New Jersey

Inclusive Child Care Project

Finding Our Way Together
A Resource Guide

Resources To Support Inclusion of Children With Special Needs In Child Care Programs

2016

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Statewide Parent
Advocacy Network

grow nj kids

New Jersey
Department of Human Services
New Jersey Inclusive Child Care Project

New Jersey
Inclusive Child Care Project

(This project is a collaboration between the Statewide Parent Advocacy Network (SPAN) and the Department of Human Services (DHS) and the Division Family Development (DFD)

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The New Jersey Department of Human Services (DHS), Division of Family Development (DFD), is the lead agency for the administration of the Child Care Development Program and as such, provides resources and supports to address the child care needs of families and support providers and programs servicing families that need early care and education services. As a part of the state plan for the Child Care Development Program, New Jersey Inclusive Child Care Project provides supports to improve the supply of high quality child care programs for children of specials needs and addresses parent and families, especially those of children of special needs understanding of inclusive practices.

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Dear Readers,

Welcome! This Resource Guide was proudly created by the Statewide Parent Advocacy Network New Jersey Inclusive Child Care Project (NJICCP), and is a compilation of national and local resources. This Guide was specifically designed to assist families seeking inclusive child care, and professionals working with families seeking inclusive child care. This Guide provides information on specific Laws, policy statements, guidance documents, and research that supports inclusion. The resources in this Guide are not exhausted of all resources available in New Jersey or Nationally. In compiling information for the Guide, we strived to present the most updated information possible, and will continue to add resources as they become known to us.

Funded by a grant from New Jersey Department of Human Services, Division of Family Development, NJICCP is able to promote childcare providers to offer inclusive child care services and educate families and professionals of services available for children with disabilities and special needs in New Jersey. New Jersey's Quality Ratings and Improvement Scale, Grow NJ Kids initiative and Partnerships, provide a wealth of resources to early childhood professionals to promote and support inclusion. Although the Guide contains specific information to New Jersey, information on Federal Legislation, Policy Statements and research is applicable to every State.

We live in a society that is becoming more and more inclusive in terms of acceptance of various cultures, lifestyles, national origins, and abilities. At NJICCP, we believe inclusion is a practice rather than a place and that every child, especially those with disabilities and special needs, can participate in early childhood settings with supports and resources. This Guide will provide you with knowledge of your responsibility as provider of childcare services, and your rights as a family member seeking early childhood opportunities for your child.

Having raised a child with down syndrome, I realized one of the most important impact we can have is our influence on the life of a child. At times our journey through early childhood was challenging, but thanks to the help of so many wonderful and loving people, we were able to create inclusive opportunities that uniquely fit my child's development. We have heard it takes a village to raise a child, and there is no one single solution to inclusion. We hope this Guide will give you the tools you need to assist in nurturing a child's development, working along-side families in this remarkable journey in raising their child. We can miss many opportunities to improve the lives of children and families by focusing on our differences and our perception of challenges and barriers to inclusion. We hope this Guide will truly assist you in finding our way together to promote the successful participation of every child.

Remember, we are more alike, than different.

Denise Bouyer-Hargrove

Denise Bouyer-Hargrove

Director, New Jersey Inclusive Child Care Project

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FRIENDS MAKE THE DIFFERENCE

Mark's Buddy

Mark was cautiously building with his Duplo Blocks in the block corner, when a classmate, Paula squatted next to him. She asked, "Can I build with you?" Receiving no response, Paula staked her claim to some remaining blocks and began to build. "Just like me," she coached her friend -- "push them together." Paula, a non-disabled peer at Mark's preschool has taken three-year-old Mark under her wing. "We are building a beautiful house" Paula exclaimed! Mark watched intently and continued to build with his friend.

Placing Pattie

Pattie is a 3-year-old little girl with an Autism Spectrum diagnosis. Her mom and dad visited a

school designed to meet the needs of children like Pattie. Although the school had a fantastic reputation, the parents were not impressed. "The school seems perfect for her," mom expressed to her husband. "It has far more opportunities than the special classes in the public school. We should be so happy." The District placed Pattie in an interim placement at Minding Miracles. After a few days at the interim placement, mom saw improvements in her daughter's cognitive ability, and her social interactions as well. "I want her to continue here!" she exclaimed to her husband. "She seems happy and is already saying so many more words." Minding Miracles is a licensed preschool program in Old Bridge NJ, that prides itself on including children with special needs in their typical program. After only a few short weeks of attending Minding Miracles, Pattie was matching colored objects and making better eye contact. She was also visibly excited walking into the school. When mom dropped her off one morning, her new friends said, "Hi Pattie!" Some of her friends gave her high fives and some gave her hugs. Pattie gleefully clapped her hands and smiled widely as she walked into the classroom and hung up her backpack.

Kathleen A. DeMarco M.Ed; BCBA President of Minding Miracles Learning Center Old Bridge NJ

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. DEPARTMENT OF EDUCATION

POLICY STATEMENT ON
INCLUSION OF CHILDREN WITH DISABILITIES IN
EARLY CHILDHOOD PROGRAMS

EXECUTIVE SUMMARY : Modified

September 14, 2015

This year our country proudly celebrates the 25th anniversary of the Americans with Disabilities Act, the 40th anniversary of the Individuals with Disabilities Education Act (IDEA), and the 50th anniversary of Head Start. All three efforts have been transformative in ensuring equal opportunity for all Americans. While tremendous progress has been made, the anniversaries of these laws are cause for reflection on the work that lies ahead. Children with disabilities and their families continue to face significant barriers to accessing inclusive high-quality early childhood programs and too many preschool children with disabilities are only offered the option of receiving special education services in settings separate from their peers without disabilities. This lag in inclusive opportunities is troubling for many reasons:

- Being meaningfully included as a member of society is the first step to equal opportunity, one of America's most cherished ideals, and is every person's right – a right supported by our laws.

- Research indicates that meaningful inclusion is beneficial to children with and without disabilities across a variety of developmental domains.

- Preliminary research shows that operating inclusive early childhood programs is not necessarily more expensive than operating separate early childhood programs for children with disabilities.

- Meaningful inclusion in high-quality early childhood programs can support children with disabilities in reaching their full potential resulting in broad societal benefits.

It is the Departments' position that all young children with disabilities should have access to inclusive high-quality early childhood programs, where they are provided with individualized and appropriate support in meeting high expectations. To further this position, the Departments' policy statement on the inclusion of young children with disabilities in early childhood programs:

- Sets an expectation for high-quality inclusion in early childhood programs;

- Highlights the legal and research foundations supporting inclusion; and

- Provides recommendations to States, local educational agencies (LEAs), schools, and early childhood programs for increasing inclusive early learning opportunities for all children.

Though this policy statement focuses on including young children with disabilities, it is our shared vision that all people be meaningfully included in all facets of society throughout the life course. This begins in early childhood programs and continues into schools, places of employment, and the broader community.

www2.ed.gov/policy/speced/guid/earlylearning/joint-statement-full-text.pdf

OVERVIEW

"Tell me and I will Forget
Teach me and I Remember
Involve me and I Learn"

Benjamin Franklin

The Scientific Base for the Benefits of Inclusion

(Excerpt from: Policy Statement on Inclusion of Children with Disabilities in Early Child Care Programs)

Evidence-based strategies for children with disabilities can be implemented successfully in inclusive early childhood programs.

- Children with disabilities, including those with the most significant disabilities, can make significant developmental and learning progress in inclusive settings.

- Research suggests that children's growth and learning is related to their peers' skills and effects are most pronounced for children with disabilities.

- These outcomes are achieved when children with disabilities are included several days per week in social and learning opportunities with their typically developing peers and specialized instructional strategies are used.

- Typically developing children show positive developmental social, and attitudinal outcomes from inclusive experiences.

CHALLENGES TO INCLUSION

(Excerpt from: Policy Statement on Inclusion of Children with Disabilities in Early Child Care Programs)

Attitudes and Beliefs:

- These are the most frequently reported barrier to early childhood inclusion, and may be influenced by misinformation of the feasibility of inclusion, resistance to changing existing practices, stereotyping of children with disabilities, and lack of awareness of the benefits for all children.

IDEA Interpretation and Perceived Barriers:

- Some jurisdictions misinterpret IDEA's Part C natural environment provision as only allowing early intervention services to be provided in children's homes, and not in community settings where typically developing children are included. Other jurisdictions misinterpret IDEA's free appropriate public education (FAPE) and LRE requirements as only allowing IDEA preschool special education services to be delivered in preschool programs operated in a public school building.

Lack of Comprehensive Services:

- The systems that provide services to young children often deliver services in separate settings. The lack of delivery of comprehensive supports in early childhood programs may be a barrier to the full participation and success of children with disabilities in inclusive settings.

Limited Time and Commitment to Build Partnerships:

- A key ingredient to successful inclusion is a strong partnership between general early childhood programs and early intervention and early childhood.

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

- Providers, specialists and parents work together so that 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 all 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 ADA prohibits discrimination on the basis of disability in employment, State and local government, public accommodations, commercial facilities, transportation and telecommunications.

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

Individualized Family Service Plan (IFSP)

An Individualized Family Service Plan (IFSP) documents and guides the early intervention process for the child with a disability or special need and their family. 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).

Individual Education Plan (IEP)

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 ages 3 years to 21 years of age. If the child qualifies for special education, the school district must then develop an Individualized Education Plan (IEP). This plan identifies goals and objectives set up by a team that includes the child's teacher, parent/guardian and other specialists.

An IEP or IFSP will identify the child's goals and may be incorporated into the child care program. 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.

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. Always ask the parent for input and suggestions about how best to support the child.

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 Disabilities

- 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.

WarmLine Family Resource Center
916/455–9500
www.warmlinefrc.org
At WarmLine our mission is to provide information, education and support to promote and strengthen the foundation of families and children with special needs to face the challenges of the present and create a new dreams for the future.

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.

SPAN

Statewide Parent Advocacy Network

Empowering families, professionals, and others interested in the well-being and education of children and youth

In this fact sheet:

- **What protections does Section 504 offer to students with disabilities?**

- **Who must comply with 504 and the ADA?**

- **How is Section 504 eligibility determined?**

- **What is a 504 Plan?**

- **How do I file a Section 504 complaint?**

{and more}

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Section 504 and the Americans with Disabilities Act (ADA) are important federal civil rights laws. They both prohibit discrimination on the basis of disabilities.

SECTION 504 AND THE AMERICANS WITH DISABILITIES ACT (ADA) IN SCHOOLS

What protections does Section 504 offer to students with disabilities?

Section 504 provides that students with disabilities have a right to a free, appropriate public education (FAPE), even if those disabilities do not interfere with the child's ability to learn. Students must have meaningful access to academic programs, such as gifted and talented schools, magnet schools, and other special programs, as well as non-academic activities such as field trips, graduation ceremonies, and extra curricular activities. Schools must provide necessary educational services, aids, and accommodations to ensure non-discrimination.

How does the ADA protect students with disabilities?

ADA is a civil rights law with broad application. It prohibits discrimination against people with disabilities in a wide range of settings, including employment, transportation, state and local government programs, and public accommodations. The ADA does not contain specific special education rules or requirements.

Who must comply with 504 and the ADA?

All public schools that receive federal financial assistance must comply with Section 504's non-discrimination provisions. Private schools receiving direct or indirect federal funding must also comply. The ADA applies to all "public accommodations," including schools, child care centers, and universities.

Who is protected by Section 504 and the ADA?

Section 504 and the ADA protect people of all ages who have disabilities that "substantially limit" one or more of the following "major life activities:"

- Caring for oneself
- Seeing, hearing, or speaking
- Breathing
- Learning
- Performing manual tasks
- Walking
- Working

Covered disabilities and conditions include many mental or psychological disorders, such as ADHD, learning and intellectual disabilities, and medical conditions such as allergies, asthma and diabetes.

continues on reverse

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How is a student referred for services under Section 504?

Anyone can refer a student for evaluation under Section 504. If a parent believes a child may be eligible for services, he/she should inform the school in writing and provide records or documentation. Parents should also ask for a copy of the district's Section 504 plan. Within 30 days of receipt of all the relevant documentation (or sooner), the district should respond to the request in writing. In the written response, the school will indicate whether the child will be evaluated to determine eligibility. If denied, the letter must describe the steps needed to appeal the decision.

How is eligibility determined?

If formal testing is needed to confirm the disability, then formal testing must be conducted. If a child's disability has already been confirmed by a doctor or specialist, then there may be no need for additional testing.

Schools must consider a variety of sources such as a student's grades over several years, teacher's reports, information from parents, test scores, observations, discipline reports, attendance records, health records and adaptive behavior information. A single source of information (such as a doctor's report) cannot be the only information considered. The law does not require that parents be a part of the eligibility decision-making committee, but they should be asked to contribute any information that they may have (e.g., doctor's reports, outside testing reports, etc.). All information submitted must be documented and considered.

Does Section 504 guarantee FAPE and LRE in a public school setting?

Like IDEA, Section 504 requires that all services and accommodations be provided in the "least restrictive environment" (LRE). A student may not be removed from the regular class unless his/her needs cannot be met in the regular class even with the provision of supplementary aids and services. FAPE consists of the provision of regular or special education and related aids and services designed to meet the student's individual educational needs as adequately as the needs of nondisabled students.

Section 504 does not require FAPE for childcare centers, private schools, and universities, merely "reasonable accommodations."

How do I file a Section 504 complaint?

If you believe that Section 504 has been violated, you may file a complaint with the Office of Civil Rights. A complaint must be filed within 180 calendar days of the date of the alleged discrimination.

A 504 Plan

If a child is determined eligible for Section 504 services, a Section 504 plan must be developed. Accommodations, modifications, and services must be determined on an individual basis and designed to 'level the playing field.' It can be helpful to consider the following strategy areas:

- **Environmental:** removing physical barriers, modified seating, extra time, special lighting, and use of specialized writing tools.

