

PROGRAM STANDARDS for HIGH QUALITY INCLUSIVE CHILD CARE

I TEACHER/THERAPIST INTEGRATION

(A) For the majority of children, therapies should be delivered in the child's natural setting (program areas of the center) embedded in the child's regular daily routine, with other children present.

- 1 Some therapies are provided in the program area, although not always integrated with classroom routine.
- 2 Most therapies are provided in program area, and/or with small groups, but not often integrated.
- 3 Most therapies are provided in program area, and/or with small groups, and most are integrated.
- 4 All therapies are provided, unless otherwise specified, in program area, and integrated into child's activities.

Quotes from Practitioners:

“When it was demanded, it received everyone’s attention.”

“When a new therapist is hired, we do an orientation for them on the child care center, and as part of that orientation we discuss doing therapy in the room, and how important it is to our staff.”

“More communication helps. Clearly communicating this is our expectation for therapists who work with our children, really helps. And then following up to make sure they are really doing it. “

“We formed a joint steering committee of one or two teachers and one or two therapists who are the liaison group in charge of helping steer the protocol for inclusive child care, etc. In that, therapists are talking to other therapists, and teachers to other teachers, so the messaging is done peer to peer.

(B) If therapy must be provided outside of the classroom, (as per IEP/IFSP) the therapist will check in with the teacher, at pickup and drop-off, and engage with the child to create smooth transition.

- 1 Therapists and teachers acknowledge and provide mutual consent for therapy outside of program area.
- 2 Therapy takes place at a pre-arranged window of time agreed to by teacher and therapist.
- 3 Therapists sometimes engage in transitional activities with child in program area before or after pullout therapy.
- 4 Therapists always/or almost always engages in transitional activities with child in program area before or after pullout therapy.

Quotes from Practitioners:

“Therapists sign in and sign out when they leave the classroom area.”

“Therapists do a communication notebook for parents, but teachers are encouraged to read it as well.”

“We try to educate therapists about why transition is important”

“It hasn’t been an expectation ---so there hasn’t been much done. But we are going to try to present at therapy department meeting to get the information out to therapists”

“We’re going to develop a handout for therapists and therapy providers about expectations for working in our inclusive program”

(C) Therapists and teachers will meet on a regular basis to exchange information and provide feedback on individual child progress.

- 1 Teachers and therapists will exchange information at start of therapy and/or transition to new classroom or new therapist and for each IEP/IFSP preparation.
- 2 Teachers and therapists exchange information and appropriate documentation, quarterly, regarding child progress.
- 3 Teachers and therapists have input and give feedback on education goals and plans, including participation in IEP/IFSP process, meet formally at least quarterly, and regularly exchange informal information.
- 4 Teachers and therapists collaborate on creating therapy and education goals; meet more often than quarterly, and informally exchange information whenever therapy is delivered.

Quotes from Practitioners:

“Therapists complete a quarterly Being My Best form about anything new the child is working on, new goals, recommendations for adaptive equipment for the classroom, or any new signs they’ve learned. Teachers then use the form to help their own planning – we are also thinking about starting to send it home to parents.”

“It took a couple of years, but we’ve encouraged parents to let them know we can come to the IEP/IFSP meetings, and parents have started to request that our teachers attend. It really opened teachers’ eyes about writing goals, and what the therapists’ goals are. They get to meet everyone, and are familiar with everyone who is involved so there is more communication after that. They also now feel a greater sense of professionalism as having input and being part of the team.”

“Another program has said to parents we’ll be glad to give them support in the IEP/IFSP meeting, and that has helped the parents feel calmer. We asked the school district to have an IEP/IFSP meeting at our facility because the parent had such phobia about going to the school.”

(D) On an on-going basis, therapists and teachers will work to integrate classroom curriculum and IEP/IFSP goals.

- 1 Teachers communicate classroom curriculum to therapist on a regular basis.
- 2 Therapists incorporate some aspects of classroom curriculum into regular therapy intervention.
- 3 Therapists suggest small/large group activities based on knowledge of child's needs and teacher integrates skills into classroom routines.
- 4 Teachers and therapists collaborate on classroom curriculum that meets both educational and therapeutic needs.

(E) On an on-going basis, teachers will work to integrate therapy goals into classroom interactions and activities.

