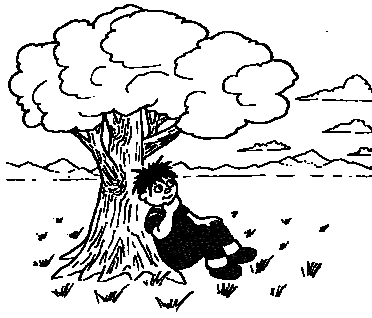


# Child Care plus+

## + Quality Program = Inclusive Program

When it comes to inclusion, a lot of changes have occurred in the past thirty years. It has become common knowledge that there are similarities as well as differences in how young children learn. Teachers and parents have seen the positive impact that inclusion has on very young children. They have seen what happens when parents realize that their child's developmental delays do not prevent him from having opportunities to play with other children. It has become obvious that there are reciprocal benefits when children with disabilities have regular opportunities to interact with children who do not have disabilities. This does not mean that everyone values inclusion in the same way or that inclusion is always easy. What it does mean is that people have begun to recognize the importance of inclusion and make sure their values are reflected in public policy and program practice.



Because inclusion is an ongoing process, it is not something that can be described as "finished" or "done." In fact, providers who have included children with disabilities for many years would be the first to say their experiences have taught them that there is always more to learn. Everyone's experiences are different, but the results are often quite similar. Children with disabilities are included in early childhood programs because the benefits outweigh the challenges. In a sense, inclusion is the result of a still-developing philosophy that has evolved from the earliest history with children with disabilities. It is a philosophy that continues to grow and change as knowledge, experience, and understanding of young children with disabilities and their families grow and change.

At some point in the discussion about inclusion, it becomes necessary to move away from general statements, identify what inclusion looks like in practice, and compare that picture with what happens in a typical early childhood program. In making this comparison, there are two points

to remember: 1) it **looks** the same, and 2) it **is** the same.

Best practice for young children is best practice, regardless of the abilities of the children enrolled in a program.

Inclusion does not change the nature of the program itself. Inclusion simply means that the providers have created a program where individual needs are met through appropriate practices and high quality care and education regardless of whether or not the children have developmental delays or a disability. Children with disabilities enjoy the routines and activities in these programs, not because routines and activities are specialized for their disability, but because they are specialized for *each child*.

Inclusion becomes possible when early childhood professionals are able to develop and articulate their personal beliefs and attitudes about inclusion as part of their overall philosophy of working with young children. Your philosophy about caring for children guides what you do on a daily basis. It is reflected in the kinds of toys you provide, the way you talk with and about children, how you talk with parents, the fact that you use positive behavior guidance strategies, and the kinds of activities you plan.

The field of early childhood has reached the point where it is no longer necessary to define "inclusion" or use it to describe a particular early childhood practice. The day is here when quality early childhood practice is inclusive by definition. + SLM

+ In This Issue	
+ In Focus	+ Putting It Into Practice
+ Try It Out	+ Question
+ Connecting With Families	+ Resource Review

## + IN FOCUS

Your past experiences with children with disabilities may make you think they require one-on-one care and education. Since this is often impossible in a typical early childhood setting, the solution seems to be to have a full-time aide for every child with a disability. However, an experienced aide is not only expensive, but can set the child apart and hinder the child's opportunities to play and interact with peers. Because it is so important that a child with a disability get the full benefit of interaction with other children and play materials, you must be willing to explore different alternatives to meet the needs of the children and adults in the child care setting.

