



BRIDGES



CALIFORNIA HEAD START-STATE COLLABORATION OFFICE

In This Issue

When a child is newly diagnosed with a developmental delay or disability, the child's family enters a system that offers many needed services and supports but can also seem bewilderingly complex.

This issue of *Bridges* updates the issue published in the spring of 1999 that was devoted to helping families and agencies understand and gain access to the service system for children with special needs. That issue of *Bridges* was the most widely distributed ever. The number of copies printed was increased to 70,000 when the California Department of Social Services determined that the issue was important enough to share with every licensed child care facility in the state. For this 2005 issue

we would like to thank staff from the California Department of Developmental Services and our own Special Education Division for their assistance in reviewing and revising articles. A special thanks goes to Ellen Montanari and Linda Brault of the Map to Inclusive Child Care Project and Mardi Lucich, formerly of the California Childcare Health Program, for their hard work and advice on this issue. Thanks is also due to Mary Smithberger and (belatedly) to Pamm Shaw for her work in 1999.

Bridges is produced by the California Head Start-State Collaboration Office. It is mailed to every Head Start program and early education program funded by the California Department of Education. We hope you find the information provided in this issue to be useful.

Message from the California Head Start Association

Lucia Palacios, CHSA President

Head Start and Early Head Start programs in California and across the nation value children with disabilities and their families and strive to celebrate their diversity and uniqueness. Beginning with the early design of the comprehensive service system, Project Head Start's architects, such as Sargent Shriver, understood the need for early intervention and prevention. The Economic Opportunity Act of 1964, under which Head Start was first authorized, states: "This will provide an opportunity for a Head Start by canceling out deficiencies associated with poverty that are instrumental in school failure. . . . Such special education programs could be open to all needy children." These broad Congressional expectations were refined in 1974 when Head Start's reauthorization specifically required that ". . . at least 10 percent of Head Start consist of handicapped children" (*Project Head Start*, p. 141).

California's Head Start programs serve more than 11,600 children from birth through age five with diagnosed disabilities. More than 80 percent of those children are receiving special services for speech or language impairment (2004 *Program Information Report*). Head Start programs are serving children with a variety of special conditions, including health impairments; autism; mental retardation; developmental delays; behavioral disorders; learning disabilities; visual, orthopedic, and hearing impairments; and multiple disabilities. Given this population of children with significant needs, Head Start programs are strategically engaged in a wide variety of local partnerships to provide needed services. From the development of services and sharing of resources to parent advocacy and early identification, Head Start programs value partnerships with such other important service providers as school districts, hospitals, universities, and regional centers.

The California Head Start Association is pleased to see this issue of *Bridges* committed to supporting collaboration between the many providers of services to children with developmental challenges and to their families. While all families may be challenged in navigating this service system, doing so is especially difficult for our state's poorest families and for those with a limited knowledge of English. We are proud of our colleagues' efforts to reach beyond service design and funding boundaries to better meet the needs of these deserving children and their families.

If you work in an agency, I encourage you to design new and innovative options for services. Given the tremendous personal and economic benefits of early intervention and prevention, all Californians will benefit from your efforts.

This issue of *Bridges* can also be found on the California Department of Education's Web site <http://www.cde.ca.gov/sp/cd/re/chssco.asp>.

Early Intervention Services for Children from Birth to Age Three

In 1993 California's Legislature enhanced existing special education, prevention, and early intervention services to meet the new federal requirements under the Individuals with Disabilities Education Act (IDEA), Part C. The new state system became known as Early Start. The California Early Intervention Services Act (CEISA) was the state's authorizing legislation. It ensures that a family-focused, coordinated interagency system of early intervention services is provided to infants and toddlers with a developmental delay or a disability or who are at risk of a developmental disability.

The California Department of Developmental Services (DDS), the lead agency for Early Start, in collaboration with the California Department of Education (CDE), is responsible for the overall administration of the Early Start service system. The CDE is also responsible for developing and administering the programs coordinated by the 115 special education local plan areas (SELPA) and provided by such local educational agencies (LEAs) as school districts and county offices of education. The DDS and the CDE also coordinate with the California Departments of Health Services, Social Services, Mental Health, and Alcohol and Drug Programs.

The DDS receives advice and assistance from the State Interagency Coordinating Council on Early Intervention (ICC). The council's members appointed by the Governor are parents of children with disabilities, state department representatives, providers of early intervention services, and other interested parties from the early intervention field.

The regional centers, through a contractual agreement with the DDS,

share the primary responsibility with LEAs for coordinating and providing early intervention services at the local level. Regional centers serve about 90 percent of the infants and toddlers eligible for Early Start. LEAs are responsible for providing services to all infants and toddlers with solely low-incidence disabilities (e.g., solely visual, hearing, and severe orthopedic impairments or a combination thereof), and within their funded capacity, LEAs also provide early intervention services for additional infants and toddlers eligible for LEA services.

In 1997 the CEISA was amended to acknowledge the provision of family support services by Early Start family resource centers/networks (FRC/Ns). Examples of family support services are parent-to-parent support, resources with information on disabilities and early intervention, assistance in accessing services, public awareness and outreach, activities for collaboration between families and professional staff members, and transition assistance for families. FRC/N staff members are often parents who have children with special needs.

Intent of Early Start

Early Start is designed to:

- Maintain quality early intervention services and ensure that the system responds to the young children and their families whom it serves.
- Support families and include them in collaboratively making decisions about services for their child.
- Provide timely services in the child's natural environment.
- Keep families informed about services for their child.
- Facilitate a smooth transition from Early Start to other services when the child reaches age three.

- Support training of professionals to enhance the quality of services.
- Enhance interagency collaboration.

Criteria for Eligibility

Infants and toddlers, from birth to 36 months of age, may be eligible for early intervention services if they meet one of the following criteria, as shown through documented evaluation and assessment:

- Have a developmental delay in either cognitive, communication, social or emotional, adaptive or physical and motor development, including vision and hearing; or
- Have an established risk condition of known etiology with a high probability of causing delayed development; or
- Are at high risk of having a substantial developmental disability owing to a combination of risk factors.

Early Start Services

Early Start services are accessed through statewide community-based regional centers and LEAs. Family support services are available through the Early Start FRC/Ns. Other early intervention services may be available from health or social service agencies in the community. Infants and toddlers may be identified and referred for services from regional centers or LEAs by primary referral sources (e.g., hospitals, health care providers, child care providers, social service programs, or the infant's or toddler's family).

Each infant or toddler referred to Early Start has a timely, comprehensive evaluation to determine eligibility and, if eligible, an assessment to

determine service needs. Within 45 days of receiving the referral by the regional center or LEA, an assigned service coordinator facilitates evaluation and assessment and convenes a meeting to develop the individualized family service plan (IFSP).

Because the primary responsibility for an infant's or a toddler's well-being rests with the child's parents, they are an integral part of the evaluation and assessment processes and participate fully in the development of the IFSP. Early Start services support the family and enhance the family's ability to meet the special needs of the child.



In Early Start parents have rights and protections to ensure that early intervention services are provided to their children in a manner appropriate to their needs, in consideration of family concerns, and in compliance with state and federal requirements.

Services based on the child's needs are provided in "natural environments." In California, natural environments are defined as the child's and family's everyday routines, relationships, activities, places, and partnerships that occur within the home and community settings in which children without disabilities participate.

The regional center or LEA provides, arranges for, or funds all early intervention services without cost to

the family. Provisions are made for periodic and annual reviews of the IFSP to monitor progress and respond to the child's and family's changing needs over time. Transition planning is initiated for the child no later than age two years and nine months to ensure a smooth transition from early intervention services to other services when the child turns three and is no longer eligible for Early Start.

Early intervention services may include:

- Assistive technology devices/services
- Audiology or hearing services
- Family training, counseling, and home visits
- Health services necessary for a child to benefit from other early intervention services
- Medical services for diagnosis and evaluation only
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services
- Respite services
- Service coordination
- Social work services
- Special instruction
- Speech and language services
- Transportation and related costs necessary for a child to receive services
- Vision services

Parent Rights, Mediation, and Due Process

In Early Start parents have rights and protections to ensure that early intervention services are provided to their children in a manner appropriate to their needs, in consideration of family concerns, and in compliance with state and federal requirements. The DDS contracts with the Office of Administrative Hearings to conduct mediation and due process hearings for families in Early Start that disagree with a regional center or LEA

about evaluation, assessment, or placement of their child or the identification or provision of appropriate early intervention services. An individual or organization may also file a complaint with the DDS alleging violations of state or federal early-intervention statutes or regulations. Refer to the DDS Web site at http://www.dds.ca.gov/complaints/compl_es.cfm for further information.

Monitoring and Technical Assistance

To ensure Early Start compliance and support quality improvement, state interagency teams visit regional centers and LEAs to interview Early Start agency personnel and parents and conduct record reviews. The interagency teams consist of parents, DDS and CDE staff, and other community representatives. Reports note strengths, technical assistance needs, and recommendations. The process promotes positive change in the Early Start system, resulting in improved quality of services for young children and their families.

The DDS has liaisons assigned to provide support on Early Start policy and fiscal matters to each regional center and FRC/N. The liaisons provide information, technical assistance, follow-up to complaints, monitoring, and oversight on a scheduled and an as-needed basis. To contact a DDS Early Start liaison, call (916) 654-1593.

Under the CDE's Focused Monitoring and Technical Assistance (FMTA), consultants are available to respond to requests for information from the field. These consultants also coordinate monitoring activities, identify local staff and agency needs, and facilitate access to technical assistance related to monitoring and program implementation. Refer to <http://www.cde.ca.gov/sp/se/qa> for contact information.

The CDE provides technical assistance through a joint project with the

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Early Intervention Services for Children from Birth to Age Three

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Sacramento County Office of Education. Supporting Early Education Delivery Systems (SEEDS) provides technical assistance to administrators, staff, and families involved in early childhood special education programs throughout California. The project has an established network of consultants and visitation sites to assist local educational agencies in providing quality services and in implementing changes to meet specific state and federal requirements. Telephone SEEDS at (916) 228-2379. Or visit the Web site at <http://www.scoe.net/seeds>.



The delivery of quality early intervention services envisioned by IDEA requires that personnel are qualified and appropriately trained to provide those services to eligible infants and toddlers and their families.

Comprehensive System of Personnel Development (CSPD)

The delivery of quality early intervention services envisioned by IDEA requires that personnel are qualified and appropriately trained to provide those services to eligible infants and toddlers and their families. Early Start's CSPD provides the framework for coordinating the delivery of personnel development activities throughout California.

Preservice preparation, in-service training, and technical assistance are essential CSPD components. Needs assessments, recruitment and retention, and evaluation of CSPD efforts are additional elements of Early Start's system of personnel development.

The DDS contracts with the California Early Intervention Technical Assistance Network (CEITAN) and Early Start Resources (ESR), projects of the WestEd Center for Prevention and Early Intervention, for CSPD activities. Under the leadership of the DDS, WestEd provides statewide institutes, training, scholarships, and technical assistance and disseminates Early Start materials and other resources statewide from the early intervention library. The projects include:

- **Early Start Statewide Institutes and Special Topic Trainings**

The institutes address competencies for early intervention service providers in three core content areas and, for Early Start service coordinators, on foundational and advanced concepts. Training is also provided to personnel who deliver family support services through Early Start family resource centers/networks.

- **California Early Start Personnel Development Scholarship Fund**

The scholarship fund supports professional development for personnel who provide early intervention services through awards for attendance at training, college course work, local training events, and program enhancement projects.

- **Community College Personnel Preparation Project**

The project supports community colleges in infusing early intervention competencies into existing child development curricula. Students may earn an Early Interven-

tion Assistant Certificate from the participating colleges.

- **Early Start Consultant Network**
The network provides technical assistance in CSPD product development, the monitoring process, and other state priority projects.

For contact information on the projects listed above, call (916) 492-4011. Or visit the Web site at <http://www.wes.org/cpei>.

In addition to the SEEDS project noted previously, the CDE also funds the Special Education Early Childhood Administrators Project (SEECAP). This project provides training and support to emerging and experienced administrators of early childhood special education programs and leaders from a variety of public and private agencies serving young children and their families. Telephone SEECAP at (760) 471-8208, ext. 228. Or visit the Web site at <http://www.sdcoe.k12.ca.us/student/hope>.

Public Awareness and Outreach

Early Start has a comprehensive interagency child find system that ensures that all infants and toddlers who may be eligible for early intervention services are located, identified, and referred to the appropriate agency for evaluation for services. Child Find activities are conducted at the state level by the DDS and at the local level by regional centers and LEAs.

The DDS contracts with Early Start Resources (ESR), a project of WestEd, to facilitate implementation of Early Start's public awareness activities. ESR produces and disseminates a variety of public awareness materials and products, such as the *Early Start Central Directory of Early Intervention Resources*. ESR also

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Preschool Special Education Program

Public schools have offered special education services to preschool-age children since the 1940s. However, it was not until 1992 that state law required school districts to serve all children with disabilities ages three through five.

Mission

The Early Education Program in special education seeks to provide, within the typical environment appropriate for young children, early education programs for children with disabilities ages three through five and include active parent involvement. The program is designed to:

- Reduce significantly the potential impact of any disabling conditions.
- Produce substantial gains in the development of physical, cognitive, language and speech, psychosocial, and self-help skills.
- Help prevent the development of secondary disabling conditions.
- Reduce family stress.
- Reduce societal dependency and institutionalization.
- Reduce the need for special class placement in special education programs once the children reach school age.