- **Organizational:** adjustments to class schedules, peer-assisted note taking, an extra set of books for use at home, and study guides.

- **Behavioral:** positive reinforcement, counseling, and positive behavior support plans.

- **Presentation:** highlighted text books, books on tape, enlarged print, computer-aided instruction, access to teacher outlines, and tutors.

- **Assignments:** use of calculators, computers, and extra time for assignments, and reduced homework.

- **Evaluations:** extended time on tests, testing modifications, oral tests, and testing at alternate times/locations.

- **Health and Medical:** administration of oral medications, inhalers, injections including epi-pens, and intermittent catheterization.

- **Related Services:** counseling, occupational, physical and/or speech therapy.

Learn more:

To learn about filing a Section 504 complaint, visit:

http://www2.ed.gov/about/offices/list/ocr/docs/howto.html

Phone: 800-421-3481; TDD: 800-877-8339

Go online to learn more about this topic, including:

What are some of the conditions covered under Section 504?

Can Section 504 and ADA help a parent with a disability?

What are my rights as a parent under Section 504?

What are the childcare requirements under Section 504 and ADA?

**Need info?
CALL SPAN!**

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**800-654-SPAN (7726)
973-642-8100**

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THE LEGAL FOUNDATION

(Excerpts from: Policy Statement on Inclusion of Children with Disabilities in Early Child Care Programs)

- IDEA Part C requires that appropriate early intervention services are made available to the maximum extent appropriate to eligible infants and toddlers with disabilities in natural environments, including the home, and community settings in which children without disabilities participate.

- For eligible children with disabilities ages three through 21, IDEA Part B requires that, special education and related services, be provided, to the maximum extent appropriate, in the least restrictive environment (LRE), which includes a continuum of placement options and supplementary services.

- The IDEA presumes that the first placement option considered for an eligible child with a disability is the regular classroom the child would attend if he or she did not have a disability. LEAs must ensure that a free appropriate public education is provided in the LRE regardless of whether they operate a general early childhood program. This may include providing special

- The Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 (Section 504) prohibit discrimination on the basis of disability. HHS and ED's Section 504 regulations require recipients such as schools to provide equal educational opportunities for children with disabilities in the most integrated setting appropriate to the child's needs.

- The Head Start Act and the Child Care and Development Block Grant Act have specific provisions that support high-quality early learning opportunities for children with disabilities.

- The Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 (Section 504) prohibit discrimination on the basis of disability. HHS and ED's Section 504 regulations require recipients such as schools to provide equal educational opportunities for children with disabilities in the most integrated setting appropriate to the child's needs.
- The Head Start Act and the Child Care and Development Block Grant Act have specific provisions that support high-quality early learning opportunities for children with disabilities.

www2.ed.gov/policy/speced/guid/earlylearning/joint-statement-full-text.pdf

CHILD CARE AND CHILDREN WITH SPECIAL NEEDS

ALMOST EVERYTHING YOU WANTED TO KNOW BUT WERE AFRAID TO ASK!

Are child care centers covered by the American with Disabilities Act (ADA)?

Yes. Almost all privately-run child care centers (including small, home-based centers, even those that are not licensed by the state) and all child care services provided by government agencies (like Head Start, summer programs, and extended school day programs) must comply with the ADA. Even private child care centers that are operating on the premises of a religious organization are covered by ADA. Only centers that are controlled or operated by a religious organization do not have to comply with ADA. Even those centers may have to comply if they have agreed to comply through contract with a federal, state, regional, or local government agency.

What are the basic requirement of the ADA for child care centers?

Child care providers may not discriminate against persons with disabilities. They must provide children and parents with disabilities with an equal opportunity to participate in their programs and services.

- Centers and providers cannot exclude children with disabilities from their programs unless their presence would pose a direct threat to the health or safety of others or require a fundamental alteration of their program.
- Centers and providers must make reasonable modifications to their policies and practices to include children, parents, and guardians with disabilities in their programs unless doing so would be a fundamental alteration of their program.
- Centers and providers must provide

appropriate auxiliary aids and services needed for effective communication with children or adults with disabilities, unless doing so would be an undue burden (significant difficulty or expense, relative to the childcare providers' resources or the resources of the parent. company).

- Centers and providers must make their facilities accessible to people with disabilities. Existing facilities must remove any readily achievable barriers, while newly constructed facilities and any altered portions of existing facilities must be fully accessible. If existing barriers can be easily removed without much difficulty or expense, child care providers must remove those barriers now even if there are no children or adults with disabilities using the program. Installing offset hinges to widen a door opening, installing grab bars in toilet stalls, or rearranging tables, chairs or other furniture are all examples of readily achievable barrier removal. Centers run by government agencies must insure that their programs are accessible unless making changes would impose an undue burden: this will sometimes include changes to facilities. In order to demonstrate reasonable efforts. child care providers must attempt to access available resources outside of their programs. For example, resources to support the inclusion of a child with a disability may be provided by the NJ Early Intervention System - NJ Department of Health and Senior Services or by a local school district through its special education program. Other resources may be available through the Office of Early Care and Education of the NJ State Department

of Human Services and the local county Child Care Resource and Referral agency.
These agencies offer free information and assistance to child care providers.

How do I decide whether my center can meet the needs of a child with a disability?

Child care providers must make individualized assessments about whether they can meet the particular needs of each child with a disability who seeks services from their program, without fundamentally altering their program. In each case, the provider must talk with the parents or guardians and other professionals who work with the child. Providers are often surprised at how simple it is to include children with special needs in their programs. Child care providers are not required to accept children who would pose a direct threat or whose presence or necessary care would fundamentally alter the nature of their program.

What are some reasons that ARE NOT acceptable for rejecting children with disabilities?

- Higher insurance rates are not a valid reason for excluding children with disabilities. If any extra cost is incurred, it should be treated as overhead and divided equally among all paying families.
- The need of a child with a disability for individualized attention is not a valid reason for excluding that child, unless the extent of the child's need for individualized attention would fundamentally alter the child care program or the cost of providing the individualized attention would be an undue burden on the program.
- The need for a child with a disability to bring a service animal, such as a seeing eye dog, to the center, is not a valid reason for excluding that child, even if the center has a .no pets. policy. Service animals are not pets.
- The need for a child with a disability to receive medication while at the childcare program is not a valid reason for excluding that child. As long as reasonable care is used in following the written instructions about administering medication, centers are generally not liable for any resulting problems.
- The fact that a child has allergies, even severe, life-threatening allergies to bee stings or certain foods, is not a valid reason for excluding that child. Child care providers need to be prepared to take appropriate steps in the event of an allergic reaction, such as administering a medicine called. epinephrine. that will be provided in advance by the child's parents or guardians. New Jersey State law allows non-medical personnel to administer these epi-pens.
- Delayed speech or developmental delays are not valid reasons for rejecting children with disabilities. Under most circumstances, children with disabilities must be placed in age-appropriate classrooms.
- Mobility impairments are not valid reasons for rejecting children with disabilities. Some children with mobility impairments may need assistance in taking off and putting on leg or foot braces during the day. As long as doing so would not be so time-consuming that other children would have to be left unattended, or so complicated that it can only be done by licensed health care professionals, it would be a reasonable modification to provide such assistance.
- The need for toileting is not a valid reason for rejecting children with disabilities, even if the provider has a general rule about excluding children over a certain age unless they are toilet trained. Under state regulations, the child care provider must

have an approved toileting are if toileting services are provided for any child, regardless of age. This is not grounds for refusing to accept a child who requires these services. Of course, universal precautions, such as wearing latex gloves, should be used whenever caregivers come into contact with children's blood or bodily fluids, such as when they are providing toileting services.

What are some reason that ARE acceptable for not accepting children with disabilities?

- Children who pose a direct threat – a substantial risk of serious harm to the health and safety of others - do not have to be admitted into a program. This determination may not be made on generalizations or stereotypes; it must be based on an individualized assessment that considers the particular activity and the actual abilities and disabilities of the child.
- Child care providers may ask all applicants whether a child has any diseases that are communicable through the types of incidental contact expected to occur in child care settings or specific conditions, like active infectious tuberculosis, that in fact pose a direct threat. Providers may not inquire about conditions such as

AIDS or HIV infections that have not been demonstrated to pose a direct threat.

What are some reason that ARE acceptable for removing a child with disabilities from a child care program after being admitted?

If a child care provider has made reasonable efforts to meet the needs of a child with disabilities already in their program, but the child's needs cannot be met, or the child continues to pose a direct threat to the health or safety of others, the child may be removed from the program. However, this decision must be made on an individual basis.

How does a child care provider cover the cost of providing special services to a child with a disability?

Child care providers may NOT charge parents of children with special needs additional fees to provide services required by the ADA. For example, if a center is asked to do simple procedures that are required by the ADA, like finger-prick blood glucose tests for children with diabetes, it cannot charge the child's parents extra (of course, the parents must provide all appropriate testing equipment, training and special food necessary for the child). Instead, the provider must spread the cost across all families participating in the program. If the child care

provider is providing services beyond those required by ADA, like hiring licensed medical personnel to conduct complicated medical procedures, it may charge the child's family. To help offset the cost of actions or services that are required by the ADA, such as architectural barrier removal, providing sign language interpreters, or purchasing adaptive equipment, some tax credits and deductions may be available. Contact the ADA Information Line, (800) 514-0301, for more details, Contact the New Jersey Inclusive Child Care Project at 1-(800) 654- 7726 ex: 108 for more information or for the Resource and Referral agency nearest you.

Americans with Disabilities Act (ADA)

Prohibits discrimination based on disability in employment, education, and "public accommodations," including child care providers Requires "reasonable accommodations" to be provided at no cost to the person with a disability

Requires child care providers to accept and serve children with disabilities if they can do so without substantively altering their program and without incurring "excessive cost"

Enforced by U.S. Department of Justice

Section 504 of the Vocational Rehabilitation Act (Sec. 504)

Prohibits discrimination against persons with disabilities

Requires "reasonable accommodations" to be provided at no cost to the person with a disability

Requires child care providers to accept and serve children with disabilities if they can do so without substantively altering their program and without incurring "excessive cost"

Applies to organizations and institutions that receive federal financial assistance, directly or through state or municipal government (subsidized childcare providers, recreational programs, school-funded or sponsored before or after school programs and summer programs)

Individuals with Disabilities Education Act (IDEA)

Early intervention

Provides services and supports for infants and toddlers with developmental delays and disabilities from birth to age 3 and their families Services must be provided pursuant to an IFSP (Individualized Family Services Plan)

Services must be provided in "natural environments," settings where infants and toddlers without disabilities would typically be found

Services may be provided in child care centers, directly by, or in consultation with, therapists and special educators

Enforced by lead agency, New Jersey Department of Health

Preschool and School-Aged Special Education

Provides services and supports for 3-5 year olds with disabilities

Services must be provided pursuant to an IEP (Individualized Education Program)

Services must be provided in the "least restrictive environment," starting with the regular setting with non-disabled peers

Preschool Services may be provided in child care centers or other early childhood settings, directly by therapists and special educators and/or in consultation with therapists and special educators

Services must include access to general curriculum, participation in assessments with necessary accommodations, and participation in extracurricular and nonacademic activities
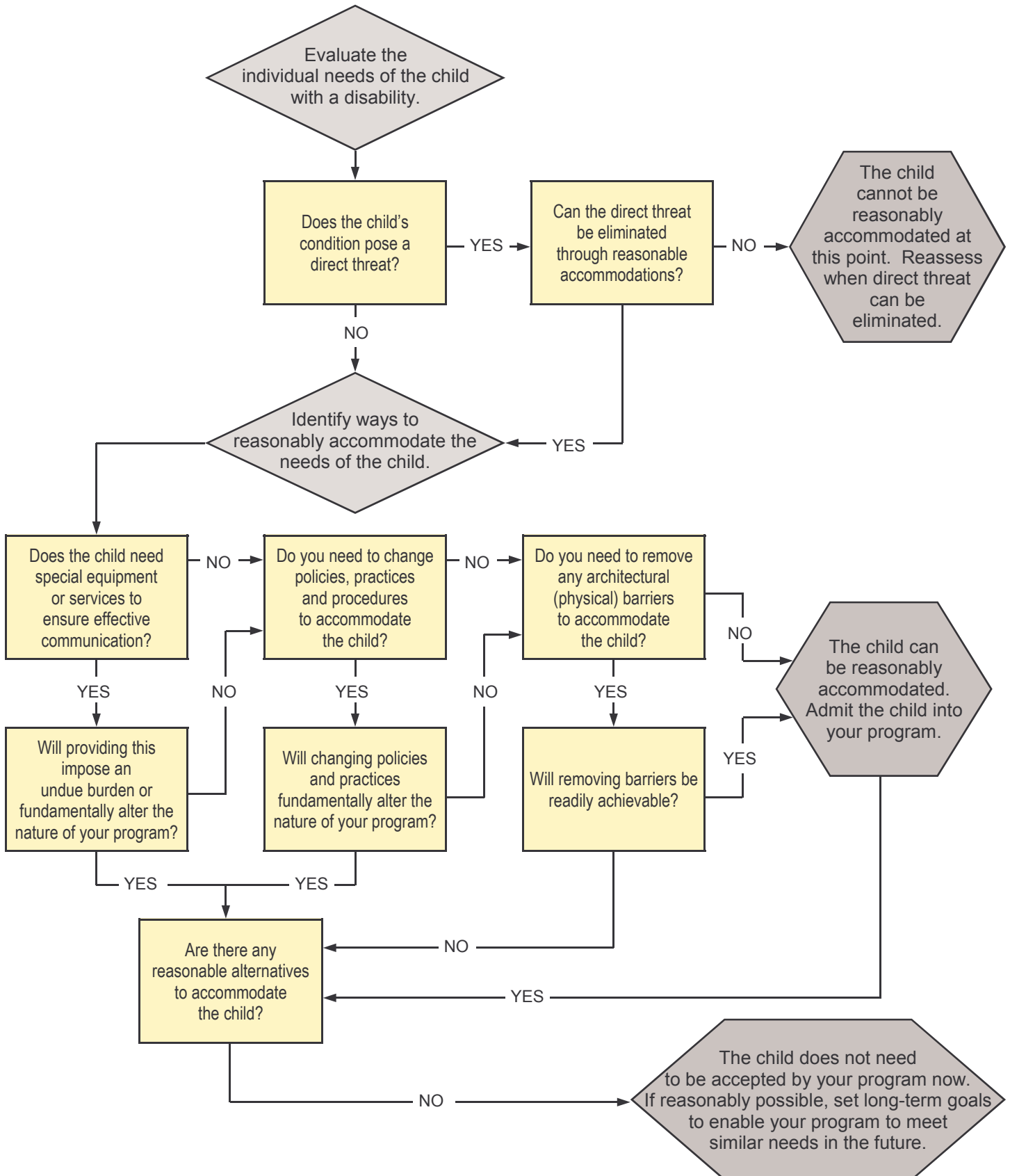
Services should be provided in the school/setting the child would attend if s/he did not have a disability, or if that's not possible, the next closest school/setting

Enforced by the lead agency, New Jersey Department of Education

THE AMERICANS WITH DISABILITY ACT (ADA)
A NEW WAY OF THINIKING
TITLE III: PUBLIC ACCOMODATIONS

Evaluate the individual needs of the child with a disability.

