



## **Preparing Child Care Providers to Include Young Children with Disabilities**

DEC Conference  
Niagara Falls, Canada  
October, 2007

The shortage of quality child care for all children combined with the increasing demand for child care (Cost, Quality, and Child Outcomes Study Team, 1995; Smolensky & Gootman, 2003) presents a huge barrier to inclusion, especially for low-income families and those with children with special needs. This is a critical issue for parents of children with disabilities and other special needs. And when lower-income parents can't find or maintain care, they put their chances for economic self-sufficiency seriously at risk, and increase the likelihood that their children will remain behind their typically-developing middle- to high-income peers (Buysse, Wesley, Bryant, & Gardner, 1999).

Easter Seals responded to this national child care need in the late 1990s, creating a Child Development Center (CDC) Network, which includes nearly 100 fully accredited and licensed centers which serve over 8,000 children in inclusive child care centers. Approximately 27% of enrollees have disabilities or developmental delays.

CDC directors have identified a critical need to address the growing number of children with behavioral issues stemming from autism, mental health problems, or other, sometimes undiagnosed, disabilities. We also know our child care centers are enrolling more and more children who have been expelled, sometimes multiple times, from other child care centers. Easter Seals' individualized approach to high quality early education and care mandates that we find a way for every child to be successful; we do not expel young children for behavior management issues related to their disability.

Federal law requires access to child care programs for children with disabilities. In addition, federal law requires therapeutic supports be provided in natural environments, defined as places the child and family would be if the child did not have a disability. For most families, the natural environment is the child's home and/or child care setting. Despite these federal protections, many children with disabilities are turned away from child care programs. Too few child care providers feel they are equipped to effectively meet the needs of young children with disabilities and/or behavioral issues. Inadequate preparation and training of general childhood educators is perhaps the single most prominent barrier to inclusion (Buysse, Wesley, & Keyes, 1998).

In late 2002, Easter Seals was awarded a three-year grant from the Goizueta Foundation of Atlanta, Georgia to develop program standards for high quality inclusive child care. The goal was to better define the elements necessary to boost both the quality and quantity of inclusive childcare in the United States. The four major areas of what became the Operating Standards are summarized below and are outlined in detail in the *Implementation Guide: Operating Standards for High Quality Inclusive Child Care* (Easter Seals, 2006).

- **Operations:** requires that centers provide services to all children, use a formal assessment tool to identify possible developmental problems and collaborate with state and local intervention programs, and offer resource services to childcare providers interested in inclusive care.
- **Parent Communications:** requires formal, on-going and consistent communication with families regarding the child's daily experience and behavior, communication with all parents concerning the benefits of inclusive child care, and encouragement for parents of all children to interact with one another.
- **Teacher/Therapist Integration:** requires that therapies be delivered in the child's natural setting such as the classroom or playground, and during routing activities; that interventions outside the natural setting be carefully planned so that they do not disrupt the child's participation in the childcare program activities; and that therapists and child care providers meet as equals on a regular basis to exchange information and plan individualized programs for each child, and work to integrate classroom curricula with IFSP/IEP goals and therapy treatment plans. Further, the *Standards* require that therapists and child care staff work with parents to identify appropriate goals and activities for children

who have IFSPs/IEPs, and assist families whose children may be eligible for IDEA services but are not yet enrolled.

- **Staff Training and Resources:** requires that child care programs create and provide orientation programs to all new staff, that highlight the unique aspects of inclusive childcare, provide annual training in inclusive childcare to all caregiving staff, and use available ES CDC Network resources, as well as community, state and national resources to enhance the knowledge and skills of therapists and caregivers in providing inclusive care.

The *Implementation Guide: Operating Standards for High Quality Inclusive Child Care* is an essential program evaluation and management tool that allows child care programs and their leaders to feel more confident about becoming inclusive.

### **Training Modules for Inclusive Child Care**

Professional staff development has been identified as one strategy for improving the quality of child care (Campbell, Milbourne, Silverman, & Feller, 2005). A 2001 survey of CDC directors identified the need for training tools to help staff adapt existing programs to meet the needs of children with a variety of disabilities, such as communication difficulties, behavioral issues, and atypical physical development. CDC directors also identified the need to better integrate therapists in the classroom. Classroom teachers need materials to help them meet every child's individual developmental needs and provide educational activities that will encourage them to learn and develop to their highest potential.

In 2006, Easter Seals received another three-year grant from the Goizueta Foundation to develop a series of training modules on inclusive child care to address these staff needs and teach staff how to implement the operating standards. The five modules in this series are:

- *Introduction to Inclusive Child Care*
- *Challenging Behavior*
- *Communication Delays*
- *Autism*
- *Physical Disabilities.*

Each module focuses on a particular content area and provides information and classroom strategies that can be used by child care providers, and includes a list of resources for providers and parents. A video showcasing what inclusive child care is accompanies the Introduction module. The full training program consists of the (5) modules, a video of inclusive child care, and a training manual. The manual includes information on how to organize and set up and deliver the training program. In addition to the video, the electronic version of the curriculum contains clips of particular scenarios and children's "stories" that support the information and materials presented in the modules.

It is our intention to provide both a model and the resources to better equip childcare programs to meet the needs of *all* children, including those with disabilities. Providing training modules, technical assistance, and training will help Easter Seals CDCs meet the needs of all children, improve child care overall, and improve staff training locally. These tools and training activities can also help other child care providers understand how to serve children with disabilities and behavioral issues, thereby increasing child care options for families throughout the country and making it possible for parents of young children with disabilities to return to work earlier. By making child care centers aware that challenging behaviors can be managed successfully, we hope to reduce expulsion as an option, causing less disruption in family and work life.

These training modules on inclusive child care will enable Easter Seals to leverage its expertise in serving young children with disabilities to benefit a broader population of children. We will fulfill our mission to advocate for disability services, advance our standing as a leader in the child care industry, and influence more child care providers to enroll children with disabilities and challenging behaviors, helping us meet our goal of increasing the availability of inclusive child care for *all* children and their families.

## **References**

Buysse, V., Wesley, P.W., Bryant, D., & Gardner, D. (1999). Quality early childhood programs in inclusive and noninclusive settings. *Exceptional Children, 63*, 301-314.

Buysse, V., Wesley, P.W., & Keyes, L. (1998). Implementing early childhood inclusion: Barrier and support factors. *Early Childhood Research Quarterly, 13*, 169-184.

Campbell, P., Milbourne, S., Silverman, C., & Feller, N. (2005). Promoting inclusion by improving child care quality in inner-city programs. *Journal of Early Intervention, 28*,

65-79.

Cost, Quality, and Child outcomes Study Team (1995). *Cost, quality, and child outcomes in child care centers public report*. Denver: Economics Department, University of Colorado-Denver.

Smolensky, E. & Gootman, J.A. (Eds.) (2003). *Working families and growing kids: Caring for children and adolescents*. Washington, DC: National Academy Press.

**For more information contact:**

Leslie L. Jackson, MEd, OT  
Project Director, Training Modules for Inclusive Child Care  
Easter Seals, Inc.  
Chicago, Illinois 60606  
[ljackson@easterseals.com](mailto:ljackson@easterseals.com)