- Provide substantial savings for society and schools.

Enrollment

Local educational agencies (LEAs) throughout California serve approximately 45,000 preschoolers, including 14,600 five-year-olds. An additional 12,600 five-year-olds are served in special education kindergarten programs.

A local educational agency is most often a school district, which is responsible for all students with disabilities (from birth through age twenty-one) within its school district boundaries.

Early Education Services

Preschool programs provide services specially designed to meet the child's unique needs in accordance with the Individuals with Disabilities Education Act (IDEA). Focus is placed on the young child and the family. Programs include individual and group services in a variety of typical age-appropriate environments for young children, including the home. Services are coordinated with other state and local agencies.

Early Childhood Special Education

For preschool children ages three through five, Early childhood special education includes:

- Observing and monitoring the child's behavior and development in his or her environment
- Providing developmental activities that are age-appropriate
- Interacting and consulting with the family members, regular preschool teachers, and other service providers
- Assisting parents in accessing and coordinating services provided by other agencies or programs in the community



Early Intervention Services

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maintains the California Early Start Library collection, which includes books, research, reports, training manuals, family education and support materials, and audiotapes and videotapes. Multilingual materials are also available. Materials are free and may be obtained by contacting ESR at (800) 869-4337 or visiting its Web site at <http://www.wested.org/cpei>.

Referral and Resource Information

Early Start services may be accessed by contacting a local regional center, school district, county office of education, or family resource center. Information may also be obtained by calling the Early Start informational line at (800) 515-BABY or by visiting the DDS Web site at www.dds.ca.gov/earlystart.

- Providing opportunities for play and for the development of self-esteem and preacademic skills
- Providing access to developmentally appropriate equipment and specialized materials
- Providing appropriate related services that include counseling and training for parents to help them understand and meet their children's unique strengths and needs

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Preschool Special Education Program

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- Providing early education in the least restrictive environment or in an environment typical for young children (Doing so may require modification in the delivery of services.)
- Providing delivery of services to enable the child to receive them in a group program according to the child's need (Group services should not exceed four hours per day unless otherwise determined by the individualized education program [IEP] team.)
- Ensuring that instructional adult-to-child ratios for children served in group settings are one to six or less, depending on the individual needs of the child.



For preschool children ages three through five, early childhood special education includes ensuring that instructional adult-to-child ratios for children served in group settings are one to six or less, depending on the individual needs of the child.

Related Services

The program assesses the needs of the preschool child so that the services identified in the child's IEP can be provided. The services offered are:

- Assistive technology
- Audiology
- Counseling

- Health
- Occupational therapy
- Orientation and mobility
- Parent counseling and training
- Physical therapy
- Psychological
- Social work
- Speech-language pathology
- Transition
- Transportation
- Vision

Where Children Are Served

Settings in which services are provided include:

- Regular public or private preschool programs
- Child development centers or family child care settings
- The child's regular environment, including the home
- Special sites where preschool programs for children with and without disabilities are located close to each other, enabling resources and programming to be shared
- Special education preschool programs in which children without disabilities attend and participate in all or part of the programs
- Public school settings that provide age-appropriate environments, materials, and services.

Administration

Early education services for infants, toddlers, preschoolers, and their families are provided by LEAs with the support of the Special Education Division, California Department of Education (CDE). The CDE (1) promotes services that maximize the significant, positive impact of early education and early intervention on the lives of young children and provides technical assistance to LEAs; (2) consults and collaborates with other state and local agencies to meet the requirements of the IDEA;

and (3) is responsible for developing policies and administering programs coordinated by 120 special education local plan areas.

Funding

LEAs receive funding from state general funds and federal grants.

Training and Technical Assistance

Regional consultants in the Focused Monitoring and Technical Assistance (FMFTA) units are available to respond to requests for information from the field and provide program oversight. Technical assistance is provided on site or through a variety of local or regional meetings. The CDE identifies local staff and agency needs and develops policy and procedures to facilitate program implementation.

SEEDS

Supporting Early Education Delivery Systems (SEEDS) is a joint project of the California Department of Education and the Sacramento County Office of Education. SEEDS has established a network of consultants and visitation sites to assist LEAs in providing quality services. They also provide technical training and technical assistance to Early Start programs, which serve children from birth to age three. Telephone SEEDS at (916) 228-2379. Or visit its Web site at <http://www.scoe.net/seeds>.

SEECAP

The Special Education Early Childhood Administrators Project (SEECAP) provides training and technical assistance for administrators of early childhood special education programs. The project can be reached at (760) 471-8208. Or visit its Web site at <http://www.sdcoe.net/seecap>.

Regional Center Services for Children Over the Age of Three

The California Department of Developmental Services (DDS), under the Lanterman Developmental Disabilities Services Act of 1969, provides leadership and funding for services to individuals with developmental disabilities of all ages. Regional centers, under a contract with the DDS, serve as the point of entry into the developmental disabilities service system. With offices statewide, regional centers and the state-operated developmental centers provide local resources and services to assist families. These services and supports are provided through a combination of federal, state, county, and local government agencies, private businesses, support groups, and volunteers.

Eligibility Criteria

To be eligible for services, a child must have a disability that began before his or her eighteenth birthday, is expected to continue indefinitely, and presents a significant disability due to one of the following conditions:

- Mental retardation
- Cerebral palsy
- Epilepsy
- Autism
- Disabling conditions closely related to mental retardation or requiring similar treatment (Individuals at risk of having a child with a developmental disability may be eligible for referral for genetic diagnosis, counseling, and other prevention services. A developmental disability does not include other disabling conditions that are solely physical in nature.)

Services Provided

Regional centers provide or coordinate a broad range of services related to a developmental disability.

There is no charge for diagnosis or assessment for eligibility. Once eligibility is determined, most services are free regardless of the child's age or family income. Parents are required to share the cost for 24-hour out-of-home placements and respite, camp, or child care for children ages three through seventeen depending on ability to pay. The following services are provided:

- Information and referral
- Assessment and diagnosis
- Counseling
- Lifelong individualized planning and service coordination
- Purchase of necessary services included in the individual program plan
- Assistance in finding and using community and other resources
- Advocacy for the protection of legal, civil, and service rights
- Genetic counseling
- Family support
- Planning, placement, and monitoring for 24-hour out-of-home placement
- Training and educational opportunities for individuals and families
- Community education about developmental disabilities

Service Coordination

The regional center helps coordinate the services needed because of a child's developmental disability. A case manager or service coordinator is assigned to help develop a plan of service and oversee implementation of the plan. The regional center uses a planning process called an individual program plan (IPP) for all eligible persons over the age of three. This plan is prepared by the parents of a minor child; a guardian or conservator, if any; adult consumer; anyone the family chooses to invite to the planning

meeting; and the regional center staff. The IPP lists the goals for the child and services needed to reach those goals, the service provider, and the source of payment. All services listed in the IPP will be provided by a generic or natural resource, a regional center vendor, or directly by the regional center. Regional centers are required by law to provide services in the most cost-effective way possible. They must use



all other resources, including generic resources, before using any regional center funds. (A generic resource is a service provided by an agency that has a legal responsibility to provide services to the general public and receives public funds for providing them.) Some generic agencies that families are referred to are the local school district, county social services, Medi-Cal, the Social Security Administration, and the Department of Rehabilitation. Other resources may include natural supports that would be provided by family, friends, and others at little or no cost.

For a listing of California's regional centers, visit their Web site at <http://www.dds.ca.gov>. Or telephone the California Department of Developmental Services at (916) 654-1690.



First 5 California Special Needs Project: **An Opportunity for Collaboration**

*Debra Merchant
Education Program Consultant/Special Needs
First 5 California Children and Families Commission*

Ask any group of veteran early childhood educators what their greatest challenges are. Nearly everyone will mention providing appropriate support to children with at-risk behaviors. Issues include a need for early, comprehensive screening, preintervention strategies, itinerant or classroom support, and communication among collaborative partners.

The First 5 California Special Needs Project, funded at \$20 million over five years, provides an opportunity for some local First 5 school readiness programs to enhance their system of support. The project addresses (1) children with disabilities and other special needs; and (2) mental health. Merging these areas is intended to maximize the early identification of conditions often overlooked or difficult to diagnose, improve connections to services for children with disabilities, and provide services to children in need of supports. Children with behavioral or mental health needs who are not eligible for services are of particular concern. The target population is children from birth through five years of age who either are protected by the Americans with Disabilities Act (ADA) or are at risk of a chronic condition and who live in a community with a First 5 School Readiness project.

Demonstration sites will test evidence-based and promising practices to better support children with special needs. Sites will also:

1. Create an interagency, interdisciplinary, coordinated community-wide system that provides universal access to and improved use of periodic screening or assessment, using tools and processes that are cultur-

ally, linguistically, and developmentally appropriate.

2. Improve access to and use of services and supports through a family-focused and family-friendly, interdisciplinary, coordinated community-wide system.
3. Include children with special needs in appropriate, typical preschools, child care and development programs, and other community settings with the provision of necessary support to help the children succeed in those environments.
4. Participate in program evaluation to identify effective practices, resources, and other tools for improving programs and achieving project outcomes.

The ten Special Needs Project demonstration sites selected by First 5 California are in El Dorado, Los Angeles, Mendocino, Merced, Monterey, Orange, Riverside, San Diego, San Francisco and Sonoma counties. Collaborative partners, including Head Start and State Preschool staff, are critical members of the project teams.

Sonoma State University and the California Institute on Human Services will provide coordination and support for the project, including recommending a screening protocol, establishing site work plans to meet expected project outcomes, developing and implementing a training curriculum, and coordinating and supporting statewide training and leadership activities to disseminate promising practices from the demonstration sites. Additional support regarding the evaluation design, training plan, treatment models, and consultative activities will be provided by the Infant, Preschool and Family Mental Health

Program (IPFMHI), a project of the California Department of Mental Health, conducted in partnership with WestED and the California Institute for Mental Health. In addition, IPFMHI projects in eight county school readiness programs are concluding direct services. The project deliverables, including a screening and evaluation compendium, financing strategies manual, and triage and referral strategies, will also be important resources for the Special Needs Project.

A First 5 California Special Needs Advisory Committee also supports the Special Needs Project. This advisory group includes representatives from the First 5 Association of California, state agencies and organizations, project evaluators, and First 5 California project staff.

What does this opportunity mean for local Head Start and state preschool programs as well as for all of the school readiness programs? Outcomes include the possibility of more effective and efficient models for comprehensive screening processes, referral and resource networks, full inclusion, and other best practices and tools. Evaluation results of the project outcomes may guide future planning and development. Head Start, state preschool, and school readiness programs will have access to this information as collaborative partners of demonstration sites or through the statewide dissemination of leadership and training activities.

For further information regarding the Special Needs Project and the School Readiness Initiative, please visit the following Web site: <http://www.ccfc.ca.gov>.

Hilton/Early Head Start Training Program

California Institute on Human Services,
Sonoma State University
A public-private partnership between
the Conrad N. Hilton Foundation and
the Head Start Bureau

The Hilton/Early Head Start Training Program is designed to support the inclusion of infants and toddlers with disabilities and their families in Early Head Start (EHS) and Migrant and Seasonal Head Start (MSHS) programs. This work is done in collaboration with early intervention and other community partners. SpecialQuest, the heart of the Hilton/Early Head Start Training Program, consists of four years of sequential trainings delivered to teams consisting of a family member of a child with a disability, an EHS/MSHS administrator, an early interventionist, a child care partner, an EHS/MSHS staff member, an EHS/MSHS disability services coordinator, and a Head Start staff member.

The SpecialQuest Hilton/EHS Training Program:

- Delivers intensive, interactive three-day learning experiences, using a sequential skill-building curriculum
- Works with each team during SpecialQuest training events to develop action plans in support of inclusive efforts

Other aspects of the Hilton/Early Head Start Training Program include follow-up and support, resources, SpecialQuest graduate activities, and program evaluation leading to continuous improvement:

Ongoing Follow-up and Support

Learning Coaches:

- Assist each site in implementing action plans and other SpecialQuest activities.

Resources

The Hilton/EHS Training program:

- Creates and disseminates the SpecialQuest Training Guides and Videos
- Ensures that all resources and training materials are culturally and linguistically appropriate

SpecialQuest Graduate Activities

The Hilton/EHS Training Program:

- Maintains and enhances a network of support for SpecialQuest graduates, who in turn become leaders in their communities, sustaining change related to inclusion
- Involves SpecialQuest graduates as trainers, Learning Coaches, presenters, and resources to others
- Supports 48 SpecialQuest graduate ambassadors, who are leaders and advocates for inclusion, in linking with other SpecialQuest graduates throughout the country

Evaluation/Continuous Improvement

The Hilton/EHS Training Program:

- Uses data to systematically guide day-to-day and long-term decision making and track progress over time in relation to intended outcomes
- Conducts case studies of selected sites across the country to examine the impact of SpecialQuest on services to children and families in Early Head Start programs, their partners, and their communities

Outcomes

SpecialQuest programs report the following accomplishments:

- Serving more infants and toddlers with disabilities. Overall, 97 percent of participating EHS/MSHS programs reported an increase in the number of infants and toddlers with IFSPs enrolled in their programs.

