than it is for children to all do the same thing or play in the same way with the toy. Modifications expand the use of the toy for all children (for example, a scooter may be used by sitting on it, laying on it, or having your friend sit on it while you pull him with your wheelchair); and

- **Interactive** - Children need to play with toys that encourage them to communicate and play with others. Important skills are acquired from frequent contact with age appropriate play materials and peers. The give and take during play activities and care-giving routines allows for experiences which are necessary to learn appropriate skills at varying developmental levels. (For example, a rocking boat is more fun with at least two children and it encourages cooperation and conversation between the children).
Make Simple Changes to Activities Throughout the Day

It is often helpful to think about what accommodations you will need to make during different times of the day. The accommodations you make are done so that the child can experience those everyday little kid kinds of things that make childhood so exciting. Hopefully, remembering this will motivate you to keep looking and exploring to find the accommodations that are needed to make this possible for all children.

The following suggestions may help you to see how activities can be modified to meet children’s unique needs, and encourage social interaction and other play skills.

Circle time

Possible accommodations... 
- Some children will need to sit in your lap or beside an adult;
- An adult can help by whispering reinforcement for good behavior or asking questions;
- Have a shorter circle time if needed or allow some children to leave circle time before others. Several short circle times rather than one long one is better for everyone;
- If one child has a wheelchair, have all children sit in chairs, or the child who uses the wheelchair may sit in a supported position on the floor; and
- Provide a “fidget toy” such as a koosh ball or other squishy object for a child that needs something to do with his hands in order to stay engaged.

Meal time

Possible accommodations... 
- The adult may guide the child while seated behind and gradually fade this help as the child learns to feed himself;
- Provide only as much assistance as is needed;
- Even if a child is unable to feed herself, she should be at the table with the other children to promote the social interaction of all children;
- Put a nonslip work surface (drawer liner) under dish, cup, utensils;
- Ask parents how much help their child needs;
- Allow the child as much time as he needs to be as independent as possible—by providing too much support in order to hurry him up you could make him feel incapable; and
- You may need to adapt the utensils or the seating arrangement to support some children. The occupational or physical therapist may suggest special utensils that help a child to be more independent.
Center time

Possible accommodations...

- Provide materials that are easy to grasp or manipulate (such as puzzles with knobs, paintbrushes with larger handles, foam tubing attached to handles, squeeze scissors, board books, big size Legos, giant crayons/pencils/washable markers, larger sizes of trucks, puzzles, magnets);
- Cover book pages with vinyl to make it easier to turn them;
- Arrange the room so all children can move around easily;
- Anchor shelves firmly to the floor or wall;
- Design activities with ideas and materials that provide a range of difficulties;
- Pair up children so they can help each other with activities;
- Design the environment with adequate space for materials; and
- Provide visual cues for children.

Outdoor play time

Possible accommodations...

- Put seatbelts on bucket swings;
- Attach Velcro foot straps to tricycles or Big Wheels;
- Lower the basketball goal;
- Provide a play surface that wheelchairs can move on;
- Provide riding toys that do not require pedaling (such as, scooting toys, wagons, riding toys that can be pushed);
- Have sensory activities available during outside play time (for example, painting, sand and water table);
- Provide wagons with room for two children; and
- Encourage children who may have difficulty initiating play with the other children: “Mary, Jeff needs help pulling the wagon. Can you help him?”

By considering each child’s diverse needs and interests when planning activities, you can help ensure that each child will be successful at some level. Every child may not be able to do every part of an activity, but every child can participate at his or her own ability level.
Learn About Special Equipment

Yes, children with special needs do sometimes need specific equipment to help them be successful in their everyday activities. Adaptive equipment is any device or object that has been changed to meet individual needs. This may include new devices or additions to equipment that help children overcome physical limitations and increase independence (such as toy switches, reinforced handles on utensils and grippers on puzzle pieces). Assistive technology helps increase, maintain, or improve function. Items such as walkers, wheelchairs, braces, braille writers, and augmentative communication devices are all examples of assistive technology.

Adaptive equipment is used for a number of purposes including:

- **Positioning** (helping children to sit or stand in ways that allow them to be comfortable, to reach and use materials, and to concentrate on the task they are doing);
- **Mobility/transportation** (getting from one place to another);
- **Communication** (letting people know what you want, need, think, or feel); and
- **Involving children in activities.**

You will probably feel more comfortable and be better able to work with a child who uses assistive equipment if you have taken the time to practice using the device with the child. Ask the child, the child’s family, or specialists to show you how to use the equipment. It’s also important to know how to use the equipment safely. Be sure to use any brakes or support straps that are provided.

**Note:** Encourage children to treat special equipment with respect.
Benefits of Inclusive Child Care

Inclusive Practices

Preparing for a New Child

Using Your Creativity

Bringing in the Team

Additional Resources

Bringing in the Team:

How can you get help, ideas, and encouragement to support you in providing inclusive childcare?

Some children in your program may already have a service plan because of a diagnosed disability. For these children the members of the team have been decided by the age and needs of the individual child. The expertise of all members of the team is needed to plan services that are the most beneficial to the child. Services and supports to most children with an identified disability are outlined in documents called the Individualized Family Service Plan (IFSP), the Individualized Education Program (IEP), or the Special Health Care Plan. You should utilize the Checklist for Receiving Services in Child Care Settings (p. 36) to discuss program philosophy, policies and procedures, best practice indicators, planning, and communication among and between all parties.

You may also have some concerns about the development of other children in your program who have no diagnosed disability or service plans. In that situation, you may work with families to refer their child for an evaluation so that you may receive the encouragement and information needed to support the child in your setting.