Sometimes all you really need to make it work is another pair of hands, especially at certain times of the day. This person does not replace you, but supports you by doing necessary—not always child-related—activities, such as making snack or lunch and cleaning up afterwards. He or she can set up the art area and arrange the “products” on a shelf or wall or prepare a mailing to parents. Providing this kind of support does not require previous training or experience with young children. It could be done by individuals who are retired, students, parent volunteers, or adults with disabilities. This type of “aid” frees you to do what you do best—observe individual needs, provide support for individual children during play and routines, and make instant (and plan future) modifications. + SLM

## + TRY IT OUT

Using children's interests to plan daily routines and activities is one effective way to individualize your program. You can discover children's interests by asking questions on your enrollment form, by conducting child observations, and during ongoing communication with parents. Interests include actions (opening and shutting or stacking), types of toys (little dolls or puzzles), experiences (listening to music or touching silky fabrics), and themes (trucks or dinosaurs). The following steps can help you use children's interests to customize play areas and activities to enhance a child's engagement with other children and your environment.

- Identify each child's unique and individual strengths, needs, and current interests.
- Gather more information about the child's interests through observation and parent input/feedback.
- Identify resources already available in your program, from parents, and from outside sources.
- Embed toys and play materials that reflect the child's interests in existing play areas.
- Find ways to modify songs and transition activities to reflect the child's interest(s).
- Use field trips and visitors to foster learning about the child's interests for the whole group.
- Regularly check the child's progress and adapt routines and activities as interests change. + SHW

## + CONNECTING WITH FAMILIES

The child care program our three-year-old attends is big on family involvement. Although this is my only experience with child care, I guess they do the typical things: a family potluck a couple times a year; an invitation to lunch on my child's birthday; and, every other month, an evening “Dialogue.” Neither my wife nor I have attended these “Dialogues” but we did fill out the survey of early childhood topics we might be interested in exploring. One day when I picked up Macey, the director mentioned that the topic for this month's “Dialogue” was one we had requested, and so we decided I would go while my wife stayed home with Macey. The topic focused on meeting each child's needs. We knew a lot had been done to meet Macey's needs, and we were eager to share our understanding of Macey's current interests and abilities.

We split into groups with our child's teacher and looked at two sections of our child's enrollment form—“any special needs” and “favorite toys/play activities.” We were asked to reflect on how satisfied we were with the teacher's use of that information so far this year, and make any additions or changes. Darren's parents said that he still “uses a pacifier for nap,” but that his favorite toys and activities had really changed in the last few months! Bliia's grandmother added to the vegetarian foods she had previously listed and mentioned her willingness to continue to contribute vegetarian recipes. It was at this moment that I realized that I had seriously thought that the only “accommodations” that were being made in this program were for my child! I looked down at Macey's enrollment form. We had carefully outlined her “special needs” which really had not changed much. However, I knew my wife and I would have to fill out the “favorite toys/play activities” section again because, just like Darren, these had definitely changed in the last few months! + SLM

## + PUTTING IT INTO PRACTICE

The key policies and practices found in quality early childhood programs that promote inclusion principles are listed below. They form the foundation for developing, implementing, and maintaining the ability to include young children with disabilities or developmental delays as well as individualize for any child in an early childhood setting.

These policies and practices directly impact involvement of individual children in each activity and routine. Each policy or practice a) is typical of quality early childhood programs; b) can be documented objectively; and c) reflects activities involved in including young children with disabilities in early childhood programs.