- Supporting families in taking the lead in the delivery of services
 - Participants believed that SpecialQuest reframed their attitudes and understanding of families of young children with disabilities.



The Hilton/Early Head Start Training Program is designed to support the inclusion of infants and toddlers with disabilities and their families in Early Head Start (EHS) and Migrant and Seasonal Head Start (MSHS) programs.

- In addition, SpecialQuest influenced practices in their EHS/MSHS program in light of their new perspectives and trained staff in the new principles and practices, including:
 1. Focusing on listening to families and following their lead
 2. Modifying the ways families are approached when first recruited and enrolled in the program
 3. Making technology and other resources available to family members who wish to access additional information or support
 4. Developing intervention strategies that support family advocacy and leadership

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Supporting the Inclusion of Children with Disabilities and Special Needs

The California Child Care Healthline Project is an information and referral service funded by the California Department of Education, Child Development Division. It provides assistance and education for California child care on matters pertaining to developmental, health, and safety issues for children in group-care settings. In particular, the Healthline provides consultation and resources to callers regarding children with disabilities and other special needs, including behavioral health issues. Its vision is a California in which all children have full access to quality, inclusive child care that welcomes families and supports pro-

viders. Ways in which the healthline serves and supports the inclusion of children with disabilities and special needs in group-care settings are as follows:

Toll-free advice line. The Healthline is an information and referral line (800-333-3212, toll-free to California callers) staffed by experienced pediatric and public health nurses. It is available daily Monday through Friday, from 8 a.m. to 4 p.m., and serves a variety of callers, including child care providers, early childhood professionals, parents and families, health trainers, inclusion coordinators and facilitators, and staff from agencies that support early care and education and early intervention.

Multidisciplinary staff. The Healthline team includes specialists in infant and toddler care and development, behavioral and mental health, early childhood special education, and pediatric health. Callers are referred to appropriate staff whenever special consultation or technical assistance is needed.

Local referrals. The Healthline staff maintains current resource materials for all 58 California counties. Callers are frequently referred directly to the most appropriate local agency for further support and assistance, including school districts, public health departments, child care resource and referral agencies, and family resources centers/networks.

Educational materials online. The Healthline staff prepares and disseminates written material and information to assist families and providers in increasing options for child care with appropriate support services. The variety of materials includes *Health and Safety Notes* in English and Spanish on more than 50 topics, training curricula, *Fact Sheets for Families* in English and Spanish on more than 30 topics, and *Child Care Health Connections*, a bi-monthly newsletter with a dedicated "Inclusion Insight" article in each issue. These materials and more are available without charge for downloading on the California Childcare Health Program Web site at: <http://www.ucsfchildcarehealth.org>. Samples of these materials can also be obtained by calling the Child Care Healthline.

Training and workshops. The Child Care Healthline team develops and conducts statewide presentations and workshops for child care providers, parents and families, and professionals to provide information, awareness, access, and support for inclusive services at several annual professional conferences.

Hilton/Early Head Start Training Program

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- Enhancing teaming and collaboration to make a difference. A significant increase was demonstrated in the attitude of team members regarding the importance of working with other community agencies. In addition, the Early Intervention partners reported that because of SpecialQuest, there was an increase in:
 - Services to infants and toddlers with significant disabilities in natural environments
 - Services available to families of young children with disabilities
 - Referrals between EHS/MSHS and Early Intervention
 - Access to collaborative trainings
- Creating learning communities. In addition to the 2,300 EHS/MSHS staff, family members, and early intervention personnel with whom SpecialQuest materials were shared, trainees, learning coaches, and trainers shared the training

material with an additional 66,048 people.

California's Participation

The Hilton/Early Head Start Training Program is in the third year of a second five-year grant award—the eighth year of its operation. Twenty-five Early Head Start and Migrant and Seasonal Head Start teams in California graduated from four years of SpecialQuest in 2001. Another 28 California Early Head Start teams are participating in Phase II and have completed two years of the program. Each of these programs has developed and implemented action plans that promote the inclusion of infants and toddlers with significant disabilities in their programs in collaboration with their early intervention partners.

For further information on the program, participants, resource materials, or evaluation findings, please check out the Web site <http://www.specialquest.org>.

PAI Helps with Problems

Protection and Advocacy, Inc. (PAI) may be able to help people with problems associated with a disability. PAI is a non-profit agency that works in partnership with people with disabilities to protect, advocate, and advance human, legal, and service rights.

Established in 1978, PAI provides services to people with disabilities under five federal programs: Developmental Disabled Assistance and Bill of Rights Act, Protection and Advocacy for Individuals with Mental Illness Act, Protection and Advocacy of Individual Rights Act, Protection and Advocacy for Beneficiaries of Social Security Act, and Assistive Technology Act of 1998.

Some of the problems that PAI can help with include:

- Questions about rights to basic support, personal care, homemaking, therapy, and health care
- Discrimination in housing, transportation, employment, and access to public and private programs and services
- Abuse, neglect, and rights violations in an institution

- Rights to least restrictive environment, dignity, privacy, choice, and other basic rights
- Special education rights, such as integration and full inclusion; services for infants, toddlers, and children with limited English skills; and behavior-related services
- Mental health and support services that provide individualized treatment
- Regional center eligibility and services that promote independence, such as supported living and family supports
- Access to technology-like communication devices and power wheelchairs

PAI does not charge for services but accepts tax-deductible donations to help cover the costs of services.

PAI is available to help people who are regional center clients; have significant psychiatric or emotional impairment; have physical, learning, developmental, or sensory disabilities; need access to new technology; or receive Social Security benefits.

Further information is available from PAI (see the following):

Toll Free – All PAI Offices
1-800-776-5746

Sacramento Regional Office
916-488-9950 (Voice)
1-800-719-5798 (TTY)
Bay Area Regional Office
510-430-8033 (Voice)
1-800-649-0154 (TTY)

Los Angeles Regional Office
213-427-8747 (Voice)
1-800-781-4546 (TTY)

San Diego Regional Office
619-239-7861 (Voice)
1-800-576-9269 (TTY)

Office of Patients' Rights
916-575-1610 (Voice)

Office of Clients' Rights Advocacy
916-575-1615 (Voice)
1-800-390-7032 (Voice)
1-877-669-6023 (TTY)

Administrative Office
100 Howe Ave., Suite 185-N
Sacramento, CA 95825
916-488-9955



The Map to Services for Children with Special Needs and Their Families




QUESTIONS OR CONCERNS	REFERRAL	EVALUATION AND ASSESSMENT
<p>Age: Birth to Three Years</p> <p>Child appears to have difficulty relating to caregiver or does not meet typical developmental milestones or demonstrate age-appropriate behavior.</p> <p>Child care providers can:</p> <ul style="list-style-type: none"> • Observe the child and provide developmental information to the parent. • Share information regarding the child’s interests, interactions, and behaviors at home and in the child care setting. • Work closely with families to identify specific areas of concern. • Refer to a medical provider to rule out any physical causes, including vision and hearing problems. • Discuss with the family the option to refer their child to the California Early Start Program. Call the Babyline at 800-515-BABY for information and referral sources. • Call the California Child Care Healthline at 800-333-3212 for more information. 	<p>Children from birth to three years may qualify for early intervention services in the Early Start Program.</p> <p>The parents may refer their child directly to an Early Start Program or have their health care provider or other professional make the referral. Parents <i>do not</i> have to make that first call. After the referral, the parents will be contacted, informed of their rights as parents under the law, and asked whether they wish to initiate services. A service coordinator will be assigned to assist the family.</p> <p>Parents have the right to an evaluation of their child’s performance. Referrals should be made to the local regional center or school district. Call the Department of Developmental Services at 800-515-2229 to obtain the phone numbers in your area.</p>	<p>Evaluation may determine whether the child has a delay or disability; identify the child’s strengths and concerns about development; and help in planning for intervention.</p> <p>Children referred to the Early Start Program are evaluated by means that are not racially or culturally discriminatory. Evaluation is conducted in the following developmental areas: physical (includes vision, hearing, and health status), cognitive, communication, social or emotional, and adaptive skills.</p> <p>Evaluation and assessment:</p> <ul style="list-style-type: none"> • Are conducted by a multidisciplinary team of qualified personnel that consists of a nurse, a psychologist, an educator, or therapists. • Identify the infant or toddler’s unique strengths and needs. • With family consent, identify family resources, priorities, and concerns in the language of the parents’ choice. • Must be completed within 45 days of referral. • Should be ongoing as the child develops and grows.

Many families and child care providers have questions about children’s development. Although many resources are available to both families and providers, trying to navigate and understand the system for delivering services can be confusing and overwhelming. Both legal and practical information is provided to help you. This chart has been developed and reviewed by parents, providers, and professionals to help other parents understand the system for delivering services to children with special needs. Please call the California Child Care Healthline at 800-333-3212 if you have questions or comments about the information or have a concern about your child.

ELIGIBILITY	PROGRAM PLANNING	SERVICES	TRANSITION OR PERIODIC REVIEW
<p>Eligibility for services is based on the results of the evaluation and includes one or more of the following conditions:</p> <ol style="list-style-type: none"> 1. Significant delays in one or more of the following developmental areas: cognitive; physical and motor, including vision and hearing; communication; social or emotional; or adaptive (self-help) 2. “Established risk conditions,” which means having a high probability of leading to developmental delay (e.g., Down syndrome) 3. High risk of having a developmental disability due to a combination of biomedical risk factors (e.g., low birth weight, prematurity, or medical complications) <p>For children who do <i>not</i> qualify for services, a meeting is held to discuss the evaluation results. Families and providers may make specific suggestions for working with the child. The child care provider may attend the meeting if the parent so requests.</p>	<p>Individualized family service plans (IFSPs) are developed for infants and toddlers who qualify for the Early Start Program and include the following information:</p> <ul style="list-style-type: none"> • Child’s present level of development • If the family consents, the resources, priorities, and concerns of the family • Major outcomes desired for the child/family • Specific early intervention and other appropriate services necessary • Dates for initiation and duration of services • Name of the service coordinator responsible for implementation and coordination with other agencies and persons • Planning for the child’s transition at age three to a preschool program or other community services • Informed written consent of parents or guardian <p>Child care providers may attend IFSP meetings if the parent requests their presence.</p> <p>The IFSP meeting is conducted in the language of the family or through the use of interpreters.</p>	<p>A variety of services may be offered to promote the child’s development and support the family.</p> <p>Services are provided in <i>natural environments</i>, such as:</p> <ul style="list-style-type: none"> • The child’s home • The child care center and/or family child care homes • Other settings where there are typically developing children <p>A listing of services for children who are eligible can be found on page 18.</p>	<p>The IFSP must be reviewed every six months or as needed or requested.</p> <p>The Early Start Program ends when the child turns three. A transition plan to preschool is written as part of the IFSP when the child is two years, nine months (or earlier if needed) to prepare for the change in program.</p> <p>The service coordinator facilitates the transition and the exchange of information between regional centers, schools, and other agencies.</p> <p>Transition steps may include:</p> <ul style="list-style-type: none"> • Obtaining parental consent for a referral to the school district for special education services • Obtaining parental consent for referrals to other community agencies • Arranging for evaluations to determine eligibility for special education services at age three • Developing an individualized education program (IEP) to be implemented by age three <p>At the request of parents, child care providers may give recommendations for the transition process, information to preschool programs, and support to families.</p>

(Continued on next page)

Map to Services (Continued)


QUESTIONS OR CONCERNS	REFERRAL	EVALUATION AND ASSESSMENT
<p>Age: Three to Five Years</p> <p>Child is having difficulty at home or in child care and is not developing as are other children of the same age.</p> <p>Child care providers can:</p> <p>Use the brochure <i>Reasons for Concern</i> as a guide. Concerns for preschool children may include the following signs. The child—</p> <ul style="list-style-type: none"> • Has limited understanding and use of language • Does not play with other children • Has a very short attention span • Is overly aggressive or frequently hurts self or others • Falls frequently, is clumsy, has poor motor coordination <p>Discuss parents' perception of the child's strengths and any concerns.</p> <p>Have parents observe their child in the child care program.</p> <p>Maintain open and ongoing communication with the family and school.</p>	<p>Parents should call the local school district or county office of education to make a referral. Other agencies and child care programs may contact the school, but <i>only</i> with the written consent of the family.</p> <ul style="list-style-type: none"> • The family should contact the regional center (call 800-515-BABY for the local contact) if a developmental disability is suspected. Regional centers have 15 working days to complete the intake process. • A referral to the health care provider should be made to rule out physical or health causes. 	<p>School districts evaluate children to determine whether they qualify for special education and related services. Written parental permission is required for the evaluation.</p> <p>Health care and other professionals should stay informed and involved. Information from child care staff may be included as part of the assessment.</p> <p>Assessment:</p> <ul style="list-style-type: none"> • Must be done in the primary language of the child by a team of professionals. • May be conducted in group care settings, including child care. • Should be unbiased. • Should be completed in all areas of the suspected disability. <p>Parents have the right to request an assessment of their child for eligibility with the regional center if a disability is present. There are legal timelines to the process. For information regarding all parental rights and entitled services in the regional center system, call Protection & Advocacy, Inc., at 800-776-5746.</p>
		

Map to Services (Continued)