Bringing in the team involves:
- Identifying and working with team members;
- Service plans for children; and
- Making a referral.
Identifying and Working with Team Members

In addition to the nurturing that every young child needs from their parents and caregivers, children with disabilities, mental health, or special health care needs often require supports that should be designed by groups of people working together. Along with the parents, the following are individuals who may be available to help you and the child be successful. They will often share information and strategies about how to support a child’s development and attainment of skills.

Potential Team Members

- **parents** - play a vital role on the team as the child’s first and most consistent teacher and advocate;
- **service coordinator** - assists families in identifying and coordinating needed services;
- **developmental specialist or classroom teacher** - designs learning environments and activities that promote a child’s skill development;
- **speech and language pathologist** - identifies, assesses, and treats communication disorders;
- **physical therapist** - provides therapy to enhance a child’s overall physical functioning;
- **occupational therapist** - designs services to improve the child’s functional ability to perform tasks at home and in other environments;
- **assistive technology specialist** - matches high and low tech equipment or devices to help a child compensate for an impairment;
- **nurse** - provides information and training regarding a child’s medical condition and plan of care;
- **audiologist** - provides evaluations and consultation to determine a child’s hearing loss and need for amplification equipment;
- **behavior specialist** - provides behavior guidance strategies;
- **nutritionist** - addresses the nutritional needs of the child;
- **physician** - focuses on a child’s medical and physical health; and
- **psychologist** - focuses on a child’s behavior, and evaluates intelligence and personality.

Service Plans for Children

Most young children with disabilities will have an Individual Family Service Plan (IFSP) or an Individualized Education Program (IEP) which can give you important information.

The Individual Family Service Plan (IFSP) - Services provided by the early intervention system (IDEA Part C) are designed to meet the developmental needs of each eligible infant or toddler (birth through two) and their family, to enhance the child’s development. These services are documented in the IFSP, which is a plan developed by the family with early intervention providers who will support the outcomes identified by the family. The IFSP is both a process and a document that considers a family’s priorities, concerns, and resources regarding their infant or toddler with disabilities.

The Individualized Education Program (IEP) - States are required to provide a free, appropriate, public education to all children with disabilities, beginning at age three (IDEA Part B). The IEP is the public school’s plan for the educational services for the child. The IEP identifies what a child is able to do, as well as the child’s educational goals. This program must include transportation and other support services, if they are needed, to help the child benefit from special education.
The IFSP/IEP is developed by a team that always includes the parents, teachers, specialized service providers, such as therapists, physicians, or social workers. The child care or preschool provider should also have an opportunity to provide input into the development of the IFSP/IEP. The team may include other family members as well.

Special Health Care Plans are not required by a specific program, but children with special health care needs (for example, asthma, diabetes, apnea, seizures, etc.) who attend child care should have a written plan signed by their physician and other members of their health team, if appropriate. The purpose of this plan is to support children to fully participate in the program while taking their special health needs into consideration. This written plan should list medications and possible side effects, any activity restrictions, and specific instructions and emergency procedures related to the child’s medical condition. If the family does not have a health plan for a child, you may want to develop a form(s) for use in your child care.

With parent permission you may:

- Contact the individuals providing services—including the person responsible for coordinating service—to ask questions and convey your interest in receiving current information;
- Ask to observe the child in other settings, (such as therapy, home, preschool); and
- Request to be included in the planning and reviewing of the annual IFSP/IEP.

Some suggestions for enhancing your contribution to the team are:

- Talk with the parent/s on a regular basis;
- Encourage therapists who are involved with the child to schedule therapy during child care activities so the therapist can model techniques and talk about integrating the activities or objectives into your daily routine;
- Ask the therapist for ideas and ways to adapt your environment to meet the unique needs of the child;
- Ask the family to share with you a copy of the IFSP/IEP;
- Ask child care providers who care for children with disabilities for ideas and feedback (respect confidentiality!);
- Ask about training opportunities in order to develop additional strategies to enhance children’s development in your setting; and
- Contact the Inclusion Specialist at the child care resource and referral agency for on-site technical assistance and/or training as needed to include the child in your program in the most appropriate manner.

You may find the following resource helpful in understanding medical procedures involved in Special Health Care Plans:

Welcoming ALL Children
Creating Inclusive Child Care

Making a Referral

Because of your expertise in child development, you may be the first to notice that a child does not appear to be developing certain skills. It will be helpful to keep a journal of your concerns. If you have built some rapport with the family, it will be easier to talk to them about their child and help them to consider whether or not their child needs to be professionally evaluated.

If the child does have a delay in one or more areas of development, the evaluator can refer the family to specialists to design and/or deliver services that will support the child’s development. Some of the services available are listed on the next few pages. It is important to let families know that these programs are generally voluntary. If the family does not feel that their child or family will benefit from a program, they may decline to participate, even if their child is eligible.

Specialty services will not replace a family’s need for child care. Specialists, with a family’s permission, can provide you with support to meet a child’s unique needs. Families and specialists may even be interested in having services provided to a child while in your care. Child care is considered a “natural environment” for children with disabilities because it is where young children in the community spend their time. Specialists are a wonderful resource to help you learn even more about child development.

But, what about children who appear to have special needs but are not enrolled in one of these programs?