- 1 Teachers are aware of IEP/IFSP and will communicate with therapists on a daily/weekly basis.
- 2 Teachers have access to IEP/IFSP and incorporate some aspects of the therapy goals into the classroom curriculum and teacher/child interactions.
- 3 Teachers plan and implement small/large group activities based on knowledge of child's therapy goals.
- 4 Teachers collaborate with therapists in order to appropriately invest in classroom curriculum that meets both education and therapy goals.

Quotes from Practitioners:

“We make sure teachers have access to copies of IEP/IFSPs.”

“We make sure IEP/IFSPs and/or therapy goal forms are available during lesson plan meetings.”

“Our supervisor reviews lesson plans and looks for tie-ins to therapy goals.”

(F) On an on-going basis therapists will work to integrate classroom curriculum into therapy and education goals.

- 1 Therapists are aware of IEP/IFSP and will communicate with teacher on a daily/weekly basis.
- 2 Therapists have access to IEP/IFSP and incorporate some aspects of classroom curriculum into regular educational intervention.
- 3 Therapists plan and implement small/large group activities based on knowledge of child's education goals.
- 4 Therapists collaborate with teacher to appropriately invest in classroom curriculum that meets both education and therapy goals.

Quotes from Practitioners:

“We have a weekly center newsletter that has what each classroom is working on ---some key items, and it is distributed to all staff.”

“We invite therapists to training and group meetings.”

“We distribute classroom goals created by teacher to treating therapist.”

(G) Therapists, teachers, and parents work together to create an individualized child plan that includes developmental goals.

- 1 Teachers use a developmental profile on an on-going basis to better understand each child's development.
- 2 Teachers use a developmental profile to create individual child plan and considers therapy goals.
- 3 Teachers incorporate therapists' and/or parents' input into individual child plan.
- 4 Teachers, therapists, and parents collaborate as a team to create the individual child plan.

Quotes from Practitioners:

“The hardest piece is to involve the parents. It is so much easier just to do it yourself and move along.”

“For Head Start, you can use home visits to start off that process.”

“Ask parents open ended questions about what they're seeing, and what's important to them.”

“This is a good way to start the conversation at parent teacher conferences, etc.”

“Therapists are sometimes happy to participate in three-way meetings because they often struggle to get in contact with the parents.”

(H) Therapists, teachers and family members actively participate in the development of all IEP/IFSP goals.

- 1 Parents, teachers, and therapists are aware of IEP/IFSP process.
- 2 Parents have the opportunity to hear from their child’s teachers and therapists about what to expect in IEP/IFSP meetings.
- 3 Parents, teachers, and therapists are present and participate at IEP/IFSP meetings.
- 4 Parents, teachers, and therapists collaborate as team members to develop IEP/IFSP goals.

Quotes from Practitioners:

“Some programs hold a pre-meeting the day before the meeting with the teacher, and parents, and ideally whoever will attend the IEP/IFSP meeting. The goal of the meeting is to walk the parents through what they will experience at the actual meeting, and make sure there is a game plan, particularly for possibly contentious meetings. This type of pre-meeting could also be great for a teacher who is not completely comfortable writing goals to get feedback and support.”

(I) Center will have a protocol to identify and follow-up on children with special needs and to engage families who may be eligible for IDEA services with the appropriate public agencies.

- 1 Teachers use observation and parents' input to identify developmental concerns.
- 2 Center staff uses formal guidelines to further identify potential concerns and, when appropriate, communicate with parents.
- 3 Teachers use therapists as a resource in identifying children with suspected special needs.
- 4 Teachers and therapists work together to refer parents to public agencies for additional services and follow-up as needed.

Quotes from Practitioners:

“Follow these standards!”

“Ask therapists informally to give some ideas and input”

“Often we’ll say when you’re here providing your therapy, could you also look at so and so.”

II PARENT COMMUNICATIONS:

(J) Staff will have formal, on-going, consistent communication with families regarding child's experience and other issues.

- 1 At least twice per year parents receive formal communication on child's activities and progress.
- 2 Parent conferences are structured to solicit parent feedback.
- 3 Programs use additional, on-going, communication tools to inform parents about the activity of their child's group experience.
- 4 Parents will receive on-going, regular two-way communications about their individual child.

Quotes from Practitioners:

"Getting consistency from classroom to classroom across the center has been the key."

