

Child Care plus+

+ Inclusion: What It Is and What It Isn't

It is frequently assumed that an early childhood program that practices inclusion is one that serves young children with disabilities. In fact, including children with disabilities is only a small part of being an inclusive program. In reality, an early childhood program that practices inclusion is one in which the interests, strengths, and needs of each child—including those with disabilities—are assessed and meaningfully addressed. Using this definition, it becomes clear that the caregiver/teacher in an inclusive program purposefully designs activities and routines that are individually suited to each child and makes adaptations as children's needs and interests develop or change.



In defining inclusion, many people want numbers or exact ratios for children with and without disabilities. Numbers, however, are not the important issue. Inclusion is a natural component of excellence in early childhood programs whether or not a child with a disability is currently enrolled. When you individualize for each child whether or not the child has a disability or delay, you are practicing inclusion. Inclusion is characterized by 1) an open, positive attitude about the rights of all children and 2) parents being able to choose the program their child attends.

In inclusive early childhood programs, activities such as circle time, outdoor play, snack time, and learning center play are already planned so that every child in the group can participate. The daily routine does not necessarily have to change when a child with a disability enrolls, but it may need to be rearranged or modified so that the child can successfully join in. When a child has a disability, the bit of extra planning, added materials, or adjustments in the pace or schedule that may be required are seen as a natural part of the program's practice of individualizing for each child. Resources, such as the child's parent(s) and any therapists or specialists who are working with the child, are regularly consulted to help meaningfully include the child with a disability or delay. Inclusive child care does not mean turning a good child care program into a special education

program; it does mean including children with and without disabilities in the regular daily activities and routines of an existing neighborhood child care or preschool program.

You may be wondering about the children with disabilities you might see in inclusive early childhood or preschool programs? The phrase "children with disabilities" does not even begin to describe the variety of strengths, needs, interests, and talents of young children with disabilities. In fact, a seemingly descriptive phrase like "child with Down syndrome" tells you very little about the child. Two children with Down syndrome are no more alike than two children with brown hair.

Looking for the individual characteristics of children helps caregivers and teachers begin to see how each child can participate in—and learn from—experiences in the early childhood setting. Children with developmental or medical disabilities as well as children with challenging behavior can be (and have been) successfully included in programs across the country—one child at a time.

As children's individual needs and strengths are matched to programs' abilities, chances for successful experiences for everyone are greatly increased. Wonderful every-day-little-kid experiences, such as finger-painting with whipped cream, climbing up the slide, eating finger Jell-O for the first time, or trying on dressups, are thrilling to every child. The ability to extend these experiences to young children with disabilities is one of the main reasons inclusive child care is becoming an important practice for many early childhood programs. +

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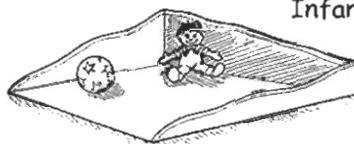
+ IN FOCUS

Many communities have a network of individuals and agencies who provide services for children with disabilities and their families. These specialists and therapists work with parents, often meeting together, to determine the learning activities and developmental goals they want for their children and formulate an official service plan.

You have a unique opportunity as a caregiver/teacher for a child with a disability to become part of this service team. Not only can you gather a wealth of information from team members, with written permission from parents, when the child enrolls in your program, but you can ask these individuals for help with your questions and concerns throughout the child's participation in your group. In addition, information from a child's service plan can help you to provide meaningful activities and individualize the daily routines as you play with—and encourage interaction among—the children.

After a child has attended your program for a while, your observations and interactions will become valuable to the parents and other team members as additional learning goals are developed for the child. Whether just you, the parent(s) and one other professional are the team or you become part of a larger network, shared information and goals will increase the likelihood that the child's growth and development will be enhanced wherever he or she happens to learn and play. + CC+

+ TRY IT OUT



Infants and young children who lie on their tummy or side to play may not be able to keep play materials within their reach. Once a toy

leaves their grasp, it may also be out of their sight. To form a barrier to help keep toys within a child's reach, you can make a simple "toy stage."