Does the child's condition pose a direct threat?

— YES → Can the direct threat be eliminated through reasonable accommodations?

— NO → The child cannot be reasonably accommodated at this point. Reassess when direct threat can be eliminated.

NO ↓

Identify ways to reasonably accommodate the needs of the child. ← YES (from "Can the direct threat be eliminated...")

Does the child need special equipment or services to ensure effective communication?

— NO → Do you need to change policies, practices and procedures to accommodate the child?

— NO → Do you need to remove any architectural (physical) barriers to accommodate the child?

— NO → The child can be reasonably accommodated. Admit the child into your program.

YES ↓

Will providing this impose an undue burden or fundamentally alter the nature of your program?

NO → (to "Do you need to change policies...")

YES ↓ (to "Do you need to remove any architectural...")

Will changing policies and practices fundamentally alter the nature of your program?

YES ↓

NO → (to "Are there any reasonable alternatives...")

Will removing barriers be readily achievable?

— YES → The child can be reasonably accommodated. Admit the child into your program.

Are there any reasonable alternatives to accommodate the child? ← YES (from "Will providing this impose...") ← YES (from "Will changing policies...") ← NO ← YES

— NO → The child does not need to be accepted by your program now. If reasonably possible, set long-term goals to enable your program to meet similar needs in the future.

THE AMERICANS WITH DISABILITY ACT (ADA)
A NEW WAY OF THINIKING

To *reasonably accommodate* individuals with disabilities in order to *integrate* them into the program to the extent feasible, given *each individual's* limitations.

ADA PRINCIPLES:

INDIVIDUALITY
the limitations and needs of *each* individual;

REASONABLENESS
of the accommodation to the *program* and to the *individual*;

INTEGRATION
of the individual *with others* in the program.

TYPES OF ACCOMMODATIONS:

AUXILIARY AIDS AND SERVICES
special equipment and services to ensure effective communication;

CHANGES IN POLICIES, PRACTICES AND PROCEDURES;

REMOVAL OF BARRIERS
architectural, arrangement of furniture and equipment, vehicular.

REASONS TO DENY CARE:

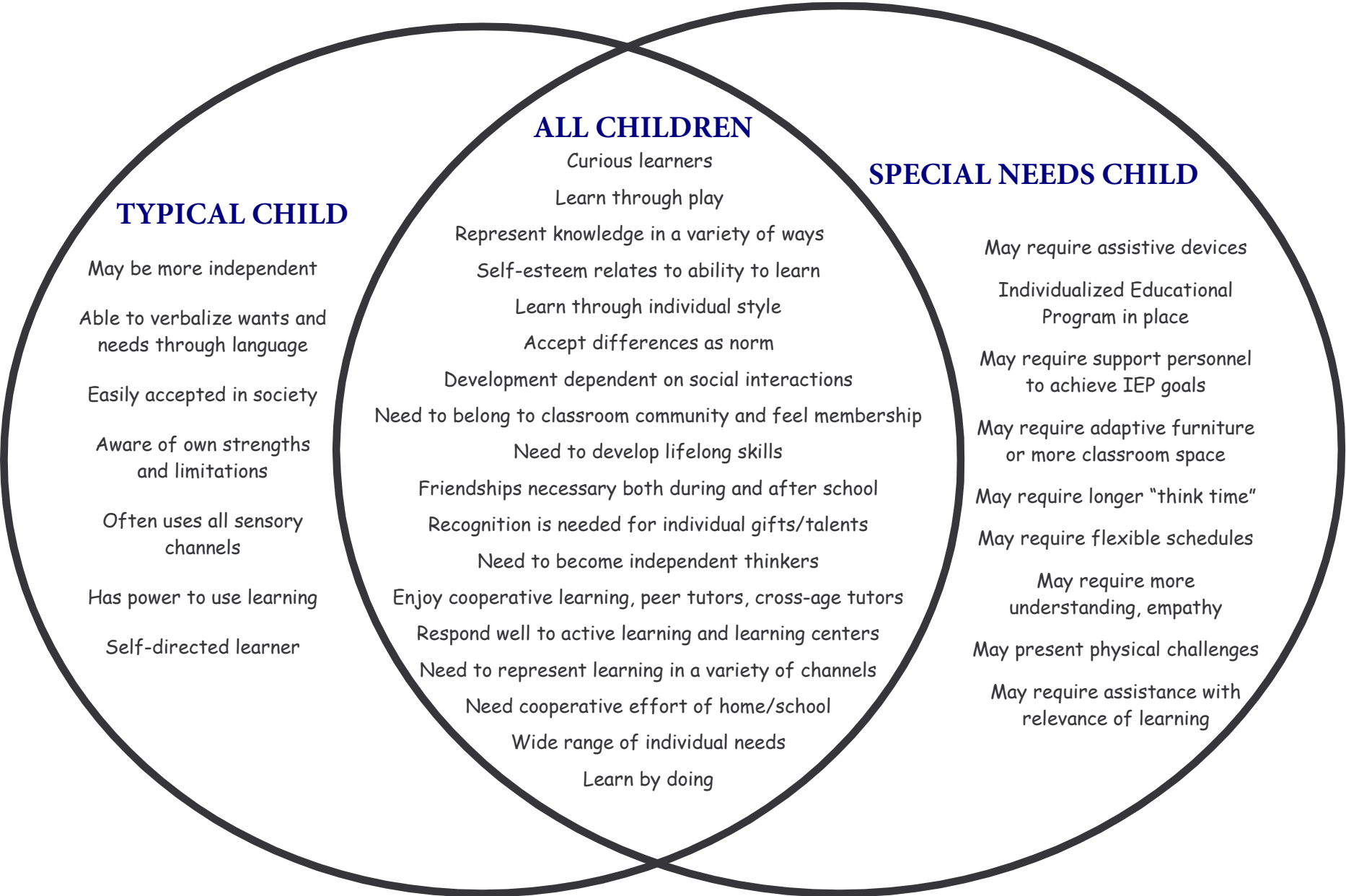**ACCOMMODATION IS UNREASONABLE,** and there are no reasonable alternatives.
- For **auxiliary aids and services**, if accommodations pose an *UNDUE BURDEN* (will result in a significant difficulty or expense to the program);
- For **auxiliary aids and services**, or **changes in policies, practices or procedures**, if accommodations *FUNDAMENTALLY ALTER* the nature of the program;
- For **removal of barriers**, if accommodations are *NOT READILY ACHIEVABLE* (cannot be done without much difficulty or expense to the program).

DIRECT THREAT
The individual's condition will pose or does pose a significant threat to the health or safety of other children or staff in the program, and there are no reasonable means of removing the threat.

CHILDREN IN THE CLASSROOM ARE MORE ALIKE THAN DIFFERENT

ALL CHILDREN

TYPICAL CHILD

SPECIAL NEEDS CHILD

TYPICAL CHILD

May be more independent

Able to verbalize wants and needs through language

Easily accepted in society

Aware of own strengths and limitations

Often uses all sensory channels

Has power to use learning

Self-directed learner

ALL CHILDREN

Curious learners

Learn through play

Represent knowledge in a variety of ways

Self-esteem relates to ability to learn

Learn through individual style

Accept differences as norm

Development dependent on social interactions

Need to belong to classroom community and feel membership

Need to develop lifelong skills

Friendships necessary both during and after school

Recognition is needed for individual gifts/talents

Need to become independent thinkers

Enjoy cooperative learning, peer tutors, cross-age tutors

Respond well to active learning and learning centers

Need to represent learning in a variety of channels

Need cooperative effort of home/school

Wide range of individual needs

Learn by doing

SPECIAL NEEDS CHILD

May require assistive devices

Individualized Educational Program in place

May require support personnel to achieve IEP goals

May require adaptive furniture or more classroom space

May require longer "think time"

May require flexible schedules

May require more understanding, empathy

May present physical challenges

May require assistance with relevance of learning

CURRICULUM MODIFICATION PLANNING FORM

What is everybody doing?

_____

_____

_____

Can _____ participate just like everyone else?

YES?
Then go have fun!

NO?
What can we do to
include _____?

Can we give _____
some help from friends? _____

From whom? _____

Can an adult help _____?
_____

Who? _____

Can _____ use different materials? _____

What materials? _____
_____

How will they be used? _____
_____

What else can _____ do
that is related to what the class is doing?

_____
_____
_____
_____
_____

ENVIRONMENTAL SUPPORTS

Ways to Structure the Environment to Promote Active Participation, Flexibility and Independence

Dalrymple, 1995; Wetherby & Prizant, 1992; in Quill, 1995

Use *Event Structures* to help child know how to participate in the activity and to promote interaction
- ♦ define each activity with a clearly marked opening events (e.g., check picture schedule and gather needed materials), way to participate (e.g., use materials), and closing event (e.g., put materials away)
- ♦ use a sequence of steps that is logical and predictable to the child with clearly marked turn-taking in which the child can anticipate
- ♦ use a limited number of clearly delineated roles that are exchangeable and that require cooperation

Use *Predictable Routines* to help child anticipate the sequence of events and how to participate in activity
- ♦ design the physical space and schedule to promote smooth transitions between activities and foster a sense of the school routine
- ♦ mark the opening and closing of each activity with a ritual (e.g., taking materials out and putting materials away)
- ♦ develop school routines for morning circle, centers, snack, lunch, etc.
- ♦ develop home routines for getting ready for school, after-school activities, diner, etc.

Use *Visual Supports* to help child initiate choice making, have a way to say no, & maintain self-control
- ♦ use picture exchange or picture choice boards to make choices about foods for snack and lunch, activities in work centers, activities on playground, etc.
- ♦ develop clear, simple ways to indicate the many meanings of *no* (i.e., I don't want that, I don't want to do that, I need help doing it, I need a break from that, etc.)
- ♦ develop self-calming strategies
- ♦ establish a safe place for child to be alone and "*chill out*" and a way to ask for time alone

Use *Picture Schedules* to organize sequences of time for part of a day, week, month or year
- ♦ develop picture (or object) schedules for each daily routine
- ♦ review schedule boards frequently, initially prior to each activity and gradually fade frequency
- ♦ incorporate choice making of activities/materials and gradually introduce variability into schedule
- ♦ use picture schedules to help child anticipate changes in routine

Use *Participation Guidelines* to define what the task is and *Completion Guidelines* to indicate when the task is finished
- ♦ use a work system to help child know what is expected and how to complete a task independently (e.g., use a green bin for the parts to be assembled, use a blue bin to present a model or jig as a guide, and use a red bin for the assembled product)
- ♦ use timers to indicate completion of an activity or center

Use *Waiting Supports* to help child understand what is expected and learn how to wait
- ♦ use a particular object to hold while waiting for the next activity (e.g., book, headphones)
- ♦ use a particular buddy to stand next to while waiting in line

Use *Spatial Supports* to help child know where things are located
- ♦ clearly define areas of room where different behaviors are expected
- ♦ label areas and belongings with large clear symbols

EARLY CHILDHOOD

As stated by Zero to Three, National Center for Infants, Toddlers and Families, the first three years of life are a period of incredible growth in all areas of a baby's development. In fact, the baby's brain is twenty-five (25) percent of its approximate adult weight. By age 3, it has grown dramatically by producing billions of cells and hundreds of trillions of connections, or synapses, between these cells. Because of the crucial period of development for infants and toddlers, it's even more important to ensure they are in a quality care setting that is supportive of individual learning.

Early Childhood Inclusion

A Joint Position
Statement
of the
Division for
Early Childhood
(DEC) and
the National
Association for
the Education
of Young
Children
(NAEYC)

Today an ever-increasing number of infants and young children with and without disabilities play, develop, and learn together in a variety of places – homes, early childhood programs, neighborhoods, and other community-based settings. The notion that young children with disabilities[1] and their families are full members of the community reflects societal values about promoting opportunities for development and learning, and a sense of belonging for every child. It also reflects a reaction against previous educational practices of separating and isolating children with disabilities. Over time, in combination with certain regulations and protections under the law, these values and societal views regarding children birth to 8 with disabilities and their families have come to be known as early childhood inclusion.[2] The most far-reaching effect of federal legislation on inclusion enacted over the past three decades has been to fundamentally change the way in which early childhood services ideally can be organized and delivered.[3] However, because inclusion takes many different forms and implementation is influenced by a

wide variety of factors, questions persist about the precise meaning of inclusion and its implications for policy, practice, and potential outcomes for children and families.

