Why Inclusion
For children with special needs, an inclusive child care program provides belonging, acceptance and developmentally appropriate practices. They learn typical developing skills from their classmates, when and how to use these skills, and they have an opportunity to develop friendships with typically developing peers. They are provided opportunities to develop positive attitudes toward themselves and others who are different from themselves.

Qualities of an Inclusive Environment
• The goals for a child with a disability or other special need are met in a typical early childhood setting to the greatest extent possible.
• The child has access to and participates in the curriculum and activities.
• Support services are available to the provider/staff to help best meet the individual needs of the child.

The Americans with Disabilities Act
• The Americans with Disabilities Act (ADA) assures full civil rights to individuals with disabilities, including access to and accommodations in preschools and child care settings.
• The Individuals with Disabilities Education Act (IDEA) strengthens mandates for inclusion of preschoolers, infants and toddlers.

The intent of the ADA is to make finding child care less problematic. Under the ADA (a federal civil rights law) child care centers cannot discriminate against parents or children with special needs, nor can they charge more than they would for any other child.

Child care centers and homes must be willing to make “reasonable accommodations” which meet children’s individual needs. This presents exciting opportunities to plan for and include children with disabilities or other special needs in all early childhood settings. Everyone benefits.

Making Accommodations
Making accommodations to your program need not be difficult or expensive. Develop a plan of action:
• Evaluate your recruitment, enrollment and employment policies and procedures to make sure they are non-discriminatory.
• Assess the physical accessibility of your home. Accommodation may be as simple as rearranging furniture or installing a ramp or a handrail.
• Look for ways to accommodate children, staff and families with disabilities
• Change daily routines to match a child’s needs
• Lower a coat hook for accessibility
• Add Braille labels
• Ask about adaptive equipment
• Learn important signals to communicate with a child or adult who uses sign language
• Meet a child at the curb when the parents have difficulties with mobility.

Individual Education Plan (IEP) and Individualized Family Service Plan (IFSP)
Children with disabilities or other special needs may be eligible for special education and related services. To determine whether a child qualifies for these services, the child must be assessed by the child’s home school district. This applies to children who are from three to 21 years of age. If the child qualifies for special education, the school district must then develop an Individualized Education Plan (IEP). This is a plan that identifies goals and objectives which are set up by a team including the child’s teacher, parent/guardian and other specialists.

A child under three years-old may be assessed by the local regional center, such as Alta Regional or the Sacramento Office of Education Infant Development Program. A child who is under the age of three years and qualifies for special education must have an Individualized Family Service Plan (IFSP) that documents and guides the early intervention process for the child with a disability or special need and their family.

In any child care program the child’s individual temperament, learning strengths, needs and interests should be taken into account when planning activities and setting up the child care environment. An IEP or IFSP will identify the child’s goals and can be easily incorporated into the child care program.

Tips for Child Care Providers
The following tips from the California Child Care Health program are intended to help providers care for children with disabilities and other special needs. When considering adaptations it is helpful to consider the severity of the disability, the child’s age and developmental level.

Developmental Delays
• Teach in small steps
• Give clear directions, speak slowly and clearly using only a few words
• Move the child physically through the task so he can feel what to do
• Stand or sit close to the child to help as needed
• Help the child organize his world by providing structure, consistency and by labeling things with pictures and words
• When moving from one activity to the next let the child know ahead of time and allow plenty of time for the transition
• Work closely with agencies and personnel who provide specialized services. These specialists are a great resource for answering questions and brainstorming when problems arise.

Speech and Language Delays
• Be a good listener and observer
• Engage infants and toddlers in shared conversations by reading their sounds, gestures, facial expressions and body language
• Give directions using as few simple words as possible in complete sentences
• Use everyday activities such as singing songs, reading books and dramatic play to encourage language development
• Talk about what you or the child is doing as you are doing it
• Encourage the child to talk about what he is doing by asking specific questions
• Repeat what the child said and add missing words, or ask the child to repeat what you are saying
• Build on what the child said by adding new information
• Praise the child’s efforts at communicating even if he doesn’t do it exactly right.

Visual Disabilities
• Use communication during activities such as dressing and eating to help the child get oriented
• Think about the physical space of the room. Be wary of sharp edges on tables, curled up edges of rugs and other potential hazards
• Once you’ve found an arrangement of furniture that works for the room, try not to change it too much as the child may rely on it to navigate through the room
• Give specific directions and use descriptive language
• Call children by their names. Address them directly, not through someone else. Example: “Juan, do you want some banana?” Not, “Do you think Juan wants some banana?”
• Avoid glaring lights. Increase or decrease the room lights gradually
• Display simple, clear, uncluttered pictures that are easy to see
• Avoid standing with your back to windows. The glare may make you look like a silhouette
• Encourage hands-on and sensory experiences such as touching, holding, exploring, tasting, smelling and manipulating
• Ask first if the child needs assistance — try not to assume you should help.