Instructions: Cutting from corner to corner, cut off one side of a sturdy cardboard box even with the bottom of the box. Cut the opposite side in a wavy line to a height of 2" gradually increasing to 4". Cut the two adjacent sides in a wavy line diagonally from the bottom to the 2" to 4" edge. Bind the cut edges with colorful tape; attach pictures, stickers, or contact paper to the sides.

Place children on their tummy or side with arms extending into the stage. Give them a small soft toy or ball, or put the toys in the stage. The toy stage allows children to be more independent about exploring toys; they can retrieve or move dropped toys and can visually follow the motion of a toy they move with their arms or hands. Physical, visual, and other sensory exploration occurs for a longer period of time as the toy remains—or keeps rolling back—within the child's reach. + CC+

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+ CONNECTING WITH FAMILIES

Parents who have young children with disabilities look for child care for the same reasons any parent does. However, finding child care is often more challenging. They may have additional concerns and perhaps a need for specialized care or equipment. You can help parents who have children with disabilities decide if yours is the "right" program—one that fits their needs as well as their child's needs—by listening to the parent's interests and concerns, describing your program accurately, and discussing together whether your program matches their expectations.

When a parent makes that first call to your program, ① **LISTEN** and learn about the child's strengths and needs, any special concerns, and the kind of care they expect. This is your first chance to gather information about how the child could be included in your program. ② **DESCRIBE** your program, including your philosophy as well as hours and fees. Tell parents what you expect from children and families in your program and what they can expect from you. Talk openly about your experience of including children with disabilities. Let parents know what services you can offer as well as what services you are not able to provide. ③ **DISCUSS** how the parents' needs match your program's abilities. Talk honestly about your concerns and explain the kind of support you may need. Together identify ways to successfully include their child. Ask them for help with any special equipment or skills you will need. Use this discussion to set the stage for a future partnership based on communication and trust. If the child is enrolled, you will already have valuable information about how to include him or her, and you can look forward to the child's participation in your program. Using this process, both of you will have begun to identify what it will take to be sure that yours continues to be the "right" program. + CC+

+ PUTTING IT INTO PRACTICE

Following are brief stories told by caregivers/teachers about ways they have included children with disabilities and developmental delays in the routines and activities in their early childhood programs. Many of these ideas are just common sense. A few are extraordinarily creative. But each demonstrates a willingness to discover and meet each child's individual needs.

Making a special effort to meet the needs of one child often benefits the whole group. Five-year-old Martin has limited vision. Gluing and drawing activities have to be modified or he won't get much out of them. I decided to try increasing the sensory experience of a gluing project and put out additional materials with only Martin in mind: sand paper, feathers, rocks and twigs, cloth, etc. Not only did Martin experience using other senses and enjoy the variety of textures, the other children did, too. Thank goodness for Martin's "special need"!

Learning from the kids. Ten-month-old Jonathan did not sit up by himself. As I looked around my group of babies and toddlers, I realized he was missing a lot of play opportunities that the more mobile and skilled 10-month-olds were experiencing. When I checked this out with his therapist, she suggested ways I could position him: in a bean bag chair, infant seat, or in my lap—so he could see the world from a sitting position. We also hung toys and a ball so he could continue to play and explore even when he could not keep holding a toy. Now I consistently judge how to position him or what toys to offer him by looking at his age-mates. While he is not always as skillful, he's developing his abilities in the same environment and with the same materials as other little ones his age.

Stressing the similarities while respecting the differences. I was pretty pleased to finally have a set of colorful, all-the-same dishes, cups, and utensils for my program. There was no more "I want the blue cup" or "that one is mine." Then came seven-year-old Blake. To feed himself, he needed a plate with raised sides, so he could scoop. He had difficulty grasping my thin-handled utensils, so he often resorted to eating with his fingers. When I saw how well he fed himself—totally independently—with the fat-handled spoon and shaped bowl his mother gave him, I changed my mind about one-size-fits-all! Now I collect different-sized spoons/forks, bowls, and plates; the kids enjoy choosing for themselves from a selection that includes bowls and spoons just like Blake's.