ELIGIBILITY	PROGRAM PLANNING	SERVICES	TRANSITION OR PERIODIC REVIEW
<p>To qualify for special education services, children three to five years of age must meet one of the following criteria:</p> <ol style="list-style-type: none"> 1. The child has a <i>significant delay</i> in one of the following skill areas: gross or fine motor development, receptive or expressive language, social or emotional development, cognitive development, or visual development. 2. The child has a <i>moderate delay</i> in any <i>two</i> areas noted above. 3. The child has a disabling condition or established medical disability that can include autism, deaf-blindness, deafness, hearing impairment, mental retardation, multiple disabilities, orthopedic impairment, other health impairment, serious emotional disturbance, specific learning disability, speech or language impairment, traumatic brain injury, or visual impairment. 	<p>Individualized education programs (IEPs) are developed for children who qualify for special education and contain the following information:</p> <ul style="list-style-type: none"> • Present levels of educational performance • Measurable annual goals and short-term objectives • Services related to special education • Supplementary aids and services and program modifications or supports provided for school personnel • Explanation of why the child will <i>not</i> participate in the regular class • Individual modifications needed to participate in state and districtwide assessments • Projected dates to begin services and the frequency, location, and duration; dates of modifications • How the child's progress is measured and how parents will be regularly informed <p>School districts develop a "504 Plan" for children with a disability who require adaptation or services but do not qualify for special education. This can be used for children with health problems (e.g., asthma, diabetes, seizures) and attention deficit disorder.</p> <p>Regional centers develop an individualized program plan (IPP) for children who qualify for their services.</p>	<p>Services are provided in the least restrictive environment, as decided by the IEP team, which may include the home, preschool, or child care setting.</p> <p>A listing of preschool special education services for children who qualify may be found on page 18.</p> <p>Regional center services are based on the child/family needs as identified on the IPP. The services are listed on page 18.</p> <p>Child care providers may invite special education and other specialist staff to observe the child in your program, show you what to do, and give you information on how to best improve the child's skills and meet his/her needs. The specialists can also learn by seeing the child in a "typical" setting with "typical" children.</p>	<p>An appropriate reassessment should be conducted before the child enters kindergarten to determine whether she or he still needs special education and to plan for the appropriate services and supports.</p> <p>Families should visit sites and determine the best program based on the child's strengths and family concerns.</p> <p>Child care providers help families by:</p> <ul style="list-style-type: none"> • Providing support • Preparing the child/family for change • Accompanying the parent on site visits • Talking with staff of special education and other programs regarding the child's strengths and needs

(Continued on next page)

Map to Services (Continued)

QUESTIONS OR CONCERNS	REFERRAL	EVALUATION AND ASSESSMENT
<p>Age: Five Years and Older</p> <p>School-age children are typically identified because of behavior or academic problems in school, such as the following:</p> <ul style="list-style-type: none"> • Not doing well in school, even after accommodations are made and educational support is provided in the regular classroom • Does not complete or forgets to turn in homework <i>frequently</i> • Has learning or behavior problems • Not reading by second grade <p>Child care providers can:</p> <ul style="list-style-type: none"> • Support families—listen and share what works. • Identify key areas that may be cause for concern. • Maintain open and ongoing communication with the family and school. <p>For older elementary and middle school children:</p> <ul style="list-style-type: none"> • Problems may occur as children enter a new school or change classes. • Social problems may give parents and providers cause for concern beyond the typical entry into adolescence. • Child care for children with special needs is more difficult to obtain because typical children of this age are often not in group care settings. 	<p>Parents may contact the special education department in their local school or district office to make a referral.</p> <p>If a child has a developmental disability, parents should also contact the local regional center.</p> <p>Child care providers may obtain written consent from the family to allow communication between the child care program and the school district to coordinate referral and possible services.</p>	<p>Schools evaluate children with the written consent of the parent.</p> <p>Assessment:</p> <ul style="list-style-type: none"> • Can identify differences between the child's ability and how well she or he is doing in school. • Identify social problems. <p>Student study teams (SSTs) are available at most schools to observe and assess children. The SSTs are not required to follow any timelines or provide due process rights for parents, unlike in special education. Parents may bypass the SST and make a referral directly to special education.</p> <p>The law requires a <i>functional behavioral assessment</i> by mental health professionals for children with <i>severe</i> behaviors. The assessment must be conducted before a child is suspended or expelled from school.</p>
		

Map to Services (Continued)

ELIGIBILITY	PROGRAM PLANNING	SERVICES	TRANSITION OR PERIODIC REVIEW
<p>Children qualify for special education services under the following categories:</p> <p>Hearing impairment</p> <p>Visual impairment</p> <p>Language or speech disorder</p> <ul style="list-style-type: none"> • Very difficult to understand • Abnormal voice • Fluency disorder (stuttering) • Language disorder (speaking or understanding) <p>Severe orthopedic impairment</p> <p>Other health impairments (chronic or acute health problems)</p> <p>Autistic-like behaviors</p> <p>Mental retardation</p> <p>Emotional disturbance</p> <p>Specific learning disabilities</p> <p>Traumatic brain injury</p> <p>If the child has a developmental disability, she or he continues to be eligible for services at the regional center.</p>	<p>Child care providers can:</p> <ul style="list-style-type: none"> • Get parents' permission to share relevant information about the child between the service providers and the child care staff. • Request assistance from and communicate with specialists to get information about children to plan better and support them. • Ask for help by inviting the special education staff to visit the child care program and offer recommendations. • Participate as part of the team to develop and implement the IEP. <p>Specialized programs and vocational and recreational services are available in communities. Some programs provide services before and after school. Contact the local parks and recreation programs, Special Olympics, or AYSO (American Youth Soccer Organization).</p>	<p>Since most children of this age are in school, special education services are typically provided in school during school hours.</p> <ul style="list-style-type: none"> • Children may be bused to other service providers (e.g., CCS-Medical Therapy Units for occupational and/or physical therapy). • Services must be provided in the <i>least restrictive environment</i> (e.g., school, home, or private school). Special education consultation or services are allowed to be provided in a child care setting. <p>Regional center services continue for children who remain eligible.</p>	<p>As children in special education go from one service to another or one class to another (e.g., from speech therapy to resource room or learning center or to a special day class), they make transitions.</p> <p>For older children with special needs, transition to high school may be difficult; children and families need much support at this time. Beginning at age fourteen, each child with a disability must have a transition plan in the IEP.</p>
			

(Continued on next page)

Services for Children with Special Needs

Map to Services (Continued)

The following services are available for children **birth to age three** who are eligible for the California Early Start Program:

Assistive technology
 Audiology
 Family training and counseling
 Family support/education
 Health and/or nursing services
 Medical services (for diagnostic or evaluation purposes only)
 Occupational therapy
 Physical therapy
 Psychological services
 Respite services
 Service coordination
 Social work services
 Special instruction
 Speech-language pathology services
 Transportation
 Vision services

Children **ages three and older** who are eligible for special education may receive the following services:

Assistive technology
 Audiology
 Counseling
 Health services
 Occupational therapy
 Parent counseling and training
 Physical therapy
 Psychological services
 Social work services
 Special instruction
 Speech-language pathology services
 Transition
 Transportation
 Vision services

Children **ages three and older** who qualify for enrollment at the **regional center** may receive the following services:

Adaptive equipment and supplies
 Advocacy assistance
 Assessment and evaluation
 Behavior training and modification programs
 Child care
 Counseling (individual and family)
 Daily living skills training
 Diagnosis
 Emergency and crisis intervention
 Information and referral services
 Mental health services
 Occupational therapy

Other Resources for Children with Special Needs

- California Child Care Healthline has specialists in the following areas: health and safety, special needs, nutrition, infant and toddler development, and mental health/behavior. Call 800-333-3212.
- California Department of Education has many publications. The brochure *Reasons for Concern* may be used as a reference. It is available in Chinese, Spanish, Hmong, and Vietnamese. Call 800-995-4099 after December 1 for more information.
- California Children's Services provides occupational and physical therapy and other medical services for those children who qualify. Call the county health department for the local contact.
- County mental health departments may offer services at local child care programs through expanded funding and/or other sources. Call the local mental health department to determine whether child care programs are offered for children with special needs.
- Education and training are available through community colleges, universities, local regional centers, special education local plan areas, and some resource and referral agencies.
- Families may be eligible for supplemental Social Security income. Contact the Social Security Administration at 800-772-1213.
- Family resource centers (FRCs) in each county offer parent-to-parent support for families of children birth to age three who have a developmental disability or are at risk. To find the local FRC, call 800-515-BABY.
- For information about all parental rights and entitled services in the regional center system, contact the Clients' Rights Advocate at the local regional center.
- Protection and Advocacy, Inc., provides legal and other advice for families of children with special needs. Call 800-776-5746.
- New after-school programs based on new funding are being developed for school-age children. Check the local school district or city recreation department to identify any services for children with special needs.
- Sports and recreation programs for children with special needs are located in each county. Contact Special Olympics or AYSO in the local telephone directory.

Including Children with Special Needs

Tips for Child Care Providers

The following suggestions may help include children with disabilities and other special needs in your care. Remember that a child is a child first, and each child is different regardless of whether he or she has a disability. In addition, take into account the severity of the disability and the child's age and developmental level when considering adaptations.

Created by
Pamm Shaw

Map to Services (Continued)

Developmental Delays

- Give clear directions, speaking slowly and clearly and 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 so you can help when needed.
- Help the child organize her world by providing structure and consistency (e.g., label things with pictures and words).
- Avoid changing activities abruptly. Allow time for adjustment.
- Teach in small steps.

Speech and Language

- Be a good listener.
- Give directions simply and in complete sentences.
- Talk about what you or the child is doing while you are doing it.
- Have the child talk about what he is doing, asking specific questions.
- Repeat what the child says and add missing words, or ask the child to repeat what you are saying.
- Build on what the child says by adding new information.

Visual Disabilities

- Give specific directions. Avoid the use of words such as *this*, *that*, *over there*.
- Call children by their names. Address them directly, not through someone else.
- Increase or decrease the room light to avoid glare.
- Use simple, clear, uncluttered pictures that are easy to see.
- Avoid standing with your back toward windows; the glare may make you look like a silhouette.
- Encourage hands-on experiences. Touching, holding, and exploring are necessary.
- Ask first if the person needs assistance; do not assume you should help.

Physical/Neurological Disabilities

- Know the child's strengths and needs so that independence is realistically encouraged and supported.
- Assist the child with activities she may not be able to do alone (e.g., kicking a ball).
- Be aware of proper positioning techniques.
- Learn how to use and care for any special equipment.
- Do not be afraid to handle the child—he won't break!
- Help other children understand why "Billy can't walk" and include what Billy *can* do.
- Try to experience the disability yourself so that you can better understand the child's perspective.

- Work closely with other agencies and personnel who provide special services (therapists, psychologists, etc.).

Deaf or Hard of Hearing

- Know the degree of hearing loss and what that means for the child.
- Learn how to use and care for the hearing aid or other special equipment.
- Support the child socially.
- Be sure to have the child's attention before giving instructions.
- Speak in complete sentences at normal speed while facing the child and smile.
- Use visual cues, such as pictures or gestures, as you talk.
- Encourage the child to let you know when she does not understand by using a special signal.
- If the child does not understand at first, rephrase your comment rather than repeat it.
- Learn sign language.
- Provide opportunities for the child to talk.

Social Behavior and Development of Emotions

- Do not change activities abruptly. Warn the child of any changes in schedule ahead of time.
- Establish routines and provide structure for the child. Use items such as timers, bells, or lights to signal the start or end of an activity.
- Allow the child time to practice new activities away from the group or allow withdrawn children to watch new activities first.
- Seat the child close to you. Give occasional physical and verbal reassurances.
- 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 options.
- Allow the child to have a safe emotional outlet for anger or fear.

Techniques for Managing Behavior

- Respect the child's feelings.
- Manage your own behavior. Model the kind of behavior you want.
- Prevent problems when possible: look at the schedule, structure, and physical space.
- Focus on what the child *can* do and accentuate the positive.
- Follow through with realistic consequences.
- Help the child to verbalize, act, and understand. Clarify statements and feelings.
- Teach the child the "appropriate" behavior.
- Give the child reasonable choices.
- Ignore negative behavior if you can.
- Provide developmentally appropriate activities in a safe, nurturing environment.
- Ensure consistency with the family in handling behavior and consequences.
- Have fun.

WestEd Center for Prevention and Early Intervention Projects Address School Readiness

Raising the standards for early care and education and pre-school programs is a shared goal among school readiness proponents as well as those who are advocates for children with disabilities. The challenge is to define quality in terms of inclusion and make high-quality programs available to *all* young children from the start.

Some of the traditional challenges to early care and education systems regarding the inclusion of children with disabilities provide opportunities for working collaboratively:

1. To ensure we have appropriately prepared and trained personnel with opportunities for ongoing support in practice
2. To implement inclusive practices (natural and least restrictive environments under Part C and Part B of the Individuals with Disabilities Education Act)
3. To share knowledge of systems change efforts and strategies for ensuring administrative commitments at the state and local levels

In California a strong infrastructure based in the early intervention and early childhood special education fields has been addressing these issues both locally and statewide through a variety of training and technical assistance efforts.

Appropriately Prepared and Trained Personnel

A multitude of training efforts support personnel in gaining the skills they need to work with young children with disabilities. The WestEd Center for Prevention and Early Intervention supports professional development for specialized personnel working with children in community settings through Core Institutes and Special Topic Trainings, which pro-

vide the early-intervention knowledge base for infants and toddlers with disabilities and their families.