Tips, Hints, and Considerations for Talking to Families about Your Concerns

- Begin the conversation by identifying the child’s strengths. Families will know you are seeing all of their child and not just the areas of concern.
- Take time to observe the child under different circumstances (snack, free play, circle time) and document your observations for later reference.
- Be specific in describing your observations and concerns.
- Ask the parent how your observations compare to what they know of their child.
- Ask the family to describe what the child does at home. Have they noticed differences between this child’s development and that of siblings or same-age friends? Are they concerned about these differences?
- Conduct developmental screenings in your child care setting in order to have information to share with parents built on a researched-based tool such as: Ages & Stages/Ages & Stages SE, Brigance, Developmental Assessment of Young Children, FirstSTEp, and Others. A complete list can be found at https://www.acf.hhs.gov/sites/default/files/ecd/screening_compendium_march2014.pdf.
### Indiana Connections Referral Systems

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<tr>
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<th>Services Available</th>
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<tbody>
<tr>
<td>Children’s Special Health Care Services</td>
<td>Help families of children with special health care needs to identify needed services. Provides care coordination.</td>
<td>CSHCS <a href="http://www.state.in.us/isdh/19613.htm">www.state.in.us/isdh/19613.htm</a>, 800-475-1355, 317-233-1351 <a href="mailto:cshcsarecoordinatio@isdh.in.gov">cshcsarecoordinatio@isdh.in.gov</a></td>
</tr>
<tr>
<td>Department of Education, Division of Special Education</td>
<td>Special education services provided at no cost, to meet the needs of students, ages 3-21, identified as having a disability.</td>
<td>877-851-4106, 317-232-0570, local # under school district <a href="http://www.doe.in.gov/specialedspecialeducation@doe.in.gov">www.doe.in.gov/specialedspecialeducation@doe.in.gov</a></td>
</tr>
<tr>
<td>Early Head Start and Head Start</td>
<td>Prenatal to kindergarten eligibility. Family centered program offering services to young children and their families whose incomes qualify.</td>
<td>IN Head Start Collaboration Office &amp; locator tool <a href="http://www.in.gov/fssa/dfr/2679.htm">www.in.gov/fssa/dfr/2679.htm</a> <a href="mailto:Beckie.Minglin@fssa.in.gov">Beckie.Minglin@fssa.in.gov</a> 317-234-2782 IN Head Start Association, 317-916-0810 <a href="mailto:CAMiller@incap.org">CAMiller@incap.org</a></td>
</tr>
<tr>
<td>First Steps Early Intervention System</td>
<td>Developmental evaluations and services to children with developmental delays/disabilities, birth until 3rd birthday.</td>
<td>800-545-7763, <a href="http://www.firststeps.in.gov">www.firststeps.in.gov</a> <a href="mailto:FirstStepsWeb@fssa.in.gov">FirstStepsWeb@fssa.in.gov</a></td>
</tr>
<tr>
<td>Healthy Families Indiana</td>
<td>Home visitor service to reduce child abuse and neglect, substance abuse, health risks, prenatal to five years.</td>
<td>317-234-5737, <a href="http://www.in.gov/dcs/2459.htm">www.in.gov/dcs/2459.htm</a> <a href="mailto:Maryann.west@dcs.in.gov">Maryann.west@dcs.in.gov</a></td>
</tr>
<tr>
<td>Office of Early Childhood and Out of School Learning</td>
<td>The mission of the Office of Early Childhood and Out of School Learning is to provide parents with informed child care choices that promote their children’s health, safety, and future success in school.</td>
<td>Information Line: 877-511-1144 <a href="http://www.in.gov/fssa/2552.htm">http://www.in.gov/fssa/2552.htm</a></td>
</tr>
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### Indiana Connections Disability-Focused Organizations/Resources

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<tr>
<th>Program /Description</th>
<th>Services Available</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>About Special Kids (ASK)</td>
<td>An organization where parents, professionals, and volunteers work together to support children with special needs.</td>
<td>800-964-4746, <a href="http://www.aboutspecialkids.org">www.aboutspecialkids.org</a></td>
</tr>
<tr>
<td>Arc of Indiana</td>
<td>Education, research and advocacy to improve lives of children and adults with disabilities</td>
<td>800-382-9100, <a href="http://arcind.org">http://arcind.org</a></td>
</tr>
<tr>
<td>Assistive Technology through Action in Indiana (ATTAIN)</td>
<td>Encourages the use of various kinds of technology to enhance and improve independence. Can advise on adapting toys/equipment.</td>
<td>800-528-8246</td>
</tr>
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Continued on page 30.
### Indiana Connections Disability-Focused Organizations/Resources

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<tr>
<th>Program /Description</th>
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</thead>
<tbody>
<tr>
<td>Center for Disability Information and Referral (CeDIR)</td>
<td>Library service that can mail printed material and videos related to disabilities to residents of Indiana for a 4-week loan period.</td>
<td>800-437-7924, <a href="http://www.iidc.indiana.edu/cedir">www.iidc.indiana.edu/cedir</a></td>
</tr>
<tr>
<td>Indiana Association for Child Care Resource and Referral (IACCRR)</td>
<td>Child care referral for families, technical assistance, and training — including inclusion strategies — for child care providers.</td>
<td>800-299-1627, <a href="http://www.iaccrr.org">www.iaccrr.org</a>. En Español 866-865-7056</td>
</tr>
<tr>
<td>Indiana Association for Infant-Toddler Mental Health (IAITMH)</td>
<td>An organization dedicated to enhancing social-emotional health of infants, toddlers, and their families.</td>
<td><a href="http://www.iaitmh.org">www.iaitmh.org</a></td>
</tr>
<tr>
<td>Indiana Resource Center for Families with Special Needs (IN*SOURCE)</td>
<td>Offers information and may assist families in locating child-specific and family support in working with a disability, ages 3-21.</td>
<td>800-332-4433, <a href="http://www.insource.org">www.insource.org</a></td>
</tr>
<tr>
<td>Very Special Arts Indiana</td>
<td>Provides access to the arts for all individuals.</td>
<td>317-974-4123, <a href="http://www.VSAI.org">www.VSAI.org</a></td>
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### Training

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<thead>
<tr>
<th>Program /Description</th>
<th>Services Available</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Childhood Meeting Place</td>
<td>Training Events Calendar</td>
<td>812-855-6508, 800-825-4733 <a href="http://www.earlychildhoodmeetingplace.org/events.lasso">www.earlychildhoodmeetingplace.org/events.lasso</a></td>
</tr>
<tr>
<td>Early Childhood Center at the Indiana Institute on Disability and Community</td>
<td>Training offered to providers on topics impacting all young children (age’s birth to five) including children with disabilities.</td>
<td>812-855-6508, <a href="http://www.iidc.indiana.edu.ECC">www.iidc.indiana.edu.ECC</a></td>
</tr>
<tr>
<td>Indiana Professional Development Network (INPDN)</td>
<td>A Collaborative network of state agencies, associations and organizations that serve and support children.</td>
<td><a href="http://www.inpdn.org">www.inpdn.org</a></td>
</tr>
</tbody>
</table>
Additional Resources:

Where can you find additional resources?