"We have a Write on, wipe off board in front of every classroom, and staff uses it every day to share activities and reminders."

"We do training on parent teacher conferences to decrease anxiety – and we want to include it in future orientations."

"We have talked about assuring that parents have input and talking about the assessment, and make sure to limit time, etc."

"We send home weekly emails about what was happening and what goes on. We also start sending it to people on the waiting list to build enthusiasm."

(K) Program clearly communicates to all parents the benefits of inclusive child care.

- 1 Formal center documents contain a section on benefits of inclusive child care for all children and their families. In addition, all classroom information and materials will be distributed to all families.
- 2 Program staff consistently articulates benefits of inclusive child care for all children and their parents.
- 3 Program has a resource library on benefits of inclusive child care for use by all staff and parents.
- 4 Program actively involves parents in communicating the benefits on inclusive child care.

Quotes from Practitioners:

“We concentrated on staff training to be able to articulate those benefits. We gave staff phrase and words to use, and did role playing about how to describe inclusive child care and advocate about it.”

“Mostly communicating with the parents --- updated materials and policies and procedures to put in registration forms and everything else, that we are an inclusive child care program, here is the information.”

“We have a Parent’s Unlimited group that does advocacy, and one of them has said they will talk to anyone.”

“Sometimes we try to choose parents of typically developing kids to serve a spokespeople.”

“Often invite parents to come and speak to the board, including a typically developing parent.”

“If we are doing trainings, at our building, I try to bring in parents for a ‘q and a’, and make sure we have typically developing children there.”

(L) Programs will provide support and training for every parent to become an effective advocate for their child, with special emphasis for parents involved with the IEP/IFSP process.

- 1 Program provides information about the role of parents as child advocates.
- 2 Program provides training on helping parents develop as advocates.
- 3 Program provides opportunities and support for other parents in their role as advocates.
- 4 Parents support other parents in their role as advocates

Quotes from Practitioners:

“We started posting information from local parent advocacy group about their upcoming meetings and attended their training to bring back information to the center.”

“We encouraged parents to act in pairs and work together to help develop new advocates – the buddy system is often really empowering.”

“Through our social services, we have parents training services, and they have trainings on being your child’s best advocate annually that we refer parents to and pass that information to all the parents, not just special needs parents.”

“One director added a question to their parent survey saying ‘would you be willing to be a speaker for the center, and what would you like to speak about?’”

III STAFF TRAINING and RESOURCES

(M) Programs will establish an orientation process for new staff that addresses the unique aspects of working in an inclusive classroom.

- 1 Staff receives written information on the unique aspects of working in and inclusive program during the interview and orientation process.
- 2 All new employees participate in a formal orientation program that includes classroom observation and reflection with supervisor and/or peers.
- 3 All new employees are assigned a peer mentor, who is not a supervisor, who will guide them through their orientation process.
- 4 New staff members identify additional support or resources needed to be effective in an inclusive setting.

Quotes from Practitioners:

“We just decided to have an orientation process. Getting our act together and getting it done. We just did it.”

“We started with our hand book, making sure inclusive information was there.”

“We had teacher applicants come in and spend time in the classroom.”

“After overall agency orientation, new employees went through our orientation, which included time with a peer mentor. Sometimes try to give mentors a little bit more time, which is also nice because it doesn’t cost a lot.”

“When assigning a peer mentor, the mentor says, “What do I do?”, and we say, “Whatever you wish had been done for when you started.””

(N) Programs use external resources to help provide high quality inclusive child care.

- 1 Program has identified these external resources for additional support.
- 2 Program has identified these external resources for additional support and has protocols developed for contacts and use.
- 3 These additional resources are regularly used as needed.
- 4 Additional resources meet at least annually to help shape and guide inclusive aspects of the program.

Quotes from Practitioners:

“One of the things that’s worked for us is that starting with whomever we knew, I called them up and said would you be willing to serve as a resource, and who else do you know who might be good? We now have over 20 people in this community support group.”

“Made up of folks from organizations we work with, school districts, licensing, anybody that we might need, and we brought them in and said “here is our vision, what else can you recommend?” or “we know we’re going to need training on autism, who can do it?”, etc.”

“Local child care resource and referral agencies often have resources here, and sometimes have specific inclusion resources.”

(O) Teachers and therapists will each have annual training on aspects of inclusive child care.