At the preservice level the Community College Personnel Preparation Project provides technical and fiscal support to community college child development programs to infuse early intervention competencies related to infants and toddlers with disabilities into their curricula. In addition, the Early Intervention Distance Learning Project provides course work to meet the competencies of an early interventionist as defined under the Early Start Personnel Model for infants and toddlers with disabilities.

Implementation of Inclusive Practices

Other efforts contribute to expanded opportunities for quality preschool for all and promote inclusion of children with disabilities and other special needs in natural and least-restrictive environments.

Beginning in 2002 a total of 51 of California's 58 counties began developing action plans that addressed local community needs regarding child care and children with disabilities. The Transfer of Knowledge Symposium provided a forum for this work, which continues through interagency team-training events, such as *All of Us Together . . . Moving to Inclusion Institutes*. These institutes provide intensive team training to assist communities in their efforts to serve children with disabilities and other special needs and their families appropriately and effectively in early care and education settings.

Systems Change

In the area of systems change, California's Infant, Preschool, and Family Mental Health Initiative pro-

vided technical assistance to eight county departments of mental health and their interagency community partners to develop early mental health services and relationship-based early intervention for children from birth through five years of age and their families. The initiative is committed to promoting social and emotional development concepts for young children, with a goal of infusing the concepts into all school readiness efforts.

Additional activities and initiatives support and address the inclusion of young children with disabilities in current service systems. Major activities are funded by the California Department of Education; the California Department of Developmental Services (DDS); and the First 5 California Children and Families Commission. These activities, along with work described above, present strong evidence of an existing infrastructure that supports the inclusion of young children with special needs in early care and education programs. The early intervention and early childhood special education fields have the capacity to address the special needs of children with disabilities in a variety of service systems and can only enhance the efforts of universal preschool proponents.

One support for working together is the Training and Technical Assistance Collaboration (TTAC), a group representing the statewide training and technical assistance providers, convened by the DDS and facilitated by WestEd. The TTAC provides a forum for the projects and agencies that fund them to come together for information sharing and collaboration planning.

For more information about WestEd Center for Prevention and Early Intervention projects or the TTAC, contact Virginia Reynolds at (916) 492-4017. Or visit its Web site at <http://www.wested.org/cpei>.

Talking with Parents When Concerns Arise

Linda Brault, Sonoma State University,
and Janet Gonzalez-Mena

Marta cared for six children in her home. Rashad, nearly eight months old, was enrolled by his parents, Suzanne and Paul, when he was six months old. Rashad was their first child. Marta was beginning to be concerned about Rashad's development. Rashad was a very happy, contented baby. However, he seemed almost too content to Marta. He could sit up when placed but had not shown much interest in moving by himself. When Marta asked Suzanne or Paul how things were going, they seemed very thankful for such a "good" baby. Marta wondered if she should say anything about her worries. Maybe Rashad was just a "good" baby.

Sarali attended ABC Child Care Center. She was nearly three years old and had been at the center for one year. Emily, her teacher, had just taken a class on child development at the local community college. During the class Emily found herself thinking about Sarali, who was always in need of the teacher's attention. Sarali often was in the middle of things when other children were hurt or upset. Emily wondered what it was about Sarali that made her stand out from the other children. Her father, José, had two older children and was always rushed during drop-off or pick-up. José certainly did not seem worried. Why was Emily worried?

As a child care provider, you are often the first one to notice a child who learns or communicates differently than other children in your care. If your careful observation and efforts to work effectively with a particular child do not seem to be meeting the child's needs, it is time to look for help in promoting the child's sense of belonging and in supporting this child appropriately in your program. Although the family can help, more

expertise may be needed, such as from the child's pediatrician or health care provider, a therapist, or another specialist.

When you recommend that the family seek help, or if you get its permission to seek that help yourself, you are making a referral. It is best for the family to make the referral because the family will have the information needed and can get the process started more quickly. For you to make a referral, you will need to talk to the parents of the child first. They must give their written permission (consent) before you seek other assistance.

If the concern you have is for a child who is not already defined as a child with special needs, you may not know how the parents will react when you share your concerns.



In the meeting do what you can to make the parents feel at ease. Choose a seating arrangement that brings you and the parents together.

Sharing Concerns

How do you decide when to have a formal conference to talk to parents about your concerns? If you have spent some time focusing on the child and clarifying your concerns, you can ask the parents to schedule an uninterrupted time for you to talk with them. If you have worked to establish a good relationship with the family, you probably already know whether the

issues you are worried about are unique to your setting or whether the parents have noticed the same at home. You may also know either that the parents share your concerns or that they have not expressed any worries. In planning you can take that information into account.

Certainly, if regular short conversations have occurred, the conference itself will not surprise the family. Nevertheless, if you decide that the time has come to get some outside help by making a referral, this conference may take on deeper significance.

Preparing for a Conference

Prepare for a conference by making careful observations of the child. Over time such observations will inform you about specific behaviors that illustrate the concern. Note when and where those behaviors occur and in what circumstances. Your records will help you clarify a general concern (*Rashad seems too easygoing; Sarali is always in the middle of trouble*) with specific examples of behavior (*Rashad stays in one position for up to 30 minutes and does not change positions on his own; Sarali has trouble sitting at the table during snack time and often hits children*).

With focused observation you may get some insights into what is contributing to the behavior. See whether changing the environment or your approach affects the behavior. Keep track of all the details of what you have tried and what resulted. This record can contain important information to share with the parents.

Beginning Observations of Rashad

Marta thought about Rashad and wondered what other infants his age were like. She decided to focus on his movement, making a note about the time and the position Rashad was

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Talking with Parents When Concerns Arise

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placed in, for three days. She also noticed that Rashad would stay in whatever position he was put in (on his back, on his stomach, or seated) for at least 30 minutes, sometimes longer, without fussing. Rashad rolled over from his stomach to his back only one time in the three days Marta was keeping track. He did fall over from sitting sometimes when an older child rushed by and Rashad tried to turn his head too fast. Rashad spent time watching the other children and looking at toys but rarely picked up toys or objects. Marta noted that, without realizing it, she had been changing Rashad's position several times a day.

Remember that it is only appropriate for you to discuss what you have observed about *specific behaviors*. Avoid the urge to label or diagnose. Sometimes parents have noticed that their child's development is different from that of most children and come to the conference feeling relief that someone else has noticed. They may come anticipating that they will get the help and support they need. At other times parents may be unaware of differences or unable to see them.

Beginning Observations of Sarali

When Emily asked her aide about Sarali, the aide said that Sarali "behaved badly and bothered other children." Emily knew that such a description alone would not be helpful to the child's parents. She decided to watch Sarali carefully for an entire week so that she could give specifics. Emily noticed that Sarali had a harder time sitting still than other children did. She counted the times Sarali got up during snack time: twice on Monday, Tuesday, and Wednesday; five times on Thursday; and once on Friday. Sarali's interactions with other children could also be observed and described. When Sarali was playing

with more than one other child, Emily observed and recorded five incidents of Sarali's hitting other children during the past week. She also noticed that Sarali used fewer words and phrases than did other almost-three-year-olds.

Conducting the Conference

In the meeting do what you can to make the parents feel at ease. Choose a seating arrangement that brings you and the parents together. Sitting behind a desk, for example, can create a psychological and a physical barrier between you and the parents. A warmer, friendlier arrangement may work better. You should also provide for privacy, recognizing that the meeting is between you and the parents and is not the business of the secretary or the rest of the staff. If you are a family child care provider, you may need to meet outside of regular hours of care. Therefore, set aside enough time so that the meeting is not rushed and you can talk things through. If this is the first such meeting the parents have had, they need to feel that you care and that they can trust you.

Start by asking the parents how they see their child's development and share any positive qualities you have observed. Ask how the child behaves at home. If the parents differ from you in their view of the child, be open to their perspective, ask questions, gather information, and invite them to be your partners in meeting the needs of their child. When done respectfully, this communication can lead to a better exchange of ideas and ultimately be of most help to the child.

Before you share your concerns with parents, ask whether they have any concerns that they have not already indicated. When it is time to share your concerns, let the parents know that you are sharing your concerns to support their child's devel-

opment and to get some ideas for how to best meet their child's needs. Be sure you communicate what you want to say clearly, without judgment and with concrete examples. It is especially important that you share your observations without labeling or diagnosing. *Do not* suggest that a child has a specific diagnosis, (such as an attention-deficit disorder). Most child care providers are not qualified to provide such a diagnosis and doing so often gets in the way of the next steps in the referral process. On the other hand your specific observations and descriptions of what is happening will be very helpful to any specialists that become involved.

Supporting the Parents Who Want Access to Resources

If the parents are also concerned or agree with your observations, you can move to a discussion of possible next steps. Support the family in getting help. Their biggest fear is often that you will reject their child or them if extra help is needed. Let them know that you are there to support their child and to incorporate any new ideas. You should have information ready about services within your program, local early intervention services, special education services, and other resources. By sharing your concrete observations, you will be able to help the family clarify questions about their child and what the referral will accomplish.

When the parents want access to resources, being aware of potential barriers can smooth their path. Some barriers include insurance, the spoken language of the family, cultural practices, transportation, and discomfort or previous negative experiences with authority figures, such as teachers or doctors. It is not uncommon for a child care provider to help parents obtain services their child needs by setting the process in motion for

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them. Be careful not to do too much for the family, however. Rather than feeling responsible for overcoming the barrier, you can focus on supporting the family as they encounter a barrier. For example, parents can make the call to the referral source from your office with you there to provide support and clarification if needed. Finding ways for the parents to meet their child's needs will serve the family and their child best in the long run.

When the Parents Choose Not to Use Resources

If the parents do not understand what your concerns are, think they are not important, or disagree with your observation, they may be upset if you suggest that a referral is necessary. It is even possible that your observations will shock or anger them. In this case, sensitively supporting the parents' feelings is called for without getting caught up in them. When infants and toddlers are distressed, caregivers accept the feelings and empathize with the child. Parents need the same approach from caregivers.

Although you are not a therapist, some of the listening skills of a therapist can serve you well. For example, if the parents get angry, your immediate response may be to become defensive and argue your case. If you get caught up in your own feelings, you become less available to give the parents the support they need at a time when they are vulnerable. Understanding that anger and blame are common responses for people in pain helps you accept the feelings without taking them personally. You may feel an urge to respond with your own feelings. But this is the time to

focus on the feelings of the parents and listen to what they have to say without minimizing or turning away those feelings. Keep in mind that further assessment is a positive move and that both you and the parents have the child's best interests at heart even if you do not see eye to eye at the moment.

Sometimes the parents may choose not to make use of resources when you first share your concerns. Or they may be open to information yet do not take action immediately. Rather than accusing them of being in denial, remember that everyone moves at a different pace and accepts information differently. The parents' emotional response will affect what they are able to hear and understand. Processing and integrating this information will take varying amounts of time. The reality that life will have to change—that their child may be different from other children—is very hard for some families to hear.

Unless behavior or other issues, such as medical urgency, will prevent you from caring for the child without assistance, allow the parents to proceed according to their own time line. Be prepared to support them in understanding what you have shared, repeating the information whenever necessary. Let them know that there is resource information available whenever they want it. If you find that your own judgment or emotions about this situation interfere with your ability to respect the family as the decision maker, seek support. Do not be afraid to suggest that the parents discuss

the matter with someone else as well. If, however, you believe that the parents' not seeking help is an issue of neglect, then you are obliged to speak frankly to the parents and make an appropriate referral yourself.

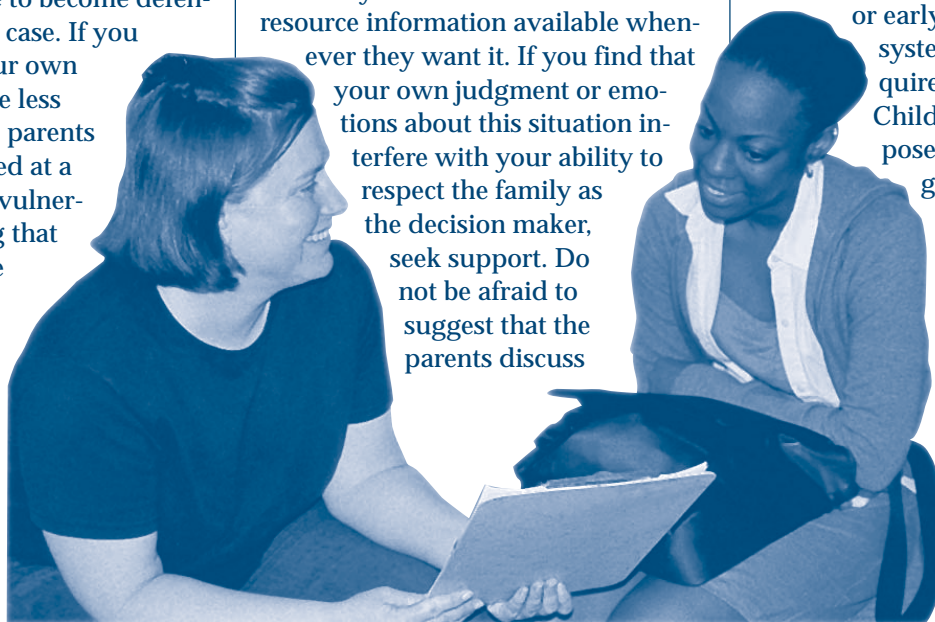
Health and Medical Service Systems

In many cases it is appropriate to have parents talk about their concerns with their primary health care provider. Parents and providers must be proactive to ensure a good match between the child and the provider. It is also often a good idea for the referral to be made to the special education or early intervention service system (or both) at the same time as the referral is made to the health care provider. The referral process takes time, and referring to only one system (such as health care) may delay the entry to the other (such as early intervention). Remember that referrals are best made directly by the parents. If a provider makes a referral, the parents must have provided clear permission.