Connecting to other resources will help you increase your awareness, comfort, and knowledge about caring for children with disabilities and special health/mental health needs.

It makes sense that when parents and child care providers understand a child’s disability, they are better able to help the child. Where can you go for information about disabilities and for assistance in including children with disabilities in your child care? Parents are the best resource for information about their child’s disability. Local training for child care providers may be available through many of the referral agencies listed in the chart beginning on page 29. The additional resources listed here may help you to have a better understanding of disabilities.

Resources in this section are presented in the following categories:

- National organizations;
- Libraries and publishers;
- Funding for additional resources; and
- The Internet.
National Organizations

Center on the Social Emotional Foundations in Early Learning (CSEFEL) is focused on promoting the social emotional development and school readiness of young children birth to age 5. CSEFEL is a national resource center funded by the Office of Head Start and Child Care Bureau for disseminating research and evidence-based practices to early childhood programs across the country. Vanderbilt University, Department of Special Education. (615) 322-8150 - Email: ml.hemmeter@vanderbilt.edu - Internet: http://csefel.vanderbilt.edu/

The Arc of the United States promotes and protects the rights of people with intellectual and developmental disabilities and supports their inclusion and participation in the community throughout their lifetime. 800-433-5255 - Email: info@thearc.org for local chapter information - Internet: www.thearc.org

The National Association for the Education of Young Children (NAEYC) is the nation’s largest organization of early childhood professionals and others dedicated to improving the quality of early childhood education programs for children. It offers many services, including publications. 800-424-2460 - Email: naeyc@naeyc.org - Internet: www.naeyc.org

The Council for Exceptional Children (CEC), Division for Early Childhood (DEC) 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. The Division is dedicated to promoting policies and practices that support families and enhance the optimal development of children. 310-428-7209 - Email: dec@dec-sped.org - Internet: www.dec-sped.org/

National Early Childhood Technical Assistance Center (NECTAC) is a consortium working to support states, jurisdictions, and others to improve services and results for young children with disabilities and their families. 919-962-2001 voice or 919-962-8300 TDD - Email: ectacenter@unc.edu - Internet: ectacenter.org

Zero to Three: The National Center for Infants, Toddlers and Families. Provides full length articles for parents and providers. Of particular interest is the section called “new visions” on screening and assessment practices. 800-899-4301 - Email: 0to3@presswarehouse.com - Internet: www.zerotothree.org/
## Libraries and Publishers

Libraries are a major resource for information. Contact your local library for books on disabilities or children's books in adapted formats. Many publishers have special collections that feature children with disabilities. We have listed a few to get you started. Some will send you a free catalog just for calling and asking!

### Publisher Resources

**Kaplan Early Learning Company** - 1310 Lewisville Clemmons Road, Lewisville, NC 27023 / 800-334-2014 / Email: info@kaplano.com / Internet: www.kaplano.com

**NAEYC-National Association for the Education of Young Children** - 1313 L Street NW, Suite 500, Washington, DC 20004 / 800-424-2460 or 202-232 8777 / Email: naeyc@naeyc.org / Internet: www.naeyc.org

**National Center for Infants, Toddlers and Families (Zero to Three)** Press Warehouse 1255 23rd street NW, Suite 350, Washington, DC 20037 / 800-899-4301 / Email: 0to3@presswarehouse.org / Internet: www.zerotothree.org

**Paul H. Brookes Publishing** - P.O. Box 10624, Baltimore, MD 21285-0624 / 800-638-3775 / Internet: www.brookespublishing.com

**Redleaf Press** - 10 Yorkton Court / St. Paul, MN 55117 800-423-8309 / Email: customerservice@redleafpress.org / Internet: www.redleafpress.org

## Funding for Additional Resources

Including all children may require extra materials, specialized equipment, or architectural changes. Child care providers may need to access financial resources to offset these additional costs. Most of the funding sources listed have specific criteria for individuals but are worth looking into.

- **Tax Credits and Deduction Information** - Check your phone book to find your local Internal Revenue Service; IRS Publication 535 discusses common business expenses and what is and is not deductible (may be downloaded at www.irs.gov/pub/irs-pdf/p535.pdf);
- IRS Publication 334 -Tax Guide for Small Businesses provides general information about the federal tax laws that apply to small business owners who are sole proprietors (may be downloaded at irs.gov/pub/irs-pdf/p334.pdf);
- IRS Publication 907 - Tax Highlights for Persons with Disabilities gives a brief introduction to certain parts of tax law of particular interest to people with disabilities and those who care for them (may be downloaded at www.irs.gov/pub/irs-pdf/p907.pdf);
- **ADA Guide for Small Businesses**, from the U.S. Small Business Administration and the U.S. Department of Justice, provides an informal guide to the Americans with Disabilities Act, and page 14 lists specific tax credits which may apply. May be downloaded at www.ada.gov/smbusgd.pdf;
- Your area Center for Independent Living or other disability advocacy organizations may have additional information about other government assistance and/or tax benefits; and
- Churches and civic organizations in your community.
The Internet

The Internet can quickly connect child care providers and families to extensive information about a child’s disability. Doing a website search using a general key word or phrase such as “spina bifida” or another disability label can begin the process if you don’t have the Internet address for a specific organization. Most community libraries provide access to the Internet, and most national organizations have web sites. One such site, the Family Village, provides information, resources, and communication opportunities for persons with disabilities, their families, and others who provide services and support.