- 1 Program has identified and used local resources for training on inclusive child care issues.
- 2 Program uses therapists who serve your enrolled children to provide training to teachers.
- 3 Program provides an orientation on the educational curriculum and approach of the center specifically for therapist who serve your enrolled children.
- 4 Teachers and therapists have the opportunity to identify and receive additional training in areas relevant to current needs.

Quotes from Practitioners:

“Therapists love it when you use them as a resource”

“When I have an initial meeting with new therapists, I tell them the background of the teachers, and they are shocked.”

“We’ve tried hands on workshops including therapists --- but sometimes they think it is chaos. Sharing developmental profiles and reports with therapists would really help --- show gains, etc.”

“Having therapists enroll their children have helped spread the word about how high quality our program is.”

“We sent a teacher to the early intervention meeting to be able to speak about our program.”

IV OPERATIONS:

(P) Program will employ lower ratios and group sizes to meet the needs of all children enrolled.

- 1 Program shall meet state and local minimum standards for ratios and group sizes and have a plan to move toward the NAEYC minimum guidelines.
- 2 Program shall meet the NAEYC minimum standards for group sizes and ratios.
- 3 Program shall operate within the middle of the NAEYC group sizes and ratios.
- 4 Program shall establish group sizes and ratios that are at the low end of the NAEYC guidelines.

Quotes from Practitioners:

“Almost always a budget issue.”

“Could be incorporated into strategic plan.”

“A good place for interns or practicum students to help.”

“Very organized and engaging classroom can help larger ratios work.”

(Q) Program provides services to all children in an inclusive classroom setting.

- 1 Center is open to and has currently enrolled at least one child with a disability or special need.
- 2 Every classroom is able to accommodate and serve children with disabilities or special needs with their more typically developing peers in all aspects of the program.
- 3 Children with disabilities and special needs make up between 10% and 50% of children enrolled center-wide.
- 4 Children with disabilities and special needs make up between 15% and 33% of the children enrolled center-wide.

Quotes from Practitioners:

“Our battle has been trying to find typically developing children. We wrote a grant to get scholarship children from a local homeless shelter --- and this partnership provides most of our typically developing children.”

“Some people use scholarship funds for kids with disabilities.”

“More often you put these goals into writing; the more likely it is to happen. Then the community mindset is there, the staff mindset is there. Put it in the parent handbook, staff handbook, press releases, fundraising information, materials for visitors, etc. Use the numbers as a target (not a guarantee).”

(R) Staff will use a formal assessment tool in a pre and post-test context that whenever possible, is consistent with those used in the state for early intervention and special education purposes.

- 1 Center has selected a formal child assessment tool.
- 2 Staff is trained in its use, administration and function.
- 3 Tool is used to solicit parent input, which is incorporated in classroom plans.
- 4 Information from assessment tool is used in classroom and individual plans.

Quotes from Practitioners:

“Decision on what to use and how, has to be made at some level, and then enforced.”

“Trained staff on observing and writing goals based on their observations. Teachers are now actually doing observations and creating goals, and then they are able to talk with the therapists about those goals.”

“More of a collaboration now – previously we just used therapy goals. Now we plan for that individual child --- assists you in working to help the children develop.”

(S) Program will consider serving as a resource for other agencies interested in inclusive child care.

- 1 Program shall provide phone consultation as requested by other centers.
- 2 Program shall invite interested community members to visit and to observe inclusive child care in action and reflect on visit.
- 3 Program has developed materials for dissemination about providing inclusive child care.
- 4 Program regularly provides training to other providers on the benefits of inclusive child care, and consults professionally with other providers, to support the inclusion of children with special needs.

Quotes from Practitioners:

“We have a training program on site that we use. It took us a year to get staff to do it. Once one person did it – it blossomed.”

“We have a grant that funds us to provide trainings to others, and we market ourselves as an information and referral service. Its in our promotional information, everywhere we say we’re an information and referral service for inclusive childcare.”

“Putting information out there. When someone calls this agency, people get a message, saying did you know, we act as a resource and referral agency for children with disabilities”

“I started presenting at local YMCA conferences. Started with people calling us and asking us questions, then said we would come out and talk to your staff about it. After that we started to develop modules.”

“Community college is a really good place to start --- special needs class or whatever it is, instructors are often grateful for having someone come in and talk about inclusion.”