Local Special Education or Early Intervention Service Systems

Local special education or early intervention service systems (or both) are required by law to engage in Child Find. There is supposed to be an active, ongoing effort by the specialist system to identify children who may be eligible for services. Some areas may provide free screenings at local child care settings; others may send outreach materials to child care and medical agencies.

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Guidelines for Early Intervention and

If you suspect that a child may be having difficulties or is not developing like other children, the following guidelines are offered to help you understand the evaluation and assessment process:

Children from Birth to Three Years

Children from birth to three years (36 months) who have a disability or developmental delay or who are at risk of having a developmental disability may be eligible for early intervention services provided by a regional center or a local educational

agency (school district) through California Early Start. Regional centers serve all children eligible for Early Start except those children with solely low-incidence disabilities. School districts are primarily responsible for providing services to children with solely low-incidence disabilities who are blind, deaf, or deaf-blind or have a severe orthopedic impairment. Evaluation services are available to all children referred to Early Start. Anyone may make a referral.

1. To initiate a referral, you should discuss your concerns with the parents or legal guardian and con-

tact their local regional center. Or call 800-515-BABY (800-515-2229) for contact information regarding regional centers and local school districts. Let the parents know that they can make the referral themselves or discuss their concerns with their health care provider. California has 21 regional centers with more than 40 offices located throughout the state. A directory can be accessed online at <http://www.dds.ca.gov/rc/rclist.cfm>. The referral should indicate specific concerns and, if possible, include

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Talking with Parents When Concerns Arise

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If the child referred is found eligible and begins to receive early intervention or special education services, the child can benefit from your working with the specialists on his or her team. They can become consultants to you and the family.

Keeping the Communication Going

Sharing concerns with parents requires thoughtful, sensitive communication. After the conference keep the communication going so that you are able to help the parents support their child. The open and ongoing communication you have established with the family will serve you well as you continue to exchange information and support the child in becoming all that he or she can be.

Next Steps for Rashad

During the conference Suzanne and Paul shared that while Rashad was a good baby, he did not seem to be doing things that cousins or babies of friends were doing. When Marta shared her observations with Suzanne and Paul, they were very in-

terested in getting help. When the parents took Rashad to the local community clinic for his well-baby checkups, Marta suggested that they ask the nurse about Rashad's development. Marta also told them about the early intervention program available at no cost. They agreed to call the agency the next day when they dropped Rashad off at Marta's. In that way, if they had questions, Marta could help them. Rashad was found eligible for services in the early intervention program and received visits to his home as well as Marta's home. He began making progress, and Marta learned several new ways to help Rashad's development.

Next Steps for Sarali

Sarali's father, José, was surprised to hear that Sarali was having difficulty in school. He reported that she seemed to do fine at home and wondered if she was just used to older brothers who "dished it out as well as took it." José reminded Emily that his wife, Rosa, was in the military and had been gone more than she was home for the past year, making things more hectic for all of them. José felt

that this was just a temporary problem and not something to be worried about. Emily asked José if he had any ideas about helping Sarali sit during snack time. José said that Sarali was an active girl and wondered if Emily could let her clear the table or do something else to let her move around. Emily agreed that a more active role might help. Emily remained concerned that Sarali's language seemed behind and wondered if that contributed to her hitting instead of using words with other children. José agreed to talk to the pediatrician. The pediatrician thought that Sarali would probably start using more words soon and did not think that more treatment was needed at this time. Emily continued to observe Sarali carefully and made some changes in the child's snack time. Sarali was able to sit for longer times at snack when she had more to do. Emily assigned her aide to be near Sarali during large-group activities and was able to decrease some of the child's hitting. Sarali's language did not seem to be progressing, but Emily knew she could share her specific concerns at the next conference.

Special Education Assessments

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observations made by the child care provider.

2. Within 45 calendar days after receiving the referral, the regional center or local educational agency must:
 - a. Receive the referral and assign a service coordinator to the family as soon as possible.
 - b. Notify the parents of the referral.
 - c. Notify the parents of their rights and procedural safeguards.
 - d. Obtain written parental consent to conduct the initial evaluation and assessment activities that look at the child's motor skills, communication development, learning skills, social interaction, and emotional development.
 - e. Hold a meeting with the parents in their native language, at a place and time that is convenient for them, to present evaluation and assessment results, determine eligibility and, if the child is eligible, develop the initial individualized family service plan (IFSP) that addresses the child's strengths, the child's needs, the parent's concerns, and the resources needed to support the child's development. Parents can invite anyone to attend the IFSP meetings with them, including the child care provider. Participating in these meetings may help child care providers coordinate services for the child and better understand the child's strengths and needs.
 - f. Obtain written parental consent to provide the agreed-upon early intervention services based on the child's assessed developmental needs and the family's concerns and priorities

as determined by the child's IFSP team. Parents should always request and keep copies of all reports, assessment results, and any other completed forms. With permission from the parents, child care providers may also want to keep copies of those forms on record.



Early intervention services are individually determined for each eligible infant and toddler and are provided . . . at no cost to eligible children and their families.

3. The Early Start agency that is coordinating the early intervention services must initiate the agreed-upon services specified in the IFSP as soon as possible. Early intervention services are provided in a variety of settings, including a child care center, a family child care home, and the child's home. The IFSP team determines the type and quantity of services.

Early intervention services are individually determined for each eligible infant and toddler and are provided according to the developmental needs of the child, the concerns and priorities of the family, and

the resources available to them. These services are provided within the context of the child's and family's daily routines, relationships, activities, places, and partnerships. Early Start services are provided at no cost to eligible children and their families. Additionally, parent-to-parent support and resource information are also available through Early Start Family Resource centers. More information, including a directory, may be found online at <http://www.dds.ca.gov/EarlyStart/ESFamResource.cfm>.

Children from Three Through Twenty-One

To determine whether a child three through twenty-one years of age qualifies for special education services, an assessment must be made by the school district. Child care providers concerned about how a child moves, thinks, communicates, hears, or sees should talk to the child's parents. The parents should then contact the school district and their health care provider if appropriate to initiate the referral.

1. To initiate the process, the parent or legal guardian should contact the local school district, ideally in writing. The letter should state specific concerns and, if possible, include observations made by the child care provider. It should also specifically request that the child be assessed to determine eligibility for special education. They should date the letter and make a copy for their records. They may also want to provide a copy of the letter to the child care provider.
2. The school district must contact the parent within 15 calendar days to sign an assessment plan and any releases of information to talk to other professionals involved with the child. The parent may also

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Guidelines for Early Intervention and Special Education Assessments

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- want to sign a release of information between the schools and the child care program to enable open communication and advice.
3. The assessment plan includes written permission to allow the child to be evaluated. It should indicate which areas of development will be assessed and the types of assessments that will be used. Once the assessment plan is signed, a legal timeline begins for the school district to test the child.
 4. Because an assessment can take several hours, young children may need to be evaluated in phases over a period of days or weeks. Parents should encourage the school district staff to observe the child in all settings, including the child care setting and the home. Assessment should be done in the primary language of the child and family and at no cost to the family. The assessment must include all areas related to the suspected disability.
 5. The school district has 50 calendar days from the parent's consent to assess to hold an individualized education program (IEP) meeting. To be eligible, a child must have a disability (according to state criteria) and have a need for special education and related services.
 6. Assessment is conducted in all areas related to the suspected disability and should (1) determine whether the child is eligible; and (2) provide information to plan the child's program.
 7. The IEP team determines the most appropriate services to meet the child's needs. The parents can invite anyone to attend the IEP meetings with them, including the child care provider. In any case the district is required to include the child's regular teacher and might include the child care provider.

Participating in these meetings may help the child care provider coordinate services for the child and better understand the child's strengths and needs.

8. Special education services can be provided in a variety of settings, including a child care center, family child care home, or the child's home. The IEP team determines the type and quantity of services.
9. Once the parents consent to the services described in the IEP, services can begin.
10. Even if the child does not qualify for special education services, the parents can ask the school district to make recommendations as to how the parent and the child care provider can help improve the child's skills (e.g., suggested programs, activities). The child's health insurance or another agency may cover services that could help, such as occupational therapy or counseling.
11. Parents should always request and keep copies of all reports, assessment results, and any other completed forms. With permission from the parents, child care providers may also want to keep copies of these forms on record.

The assessment process itself may help answer questions how about the child has developed and how to work with him or her. Assessment should be an ongoing collaborative effort between professionals and parents to understand warning signs.

Regional centers also serve children three through twenty-one years of age by providing services different from educational services. For more information, visit the Web site at <http://www.dds.ca.gov/re/Rcinfo.cfm>.

Resources

Handbook on Developing Individualized Family Service Plans and Individualized Education Programs in Early

Childhood Special Education Programs and Handbook on Developing and Implementing Early Childhood Special Education Programs and Services. Sacramento: California Department of Education, 2001. These handbooks can be ordered at (800) 995-4099 or at <http://www.cde.ca.gov/re/pn>.

Reasons for Concern. California Department of Developmental Services, in collaboration with the California Department of Education, Special Education Division. Free pamphlet describing indicators which suggest that a child may need help.

Special Education Resources on the Internet at <http://seriweb.com>. This site offers a collection of Internet-accessible information for those involved in fields related to special education.

The National Dissemination Center for Children with Disabilities at <http://www.nichcy.org>. This national information and referral center provides information on disabilities and disability-related issues for families, educators, and other professionals.

Idea Practices at <http://www.ideapractices.org>. This Web site has technical information about the federal law that guides special education, including the process of assessment, IEPs, and services.

California Child Care Health Program

1333 Broadway, Suite 1010
Oakland, CA 94612-1926

California Child Care Healthline at (800) 333-3212. (See the article on page 10.) <http://www.ucsfchildcarehealth.org>

Early Start for Infants and Toddlers with Disabilities and their Families at (800) 515-BABY.

Editor's note: This is an article that you can give to parents looking for child care for their child with special needs.

Choosing Child Care for a Child with Special Needs

Finding good child care is hard work. Many families are searching for services provided by a limited number of child care programs. The search can be even more difficult if your child needs some special attention or services because of a disability. You may have already put in a lot of time searching for other support services for your child, and you may wonder if you have the stamina for this new task. Take heart. The passage of the Americans with Disabilities Act (ADA) in 1992 makes your search a little easier because many more child care programs now have experience serving children with disabilities. This civil rights law prohibits family child care homes and child care centers from discriminating against children or parents with special needs. All child care providers must make reasonable accommodations for your child, and they may not charge you more for your child's care than they would charge any other parent. This article was written to give you some encouragement and ideas to make your search less overwhelming—and, we hope, more successful.

What Are Your Options?

This section provides a brief overview of the types of child care available. Once you know what kind of care best suits your needs, call or visit your local resource and referral agency for free referrals to all types of care.

I. Family Child Care

Family child care programs operate in a provider's home. A small family child care provider is licensed to care for either six or eight children; a large family child care provider is licensed to care for 12 or 14 children.

Some family child care providers have experience caring for children with disabilities—either other children in care or members of their own families. Others are willing to learn. Family child care programs tend to offer flexible hours and often open earlier and stay open later than centers do. Because of the small group size and the relative flexibility of some providers, family child care is always an option to consider.



All child care providers must make reasonable accommodations for your child, and they may not charge you more for your child's care than they would charge any other parent.

II. Child Care Centers

Child care centers are licensed facilities that operate in nonhome settings. A few centers serve only children with special needs; others include children with special needs in their programs. Generally, centers serve larger groups of children (15 or more), and most separate children by age groups.

Both center-based care and family child care providers are licensed by the State Department of Social Ser-

vices, Community Care Licensing (CCL). Because the license pertains only to the health and safety conditions of the facility, it does not ensure the quality of care. Only parents can ensure quality by careful evaluation. You have the right to check the license history of any provider by contacting CCL at <http://www.ccl.ca.gov> and clicking on regional offices. Parents also have the right to obtain any licensing report that documents a facility visit or substantiated complaint investigation directly from the provider or from their local CCL office.

III. In-Home Caregivers and Babysitters

In-home caregivers and babysitters care for your child in your home. This type of care is more expensive than either family child care or a center. Teenagers typically charge \$6 or more per hour; adult rates normally begin at \$10 per hour. Use in-depth interviews, reference checks, and a trial period to choose an appropriate in-home caregiver.

IV. Shared In-Home Caregiver Arrangements

These shared arrangements represent a parent-created child care situation in which one caregiver is hired to care for the children from two or more families. Although this care is more expensive than family child care or center-based care, it is less expensive than each family's hiring its own caregiver. Suggestion: Talk with parents in your neighborhood or parents whose children go to the same special services, physical therapist, doctor, and so on.

In-home caregivers and shared arrangements are completely controlled by the parent employers.