The lack of a shared national definition has contributed to misunderstandings about inclusion. DEC and NAEYC recognize that having a common understanding of what inclusion means is fundamentally important for determining what types of practices and supports are necessary to achieve high quality inclusion. This DEC/NAEYC joint position statement offers a definition of early childhood inclusion. The definition was designed not as a litmus test for determining whether a program can be considered inclusive, but rather, as a blueprint for identifying the key components of high quality inclusive programs. In addition, this document offers recommendations for how the position statement should be used by families, practitioners, administrators, policy makers, and others to improve early childhood services.

Definition of
Early Childhood Inclusion

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 and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential. The defining features of inclusion that can be used to identify high quality early childhood programs and services are access, participation, and supports.

What is meant by
Access, Participation, and Supports?

Access. Providing access to a wide range of learning opportunities, activities, settings, and environments is a defining feature of high quality early childhood inclusion. Inclusion can take many different forms and can occur in various organizational and community contexts, such as homes, Head Start, child care, faith-based programs, recreational programs, preschool, public and private pre-kindergarten through early elementary education, and blended early childhood education/early childhood special education programs. In many cases, simple modifications can facilitate access for individual children. Universal design is a concept that can be used to support access to environments in many different types of settings through the removal of physical and structural barriers. Universal Design for Learning (UDL) reflects practices that provide multiple and varied formats for instruction and learning. UDL principles and practices help to ensure that *every* young child has access to learning environments, to typical home or educational routines and activities, and to the general education curriculum. Technology can enable children with a range of functional abilities to participate in activities and experiences in inclusive settings.

Participation. Even if environments and programs are designed to facilitate access, some children will need additional individualized accommodations and supports to participate fully in play and learning activities with peers and adults. Adults promote belonging, participation, and engagement of children with and without disabilities in inclusive settings in a variety of intentional ways. Tiered models in early childhood hold promise for helping adults organize assessments and interventions by level of intensity. Depending on the individual needs and priorities of young children and families, implementing inclusion involves a range of approaches—from embedded, routines-based teaching to more explicit interventions—to scaffold learning and participation for all children. Social-emotional development and behaviors that facilitate participation are critical goals of high quality early childhood inclusion, along with learning and development in all other domains.

Supports. In addition to provisions addressing access and participation, an infrastructure of systems-level supports must be in place to undergird the efforts of individuals and organizations providing inclusive services to children and families. For example, family members, practitioners, specialists, and administrators should have access to ongoing professional development and support to acquire the knowledge, skills, and dispositions required to implement effective inclusive practices. Because collaboration among key stakeholders (e.g., families, practitioners, specialists, and administrators) is a cornerstone for implementing high quality early childhood inclusion, resources and program policies are needed to promote multiple opportunities for communication and collaboration among these groups. Specialized services and therapies must be implemented in a coordinated fashion and integrated with general early care and education services. Blended early childhood education/early childhood special education programs offer one example of how this might be achieved.[4] Funding policies should promote the

pooling of resources and the use of incentives to increase access to high quality inclusive opportunities. Quality frameworks (e.g., program quality standards, early learning standards and guidelines, and professional competencies and standards) should reflect and guide inclusive practices to ensure that all early childhood practitioners and programs are prepared to address the needs and priorities of infants and young children with disabilities and their families.

Recommendations for Using this Position Statement to Improve Early Childhood Services

Reaching consensus on the meaning of early childhood inclusion is a necessary first step in articulating the field's collective wisdom and values on this critically important issue. In addition, an agreed-upon definition of inclusion should be used to create high expectations for infants and young children with disabilities and to shape educational policies and practices that support high quality inclusion in a wide range of early childhood programs and settings. Recommendations for using this position statement to accomplish these goals include:

1. ***Create high expectations for every child to reach his or her full potential.*** A definition of early childhood inclusion should help create high expectations for every child, regardless of ability, to reach his or her full potential. Shared expectations can, in turn, lead to the selection of appropriate goals and support the efforts of families, practitioners, individuals, and organizations to advocate for high quality inclusion.

2. ***Develop a program philosophy on inclusion.*** An agreed-upon definition of inclusion should be used by a wide variety of early childhood programs to develop their own philosophy on inclusion. Programs need a philosophy on inclusion as a part of their broader program mission statement to ensure that

practitioners and staff operate under a similar set of assumptions, values, and beliefs about the most effective ways to support infants and young children with disabilities and their families. A program philosophy on inclusion should be used to shape practices aimed at ensuring that infants and young children with disabilities and their families are full members of the early childhood community and that children have multiple opportunities to learn, develop, and form positive relationships.

3. ***Establish a system of services and supports.*** Shared understandings about the meaning of inclusion should be the starting point for creating a system of services and supports for children with disabilities and their families. Such a system must reflect a continuum of services and supports that respond to the needs and characteristics of children with varying types of disabilities and levels of severity, including children who are at risk for disabilities. However, the designers of these systems should not lose sight of inclusion as a driving principle and the foundation for the range of services and supports they provide to young children and families. Throughout the service and support system, the goal should be to ensure access, participation, and the infrastructure of supports needed to achieve the desired results related to inclusion. Ideally, the principle of natural proportions should guide the design of inclusive early childhood programs. The principle of natural proportions means the inclusion of children with disabilities in proportion to their presence in the general population. A system of supports and services should include incentives for inclusion, such as child care subsidies, and adjustments to staff-child ratios to ensure that program staff can adequately address the needs of every child.

4. ***Revise program and professional standards.*** A definition of inclusion could be used as the basis for revising program and professional standards to incorporate high quality inclusive practices. Because existing early childhood program standards primarily reflect the needs of the general population of young children, improving the overall quality of an early childhood classroom is necessary, but might not be sufficient, to address the individual needs of every child. A shared definition of inclusion could be used as the foundation for identifying dimensions of high quality inclusive programs and the professional standards and competencies of practitioners who work in these settings.

5. ***Achieve an integrated professional development system.*** An agreed-upon definition of inclusion should be used by states to promote an integrated system of high quality professional development to support the inclusion of young children with and without disabilities and their families. The development of such a system would require strategic planning and commitment on the part of families and other key stakeholders across various early childhood sectors (e.g., higher education, child care, Head Start, public pre-kindergarten, preschool, early intervention, health care, mental health). Shared assumptions about the meaning of inclusion are critical for determining who would benefit from professional development, what practitioners need to know and be able to do, and how learning opportunities are organized and facilitated as part of an integrated professional development system.

6. ***Influence federal and state accountability systems.*** Consensus on the meaning of inclusion could influence federal and state accountability standards related to increasing the number of children with disabilities enrolled in inclusive programs. Currently, states are required to report annually to the U.S. Department of Education the number of children with disabilities who are participating in inclusive early childhood programs. But the emphasis on the prevalence of children who receive inclusive services ignores the quality and the anticipated outcomes of the services that children experience. Furthermore, the emphasis on prevalence data raises questions about which types of programs and experiences can be considered inclusive in terms of the intensity of inclusion and the proportion of children with and without disabilities within these settings and activities. A shared definition of inclusion could be used to revise accountability systems to address both the need to increase the number of children with disabilities who receive inclusive services and the goal of improving the quality and outcomes associated with inclusion.

Early Warning Signs
That Your Child or a Child in Your Care May Need Help

All children develop at different rates and in different ways. Some children are born with special needs that can affect their growth and development. Other children may not show developmental problems, delays, or differences until later in childhood. Fortunately, many of these children can get the support they need to reach their potential if parents and child care providers recognize the signs of need early and get help.

The Early Warning Signs described here are only a few of the indicators that a child may need further observation and assessment. If, for any reason, you suspect that your child or a child in your care may have special needs, we urge you to seek help immediately. The period from birth to age three is the best time to help the child and you may prevent more serious problems from occurring later. DON'T WAIT until the child enters kindergarten before you ask for assistance!

If you suspect that your child or a child in your care may have special needs, call or help the child's parents call the local district or the special education program of the county office of education. Representatives of those agencies may schedule an assessment to see if the child qualifies for services. Parents must give written permission for the child to be tested and receive special education. All services are confidential and provided at no cost to the family.

RISK FACTORS
The following situations place children at greater risk for health and developmental difficulties:
- Prematurity and/or low birth weight
- Prenatal or other exposure to drugs, alcohol, or tobacco
- Violence in the community or home
- Poor nutrition
- Family stress (poverty, poor housing, homelessness, death in the family)

GENERAL BEHAVIOR
Some behaviors may be causes for concern or just part of the child's temperament or personality. The following behaviors should be looked at in light of the whole child.

The child…
- By six months, avoids being held or talked to or resists being soothed and comforted
- Does not pay attention or stay focused for as long a time as other children the same age
- Avoids or rarely makes eye contact
- Gets unusually frustrated when trying to do simple tasks that most children of the same age can do
- Often acts out; appears stubborn or aggressive
- Acts extremely shy or withdrawn
- Does not like being touched
- Does not like having certain types of materials or clothing next to body
- Treats other children, animals, or objects cruelly or destructively
- Tends to break things a lot
- Displays violent behavior (tantrums, fighting, screaming, or hitting other children) on a daily basis
- Stares into space, rocks body, or talks to self more often than other children the same age
- Often bangs head against object, floor, or wall
- Does not recognize dangerous situations (walking in traffic, jumping from high places)
- Tends to be sick often; complains of headaches or stomachaches
- Has sleeping, feeding, eating or toileting problems
- Is overly impulsive, active, or distractible
- Does not respond to discipline as well as children of the same age
- Has difficulty putting thoughts, actions, and movements together
- Does not seek approval from parent or caregiver

HEARING
The child…
- Has frequent earaches
- Has had many ear, nose, or throat infections or allergies
- By four months, does not look at the source of sounds or voices or react to loud noises
- Talks in a very loud or very soft voice
- Seems to have difficulty responding when called from across the room, even when it is for something interesting
- Turns body so that the same ear is always turned toward a sound
- Breathes through mouth
- Has difficulty understanding what is said

MOVING
The child…
- Has stiff arms or legs
- Has floppy or limp body posture
- Uses one side of the body more than the other
- Has poor coordination or moves in a disorganized, clumsy manner compared with other children of the same age
- At three months, still has difficulty holding head up
- By age one, has difficulty sitting without help, standing up, reaching for objects, or picking up objects with thumb and index finger
- By age two, has difficulty walking without help, kicking a large ball, scribbling, or building a tower with two or three blocks
- By age three, does not walk up or down stairs, run without falling frequently, or turn pages of a book
- By age four, has difficulty standing on one foot, jumping from a bottom step, pedaling a tricycle, catching a large bounced ball, closing a fist, or wiggling a thumb
- By age five, has difficulty skipping using alternate feet, pumping self on a swing, or cutting with scissors

SEEING
The child…
- Rubs eyes frequently
- Seems to have difficulty following objects or people with eyes
- Has reddened, watering, or crusty eyelids
- Holds head in a strained or unusual position when trying to look at an object
- Has difficulty focusing or making eye contact
- Seems to have difficulty finding or picking up small objects dropped on the floor
- Closes one eye when trying to look at distant objects

COMMUNICATING
The child…
- By age six months, rarely makes sounds like cooing or gurgling
- Is unusually quiet
- Does not shake head *no*
- By age one, does not understand first words, such as *milk*, *bottle*, or *bye-bye*
- By age two, does not say *mama* or *dada*
- By age two, rarely names family members and/or common objects
- By age two, does not speak in two-word phrases
- By age two, does not point to objects or people to express want or need
- By age three, does not follow simple directions or speak in three- or four-word sentences
- By age four, does not tell stories, either real or make-believe, or ask frequent questions
- By age four, does not speak in four- or five-word sentences and has speech that is not understandable by adults
- By age five, does not know age and cannot answer *who*, *what*, *where*, *when* or *why* questions or use various types of sentences

THINKING
The child…
- By age one, has a hard time figuring out simple problems, such as finding an object after seeing it hidden
- By age two, does not identify simple body parts by pointing, match similar objects, or recognize self in a mirror
- By age three, does not understand simple mathematical concepts such as *one*, *more*, *less*, or count *1-2-3*
- By age four, does not give correct answers to questions, such as *What do you do when you are sleepy or hungry?*
- By age four, cannot tell the difference between different shapes or colors
- By age five, does not understand the concepts of *today*, *tomorrow*, or *yesterday*

PLAYING
The child…
- By three months, does not coo or smile
- By age one, does not play games like *peek-a-boo* or *pat-a-cake* or wave *bye-bye*
- By age two, does not imitate parent or caregiver doing routine tasks such as washing dishes, cooking, or going to work
- By age three, tends to play alone more than with other children
- By age three, does not play purposefully or initiates play through pushing and hitting
- By age three, does not interact with adults and children outside the family
- By age four, does not play make-believe games and group games such as hide-and-seek with other children
- By age five, does not share and take turns
- By age five, does not express concern or compassion, when appropriate
- By age five, does not show off occasionally

The Next Steps
New Jersey

When Developmental Concerns are Identified

Discuss Concerns with Your Child's Doctor

If you or your child's primary caretaker has noticed that your child has not reached age-appropriate milestones, ask your child's doctor or nurse practitioner for a referral to a specialist. During your appointment, you should also bring up any vision, hearing, or dental concerns.

Contact Early Intervention (Birth to 3 years old)

The Early Intervention System is the primary point of entry for health and social services. The statewide toll-free number (888-653-4463) will connect you to someone who will guide you through the enrollment process.