Note: When you’re looking at specific information resources (such as a book), it’s a good idea to talk to parents and find out if it’s been helpful to them. You might also show them a resource that you are considering, and ask them if the information applies to the needs of their child. This will not only help you to involve families, but you will be more likely to find information that will be very useful!

Internet Resources

Additional Internet websites have been listed throughout the Referral and Resources sections for your convenience.

ABLEDATA - Internet: www.abledata.com

CONNECT Modules - Internet: http://community.fpg.unc.edu/connect-modules

Frank Porter Graham Child Development Center - Internet: www.fpg.unc.edu

Head Start Training and Technical Assistance - Internet: http://eclkc.ohs.acf.hhs.gov/hslc/tta-system

IACCRR - Internet: http://www.iaccrr.org/

Indiana Institute on Disability and Community, Early Childhood Center - Internet: www.iidc.indiana.edu/

Learning Disabilities - Internet: www.ldonline.org/

Results Matter - Internet: http://www.cde.state.co.us/resultsmatter/

Special Needs Advocates for Parents (SNAP) - Internet: www.icdri.org

Special Quest Multimedia Training Library: Internet: http://ncoe.pointinspace.com/trainingmaterials/

Unified Training System at ProKids - Internet: https://www.utsprokids.org/

Watch Me Thrive - Internet: http://www.acf.hhs.gov/programs/ecd/watch-me-thrive
Conclusion

The success of inclusion is dependent on many factors, the most important of which is YOU! After reading this booklet, have you realized how many skills you already have to welcome and care for children with varied needs? By practicing these skills and working in partnerships with families, special educators, health providers, and/or therapy providers, you can become an even more effective caregiver and teacher.

Successful inclusion involves preparing your environment, working with families, finding out more about a child’s disability and embracing an attitude that truly welcomes all children into your program.

This booklet has attempted to help you see that if you are willing to be adaptive and creative, then you can find ways to meet most children’s needs. You can also find the resources you need to make the necessary adaptations that will help children feel welcome in your child care program. You will be helping to ensure that all young children have the opportunity to be active, valuable members of society with opportunities to reach their potential. You will be making an important contribution to the inclusion process, and you will have the satisfaction of knowing that you are making a difference for ALL young children.

You can help spread the word about inclusion to other child care providers. Let colleagues know about this booklet, and above all, enjoy and appreciate this opportunity to be part of making a difference in the lives of young children. Belonging and acceptance are important to every child, and we all benefit when we welcome ALL children.

“She’s right in there with the best of them, which is what we wanted. We wanted her to be able to play with other children.”

—Parent
Checklist for Receiving First Steps Early Intervention Supports in Early Care and Education Settings

The goal of this document is to enhance and increase the collaboration and communication between all parties working to support early intervention services in early care and education settings.

Program Name: ________________________________ Date Form was initially Discussed: ________

Type of Care: ___ Child Care Home: ___ Child Care Center: ___ Child Care Ministry: ___ Other: ___

Name of Contact at Child Care Setting: ______________ Position: __________________

Name of First Steps Contact: __________________________ Phone:______________

• Priority items should be discussed before the initiation of services

<table>
<thead>
<tr>
<th>Indicators of Best Practice</th>
<th>Yes</th>
<th>Not Yet</th>
<th>Updates</th>
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</thead>
<tbody>
<tr>
<td>1. Do you have a current signed consent (from the family) to communicate with the First steps team and Child Care Resource and Referral Inclusion Specialist?</td>
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<td>2. Have you contacted the Inclusion Specialist for support and/or resources?</td>
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<tr>
<td>3. Do you have a written philosophy that is inclusive and reflects and respects the diversity of children, families and staff?</td>
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<tr>
<td>4. Have you shared the written philosophy of your program with the First Steps provider, highlighting the aspects of an inclusive environment and developmentally appropriate practices?</td>
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<tr>
<td>5. Have you shared information about your setting, centers, routines and activities with the First Steps provider?</td>
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<tr>
<td>6. Do you have a written policy regarding the confidentiality of, and access to, the records of staff, volunteers, families and children?</td>
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<tr>
<td>7. Have you shared this written policy regarding the confidentiality of, and access to, the records of staff, volunteers, families and children with First Steps providers?</td>
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<tr>
<td>8. Have you provided an orientation to staff and families regarding the First Steps Early Intervention system?</td>
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<td>9. Do you have a written plan in place for effectively caring for children with special needs?</td>
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<tr>
<td>10. Do you have policies, procedures, staff and parent handbooks, and outreach materials that reflect the inclusive philosophy and practices of your early childhood setting?</td>
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<tr>
<td>11. Do your policies and procedures provide for coordination of services for children receiving early intervention that clearly define activities and responsibilities?</td>
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<tr>
<td>12. Do your policies reflect a family centered approach that results in families, staff, and First Steps providers working as a team to develop and implement the Individualized Family Service Plan (IFSP)?</td>
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<tr>
<td>13. Have you considered how the First Steps services for the child align with your program philosophy, incorporate an inclusive environment and promote developmentally appropriate practices?</td>
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<tr>
<td>14. Do you have policies and procedures that ensure smooth transitions for children and families between collaborating agencies?</td>
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Notes: (Refer to Indicator number, may use additional pages, as needed.)
### Checklist for Receiving First Steps Early Intervention Supports in Early Care and Education Settings