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Choosing Child Care for a Child with Special Needs

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There is no license for either type of care. Therefore, all the responsibility for screening, calling references, and selecting a caregiver rests with the parent employer. One screening technique is to ask the provider if he or she is listed in the TRUSTLINE registry. In this program, which has been in operation since 1994, providers submit their fingerprints to the Department of Justice. If no criminal conviction or substantiated history of child abuse is found, the provider is then listed in the TRUSTLINE registry. Some parents are willing to help pay the \$130 fee to screen a potential provider. Call (800) 822-8490 to find out if a caregiver is listed in the TRUSTLINE registry.

What About Cost?

Child care represents a significant expense for families, the cost varying according to the type of care, supply, demand, and neighborhood. You should be aware that your child's disability does not automatically qualify your family for subsidized child care. Under the provisions of the ADA, a child care provider may not charge you more than they charge other parents because of your child's special needs. There are a number of child care subsidies available to the general public. Families who have children with special needs and are receiving Temporary Assistance for Needy Families can be exempted from CalWorks' welfare-to-work activity. If you choose this exemption, you are still subject to the five-year lifetime limit for receiving aid.

What Are Your Expectations of Child Care?

Do you expect your child to receive special education services in child care, or are you primarily looking for supervision and socialization? Do you want the caregiver to be trained to work with people with

specific disabilities? Or would you be willing to work with someone who is interested in learning something new? Child care services are not usually categorized as school or remedial services. Child care is care that meets your child's developmental needs while you are at work or school or getting some time for yourself. Think about your expectations and share them with the providers you meet while you are searching for child care.

What Should You Ask a Provider?

In the beginning you will have to spend a lot of time and energy calling, visiting, and talking with child care providers. You will feel more confident about your choice if you have seen a number of programs. Begin by calling your local resource and referral agency and getting a list of programs.

Choosing child care is one of the most difficult jobs a parent must do. Parents frequently ask, "How can I be sure?" We know that all of us want good child care for our children, but good child care means something different to each of us. To assist you in your search, we have compiled a short checklist that focuses on care for children with special needs. You may

find that some items on the list are not important to you or that some issues that are important to you are missing. Revise the following checklist as needed:

- What are your first impressions (feelings or thoughts) about the program? Do your first impressions change after a short visit?
- What are the provider's attitudes toward disabilities in general, your child's disabilities in particular? Is the provider patronizing, fearful, overprotective? Is there appropriate expression of interest and curiosity? Is there concern about the provider's role? (When visiting center-based programs, you should make sure you meet and talk with the staff who will be caring for your child.)
- Is the provider warm and friendly, or do you sense hesitancy in treating your child as other children are treated? How does the provider interact with your child during the visit?
- Does the provider make "too big a deal" over your child's condition? How does the provider make you feel?
- How does the program handle eating, sleeping, toileting, and so on? With reasonable accommodation,

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Child care is care that meets your child's developmental needs while you are at work or school or getting some time for yourself.

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can your child handle the established routines?

- Are parents encouraged to become involved in the program? Would you feel comfortable talking to the child care provider about a problem or concern?
- Does the program have other children with disabilities in care? Have the staff cared for children with special needs in the past? (You may want to request the names and telephone numbers of parent references. Follow through. Call those families for their impressions of the care.)
- Does the provider appear willing to accept advice from a team of professionals who work with your child? Does the provider seem interested in becoming a team member?

What Should You Tell a Provider?

While you are searching for a provider, you do not have to share your child's whole story. Keep it simple. You should, however, give each provider enough balanced, appropriate information so the provider can begin to plan how to provide appropriate care for your child. For instance, if your child has a seizure disorder, you might tell each provider that your child has a seizure disorder; whether or not your child is on medication; how often your child experiences seizures (e.g., very seldom, once a month); what to do if a seizure occurs; and how your child is the same as any other child who attends the program.

Supplying the provider with less information or denying the possibility of a seizure would be unfair. Withholding information could later be harmful to the child or cause hard feelings between you and the provider. Similar basic information about your child's particular disability

should be given to each provider so that you can realistically discuss the type of child care you are seeking.

Making a Decision

Begin by reviewing the providers' responses to questions on your checklist and examining your impressions of the programs you have visited. Next, narrow your list of programs to three or four. Figure out what areas satisfy you about each of those programs and what areas worry you. Call programs back to get answers to remaining questions. Visit a program again if need be. Remember that choosing child care is much more than just checking off items on a list; it is a process that must be deeply rooted in your family's ideas and beliefs. Think about issues that are important to you and your family. Evaluating all this information will help you find the program that will work for you and your child.

Once you have further narrowed your choice to one or two programs or providers, give them all the specific information needed to understand and provide good care. Tell them:

- What kinds of activities your child especially enjoys and does well
- How your child lets you know what he or she wants or needs (Be as specific as possible [e.g., talks, cries, gestures, signs, a combination].)
- How your child gets around (e.g., walks, crawls, scoots) (Let the provider know about any equipment the child uses: wheelchair, walker, crutches, braces.)
- What kind of help, if any, your child needs at mealtimes or with any other daily or special activities
- Whether a special diet is needed
- Whether the child is toilet trained or how toileting is being handled
- How the child relates to children his or her own age and to older and younger children

- The types and frequency of medication needed as well as any possible side effects
- Whether your child is on a monitor or respirator or requires any particular treatment (e.g., suctioning)
- Any other special needs the child has
- What kinds of activities are very difficult for your child and what kind of assistance he or she may need to feel successful
- Which other agencies or programs are providing services to the child

Use each provider's responses to this information in making your final decision.

Getting Off to a Good Start

You, your child, and the provider need some time to get to know each other. Expect to help the provider become acquainted with your child and your child's needs. Information obvious to you about your child's routine may be totally unknown to the provider. Giving the provider written instructions is very helpful. Jot down notes of what you do routinely during the course of a day to support the child. Most providers welcome this information. Going through this process will also help you gain confidence in separating from your child.

If you and your child have had difficulty adjusting to child care in the past, it may be harder to get through the initial period of adjustment. You may find yourself interpreting small incidents as signs that the setting is not right when, in fact, that is not the case. Everyone needs time to adjust to new situations. Whatever the circumstances, try to enter and maintain the child care relationship with an open, optimistic frame of mind. Check out your feelings with the provider, incident by incident. Don't let situations build to the point of explosion. All relationships take work, and the

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parent-provider relationship is no exception.

On the other hand do pay attention to your feelings. If you are frequently anxious about the care, you may be having serious doubts about your choice. You should also evaluate how your child feels. Pay attention to the child's behavior and anything he or she says about the program staff. You may also want to talk about your concerns with other professionals involved in the care of your child. Your first choice of a provider may not work well. Perhaps the chosen provider had an unrealistic picture of the child's needs. Perhaps your idea of what matters in a child care setting has changed. Or perhaps, as your child grows and changes, a different setting is needed. These are only some of the possibilities. Do not prolong the inevitable if you have serious doubts about the care.

Once you have realistically appraised the situation, accept the setting or opt for a change. Make an appointment with the provider to discuss your concerns. If you feel the care is not appropriate, jointly develop a plan to give you time to look for a new care setting and to help the child make the transition.

If you feel good about the child care situation after the trial period, then enter into a final contract with the provider. Written contracts are better than oral agreements. The contract should be very specific on such items as rates, payments, the expectations of the provider as to the time and manner of payment, and any payment for days missed because of your child's illness or the provider's vacation. Any special arrangements for your child that you and the provider have agreed to should be written into the contract. Any subsequent changes should be added to the contract in writing. Clarifying these details before your child starts child

care will allow you and the provider to focus on communicating about your child once the care starts.

Feeling Good About Your Decision

Remember to keep the provider posted about what is going on in your child's life. Talk to the provider regularly about your child's day in child care. Facilitate a relationship between your provider and the other people who work with your child. Keep everyone informed of the progress and problems your child may be experiencing. Share any good books, articles, or other resources that may contribute to a better understanding of your child. You are your child's best advocate and best suited to determine what is and what is not working for your child.



Adjustment to child care varies with each child. Some children settle down within a week; others may take months to become comfortable.

Adjustment to child care varies with each child. Some children settle down within a week; others may take months to become comfortable. Talk with your child (if this is appropriate) about the arrangements and pass on any relevant information to the child care program. If this is the first time your child has been in care, examine

and identify *your own* feelings—sadness, guilt, anxiety, concern about sharing the child's affection, or worry about turning over the caregiving to another adult. Some concerns and feelings of this sort are normal and, in the beginning, you can expect to feel ambivalent. Try to come to terms with your feelings. Do not pass on to your child any negative messages, which can only make the adjustment to child care more difficult. Make the best choice you can, choose a caregiver you trust, and provide as much support as possible. These are the key ingredients to having peace of mind as a parent and ensuring a good child care environment for your child.

What If You Encounter Problems During Your Search?

If you feel that you have been unfairly rejected, remember that your child's rights are protected under the ADA. Call your local resource and referral agency or family resource center/network (FRC/N) for a referral to an advocacy group that can give you more information and advise you on a course of action. You can find the FRC/N closest to your home by referring to the agencies listed on pages 39 to 46 or by visiting <http://www.frcnca.org/directory.html>. The FRC/Ns can also provide other resources and support for families with children with special needs.

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Building an Inclusive Preschool-for-All Program

Several coordinated initiatives are under way in California to make access to high-quality preschool education a reality for all California children. Inclusion is not simply the presence of children with disabilities or special needs in preschool programs; rather, it is the full and active participation of children with disabilities or other special needs, along with typically developing children, in community activities, services, and programs, including preschool.

Throughout 2004 the Child Care Law Center, Children Now, and Preschool California convened meetings to discuss the principles that should be an integral part of planning for a preschool-for-all system. The group drew upon the work done by the Los Angeles Master Plan for Universal Preschool Special Needs Committee.

In developing the following principles, the group agreed upon a broad definition of *special needs* and *disability* that must be used when developing an inclusive preschool system and program. We define children with disabilities or special needs as:

children who are protected by the Americans with Disabilities Act or who have, or are at risk of, a chronic physical, developmental, behavioral, or emotional condition and who also require developmental, health, mental health, and related services and/or supports of a type or amount beyond that required generally.

For more information, telephone the Child Care Law Center at (415) 394-7144. Or send an e-mail to info@childcarelaw.org.

Family Partnerships

An inclusive preschool program must foster a collaborative relationship between teachers and family members to ensure high-quality care for children and support parents as contributors to the program. It must:

- Ensure ongoing two-way communication to establish trust and respect between the program and families while remembering that parents are, and should be, the principal influence on their children.
- Facilitate a streamlined process for entry into and access to a coordinated delivery system.
- Obtain express consent from parents, in a language accessible to them, for all services, assessments, and testing.
- Educate consumers (parents and other family members) regarding their choices and their right to gain access to high-quality programs.
- Link with and integrate ongoing support and services beyond preschool services (e.g., occupational and physical therapy).
- Link with existing parent-to-parent organizations.
- Ensure that family members have access to and knowledge of relevant laws and regulations in a language they understand.
- Have the cultural and language capacity to take advantage of family members' expertise and knowledge about their children.

Outreach

An inclusive preschool system or program must reach out affirmatively to families and children that have not yet been identified as having special needs, children already receiving services, and programs providing those services. It must not place the burden on families to seek out the program. It must:

- Reach out to children at increased risk of underidentification, including those in foster care, those in families that are homeless, and those in migrant or otherwise mobile families. The children should be treated in a linguistically and culturally appropriate manner without labeling them as having special needs based only on those factors.
- Address a wide range of needs for both the child and family members.
- Be knowledgeable about and be connected to relevant service organizations.
- Make inclusion principles and practices and children with special needs part of all community outreach and media reports.

Screening

An inclusive preschool program must screen every child who enrolls to identify and understand the child's overall individual needs and identify disabilities and other special needs. It must:

- Identify any social, emotional, or behavioral development issues as early as possible.

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Building an Inclusive Preschool-for-All Program

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- Use high-quality screening tools that have adequate sensitivity.
- Use an integrated screening system that involves preschool providers, parents, pediatricians, and other service and physical and mental health professionals and leads to appropriate next steps.

Assessment

An inclusive preschool system must ensure that children need not fail before receiving services. It must:

- Undertake early assessment and appropriate intervention for all children who may be at risk.
- Engage families in proactive assessment of their child's progress with existing supports in the current setting.
- Use multiple high-quality assessment tools and measures that have adequate specificity, validity, and reliability and are aligned with curriculum goals; have been standardized on diverse populations; and are developmentally, linguistically, and culturally appropriate.
- Include ongoing methods of informal assessments.
- Ensure that accommodations are made available for children during assessments.

Curriculum and Classroom Practices

An inclusive preschool curriculum must be effective for all children. It must:

- Be developmentally, culturally, linguistically, and age appropriate.
- Be flexible in using accommodations and adaptations that will allow integration of children of varying abilities.
- Embed inclusive practices.
- Promote individualized and differentiated instruction.
- Create a caring community in the classroom.
- Embed social skills training.
- Incorporate the goals and strategies written in a child's IEP, IPP, IFSP, and Section 504 plans as well as individual curriculum plans for children without formal plans.