Contact Preschool Special Education (3 to 5 years old)

Your local school district can give you information on transition planning, school placement and more. The New Jersey Department of Education, Office of Special Education Programs (609-292-4469) and Project Child Find (800-322-8174) provide information about special education programs throughout the state.

Schedule a Developmental Evaluation

An evaluation team will assess your child for developmental delays, make a diagnosis if needed, and recommend a treatment plan. To find out about Child Evaluation Centers near you, contact 609-777-7778 or visit: http://www.state.nj.us/humanservices/ddd/home/ooanjcec.html

Connect with Local Community Resources

Community Resources include advocacy groups, parent workshops, and recreational programs. You may contact the Statewide Parent Advocacy Network (SPAN) at 800-654-7726 to learn more about what's available in your community.

Find Family/Social Support

Consider joining a support group or connecting with other parents to share experiences and resources. Some organizations that can help you get started include: NJ Parent to Parent (201-960-7159), Mom2Mom (877-914-6662), The Family Resource Network (800-376-2345), and Autism New Jersey (800-428-8476). You can also get in touch with your county's Family Support Organization (FSO). To find your county's FSO visit: www.state.nj.dcf/families/support/support

Mental Health and DD Services

PerformCare NJ (877-652-7624) connects children and their families to a variety of behavioral health and developmental disability services.

Contact Special Child Health Case Management

Your county's Special Child Health Services (SCHS) Case Management Unit will create an individual service plan to address your child's medical, educational, developmental, social, and economic needs. To find your county's Special Child Health Services Case Management Unit, contact 609-777-7778 or visit: http://www.state.nj.us/health/fhs/sch/sccase.shtml

Follow Up! Keep in touch with your child's pediatrician, case manager, child care provider(s), and teacher(s).

School-Age Children

"Disability is A Natural Part of the Human Experience and in No Way Diminishes the Right of Individual to Participate in or Contribute to Society"

Amendment from the Individual with Disabilities Education Improvement Act of 2004 (IDEIA)

What Do Child Care Providers Need to Know about IEPs and IFSPs?

September 14, 2015

If child care providers have children with special needs in their programs, they may have heard the terms IEP and IFSP. What do these terms mean, and how do they help child care providers better educate children with special needs?

Individualized Education Program (IEP)

Individualized Education Programs, or IEPs, are plans developed to guide the education of a child with special needs between ages 3 and 21 in the early childhood or school setting. The federal Individuals with Disabilities Education Act (IDEA) requires that all children with an identified special need have an IEP to help educators meet their unique educational needs. The IEP is a team-based effort that includes the child's parents, child care providers, school staff, doctors, therapists, and even the child when appropriate. At every step, the family is involved to ensure that the decisions made are best for them and their child.

An IEP is a written document that describes the ways that an individual child learns best, the measures and assessments that are most appropriate to document that child's learning, and the supports and special educational services that the child needs in order to learn most successfully. The IEP includes specific learning goals for the child. An IEP must be reviewed and updated regularly to ensure that it continues to be appropriate for the child's learning progress and special needs.

Individualized Family Service Plan (IFSP)

An *Individualized Family Service Plan (IFSP)* is a document intended to help families and professionals within a community support the special needs of a child under age 3. The IFSP focuses on providing supports and services to the family of a very young child with special needs in order to help that family enhance their child's growth and development. The IFSP is developed based on in-depth assessments of the child by a variety of professionals. An IFSP is usually broader than an IEP. In addition to learning goals and supports, the IFSP documents the child's current developmental level, describes outcomes for the child and family, and specifies community services for the child and family that will support the development of the whole child. The IFSP includes the needs of the whole family, with the parents as major contributors in its development. IFSP team members may come from a variety of different organizations and

may include medical professionals, physical and occupational therapists, speech therapists, child development specialists, child care providers, early intervention specialists, social workers, and others.

Child care providers can help create IEPs and IFSPs

The IEP and IFSP can be effective tools to help educators make decisions about the most effective care and education practices for a young child with special needs. Child care providers may be members of a team that creates, reviews, and revises the IEP or IFSP for a child in their child care program. If you are asked to be a team member, here are some of the things you may contribute:

- **Observations of the child's development**. IEPs and IFSPs are based on observations of the child with special needs. Child care providers may be able to add valuable information from your day-in, day-out interactions with the child. You may be asked how the child interacts with other children in the program, the types of activities the child likes to do, or the child's eating or sleeping patterns. Discuss the child's strengths and abilities as well as challenges. Be as honest as you can.
- **Documentation**. The IEP or IFSP team may ask to see any documentation you have kept about the child with special needs. Be willing to share any notes you have written, goals you have developed, information you have learned from the family, photographs of the child engaged in learning activities, and samples of the child's artwork, writing, and other materials. These notes

and documents can help the team better understand the child's development and create a plan that best meets that child's needs.

- **Information about the early childhood curriculum**. Child care providers may be asked to share information about your curriculum goals, activities, and plans, as well as information about the physical layout of your classroom or family child care home. These questions help the team better understand the setting, in order to provide supports to help the child with special needs succeed in that setting. You may also be asked to help identify ways that your curriculum can be modified to support the child with special needs. If you have already tried making modifications and have found ideas that work, share those with the team.

Using the IEP or IFSP to guide classroom practice

If a child comes into your child care program with an identified special need, ask for a copy of the IEP or IFSP. Child care directors and providers should review the document carefully, and pay attention to the following:

- **Description of Developmental Level and Special Needs**. An IEP or IFSP should include some description of the child's current developmental level and special needs. This information can help child care providers better understand the child's special need and can guide decisions about how best to adapt educational practices to include that child.
- **Goals or Outcomes**. For children age 3 and older, an IEP includes educational goals for that child. Child care providers can help the child move toward those goals by building those goals into learning experiences in the child care curriculum. If a child's goal is to throw a ball with two hands, for example, the child care provider might design a small-group activity that involves tossing balls into baskets of different sizes. As the child with special needs participates in this group activity, he can practice throwing while also developing social skills such as turn-taking and cooperation. For a child under age 3, the IFSP will specify goals or outcomes for both the child and the family. Child care providers can support these goals through close communication and cooperation with parents and other family members.
- **Ways of Assessing the Child's Learning**. An IEP may describe the best ways of assessing or documenting the learning of a child with special needs. A child with a hearing disability, for example, may need to have information presented through visual means such as sign language or pictures. Use these guidelines to help you find the best ways to assess the child's learning and development.

For more information about children with special needs

More information about working with children who have special needs is available in the eXtension Alliance for Better Child care section on Child Care for Children with Special Needs.

State of New Jersey

DEPARTMENT OF EDUCATION
PO BOX 500
TRENTON, NJ 08625-0500

CHRISTINE TODD WHITMAN
Governor

DAVID C. HESPE
Commissioner

> In order to foster local compliance with the IDEA and its implementing regulations contained in NJAC 6A:14, administrators and directors are requested to distribute this document to all principals, child study team members, personnel providing services to students with disabilities and parents.

May 24, 1999

TO: Chief School Administrator
             Director of Special Education
             Director of a State Facility
             Administrator of a Charter School
             Administrator of an Approved Private School for the Disabled
             Administrator of a College-Operated Program
             Administrator of an Approved Clinic or Agency

FROM: Barbara Gantwerk, Director
             Office of Special Education Programs

SUBJECT: **Least Restrictive Environment**

Placement of students with disabilities in the least restrictive environment as part of the delivery of a free, appropriate public education is a primary goal of this office.

Therefore, I am issuing an updated version of the New Jersey State Department of Education paper of August 1, 1995 on this topic. I ask that it be given widespread distribution in your agency.

BG/EAG/jw/sdr-jw-gglre
Attachment
c: David C. Hespe, Commissioner
            Barbara Anderson
            Bob DeSando
            Douglas Groff
            Madeleine Mansier
            John Sherry
            County Superintendent
            County Supervisor of Child Study
            State Special Education Advisory Council
            Office of Administrative Law
            Agency and Organization Concerned with Special Education
            Higher Education Council

State of New Jersey
DEPARTMENT OF EDUCATION
PO Box 500
TRENTON, NJ 08625-0500

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

CHRISTOPHER D. CERF
Acting Commissioner

May 7, 2012

TO: Chief School Administrator
Director of Special Education
Administrator of a State Facility
Administrator of a Charter School
Administrator of an Approved Private School for the Disabled
Administrator of a College-Operated Program
Statewide Special Education Advisory Council
Agencies or Organizations Concerned with Special Education

FROM: Peggy McDonald, Director
Office of Special Education

SUBJECT: Least Restrictive Environment Requirements for Preschool Children

I am writing to bring to your attention a guidance document issued by the United States Department of Education, Office of Special Education and Rehabilitative Services (USDE OSERS) on February 29, 2012, which addresses the application of section 612(a)(5) of the Individuals with Disabilities Education Act (IDEA) to the placement of preschool children with disabilities. In the letter, USDE OSERS reiterates that the least restrictive environment requirements of the IDEA apply to all children with disabilities who are served under Part B. This includes preschool children with disabilities ages three through five. The guidance can be viewed in its entirety at:

http://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/preschoollre22912.pdf

A link to this letter is available on the New Jersey Department of Education's website at:

http://www.nj.gov/education/specialed/memos/

If you have any questions regarding the implementation of these provisions, please contact Pam Brillante (Bergen, Essex, Hudson, Morris, Passaic, Sussex, Warren, Hunterdon, Mercer, Middlesex, Monmouth, Ocean, Somerset and Union Counties) at 609-777-3936 or Kori Bardige (Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester and Salem Counties) at 856-582-7000 ext. 155.

PM/JW/KE

c: Members, State Board of Education   Kathy Ehling
Acting Commissioner Christopher Cerf   Pam Brillante
Andrew Smarick   Kori Bardige
Barbara Gantwerk   Executive County Superintendent
Senior Staff   County Supervisor of Child Study
Diane Shoener   NJ LEE Group
John Worthington   Garden State Coalition of Schools

Resources

Systems supports such as resources for professional development, ongoing coaching and collaboration, and time for communication and planning are critical to ensure that programs and personnel can adequately meet the needs of individual children. Additionally, the developmental benefits of early childhood inclusion can be lost if children are placed in separate settings in preschool, kindergarten, and elementary school. Inclusion in early childhood settings followed by inclusion in elementary school can sustain these developmental gains.

(Excerpt from: Policy Statement on Inclusion of Children with Disabilities in Early Child Care Programs)

MONTCLAIR STATE
UNIVERSITY

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CENTER FOR AUTISM AND EARLY CHILDHOOD MENTAL HEALTH

AUTISM FACT SHEET- November 2014

What is autism?

Autism represents a difference in the structure, function and processing of the human brain that often leads to distinct behavioral patterns. Autism spectrum disorders (ASDs) are a group of developmental disorders that are characterized by significant social, communication and behavioral challenges. People with ASDs handle information in their brain differently than other people. The range of individual differences, and the likely "causes" are varied, leading the field to use the phrase, "spectrum disorders." ASDs affect each person differently, and problems in the social, communicative and behavioral/emotional areas can be mild to severe.

How common are ASDs?

ASDs occur in all ethnic and socioeconomic groups and are present in children and adults of all ages. The frequency of the ASDs has increased dramatically, partly due to better awareness and diagnosis. The Centers for Disease Control and Prevention (CDC) released a March 2012 report based on sample sites in 14 states and estimated that 1 in 88 children had an ASD. In 2013, in a telephone survey of 100,000 families, the overall rates was cited as 1 in 50, a dramatic increase. In 2014, using a more careful methodology as in the 2012 report, the rate of autism was reported as 1 in 68, 1 in 42 boys and 1 in 189 girls. Of the 11 states examined, New Jersey was the second highest with 1 in 45 children diagnosed with autism by age 8. This represented a 30% increase since 2012. Among boys, the rate was 1 in 29. Males are four times more likely to have an ASD than females.

What Causes ASD?

As a "spectrum" of disorders, ASDs do not have a singular cause, but are likely related to genetics, neurological, and environmental factors. Researchers have identified a number of genes associated with the disorder. Studies of people with ASD have found irregularities in several regions of the brain. Twin and family studies strongly suggest that some people have a genetic predisposition to autism. Identical twin studies show that if one twin is affected, there is up to a 90 percent chance the other twin will be affected. In families with one child with ASD, the risk of having a second child with the disorder is approximately 5 percent, or one in 20. ASDs are not caused by faulty parental care.

How are ASDs treated?

There are a number of intervention programs. The most frequently used are structured, skill- oriented training programs based on principles of Applied Behavioral Analysis (ABA) that focus on behavioral/symptom change. Other interventions, rooted in developmental perspectives, emphasize "engagement" and understanding a child's unique "bio-psycho-social" profile, including neurosensory systems, to promote developmental and communicative progress. There are a growing number of medications that are helpful in addressing certain emotional and behavioral symptoms. Most critical is determining a child's "individual differences" and creating a program to support developmental growth.   Educational programs that promote inclusion are critically important. All interventions must be supported by rigorous study and research. The nature of intervention and support must involve parental, familial, educational and community support with the engagement of multidisciplinary interventionists including psychologists, psychiatrists, educators, speech/language pathologists, occupational and physical therapists and other allied professionals. In 2013, the NIMH called for an approach to diagnosis and treatment of ASD that does not rely solely on "symptoms" but recognizes that in "brain disorders, symptoms are generally a late manifestation of a years-long process."   (http://www.nimh.nih.gov/about/director/2013/ten-best-of-2013.shtml).

NEW JERSEY
EARLY INTERVENTION SYSTEM

http://www.nj.gov/health/fhs/eis

The Early Intervention System (EIS), under the Department of Health, implements New Jersey's statewide system of services for infants and toddlers, birth to age three, with developmental delays or disabilities, and their families.

To make a referral to the NJEIS call the
Statewide Toll Free Referral Number at
888-653-4463

This number will connect you to a regional system point of entry (SPOE) for the NJEIS.