#### Planning

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>Not Yet</th>
<th>Updates</th>
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</thead>
<tbody>
<tr>
<td>15. Have you invited the First Steps provider to visit your program to introduce them to your setting, schedule and plan services for the child that will take place?</td>
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<tr>
<td>16. Have you shared your expectations of the process with the First Steps provider?</td>
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<tr>
<td>17. Have you and the First Steps provider planned services to happen within the natural group setting (i.e., in the classroom/child care home) with other children?</td>
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<tr>
<td>18. Have you planned the time for the First Steps services to be provided according to the child’s schedule, routines and IFSP goals?</td>
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<tr>
<td>19. Have you planned with the First Steps provider for what to do if the teacher/caregiver is absent on the day of the child’s scheduled services in your program?</td>
<td></td>
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<tr>
<td>20. Have you invited the Family and Assessment Team to meet and observe the child in your setting prior to writing the IFSP?</td>
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</table>

#### Professional Development

<table>
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<tr>
<th>Question</th>
<th>Yes</th>
<th>Not Yet</th>
<th>Updates</th>
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</thead>
<tbody>
<tr>
<td>21. Have you and the First Steps provider discussed the types of materials needed, and plan to supply those materials for the child’s services at your program?</td>
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<tr>
<td>22. Have you and/or staff had professional development related to the child’s needs?</td>
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<tr>
<td>23. Do you and/or staff understand the goals, steps and strategies written in the IFSP?</td>
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</table>

#### Practice/Implementation

<table>
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<tr>
<th>Question</th>
<th>Yes</th>
<th>Not Yet</th>
<th>Updates</th>
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<tbody>
<tr>
<td>24. Do you share your questions with the First Steps provider on an on-going basis?</td>
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<tr>
<td>25. Have you shared information about the child’s interest within the context of your program with the First Steps provider?</td>
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<tr>
<td>26. Have you offered information about the child’s development prior to the writing of the IFSP?</td>
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<tr>
<td>27. Have you been asked to be involved in the development of and attended the Individual Family Service Plan (IFSP) case conference?</td>
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<tr>
<td>28. Have you had conversations with the First Steps provider about the activities you plan related to the child’s IFSP goals?</td>
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<tr>
<td>29. Have you and the First Steps provider collaborated in supporting the child’s participation in your program (i.e., routines, environment, activities, and interactions)?</td>
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<tr>
<td>30. Have you asked the First Steps provider to intentionally model (i.e. explain actions, give you something specific to observe, model and debrief) for you while he/she interacts with the child within the context of an activity?</td>
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<tr>
<td>31. Do you ask the First Steps provider to observe and provide you with feedback. (i.e., reflection and planning, acknowledge what you are already doing well, share new information, ideas and resources)?</td>
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#### Notes:

(Refer to Indicator number, may use additional pages, as needed.)

- Priority items should be discussed before the initiation of services.
### Checklist for Receiving First Steps Early Intervention Supports in Early Care and Education Settings

#### Practice/Implementation (continued)

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<th></th>
<th>Yes</th>
<th>Not Yet</th>
<th>Updates</th>
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<tbody>
<tr>
<td>32.</td>
<td>Do you have the First Steps provider support you as well as work directly with the child?</td>
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<tr>
<td>33.</td>
<td>During visits by the First Steps provider, do you encourage him/her to use the toys and materials in your program when he/she models for you, rather than bringing toys and materials in to use with the child?</td>
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<td></td>
<td><strong>Note:</strong> Assistive technology for a child would be an exception.</td>
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<tr>
<td>34.</td>
<td>Can the plan be easily incorporated into your routines and environments?</td>
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<td>35.</td>
<td>Do the First Steps visits occur during a time in which the activity or routine would naturally happen? (i.e., feeding is addressed at meal times, gross motor happens outside or large motor area)</td>
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<tr>
<td>36.</td>
<td>Do you have a mechanism in place for communication with the family about what occurs with the First Steps provider at your program?</td>
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<tr>
<td>37.</td>
<td>Do you have a mechanism in place for communication with the First Steps provider at times when the First Steps provider is not in your setting? (i.e., curriculum, lesson plans, etc.).</td>
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<tr>
<td>38.</td>
<td>Do you attend and provide input at Team meetings as to how the child is progressing towards IFSP goals while in your setting?</td>
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</table>

If you are a licensed child care center, do program policies and procedures reflect the requirements of the Indiana Child Care Center Licensing Regulations regarding services to children with special needs?

#### Indicators of Best Practice

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<th></th>
<th>Yes</th>
<th>Not Yet</th>
<th>Updates</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Ensure the Director has attended the Child Care Center Director training?</td>
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<tr>
<td>2.</td>
<td>Provide orientation and continuing training based on the special needs of the children in your care?</td>
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<tr>
<td>3.</td>
<td>Provide in-service training to address specific needs of the children and in accordance with IFSPs?</td>
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<td>4.</td>
<td>Identify a consulting resource person available to staff to provide assistance when necessary?</td>
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<tr>
<td>5.</td>
<td>Ensure that staff have received special needs care training by a certified director or the division?</td>
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<tr>
<td>6.</td>
<td>Do you attend and provide input at Team meetings as to how the child is progressing towards IFSP goals while in your setting?</td>
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</tbody>
</table>