Physical/Neurological Problems
• Consider the physical space. Are there any obstacles that prevent the child from moving safely in the area? Are the pathways wide enough to accommodate special equipment such as walkers or wheelchairs?
• Know the child’s strengths and needs so that independence is realistically encouraged and supported
• Assist the child with activities he may not be able to do alone such as kicking a ball
• Ask any therapists involved with the child to show you proper positioning techniques and how to use and care for special equipment
• If you are having difficulty positioning or feeding the child, consult his parents for suggestions
• Give all staff opportunities to hold and position the child to ensure everyone is comfortable
• Try to experience the disability yourself so you can gain a better perspective
• Work closely with other agencies and personnel who provide specialized services like early intervention or therapy
• Whenever possible, ensure the child’s positioning is similar to what other children in the class are doing (such as floor time)
• If the child is unable to use playground equipment, schedule other outdoor activities he can participate in, such as blowing bubbles or flying kites.

Deaf or Hard of Hearing Children
• Find out from the parents the degree of the child’s hearing loss and what that means for the child
• Ask the child’s parent how to use and care for the hearing aid or other special equipment
• Support the child socially
• Be sure you have the child’s attention before giving instructions
• Face the child and speak in full sentences
• Use visual cues such as pictures or gestures as you talk
• Encourage the child to let you know when she doesn’t understand by using a special signal
• If the child doesn’t understand at first, rephrase your comment rather than repeating it
• If the child uses sign language, learn some simple sign language symbols
• Provide opportunities for the child to talk
• Try not to change activities abruptly. Alert the child to any change in schedule ahead of time
• Provide a routine and structure for the child. Use cues such as timers, bells and lights
• Allow the child time to practice new activities away from the group or allow children who are withdrawn to watch new activities first
• Seat the child close to you. Give occasional physical and verbal reassurances and encouragement
• Let the child bring a familiar object with him when entering new situations or beginning a new activity
• Help the child make choices by limiting the number of choices available
• Allow the child to have a safe emotional outlet for anger or fear.

Techniques for Managing Behavior
• Ignore negative behavior when you can
• Notice and praise positive behavior. Focus on what the child can do and accentuate the positive
• Acknowledge the child’s feelings
• Model the kind of behavior you want to see in them
• Prevent problems by considering how the schedule, structure and physical space support your goals for children
• Help children to talk about, act out and understand their strong feelings and behaviors
• Follow through with realistic consequences
• Be aware of what behaviors are your “hot buttons” and work with other staff to make sure you have the support you need. Seek additional help if the behavior persists or you feel the need for support
• Give children a variety of reasonable choices
• Provide developmentally appropriate activities in a safe, nurturing environment
• Give the child enough time to comply with your request
• Develop a plan for how you will handle difficult behavior the next time
• Be consistent with the way the child’s family and culture handles behavioral issues and their social and emotional goals for the child
• Remember to have fun with the children!

This information was taken from the “California Child Care Health Program, Health & Safety Notes, Including Children With Special Needs: Tips for Child Care Providers”

Resources
The Americans with Disabilities Act (ADA)
www.ada.gov
The ADA home page contains the Department of Justice’s regulations and publications.

Alta Regional Center
916/978-6400
www.altaregional.org
Alta Regional is a program that serves people with disabilities and is a point-of-entry into the Developmental Disability Service system. Regional centers provide intake and assessment to determine eligibility and service needs. Alta provides services to eligible children from birth.

The California Child Care Law Center
415/394-7144
www.childcarelaw.org
The Child Care Law Center can provide general information and technical assistance in understanding the law’s requirement. The center also has other low-cost information available, including basic ADA information in languages other than English.

Sacramento Quality Child Care Collaborative (QCCC)
916/369-0191
www.childaction.org
The QCCC is a partnership of community agencies, educational and governmental institutions, private business and the First 5 Sacramento Commission to help Sacramento County child care centers and family child care homes provide quality child care programs for children. Collaborative services are free. Services include training, technical assistance, resources and consultation.

You may find additional resources and information at the public library and at Child Action, Inc.’s Resource Library at 9800 Old Winery Place, Sacramento. Please call 916/369-0191 for information, or visit our website at www.childaction.org.