For children, birth to age 21 with special health care needs referrals can be made through 21 county Special Child Health Case Management Units. Additional information is available at http://www.nj.gov/health/fhs/sch/sccase.shtml.

Brief Summary: Fact Sheet of Research on Preschool Inclusion

Erin E. Barton & Barbara J. Smith

June, 2014

1 In 27 years, the practice of providing special education and related services in regular early childhood settings to preschoolers with disabilities has increased only 5.7% and many young children with disabilities continue to be educated in separate settings.[1,2]

2 Inclusion benefits children with and without disabilities. [3, 4, 5, 6, 7]

3 The quality of preschool programs including at least one student with a disability were as good as or better than preschool programs without children with disabilities. However, traditional measures of early childhood program quality might not be sufficient for assessing quality of programs that include children with disabilities. [8,9]

4 Children with disabilities can be effectively educated in inclusive programs using specialized instruction. [10, 11, 12, 13]

5 Parents and teachers influence children's values regarding disabilities. [14, 15, 16]

6 Individualized embedded instruction can be used to teach a variety of skills, including those related to early learning standards, and promote participation in inclusive preschool programs to children with and without disabilities. [17, 18, 19, 20, 21]

7 Families of children with and without disabilities generally have positive views of inclusion. [22, 23]

8 Inclusion is not more expensive than having separate programs for children with disabilities. [24, 25]

9 Successful inclusion requires intentional and effective collaboration and teaming.[26] *

10 The individual outcomes of preschool inclusion should include access, membership, participation, friendships, and support.[27] *

11 Children with disabilities do not need to be "ready" to be included. Programs need to be "ready" to support all children. [27] *

Note. **A sample of empirical citations are provided for each "fact." Thus, this fact sheet does not provide a comprehensive list of the references for each "fact." The citations were intentionally identified to include recent references, representation across disabilities when possible, and studies using rigorous methods.**

*These facts are based on principles guiding the field of early childhood special education, recommended practices, and our collective knowledge and experiences.

Fact Sheet of Research on Preschool Inclusion

Erin E. Barton & Barbara J. Smith

June, 2014

1. In 27 years, the practice of providing special education and related services in regular early childhood settings to preschoolers with disabilities has increased only 5.7% and many young children with disabilities continue to be educated in separate settings.

U. S. Department of Education. (2014). 2012 IDEA Part B Child Count and Educational Environment. Retrieved from https://explore.data.gov/Education/2012-IDEA-Part-B-Child-Count-and-Educational-Envir/5t72-4535

> *Summary:* In 2012, across all states, a total of 42.5% of children 3 – 5 served under IDEA received their special education and related services in a regular early childhood classroom.

U. S. Department of Education. (1987). Annual report to congress on the implementation of the Education of the Handicapped Act.US Department of Education, Washington, D.C.

> *Summary:* During 1984-85, across all states, a total of 36.8% of children 3 – 5 served under IDEA received their special education and related services in a regular early childhood classroom.

Comparing the 1985 data to the 2012 data, the practice of providing special education and related services to children with disabilities age 3-5 years old in regular early childhood settings increased by only 5.7%.

2. Inclusion benefits children with and without disabilities.*

Buysse, V., Goldman, B. D., & Skinner, M. L. (2002). Setting effects on friendship formation among young children with and without disabilities. *Exceptional Children, 68,* 503–517.

> *Summary:* Typically developing children in specialized classrooms had more friends than their peers with disabilities. How ever, typically developing children in child care programs did not have more friends than their peers with disabilities. The authors noted that when children with disabilities have access to multiple playmates they have more opportunities to develop social and play skills. Also, child care teachers in this study reported that young children with disabilities inclusive settings had friends who were typically developing.

Cross, A. F., Traub, E. K., Hutter-Pishgahi, L., & Shelton, G. (2004). Elements for successful inclusion for children with significant disabilities. *Topics in Early Childhood Special Education, 24,* 169–183.

> *Summary:* The authors examined the teacher practices and parent beliefs related to inclusion of several young children with disabilities. The authors found that peers of children with disabilities in inclusive classrooms were helpful. Parents and teachers reported the peers were learning compassion and empathy. Furthermore, the authors noted that individualized instruction was specifically related to learning and achieving goals for the children with disabilities.

Holahan, A., & Costenbader, V. (2000). A comparison of developmental gains for preschool children with disabilities in inclusive and self-contained classrooms. *Topics in Early Childhood Special Education, 20,* 224 – 235.

> *Summary:* The authors examined outcomes for children with disabilities in inclusive versus segregated settings. The authors found that children with higher social-emotional skills performed better in inclusive settings than segregated ones. Children with lower social-emotional development performed equally well in both types of settings.

Odom, S. L., Zercher, C., Li, S., Marquart, J., Sandall, S., & Brown, W. (2006). Social acceptance and social rejection of young children with disabilities in inclusive classes. *Journal of Educational Psychology, 98,* 807-823.

Summary: The authors found that a substantial number of children with disabilities are accepted by their peers in inclusive preschool settings. However, at least equal numbers of children with disabilities are not accepted by their peers. The authors highlight the importance of early identification and interventions focused on social competence and the development of friendships among children with and without disabilities.

Strain, P.S., & Hoyson, M. (2000). The need for longitudinal, intensive social skill intervention: LEAP follow-up outcomes for children with autism. *Topics in Early Childhood Special Education, 20,* 116 – 122.

Summary: Follow-up data at age 10 for six children who participated in inclusive preschool programs indicate positive outcomes, including reduced autism severity, average IQ, positive rating of social behaviors by parents, levels of social interactions similar to typically developing peers in the same settings, and participation in general education classrooms for five of the six children.

Comparing the 1985 data to the 2012 data, the practice of providing special education and related services to children with disabilities age 3-5 years old in regular early childhood settings increased by only 5.7%.

3. The quality of preschool programs including at least one student with a disability was as good as or better than that of preschool programs without children with disabilities. However, traditional measures of early childhood program quality might not be sufficient for assessing the quality of programs that include children with disabilities.*

Buysse, V., Wesley, P. W., Bryant, D. M., & Gardner, D. (1999). Quality of early childhood programs in inclusive and noninclusive settings. *Exceptional Children, 65,* 301–314.

Summary: The authors examined multiple factors that impacted program quality in early childhood settings. They found that programs that included at least one child with a disability scored significantly higher on measures of program quality (i.e., Early Childhood Environment Rating Scale; ECERS, Harms, Clifford, & Cryer, 1998) than programs that did not include children with disabilities. The authors provided multiple explanations for this finding, including (a) parents of children with disabilities might seek higher quality programs for their children with unique learning needs, (b) programs for children with disabilities might attract or seek better resources and more funding, and (c) programs for children with disabilities might seek more qualified and experienced staff.

Soukakou, E. P. (2012). Measuring quality in inclusive preschool classrooms: Development and validation of the Inclusive Classroom Profile (ICP). *Early Childhood Research Quarterly, 27*(3)*,* 478–488.

Summary: The author examined a new observational measure, the Inclusive Classroom Profile, which was developed based on current research regarding inclusion and using quality indicators that were applicable to groups of children with disabilities. This measure correlated with other, more traditional measures of classroom quality (Early Childhood Environment Rating Scale; ECERS, Harms, Clifford, & Cryer, 1998) and provided additional information regarding the quality of adaptations, supports, and instruction for children with disabilities.

4. Children with disabilities can be effectively educated in inclusive programs using specialized instruction.*

Division for Early Childhood. (2014). *DEC recommended practices in early intervention/early childhood special education.* Retrieved from http://www.dec-sped.org/recommendedpractices

Summary: The DEC Recommended Practices were developed to provide guidance to practitioners and families about the most effective ways to improve the learning outcomes and promote the development of young children, birth through 5 years of age, who have or are at risk for developmental delays or disabilities. The DEC Recommended Practices are based on the best available empirical evidence as well as the wisdom and experience of the field.

Odom, S. L., DeKlyen, M., & Jenkins, J. R. (1984). Integrating handicapped and nonhandicapped preschoolers: Developmental impact on the nonhandicapped children. *Exceptional Children, 51,* 41–48.

Summary: The authors found that children in segregated and inclusive settings have similar outcomes and follow a similar trajectory.

Rafferty, Y., Piscitelli, V., & Boettcher, C. (2003). The impact of inclusion on language development and social competence among preschoolers with disabilities. *Exceptional Children, 69,* 467–479.

Summary: The authors found that children with severe disabilities in inclusive settings had higher scores on assessments of their language development than children in segregated settings. Preschoolers with less severe disabilities made similar gains across both inclusive and segregated settings.

Strain, P. S., & Bovey, E. H. (2011). Randomized, controlled trial of the LEAP model of early intervention for young children with Autism Spectrum Disorders. *Topics in Early Childhood Special Education, 31,* 133–154.

Summary: The authors provide empirical support that children with disabilities (i.e., children with autism in this study) can make significant progress in inclusive, public school classrooms with teachers implementing evidence-based practices with high fidelity. In this study, children with autism in classrooms with teachers implementing LEAP with 90% fidelity or higher did better than children with autism in programs with low fidelity. Furthermore, social validity ratings indicated that teachers found the LEAP program to be feasible and related to positive outcomes for their students.

5. Parents and teachers influence children's values regarding disabilities.*

Diamond, K. E., & Huang, H.-H. (2005). Preschoolers' ideas about disabilities. *Infants and Young Children, 18,* 37–46.

Summary: The authors provide a comprehensive review of the literature and suggest that participation in inclusive preschool programs by children with typical development might positively impact their attitudes regarding children with disabilities. Further, they provide multiple examples of ways in which teachers can promote positive attitudes about disabilities.

Innes, F. K., & Diamond, K. E. (1999). Typically developing children's interactions with peers with disabilities: Relationships between mothers' comments and children's ideas about disabilities. *Topics in Early Childhood Special Education, 19,* 103–111.

Summary: The authors found that children's comments regarding pictures of young children with Down syndrome were similar to their mother's comments about the same pictures.

Okagaki, L., Diamond, K. E., Kontos, S. J., & Hestenes, L. (1998). Correlates of young children's interactions with classmates with disabilities. *Early Childhood Research Quarterly, 13,* 67–86.

Summary: The authors found that a child's acceptance of people with disabilities was related to his/her parent's beliefs about disability.

6. Individualized embedded instruction can be used to teach a variety of skills, including those related to early learning standards, and promote participation in inclusive preschool programs to children with and without disabilities. *

Daugherty, S., Grisham-Brown, J., & Hemmeter, M. L. (2001). The effects of embedded skill instruction on the acquisition of target and nontarget skills in preschoolers with developmental delays. *Topics in Early Childhood Special Education, 21,* 213–221.

Summary: The authors found that children with disabilities could be taught to count objects during typical classroom activities. Furthermore, one child learned nontarget information (i.e., colors).

Grisham-Brown, J., Schuster, J. W., Hemmeter, M. L., & Collins, B. C. (2000). Using an embedding strategy to teach preschoolers with significant disabilities. *Journal of Behavioral Education, 10,* 139–162.

Summary: Teachers used embedded instruction to teach two children with disabilities multiple IEP goals during typical classroom activities. Furthermore, teachers implemented the embedded instructional procedures with fidelity.

Grisham-Brown, J., Pretti-Frontczak, K., Hawkins, S. R., & Winchell, B. N. (2009). Addressing early learning standards for all children within blended preschool classrooms. *Topics in Early Childhood Special Education, 29*, 131–142.

Summary: In a series of studies, the authors found that embedding intensive instruction into daily activities is effective and efficient for teaching individual skills to children with and without disabilities.

Robertson, J., Green, K., Alper, S., Schloss, P. J., & Kohler, F. (2003). Using a peer-mediated intervention to facilitate children's participation in inclusive childcare activities. *Education & Treatment of Children, 26,* 182–197.

Summary: The authors found that a peer-mediated intervention that embedded songs and finger plays, visuals, and peer verbal cues into typical daily routines was related to increases in on-task behaviors, play skills, and participation in circle time for two children with disabilities.

Venn, M. L., Wolery, M., Werts, M. G., Morris, A., DeCesare, L. D., & Cuffs, M. S. (1993). Embedding instruction in art activities to teach preschoolers with disabilities to imitate their peers. *Early Childhood Research Quarterly, 8,* 277–294.

Summary: The authors found that children with disabilities could be taught to imitate their peers during an art activity using progressive time delay. Furthermore, results generalized to fine motor activities (i.e., children with disabilities imitated their peers across settings and activities).

7. Families of children with and without disabilities generally have positive views of inclusion.*

Kasari, C., Freeman, S. F. N., Bauminger, N., & Alkin, M. C. (1999). Parental perspectives on inclusion: Effects of autism and Down syndrome. *Journal of Autism and Developmental Disorders, 29,* 297–305.

Summary: Authors surveyed parents of children with Down syndrome and autism regarding their current placement and their desire to change their placement. Results indicated that parents of children with Down syndrome were most likely to endorse inclusive settings, while parents of children with autism were more likely to endorse at least part-time inclusion with peers. Parents of young children and parents who had children in inclusive settings were most likely to have positive views of inclusion.

Rafferty, Y., & Griffin, K. W. (2005). Benefits and risks of reverse inclusion for preschoolers with and without disabilities: Perspectives of parents and providers. *Journal of Early Intervention, 27,* 173–192.

Summary: The authors surveyed parents of children with and without disabilities and teachers from an inclusive early childhood program. Results indicated that parents of children with and without disabilities as well as teachers viewed inclusion favorably and considered it to be beneficial for children with and without disabilities.

8. Inclusion is not more expensive than having separate programs for children with disabilities.*

Odom, S. L., Hanson, M. J., Lieber, J., Marquart, J., Sandall, S., Wolery, R., Horn, E., Schwartz, I., Beckman, P., Hikido, C., & Chambers, J. (2001). The costs of preschool inclusion. *Topics in Early Childhood Special Education, 21*, 46–55.