- Priority items should be discussed before the initiation of services.
# Terms and Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>Administrator/Director/Child Care Director</td>
<td>Administrator means the person who is responsible for personnel, purchasing, fiscal, and maintenance of the child care center. Director means the person responsible for the operation for the child care center at all times.</td>
</tr>
<tr>
<td>Americans with Disabilities Act (ADA)</td>
<td>A civil rights law passed in 1990 to protect the rights of individuals with disabilities. Pertains to the following areas: 1) Employment, 2) State and local government, 3) Public accommodations and commercial facilities, and 4) Telecommunications.</td>
</tr>
<tr>
<td>Assessment Teams</td>
<td>Licensed and developmental therapists who complete the initial and annual child developmental assessments as part of the First Steps' multidisciplinary team (including the parent) evaluation and assessment. Child assessment data and other documentation are used to determine the current level of child development, First Steps eligibility and need for Early Intervention services, as defined by state policy.</td>
</tr>
<tr>
<td>Assistive Technology</td>
<td>Any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of a child with a disability.</td>
</tr>
<tr>
<td>Case Conference</td>
<td>A Local Education Agency (LEA) scheduled meeting with the family to identify needs, and determine eligibility for school services. If the child is eligible, a Case Conference Committee (CCC) is convened and an IEP will be developed by the child's 3rd birthday. By law the LEA must complete an evaluation, convene the CCC to determine eligibility, develop and implement an IEP by the child's third birthday.</td>
</tr>
<tr>
<td>Center Director Inclusion Training/CDIT</td>
<td>Inclusion Training offered by IACCRR-Indiana Association of Child Care Resource and Referral, to assist Child Care Center Directors in meeting Indiana Child Care Licensing Regulations. This is a two day training that is free to participants.</td>
</tr>
<tr>
<td>Child Care Center</td>
<td>A nonresidential building where at least one child receives child care from a provider; (1) while unattended by a parent, legal guardian or custodian; (2) for regular compensation; (3) for more than four hours but less than 24.</td>
</tr>
<tr>
<td>Child Care Home</td>
<td>&quot;A residential structure in which at least six children (not including the children for whom the provider is a parent, stepparent, guardian, custodian, or other relative or any child who is at least 14 years of age and does not require child care) at any time receiving child care from a provider: (1) while unattended by a parent, legal guardian or custodian (2) for regular compensation (3) for more than four hours but less than 24 hours in each of ten consecutive days per year, excluding Saturdays, Sundays, and holidays.&quot;</td>
</tr>
<tr>
<td>Child Care Ministry</td>
<td>Child care operated by a church or religious ministry that is a religious organization exempt from the federal income taxation under the Internal Revenue Code.</td>
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<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td><strong>Child Care Resource and Referral</strong></td>
<td>Nine local agencies throughout Indiana to provide direct services to families, child care programs, early childhood professionals and the community. CCRR agencies offer training opportunities, referrals to community resources, technical assistance and collaboration.</td>
</tr>
<tr>
<td><strong>Confidentiality</strong></td>
<td>Discussions of child/family information is restricted to those for which parent consent has been obtained and is governed by FERPA (Part C and school-based care) or HIPAA. No caregiver or provider (child care, early intervention, early head start, etc.) may discuss any child/family specific information related to the child, his/her behavior or special needs with anyone not specifically identified in a written, informed consent signed by the parent. This includes conversation that may occur in the presence of the child's peers and classroom visitors (other parents, students, volunteers, CCRR specialists, etc.) All Inclusion and Infant-Toddler Specialists require parent consent prior to involvement with the child.</td>
</tr>
<tr>
<td><strong>Consent</strong></td>
<td>Consent means that (a) The parent has been fully informed of all information relevant to the activity for which consent is sought, in his or her native language, or through another mode of communication; (b) The parent understands and agrees in writing to the carrying out of the activity for which his or her consent is sought, and the consent describes that activity and lists the records (if any) that will be released and to whom; and (c)(1) The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time. (c)(2) If a parent revokes consent, that revocation is not retroactive (i.e., it does not negate an action that has occurred after the consent was given and before the consent was revoked).</td>
</tr>
<tr>
<td><strong>Consulting Resource Person</strong></td>
<td>A professional (Inclusion, Infant Toddler Specialist, Early Intervention Provider, MD, LEA, not-for-profit agency, etc). that acts as a resource to child care specific to a child's special needs to address an identified issue and provide assistance, as needed.</td>
</tr>
<tr>
<td><strong>Developmentally Appropriate Practices (DAP)</strong></td>
<td>DAP is an approach to teaching grounded in the research on how young children develop and learn and in what is known about effective early education. Its framework is designed to promote young children's optimal learning and development. DAP involves teachers meeting young children where they are (by stage of development), both as individuals and as part of a group; and helping each child meet challenging and achievable learning goals (NAEYC's definition).</td>
</tr>
<tr>
<td><strong>Direct Service Providers</strong></td>
<td>Individuals who provide one or more of the required early intervention services as designated on the IFSP. These providers are enrolled in the First Steps System through an approved Provider Agency. Direct Service Providers write quarterly reports to review the child's progress. When there is more than one Direct Service Provider, they work collaboratively to develop the child's quarterly progress report.</td>
</tr>
<tr>
<td><strong>Early Head Start Program</strong></td>
<td>A public or private non-profit or for-profit agency or delegate agency that provides low-income pregnant women and families with children from birth to age 3 with family-centered services that facilitate child development, support parental roles, and promote self-sufficiency.</td>
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<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>Early Head Start Disabilites Coordinator</td>
<td>The staff member identified by the Early Head Start (EHS) program that is responsible for securing and individualizing needed services for children with disabilities. This individual takes the lead in developing and maintaining Interagency Agreements which describe EHS and IDEA partner's roles and responsibilities by collaboratively identifying and serving Early Head Start children with disabilities. Top priorities for the EHS Disabilities Coordinator are to develop relationships with Part C providers and to attend IFSP meetings to represent the interest of children identified as needing Part C services and to support the families of these children who are enrolled or potentially enrolling in Early Head Start.</td>
</tr>
<tr>
<td>Family Child Care</td>
<td>Also known as a “child care home”: a residential structure in which at least six (6) children at any time receive child care from a provider.</td>
</tr>
<tr>
<td>FERPA/Family Educational Rights and Privacy Act</td>
<td>Federal legislation that protects the privacy of personally identifiable information, included in all educational programs that receive federal funds. FERPA mandates that service providers must obtain written permission from parents to release personally identifiable information.</td>
</tr>
<tr>
<td>HIPAA/Health Insurance Portability and Accountability Act</td>
<td>Federal legislation that provides privacy standards to protect medical records and health information. It protects all individually identifiable health information.</td>
</tr>
<tr>
<td>Inclusion</td>
<td>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 as full members of families, community and society.</td>
</tr>
<tr>
<td>Inclusion Specialists - CCRR</td>
<td>There are 9 local Inclusion Specialists throughout the State to assist families, children, and child care programs to provide safe, healthy, and appropriate child care experiences for all Indiana children. Inclusion Specialists offer trainings, resources, and support to ensure that all children are welcomed and appropriately supported in child care programs.</td>
</tr>
<tr>
<td>Inclusive Child Care Environment</td>
<td>A setting in which all children, those with and without disabilities, have an opportunity to play and learn together. It is in which the special needs and interests of each child, are addressed. It is based on the philosophy that all children have the right to be included with their peers in all age appropriate activities throughout life. It is a setting that includes children with disabilities into the daily routines of an already appropriate program.</td>
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<tr>
<td>Individual Education Plan</td>
<td>IEP is short for Individualized Education Program, an IEP is the legal document that defines a child's special education program, from preschool through high school. An IEP includes the disability under which the child qualifies for Special Education Services (also known as his classification), the services the team has determined the school will provide, his yearly goals and objectives and any accommodations that must be made to assist his learning.</td>
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## Terms and Definitions (cont.)