Creating a private play space. I thought the batch of

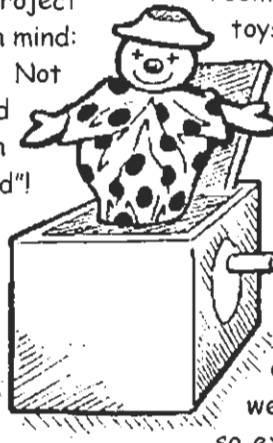
kids I had in my birth-to-five program one year were going to drive me crazy! It seemed like they were always hitting (and crying) or fighting (and crying) or playing too rough (and crying). When things got real busy, Ashland began to bite pretty regularly, and I knew I had to make a change.

After a thorough look around my small program, I wondered if I had been overzealous with my activity areas. There seemed to be no alone space—no private and cozy place—where a child could go to take a quiet break when needed. A dad volunteered to make a portable one (out of soft foam and fabric) with pockets for books and left room for me to add some of Ashland's favorite quiet toys. Ashland frequently chooses—as do other children—to play here. The difference in the atmosphere is hard to describe; let me just say that I'll never ignore that aspect of children's care again.

Learning from parents. Four-year-old Jody's mother brought her to a staff meeting. She carefully explained and demonstrated the use and care of Jody's trach tube, colostomy button, and other special equipment. She helped us while we practiced holding and feeding Jody. And she was so excited that we were willing to learn the special skills she was so adept at.

Collaborating with professionals. The physical therapist sat down with me and described what movements were essential for Sariah. I told her how we crouched down and then jumped up as we sang "Pop Goes the Weasel" together at snack time. She told me that this type of movement was exactly what Sariah needed several times a day. So we started offering "Mousercize" daily and even coaxed a preschool ballet instructor to come in once a week. Many of the children wore exercise/dance costumes. No one knew we were doing "therapy," we were having so much fun!

When children are included, no one is excluded. One of my staff pointed out to me that Derk sat high in his wheel chair, while the rest of us sat on the floor at circle time. She said that he did not even appear to be part of the group at all, let alone a participant! Now I make a conscious effort to make sure that each child is at approximately the same level as the other children who are participating in the same activity. I am even considering low chairs for the toddlers at snack time; they seem so separate—from the other children—when they are all sitting in their high chairs.



+ QUESTION

QUESTION: *I am trying to do what is expected of me to include a two-year-old girl with disabilities in my program, but I feel like I'm neglecting some of my other responsibilities. I really want to make this work, but I don't want to lose the other aspects of my program I have worked so hard to develop.*

ANSWER: Your concern is not all that uncommon. When early childhood professionals enroll a child whose needs are unfamiliar and new, they often try so hard to make it work that they forget the advantages of individualizing within the context of the wonderful early childhood experiences their program already offers.

A few years ago, another provider had this same question about including a young girl named Rachel. When the provider shared her concerns with her co-worker in the program, they had an eye-opening discussion that changed the provider's perspective and helped her to find the balance she was looking for. The co-worker asked her, "Do you really think it's possible to meet any child's needs all of the time?" Thinking of this question helped the provider keep things in perspective. She began to realize that she could not meet every child's needs all of the time, but she could meet the needs of each child most of the time. She remarked, "Sometimes children have to wait their turn, and Rachel is learning to wait, too."

Inclusion involves finding ways to include each child in typical activities and routines. Inclusion is grounded in quality early childhood practice. While occasionally it may take extra effort and even extra resources and support

for a particular child, it is almost always doable within the context of typical early childhood routines and activities. When it seems like it is not, it is wise to look first at your own expectations of yourself in relationship to the child's strengths and needs. Then, take a look at any additional resources that might be needed to ensure that the quality early childhood practices your program represents do not get lost to any of the children. + CC+

+ RESOURCE REVIEW

To take a look at other programs who are successfully practicing inclusion, visit www.circleofinclusion.org. The *Circle of Inclusion Web Site* is for early childhood service providers and families of young children. This web site offers demonstrations of and information about the effective practices of inclusive educational programs for children from birth through age eight.

CHILD CARE plus+ is designed to support inclusion of children with disabilities in early childhood settings by supporting child care providers, parents, and community service providers including social workers, therapists, physicians, teachers, and administrators.

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