Summary: The authors found that six of the nine inclusive programs were less expensive than self-contained special education placements. They authors also identified specific cost features of inclusive programs.

Odom, S. L., Parrish, T., & Hikido, C. (2001). The costs of inclusion and noninclusive special education preschool programs. *Journal of Special Education Leadership, 14,* 33–41.

Summary: The authors examined the costs of different models of inclusion and traditional special education preschool programs located in five different states. Inclusion was defined as classrooms in which children with disabilities and typically developing children participate together for over 90% of the time. The authors found lower costs associated with more inclusive programs across public schools, community programs, and Head Start programs. Furthermore, the inclusive preschool models were less expensive for school districts than segregated models.

Summary of additional findings regarding inclusion based on principles guiding the field of early childhood special education, recommended practices, and our collective knowledge and experiences:

9. Successful inclusion requires intentional and effective collaboration and teaming.**

Division for Early Childhood. (2014). *DEC recommended practices in early intervention/early childhood special education.* Retrieved from http://www.dec-sped.org/recommendedpractices

10. The individual outcomes of preschool inclusion should include access, membership, participation, friendships, and support.**

DEC/NAEYC. (2009). *Early childhood inclusion: A joint position statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC).* Chapel Hill: The University of North Carolina, FPG Child Development Institute.

11. Children with disabilities do not need to be "ready" to be included. Programs need to be "ready" to support all children.**

DEC/NAEYC. (2009). *Early childhood inclusion: A joint position statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC).* Chapel Hill: The University of North Carolina, FPG Child Development Institute.

*A sample of empirical citations are provided for each "fact." Thus, this fact sheet does not provide a comprehensive list of the references for each "fact." The citations were intentionally identified to include recent references, representation across disabilities when possible, and studies using rigorous methods.

**These facts are based on principles guiding the field of early childhood special education, recommended practices, and our collective knowledge and experiences.

References

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Child Care and
The New Jersey Law Against Discrimination

General Protections:

The New Jersey Law Against Discrimination (LAD), <u>N.J.S.A.</u>10:5-1 to -49, makes it unlawful for the owner, operator, or employee of a place of public accommodation to discriminate against people with disabilities. ***This means that places open to the public may not treat a person with a disability less favorably than others, such as refusing to admit a child to a public place like a child care center, registered family child care home, or after school program because s/he has a disability.*** In addition to prohibiting this type of differential treatment, the LAD also requires places of public accommodation to take reasonable steps to make sure that a person with a disability can enjoy the goods, services and facilities that are available to the general public. ***However, since only "reasonable" accommodations are required, a place of public accommodation may refuse to provide a particular accommodation if doing so would cause the provider undue hardship.***

What is a place of public accommodation under the LAD?

The LAD regulates individuals and entities that offer goods, services, or facilities to the general public. This includes restaurants, movie theaters, stores, camps, child care centers, schools, and professional offices such as doctors' and lawyers' offices. It also includes some membership organizations and others entities.

Note that there are exceptions:

♦ The New Jersey Department of Education also has jurisdiction over disputes that involve public schools and raise issues covered by school law.

♦ The LAD does not apply to any educational facility operated or maintained by a *bona fide* religious or sectarian institution. However, a child care or after school program that accepts State or federal funds is required, in most circumstances, to comply with anti-discrimination laws even if the program is operated or maintained by a *bona fide* religious or sectarian institution.

♦ The LAD does not apply to any place or organization which is "in its nature distinctly private" such as a private club that does not open membership to the general public.

♦ The LAD generally permits a place of public accommodation that is "in its nature reasonably restricted to individuals of one sex" to limit access based on gender.

Who does the LAD protect?

The New Jersey Law Against Discrimination covers more people than the federal Americans with Disabilities Act (ADA). The New Jersey LAD prohibits discrimination based on:

♦ a physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness
♦ a mental, psychological or developmental disability resulting from an anatomical, psychological, physiological or neurological condition which either prevents the normal exercise of any bodily or mental functions **or** can be established with accepted clinical or laboratory diagnostic techniques

In addition to protecting people who presently have a disability, the LAD also prohibits discrimination against people who have had a disability in the past and people who are expected to develop a disability in the future. The LAD also prohibits discrimination based on **perceived** disability. This means that the LAD will protect people who do not have a disability if they are subjected to discrimination by people who mistakenly believe that they do have a disability.

What protection does the LAD provide for children in an educational setting?

The LAD provides that it is unlawful to turn away a child or student with a disability because other students or staff might not be comfortable with his or her disability.

The LAD provides that it is unlawful to refuse to enroll a child or student with a disability because of anticipated insurance costs or to charge more to enroll a child with disabilities.

Reasonable Accommodation

In many circumstances, a school or child care center must change or waive a rule or policy to enable a child or student with a disability to enroll. For example, this may include waiving a requirement that children be toilet-trained in order to enroll in a particular class (especially if the school also enrolls younger children who receive toileting services).

In many circumstances the LAD (as well as school laws) may require a school or child care center to make sure that a child or student with a disability can participate in classroom learning and in school programs such as field trips and after-school activities. This may include providing assistance and support in the classroom and providing materials and tests in alternate formats. It may also mean providing accessible transportation and making sure that field trips and after-school activities are held in accessible facilities.
Obviously, it may cost money to make some existing places accessible. However, in many instances, changes can be made for minimal or moderate costs without causing "undue hardship." Unless the place of public

accommodation can show that the change will cause it undue hardship, it must make the changes so a person with a disability can enjoy what is available to the general public. Decisions must be made on an individualized basis. For example, the owner of a small center of family child care home might not be required to provide all of the accommodations that a large child care center must provide.

This means that a place of public accommodation cannot make a general rule, such as, "we do not give out medication" or "non-verbal children cannot attend our program." Instead, the center must determine whether supports and reasonable accommodations would enable a particular child to attend the center, school or program.

Federal Laws Governing Accommodations in Educational Settings

In addition to LAD requirements, the federal **Americans with Disabilities Act (ADA)** requires places used by the general public, including most child care centers and private schools and all public schools, to develop a plan for making their programs, services, and facilities accessible to people with disabilities.

Like the LAD, the ADA also prohibits discrimination based on disability and requires most child care centers and schools to provide reasonable accommodations (in addition to the public school's obligation to provide a free and appropriate education) unless the accommodation would fundamentally alter the program, pose a direct threat to the child or others, or otherwise impose an undue burden on the center or school.

For more information about the ADA and child care centers see the publications link at www.ada.gov for Commonly Asked Questions About Child Care Centers or call 800 - 514 - 0301 (voice) and request their document entitled "Fax #3209"

Many other federal laws require services and supports for children with disabilities and their families. Most notably, the **Individuals with**

Disabilities Education Act (IDEA) gives each eligible child aged 3-21 the right to a free and appropriate education in the least restrictive environment possible. *This means that public schools and service providers contracting with public schools must take steps to educate children with disabilities alongside peers who do not have disabilities. They may not automatically decide that the child must be served in a separate classroom or school because they have a disability that requires individualized attention or classroom modifications and supports.*

In addition, **Section 504 of the Rehabilitation Act of 1973** requires all public schools to provide reasonable accommodations to students with disabilities and provides rights for some students with disabilities even if they are not classified as requiring special education under IDEA or other laws. The New Jersey Department of Education provides an administrative hearing process for disputes involving Section 504 requirements.
Determinations of eligibility for IDEA and Section 504 are made by local school districts.

For more information about federal education law please contact the **New Jersey Statewide Parent Advocacy Network** at **800-654-SPAN** or www.spannj.org

With regard to younger children, the **New Jersey Department of Health and Human Services Early Intervention System** provides services to children with developmental disabilities aged birth to 3 years and their families. For more information **contact Project Childfind** at **800-322-8174.**

To get information about filing a discrimination complaint under the LAD or to get local contact numbers for the Division on Civil Rights visit www.NJCivilRights.org or call (973)-648-2700; TTY 973-648-4678; or (609) 984-3100, TTY 609-292-1785.

How can I get additional help to meet my child's needs in child care?

Resources to support the inclusion of a child with a disability in child care may also be provided by the following:

Office of Licensing Oversees the official state licensing requirements governing child care centers and family child care homes in New Jersey.
1-877-667-9845 or 609-292-1021

New Jersey Child Care Resource and Referral Agencies
Provide information about child care programs and services within each county.
1-800-332-9CARE

NJ Inclusive Childcare Project
Provides regional trainings, telephone and on site consultation to licensed child care providers.
1-800-654-7726 Ext.108
www.spannj.org

NJ School-Age Care Coalition Provides training, telephone and on site consultation to school age child care providers
908-789-0259
www.njsacc.org

Published by the MAP to Inclusive Child Care Team
A coalition of State agencies, child care providers, parents, advocates and other stakeholders, that promotes the supported inclusion of children with special needs in natural child care settings. For more information call: www.njmapteam.org

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NEW JERSEY RESOURCES

GOVERNMENT AGENCIES

New Jersey Council on Development Disabilities
Phone:(609) 292-3745
Fax: (609) 292-7114
https://njccd.org
As New Jersey's planning body for developmental disabilities, the DD Council develops and monitors the State Plan for Services to People with Developmental Disabilities *and administers the federally assisted Basic State Grant Program. The Council also publishes* People with Disabilities *and* Families *magazine.*

New Jersey Department of Education Learning Resource Centers (LRCs)
Provide research reports, curriculum guides, books, videos/DVDs, as well as training and in-service workshops for parents and educators of students with disabilities.

LRC Central
Phone (609) 633-8893; Fax (609) 633-8968
e-mail – lrccent@doe.state.nj.us

LRC North
Phone (973) 414-4491; Fax (973) 414-4496
e-mail – lrcnorth@doe.state.nj.us

LRC North Satellite
Phone (973) 631-6345; Fax (973) 631-6350
e-mail – lrcsat@doe.state.nj.us

LRC South at ERIC
(Camden County College – Blackwood Campus)
Phone (856) 582-7000; Fax (856)582-4323
e-mail –lrc@eric.org

New Jersey Department of Education Office of Special Education Programs
Phone (609) 292-0147
www.state.nj.us/education/specialed/
The Office of Special Education programs ensures that students with disabilities receive appropriate educational services to enable them to achieve the same goals established for all students – success in postsecondary education, employment and life in the community.

New Jersey Department of Health Early Intervention Services (NJEIS)
Phone (888) 653-4463
http://www.state.nj.us/health/fhs/eis
NJEIS, under the Division of Family Health Services, implements New Jersey's statewide system of services for infants, toddlers, birth to age three, with developmental delays or disabilities and their families.

New Jersey Department of Human Services Division of Disability Services (DDS)
Phone (888) 285-3036
Fax (609) 631-4365
http://www.state.nj.us/humanservices/dds/home
Within the Department of Human Services the DDS provides a single point of entry for those seeking disability-related information in New Jersey.

New Jersey Division of Children's System of Care
Phone (877) 652-7624
http://www.nj.gov/dcf/about/divisions/dcsc/
DCF's Children's System of Care (CSOC), formerly the Division of Child Behavioral Health Services, serves children and adolescents with emotional and behavioral health care challenges and their families; children with developmental and intellectual disabilities and their families; and, children with substance use challenges and their families.

New Jersey Division of Family Development (DFD)
Phone (800) 792-9773
http://www.state.nj.us/humanservices/dfd/home/index.html
The DFD provides leadership and supervision to the public and non-profit agencies that deliver financial assistance and critical safety net services to individuals and families in New Jersey.

New Jersey Office of Licensing (OLL)
Phone (877) 667-9845
www.nj.gov/dcf/providers/licensing
The OLL is the licensing and regulatory authority of the Department of Children and Families. OLL licenses and regulates child care centers, youth and residential programs, resource family homes and adoption agencies.

Special Child Health Services Case Management Units
http://www.nj.gov/health/fhs/sch/sccase.shtml
These county-based units are single points of entry into the early intervention system. Service coordinators provide case management for children birth to 21 with special health care needs and help families access services for medical/dental, developmental, educational, social/economic and rehabilitative needs at the local and state level.

Non-Profit Agencies

Advancing Opportunities
Phone (888) 322-1918
www.advopps.org
Enhances the lives of people with all disabilities and enables full participation in society through advocacy, direct services and education.

Center for Autism and Early Childhood Mental Health at Montclair State University
Phone (973) 655-6685
http://www.montclair.edu/cehs/academics/centers-and-institutes/autism/
The center offers professional development, education, clinical services and research in the areas of autism, infant and early childhood development and mental health.

Family Support Center of New Jersey
Phone (800) 372-6510
www.fscnj.org
One-stop shopping approach to individuals and families about programs, service providers, and community supports.

Family Voices of New Jersey
c/o Statewide Parent Advocacy Network (SPAN)
Phone (973) 642-8100
www.spannj.org/familywrap/familyvoices.htm
Family Voices is a national consumer-based clearinghouse and networking group focusing on children's special health needs.

New Jersey Association for the Education of Young Children (NJAEYC)
Phone (732) 329-0033; Fax (732) 230-2758
http://njaeyc.org/
NJAEYC is dedicated to advancing excellence in the field of early childhood education.

Non-Profit Agencies (Cont.)

NJSAAC: The Statewide Network for New Jersey's Afterschool Communities
Phone (908) 789-0259
http://www.njsacc.org
NJSACC: The Statewide Network for New Jersey's Afterschool Communities promotes and supports the development, continuity and expansion of quality programs for children and youth during out-of-school time.

New Jersey Statewide Parent-to-Parent
Phone (973) 641-8100, Ext. 194
c/o Statewide Parent Advocacy Network (SPAN)
www.spanadvocacy.org/content/nj-statewide-parent-parent
Parent-to-Parent gives families the skills and support they need to help their children with special needs reach their full potential and to help them feel less isolated and more confident about themselves.