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td><strong>Individual Family Service Plan</strong></td>
<td>Under IDEA, Part C for infants and toddlers, birth to three, the IFSP is a written plan that identifies a child's current developmental levels, what services will be provided to advance those levels, and what goals the family would like to see the child reach. It will also contain valuable information about the child's strengths, needs, likes, and dislikes. The IFSP will include the following components: Information about family resources, priorities, and concerns; goals of the plan; detailed description of services required to reach the set goals; statement of the environment in which the services will be provided; start date, duration, and approximate re-evaluation date; name of the service coordinator; and a transition plan for the child. All families are able to invite additional resources or support systems to participate in the development and/or monitoring of the IFSP.</td>
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<td><strong>Infant Toddler Specialist</strong></td>
<td>An individual whose job is to provide support and resources to families and caregivers who provide early care and education for children birth to three years of age. The Infant Toddler Specialists are located in each of the 9 child care resource and referral agencies.</td>
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<tr>
<td><strong>Lead Agency</strong></td>
<td>The Indiana Family and Social Services Administration (FSSA), Division of Disability and Rehabilitative Services (DDRS), as assigned by the Governor with responsibility for the First Steps Early Intervention. Within DDRS, the Indiana Code transferred responsibilities for First Steps functions to the Bureau of Child Development Services (BCDS). FSSA, Division of Family Resources, Office of Early Childhood and Out of School Learning is the lead agency for child care services.</td>
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<td><strong>LEA/Local Educational Agency</strong></td>
<td>The entity which operates the local public primary and secondary schools is the LEA. It is a synonym for a school district.</td>
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<td><strong>Owner</strong></td>
<td>A person who owns the child care business. This can include centers and family homes. In some cases the owner may also serve as the Director/Administrator, especially in family child care homes.</td>
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<td><strong>Professional Development</strong></td>
<td>It is initial preparation (preservice) and learning experiences (inservice) designed to improve the knowledge, skills/behaviors, and attitudes/values of the early childhood workforce (NAEYC's definition).</td>
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<tr>
<td><strong>Provider Agency</strong></td>
<td>An entity in First Steps responsible for the provision of all IFSP services for an eligible child/family. Approved agencies employ or contract with physical, occupational, speech and developmental therapists and maintain referral agreements for all other early intervention service providers. Families work with their intake/service coordinator to select the provider agency.</td>
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<tr>
<td><strong>Registered Ministry</strong></td>
<td>Also referred to as a &quot;child care ministry&quot; is a child care operated by a church or religious ministry that is a religious organization exempt from federal income taxes under section 501 of the Internal Revenue Code.</td>
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<tr>
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<tr>
<td><strong>Service Coordinators</strong></td>
<td>Service Coordinators are the lead facilitator on the IFSP team. They are responsible for assisting families with resources, overseeing the implementation and review of the IFSP, and ensuring the family's procedural safeguards are maintained. Service Coordinators are inclusive of Intake Coordinators who work with newly referred families until eligibility is determined.</td>
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<tr>
<td><strong>System Point of Entry (SPOE)</strong></td>
<td>The SPOE is the First Steps lead agency at the local level and is the first point of contact for intake coordinators, service coordinators, families and direct service providers. Indiana has ten cluster SPOEs across the state. Some SPOEs have satellite offices based upon their geographical size and the unique needs of the cluster. The SPOE maintains the electronic database of all referrals, including information obtained and decisions made regarding eligibility, service planning, and service delivery through the development of an Individualized Family Service Plan (IFSP). The SPOE is responsible for employing/contracting and supervising intake coordinators, service coordinators and Assessment Team members.</td>
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<td><strong>Transition</strong></td>
<td>Refers to the movement of a child into, within and out of the First Steps program. Transition most often is used to describe the 3 year old child's move from First Steps to the public school system or into any other programs or services. In child care transition refers to time moving from one activity routine to another or from one classroom to another.</td>
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