- 1. The program has a written philosophy that reflects the program's commitment to inclusion.** ★ The philosophy of inclusion is embedded in the program's overall early childhood philosophy and reflected in the parent handbook, brochure, staff handbook, and/or enrollment materials.
- 2. The parent handbook, registration forms, and other program materials use inclusive phrases and demonstrate the program's philosophy of inclusion.** ★ Any written materials that describe program, goals, and routines use language that is inclusive of the needs of all the children.
- 3. Providers use inclusive posters, pictures, books, play materials, and activities.** ★ Posters, pictures, books, and play materials reflect diversity in race, culture, gender, and ability.
- 4. Providers have access to current developmental information for each child.** ★ Current developmental information includes program observations, recent assessments, and, if applicable, a copy of the child's Individual Family Service Plan (IFSP), Individualized Education Program (IEP), or report from the child's physician or other specialist.
- 5. Providers embed children's developmental goals and objectives in program activities.** ★ Developmental goals/objectives should be planfully addressed in meaningful program activities. A child's goals may be embedded in many if not all routines, planned activities, or periods of free play.
- 6. Providers periodically complete a screening to determine play accessibility for each child.** ★ An accessibility screening may be conducted informally by program staff or formally by someone knowledgeable about current requirements and expectations.
- 7. Providers communicate daily with parents of children in the program about their child and his or her progress.** ★ There is planned communication with parents and family members.
- 8. Providers ask parents for help including their child in routines and activities.** ★ The information and skills that families have are used as a vital resource for the program.
- 9. Providers get written parent permission to share information with early intervention and special education professionals, therapists, and other specialists.** ★ There is a form or procedure for parents to complete that gives documented permission to share (give and receive) written and verbal information about the child.
- 10. Providers welcome specialists and therapists into the program.** ★ Other professionals who are involved with children in the program are encouraged and invited to work with Providers, and opportunities are created for both to share expertise.
- 11. Providers collect information about individuals and agencies in the community who provide support and resources for families and children.** ★ Community resources might include brochures, business cards, index cards containing current information, an address/phone book, or file folder.
- 12. Providers share information with early intervention specialists, therapists, and other teachers and caregivers.** ★ There should be a process for sharing (giving and receiving) information with team members who work with children in the program.
- 13. Providers participate in IFSP/IEP team planning.** ★ Participation includes sending written ideas or materials, suggesting developmental goals based on child observations, providing videotapes taken during activities in the program, calling to talk to one of the other team members (including the child's parents), or actually attending and taking part in IFSP/IEP team meetings. + CC+

## + QUESTION

**QUESTION:** *I work really hard to look at children individually and develop activities that meet each child's unique needs and interests. I work well with parents, and they help me succeed. I participate in planning for children with disabilities and collaborate with therapists, etc., about specific accommodations. I did some remodeling to make it easier for a child who used a walker.*

*This has been very exciting for me and has really rounded out my ability to individualize. I've seen the benefits of having children of different abilities. However, I am getting more and more calls from parents of children with disabilities! My program isn't big enough to take them all, and even if I could, is that right? What can I do to maintain the natural early childhood environment parents are really looking for?*

**ANSWER:** You are to be applauded. Your comments indicate that your beliefs and practice reflect critical foundations for successful inclusion. The dilemma is how to meet the needs of families and at the same time maintain the type of nurturing, learning environment that allows each child to participate and develop fully.

That said, there is no simple answer to your question. Inclusion is not about numbers, it's about people. Legislation mandating inclusion does not include numbers. These laws are counting on caregivers to look thoughtfully at each child and make sound decisions based on a balance between program resources and the needs of each child and family, not on the basis of disability.

How do you find a balance? First, get a good sense of the needs of the child you are considering enrolling. With your commitment to individualizing for each child, you probably already have a legitimate process in place—one

that includes gathering information from parents and getting to know the child personally. Second, take this information and reflect on yourself, your program, and the needs of children already enrolled. Is there a good fit between this child's needs and the time, space, and resources you have available right now? Do you have reasonable access to additional resources if necessary to accommodate this child's needs? If not now, might your situation change so the child could be enrolled in the future? It is almost certain that honest inquiry will lead to the best possible decision for everyone. + CC+

## + RESOURCE REVIEW

*The Child Care plus+ Curriculum on Inclusion: Practical Strategies for Early Childhood Programs* can help you individualize for young children. It approaches inclusion in the most inclusive way—by focusing on best practices in early childhood. Packaged in a three-ring binder, it includes twelve illustrated chapters on critical early childhood topics and easy-to-use checklists, action plans, self-assessments, and appealing posters which may be copied. Available to newsletter subscribers only for \$52.00 from Child Care plus+, 634 Eddy Avenue, The University of Montana Rural Institute, Missoula, MT 59812-6696.

*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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