New Jersey Inclusive Child Care Project
c/o *Statewide Parent Advocacy Network (SPAN)*
Phone (973) 642-8100, Ext. 108.
Fax (973) 642-3776
www.spannj.org/njiccp/
Improving the quality of child care for children with special needs and increasing the number of child care providers that offer inclusive care in NJ; increasing awareness among parents and providers of services available for children with special needs and improving the delivery of these services through collaboration among providers of child care services and special needs services. Provides information, training (English and Spanish), telephone and on-site consultation on including children with special needs in early childhood and after school programs.

New Jersey's Head Start Association
Phone (732) 988-7737
The New Jersey Head Start Association provides training, advocacy, coordination, and professional development for all of New Jersey's Head Start grantees.

Quality Improvement Center for Disabilities
New York University School of Education
Contact Barbar Schwartz
Phone (800) 533-1498, (212) 998-5527
e-mail - barbara.schwartz@nyu.edu
Technical assistance and support to NJ Head Start agencies regarding inclusion of young children with disabilities.

Statewide Parent Advocacy Network (SPAN)
Phone (973) 642-8100; (800) 654-SPAN
Fax (973) 642-8080
www.spannadvocacy.org
New Jersey's federally-funded Parent Training and Information Center for children with special needs, birth to 21, and children at risk of inappropriate referral to special education. Trainings, technical assistance on education and health issues, parent to parent support.

The Boggs Center on Developmental Disabilities
Rutgers Robert Wood Johnson Medical School
rwjms.rutgers.edu/boggscenter
The Boggs Center provides community and student training and technical assistance, conducts research, and disseminates information and educational materials. Activities of The Boggs Center are guided by our Consumer Advisory County, *and partnerships with people with disabilities, families, state and community agencies, and policy makers.*

NATIONAL RESOURCES

ADA Information
Phone (800) 514-0301 (Voice);
(800) 514-0383 (TTY)
https://www.ada.gov/contact_drs.htm
ADA Information provides information and technical assistance on the Americans with Disabilities Act.

ASD Toddler Initiative
http://asdtoddler.fpg.unc.edu/learning-modules
The learning module practices were identified from a review of the research literature conducted by staff of the National Professional Development Center on Autism Spectrum Disorder (NPDC on ASD) in 2013-2014. These focused intervention practices were found to be efficacious for use with toddlers as well as with other age groups of children with ASD

Administration for Children Families Child Care Bureau: Inclusion Technical Assistance Region II (*Includes New Jersey*)
Phone (212) 264-2890; Fax (212) 264-4881

Association for Supervision and Curriculum Development (ASCD)
Phone (800) 933-2723, Press 2
www.ascd.org
ASCD is a global community of educators dedicated to excellence in learning, teaching, and leading. Our innovative solutions empower educators to promote the success of each child.

Bright Futures
Phone (847) 434-4000
https://brightfutures.aap.org/Pages/default.aspx
Bright Futures provides guidance and resources to families, health care professionals, community organizations, and state leaders to help them work together for the health and well-being of all children.

Center for Literacy and Disability Studies
Phone (919) 966-8566; Fax (919) 843-3250
www.med.unc.edu/ahs/clds
One goal of the center is to improve literacy of children, youth, and adults with disabilities by developing research-based strategies, tools, curricula, and model programs.

Center for Parent Information and Resources
c/o Statewide Parent Advocacy Network (SPAN)
Phone (443) 906-3785
http://www.parentcenterhub.org/

Center on the Social Emotional Foundations for Early Learning (CSEFL)
http://csefel.vanderbilt.edu/index.html
CSEFEL is a project designed to strengthen the capacity of Head Start and child care programs to improve the social and emotional outcomes of young children.

Centers for Disease Control and Prevention (CDC)
Phone (800) 232-4636; TTY (888) 232-6348
http://www.cdc.gov/ncbddd/actearly/index.html

Child Care Aware of America
Phone (703) 341-4100; Fax (703) 341-4101
http://usa.childcareaware.org
The vision of Child Care Aware is for every family in the United States has access to high quality, affordable child care system. The child care system supports children's growth, development, and educational advancement and creates positive economic impact for families and communities.

Child Care Law Center
Phone (415) 558-8005
http://childcarelaw.org
The center is a nonprofit firm that uses legal expertise to ensure that low-income families can access quality child care and it is the only organization in the county devoted exclusively to the complex legal issues that affect child care.

Child Care Plus+
The Center on Inclusion in Early Childhood
Rural Institute Promoting Inclusive Communities
Phone (406) 243-5467; (800) 732-0323 TTY/Voice
http://ri.umt.edu/ccplus/
The mission of this organization is to share knowledge, foster skills and encourage attitudes that promote inclusion as a core component of excellence in early childhood.

Council for Exceptional Children (CEC)
Division for Early Childhood
Phone (888) 232-7733
www.cec.sped.org
The CEC is dedicated to improving the educational success of individuals with disabilities and/or gifts and talents.

Division for Early Childhood (DEC)
Phone (310) 428-7209; Fax (855) 678-1989
http://www.dec-sped.org/
The Division for Early Childhood (DEC) promotes policies and advances evidence-based practices that support families and enhance the optimal development of young children (0-8) who have or are at risk for developmental delays and disabilities. DEC is an international membership organization for those who work with or on behalf of young children (0-8) with disabilities and other special needs and their families

EDC Learning Transforms Lives
Boston (Headquarters)
Phone (617) 969-7100; TTY (617) 964-5448
Fax (617) 969-5979
www.edc.org/

Early Childhood Technical Assistance (ECTA) Center
Phone (919) 962-2001; Fax (919) 966-7463
http://ectacenter.org/
The Early Childhood Technical Assistance Center is funded by the Office of Special Education Programs to improve state early intervention and early childhood special education service systems, increase the implementation of effective practices, and enhance the outcomes of these programs for young children and their families

Family Network on Disabilities (FND)
Phone (800) 825-5736
http://fndusa.org/
The mission of FND is to strive for the complete integration and equality of persons with disabilities in a society without barriers and to serve families of children with disabilities, ages birth through 26, who have the full range of disabilities described in section 602(3) of IDEA.

Jack Pierpont, Lynda Kahn, & Cathy Hollands, Inclusion Press International & The Marsha Forest Centre
(416) 658-5353; Fax (416) 658-5067
http://inclusion.com/
Small independent press that produces resources about full inclusion in school, work, and community.

Kids Together, Inc: Information for Children and Adults with Disabilities
Phone (800) 879-2301
http://www.kidstogether.org/

National Association for the Education of Young Children (NAEYC)
Phone (800) 424-2460 or (202) 232-8777
http://www.naeyc.org/

National Education Association (NEA)
Phone (202) 833-4000; Fax (202) 822-7974
http://www.nea.org/
NEA is committed to advancing the cause of public education.

National Head Start Association (NHSA)
Phone (866) 677-8724
http://www.nhsa.org/

National Institute on Disability, Independent Living, and Rehabilitation Services (NIDILRR)
Administration for Community Living
U.S. Department of Health and Human Services
Phone (202) 795-7398; Fax (202) 205-0392
http://www.acl.gov/programs/NIDILRR/
NIDILRR is federal government grants-making agency that sponsors grantees to generate new disability and rehabilitation knowledge and promote its use and adoption.

National Institute on Out-of-School Time (NIOST)
at the Wellesley Centers for Women
Phone (781) 283-2547; Fax (781) 283-3657
http://niost.org/
NIOST's mission is to ensure all children, youth, and families have access to high quality programs, activities, and opportunities.

Office of Head Start
Early Childhood Learning and Knowledge Center
An Office of the Administration for Children and Families
US Department of Health and Services
Phone (866) 763-6481
https://eclkc.ohs.acf.hhs.gov/hslc/hs/contact

PEAK Parent Center
Phone (800) 284-0251; Fax (719) 531-9400
https://www.peakparent.org/
PEAK Parent Center works every day to ensure that all people with disabilities are fully included in their neighborhood schools, communities, employment, and all walks of life.

TASH
Phone (202) 540-9020; Fax (202) 540-9019
http://tash.org

The National Professional Development Center on Autism Spectrum Disorders (NPDC)
http://autismpdc.fpg.unc.edu/about-npdc
NPDC provides free professional resources for teachers, therapists, and technical providers who work with individuals with ASD.

Zero to Three: Early Connections to Last a Lifetime
Phone (202) 638-1144; Fax (202) 638-0851
https://www.zerotothree.org/
Zero to Three works to ensure that babies and toddlers benefit from early connections that are critical to their well-being and development.

RECOMMENDED INTERNET SITES

Beach Center on Disability
http://www.beachcenter.org/default.aspx?JScript=1
The Beach Center on Disability provides a variety of Family Resources, including a Family Support Community of Practice on Facebook to share evidence, values, and wisdom among families, practitioners, researchers, and policy makers about early childhood family supports.

BroadReach Training and Resources
http://broadreachtraining.com/nkevbio.htm
Operated by Norman Kunc and Emma Van der Klift of BroadReach and dedicated to the distribution of information concerning disability rights.

Center for Early Literacy Learning (CELL)
http://www.earlyliteracylearning.org/parentresource1.php
CELL has developed specific materials to assist parents in guiding their child's early literacy development through the use of fun and exciting literacy learning experiences. Practitioners working with parents will also find these resources helpful.

Child Care Aware Printable Materials
http://childcareaware.org/resources/printable-materials/
The materials on this page are designed for families and child care providers on the go. Keep information about quality child care at your fingertips by downloading a PDF to print and take with you or pulling up our mobile-friendly versions on your phone or tablet.

Circle of Inclusion
http://www.circleofinclusion.org/
This site is for early childhood service providers and families of young children. This website offers demonstrations and information about the effective practices of inclusive educational programs for children from birth through age eight.

Council for Exceptional Children
www.cec.sped.org
Provides resources for professionals who work with children with disabilities.

Disability Resources.org
http://www.disabilityresources.org/
This site provides disability resources on the internet.

Disability Related Specific Resources
http://www.nreic.org/PDF/Resources_For_Families_In_Early_Intervention.pdf
Provides a list of resources for various disabilities

Early Childhood Research Institute on Inclusion
http://fpg.unc.edu/emphasis-area/early-care-and-education
The mission of the Frank Porter Graham Child Development Institute (FPG) is to enhance the lives of children and families through interdisciplinary research, technical assistance, professional development, and implementation science. FPG generates knowledge, informs policies, and supports practices to promote positive developmental and educational outcomes for children of all backgrounds and abilities from the earliest years.

Early Intervention Family Alliance (EIFA)
http://www.eifamilyalliance.org/
The Early Intervention Family Alliance is a national group of family leaders dedicated to improving outcomes for infants and toddlers with disabilities and their families. The EIFA works to assure meaningful family involvement in the development of Part C policies and their implementation at community, state and federal levels.

Family Matters
http://www.thefamilymatterswebsite.org/

First Signs
http://www.firstsigns.org/
First Signs is dedicated to educating parents and professionals about autism and related disorders.

Inclusion Press
http://inclusion.com/
Contains many articles and resources on inclusion, inclusion network and Marsha Forest Centre.

Integrating Children with Disabilities into Preschool
www.kidsource.com/kidsource/content/preschool.disabilities.html

Kids Together, Inc.
Information & Resources for Children and Adults with Disabilities
www.kidstogether.org
This site was designed for parents, professionals, advocates, and self-advocates to promote inclusive communities where all people belong. The site contains a variety of helpful information and resources on inclusion.

New Jersey Birth to Three Early Learning Standards
http://www.nj.gov/education/ece/guide/standards/birth/standards.pdf
This guide provides families, child care providers, early childhood teachers, institutions of higher learning, community members, and policy-makers with research-based information to support the best learning and development for infants and toddlers.

New Jersey Early Intervention Developmental Brochure
http://www.state.nj.us/health/fhs/eis/documents/reic_developmental_brochure.pdf
This brochure provides valuable information about a child's important developmental milestones from birth to 36 months.

New Jersey Parent Link-The Early Childhood, Parenting and Professional Resource Center
http://www.njparentlink.nj.gov/
*The **NJ Parent Link**website highlights NJ State services and resources.Federal and community resources are also included.*

Project Choices
https://www.projectchoices.org/
An LRE Initiative of the Illinois State Board of Education and Partner in the Illinois Statewide Technical Assistance Center

Technical Assistance Center on Social Emotional Intervention (TACSEI) for Young Children
http://challengingbehavior.fmhi.usf.edu/communities/families.htm
At this site you will find information and select resources that have been compiled specifically with the needs of families in mind.

The Next Steps Flow Chart When Developmental Concerns Are Identified
http://rwjms.rutgers.edu/departments_institutes/boggscenter/projects/Act_Early.html
In 2014, The Boggs Center, in partnership with the Statewide Parent Advocacy Network (SPAN), was awarded a two-year grant from the Association Maternal & Child Health Programs (AMCHP) to provide parent-led training sessions and informational materials to early childhood educators and staff at up to 20 Head Start centers across the state. The goals of this initiative are to increase Head Start staff members' developmental screening, monitoring, and referral practices, as well as to connect at-risk underserved children and their families to local, community, and state organizations.

The Regional Early Intervention Collaborative
http://www.njreic.org/
The Regional Early Intervention Collaboratives (REICs), established in 1993 by the New Jersey Lead Agency, the Department of Health (DOH), provide local-level leadership in the planning and coordinating the New Jersey Early Intervention System (NJEIS).

Waisman Center – University of Wisconsin-Madison
http://www.waisman.wisc.edu/
The Waisman Center is dedicated to advancing knowledge about human development, developmental disabilities, and neurodegenerative diseases.

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