Facilities and Environments

An inclusive preschool facility and surrounding environment, whether newly constructed or undergoing renovation, must:

- Make meeting inclusion goals a priority in allocating funding for facilities development and renovation.
- Be accessible to children with varied disabilities and other special needs.
- Facilitate the inclusion and promotion of imaginative, interactive, and dramatic social play between children of all abilities and developmental stages.
- Provide children with diverse opportunities to be creative, to learn, and to grow with structures and supports to en-

- courage collaboration that is safe, enjoyable, and educational and is based on best practices and current research.
- Be sensory rich, diverse, and developmentally appropriate for children of varied abilities and include a variety of textures and tactile materials.
- Be planned from its earliest stage to comply with the Americans with Disabilities Act, the California building codes, and all other applicable provisions of state and federal law.
- Incorporate best practices for accessible facilities in all stages of planning and implementation inasmuch as making facilities truly accessible is much more difficult and expensive once classrooms and playgrounds are constructed.

Delivery System

An inclusive preschool delivery system must integrate special education and related services into all aspects of its program to create a system that addresses the needs of preschool children, taking into account the varying forms of care children experience prior to preschool and the importance of seamless transition from early care to preschool and preschool to kindergarten. It must:

- Integrate children into full-day, full-year programs as family circumstances require while maintaining the flexibility that children with disabilities and their families may need.
- Ensure that all child-based state standards are written to include children with special needs.
- Promote coordinated delivery of services and create a streamlined process that avoids requiring families to apply to multiple agencies to receive the services they need.
- Make specialty services available in a way that is appropriate and convenient (e.g., by bringing services to children rather than transporting children to services).
- Establish adult/child ratios that allow for inclusion of children of all abilities and needs.
- Establish and support an oversight entity (individual or office) whose function is to help parents navigate the complex system of services for their children with disabilities.
- Make special efforts to avoid disruption of services at points such as the transition from child care or early intervention programs to preschool and preschool to kindergarten.
- Incorporate a child's IFSP, IPP, IEP, and Section 504 plans and any informal individual plans within the delivery of services.
- Minimize the number of transitions and settings the child experiences on a daily or weekly basis and the number of adults with whom the child must interact while still meeting the family's needs for child care.
- Formalize agreements between agencies (e.g., California Department of Education, resource and referral agencies, family resource centers, special education providers, special education local plan areas, child care, Head Start)

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to promote co-ownership of responsibility for meeting children's needs.

- Integrate public and private programs at the management/administration level to foster collaboration.
- Anticipate the needs of families that have the greatest difficulty in ensuring that their children's needs are met, such as homeless, foster, migrant, and mobile families.
- Anticipate barriers to inclusion and address them at the policy and planning stages.
- Address the particular challenges to rural programs when rural communities are included in the service area.
- Involve parents in service planning throughout the child's preschool experience, including participation in developing IEPs, IFPs, IFSPs, Section 504 plans, and informal individual plans to foster a smooth transition to kindergarten. Effective education and service planning should include all appropriate family members and service providers.

Workforce Development

An inclusive preschool program must recruit, develop, and retain a workforce that understands the importance of the relationship among children, family members, and staff and possesses the capacity and qualifications to serve, relate to, and advocate for a broad range of children. The program must:

- Integrate qualifications to serve children with disabilities and other special needs into the overall definition of qualifications and ensure that institutes of higher education offer classes to reach this goal.
- Train the education workers in inclusion principles and practices and implementation of those principles and practices within the whole system. Teach them also how to build partnerships with families and how to work with all the child's service providers.
- Involve service providers and educators who work with children with special needs in planning preschool programs.
- Ensure inclusion of disability and behavioral health specialists in leadership and administrative positions to implement the adoption of policies to meet children's special needs.
- Make ongoing support and joint training available to teachers, parents, and service providers to promote integration of all services and service providers into the preschool setting.
- Provide opportunities for the workforce to develop best practices for accommodating children with different abilities, including communication at the important transition points between Early Intervention and preschool and between preschool and the K-12 system.
- Ensure that the workforce has access to ongoing technical assistance and support from disability specialists (e.g., physical, occupational, and speech therapists and mental health care providers).

- Help create an early care and education career ladder that includes opportunities for specialized training in inclusive preschool services that leads to an additional degree or credential (e.g., dual credentials in Early Childhood Education and Early Childhood Special Education).
- Ensure that staff receive support from their supervision in their work with families, including time for reflective supervision.

Financing

An inclusive preschool program must have sufficient financing in place to provide necessary services. It must:

- Establish a rate structure that recognizes both the real cost of high-quality inclusive programs for all children and the special needs of particular children.
- Blend funding streams creatively and appropriately to craft a cost-efficient system that can meet each family's needs and maximize access for all families.
- Leverage existing funds and explore new sources of funds.

Evaluation

An inclusive preschool program must evaluate its success on an ongoing basis to ensure that it is meeting the needs of all children. It must:

- Ensure that tools used to determine program quality or an individual child's progress include measures of full inclusion of children with disabilities and other special needs.
- Ensure that evaluation integrates requirements from different systems (e.g., federal and state requirements).
- Ensure that overall program funding and contract decisions are based on the evaluation of the program and not on the assessment of individual children.
- Ensure that program evaluation does not limit access for families with children with disabilities and other special needs.
- Use or develop evaluation tools that are appropriate for preschool programs.
- Ensure that families have opportunities to participate in ongoing evaluation.
- Ensure that programs have a process through which outcomes from evaluations can be incorporated.

Nothing in these principles will preclude any program from complying with or allow for the erosion of any entitlements or special services required or allowed by federal, state, or local laws.

Sensory Integration Dysfunction and What Teachers May See in the Classroom



By Rebecca Votaw-Nelson, Disabilities Content Specialist
Region IX Head Start Training and Technical Assistance Network

What is sensory integration?

Sensory integration can best be described as all the senses working together in unison, such as the body in space, and the experiences of the physical body in reaction to what is going on around the body. It is the critical function of the brain responsible for producing a complete picture and organizes sensory information supplied to the brain. For most of us, when working effectively, integration occurs automatically and innately.

What is sensory integration dysfunction (SID)?

Dysfunction in sensory integration is a problem in processing sensations that causes difficulties in daily life. SID is a complex neurological disorder manifested by difficulty in detecting, modulating, discriminating, or integrating sensation adaptively. It causes children to process sensation from the environment or from their bodies in an inaccurate way, resulting in many different sensory-seeking or sensory-avoiding patterns, or what is called dyspraxia, a problem with motor planning.

For most children sensory integration develops naturally through ordinary childhood activities. Motor planning ability is a natural result of

this process, as is the ability to adapt to environmental stimulation. However, for some young children sensory integration does not develop as it should. If the process of sensory integration is disrupted, a number of developmental problems can occur.

When does sensory integration dysfunction occur?

According to *Reviews of Research in Sensory Integration* (Torrance, California, 1994), the research clearly identifies sensory integrative problems in children with developmental or learning difficulties. However, it is not just confined to children with learning disabilities. Children very premature at birth are at high risk of

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SID. Other children who are most likely to be diagnosed with SID are children with autism and other developmental disorders. Because SID is not strictly confined to just children with at-risk issues and crosses all socioeconomic lines, teachers and professionals working in child care will most likely know a child who is bright but has a very difficult time dealing in a typical environment.

What does this mean for classroom teachers? What steps can be taken?

If a child is suspected of having sensory integration dysfunction, an evaluation can be conducted. Many agencies responsible for services to children from birth to three years of age experiencing developmental delays or disabilities recognize SID as an eligibility criterion for services under the Individuals with Disabilities Education Act (IDEA), Part C. However, unless a child has a secondary or more significant delay in development, most agencies responsible for services for children from three to five years of age under the IDEA, Part B, will not render children eligible for services strictly for sensory integration issues alone. Private evaluations from an occupational therapist can also provide diagnosis and treatment for a child with SID.

Children with SID have a neurological system that creates conditions that are either hypersensitive or hyposensitive. What are some of the signs of a young child with SID who is hypersensitive or hyposensitive?

What is hypersensitivity?

Hypersensitivity means having a system that is overly sensitive to touch, sound, smell, movement, or visual stimuli. Hypersensitive children have a nervous system that feels sen-

sations too easily or too much. They can also be overly reactive to sensation. Some examples of hypersensitivity are as follows:

- Responds to being touched with aggression or withdrawal
- Is afraid of or becomes sick with movement and heights
- Is very cautious and unwilling to take risks or try new things
- Is uncomfortable in loud or busy environments, such as sports events, malls
- Is very picky eater and is overly sensitive to food smells
- Complains of how clothing feels; dislikes tags on clothing; has to have socks on just so; must have only a certain type of socks

What is hyposensitivity?

Hyposensitivity means having a system that is undersensitive to touch, sound, smell, movement, or visual stimuli. Children with hyposensitivity have nervous systems that are underresponsive to sensation. They seek out a more intense or longer duration of sensory experiences. Some examples of hyposensitivity are:

- Being hyperactive, seeking more

and more sensory input as movement occurs

- Being unaware of touch or pain or touching others too often or too hard (may seem aggressive)
- Engaging in unsafe behaviors, such as climbing too high
- Enjoying sounds that are too loud, such as high TV or radio volume
- Perhaps having an exceptionally high tolerance for pain

Several Web sites and books dedicated to sensory integration dysfunction have different activities that a young child at all developmental levels may enjoy. A parent or teacher concerned about a young child's development should discuss that concern and refer for assessment as soon as possible. To do so is important because research has shown that receiving intervention services early will, in most cases, help reduce the amount of services needed later on.

For more information, visit the following Web sites:
A.D.D. <http://www.spgs.com/add>
LD Online <http://www.ldonline.org>
Bright Tots <http://www.brighttots.com/sensoryintegration>



For most children sensory integration develops naturally through ordinary childhood activities. Motor planning ability is a natural result of this process, as is the ability to adapt to environmental stimulation.

Q&A Frequently Asked Questions:

What are the basic requirements of the Americans with Disabilities Act (ADA)? The ADA requires that child care providers not discriminate against persons with disabilities on the basis of disability. That is, they must provide children with disabilities and their parents with an equal opportunity to participate in the child care center's programs and services. Specifically:

- Centers may not 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 the program.
- Centers have to make reasonable modifications in their policies and practices to integrate children, parents, and guardians with disabilities into their programs unless doing so would constitute a fundamental alteration.
- Centers must provide appropriate auxiliary aids and services needed for effective communication with children or adults with disabilities when doing so would not constitute an undue burden.
- Centers must generally make their facilities accessible to persons with disabilities. Existing facilities are subject to the readily achievable standard for barrier removal. Newly constructed facilities and any altered portions of existing facilities must be fully accessible.

1. Which child care centers are covered by the ADA?

Almost all child care providers, regardless of the number of children served or the number of employees, must comply with Title III of the ADA. Even small, home-based centers that may not have to follow some state laws are covered. However, an exception is allowed for child care centers operated by religious entities, such as churches, mosques, or synagogues. Activities controlled by such religious organizations are not covered. Private child care centers that are operating on the premises of a religious organization, however, are generally not exempt. Where such areas are leased by a child care program not controlled or operated by the religious organization, Title III applies to the child care program but not to the religious organization.

2. How do I determine whether a child with a disability belongs in my program?

Child care centers may not just assume that a child's disabilities are too severe for the child to be integrated successfully into the center's child care program. Each center must make an individualized assessment about whether it can meet the particular needs of the child without fundamentally altering its program. In making this assessment, the caregiver must not react to un-

founded preconceptions or stereotypes about what children with disabilities can or cannot do or how much assistance they may require. Instead, the caregiver should talk to the parents or guardians and any other professionals (such as educators or health care professionals) who work with the child in other contexts. Providers are often surprised at how simple it is to include children with disabilities in their mainstream programs.

3. My insurance company says it will raise our rates if we accept children with disabilities. Do I still have to admit them into my program?

Yes. Higher insurance rates are not a valid reason for excluding children with disabilities from a child care program. The extra cost should be treated as overhead and divided equally among all paying customers.

4. Our center is full, and we have a waiting list. Do we have to accept children with disabilities ahead of others?

No. Title III does not require providers to take children with disabilities out of turn.

5. Our center specializes in group child care. May we reject a child just because the child needs individualized attention?

No. Most children will need individualized attention occasionally. If a child who needs one-on-one attention because of a disability can be integrated without fundamentally altering a child care program, the child may not be excluded solely because the child needs one-on-one care.

Consider, for example, a child with Down Syndrome and significant mental retardation who applies for admission and needs one-on-one care to benefit from the program. If a personal assistant (usually sponsored by the child's parents or by a government agency) will be provided at no cost to the child care center, the child may not be excluded from the program solely because of the need for one-on-one care. Any modifications necessary to integrate such a child must be made if they are reasonable and would not fundamentally alter the program. Obviously, not all children with Down Syndrome need one-on-one care or must be accompanied by a personal assistant to be successfully integrated into a mainstream child care program. As in other cases, an individualized assessment is required. Generally, the ADA does not require centers to hire additional staff or provide constant one-on-one supervision of a child with a disability.

Child Care Centers and the Americans with Disabilities Act

- 6. One of the children in my center hits and bites other children. His parents are now saying that I may not expel him because his bad behavior is due to a disability. What can I do?**

The first thing the provider should do is try to work with the parents to see whether there are reasonable ways of curbing the child's bad behavior. He may need extra naps, "time outs," or changes in diet or medication. If reasonable efforts have been made and the child continues to bite and hit children or staff, the child may be expelled from the program even if he or she has a disability. The ADA does not require providers to take any action that would pose a direct threat—a substantial risk of serious harm—to the health or safety of others. Providers should not make assumptions, however, about how a child with a disability is likely to behave based on their past experiences with other children with disabilities. Each situation must be considered individually.

- 7. If an older child has delayed speech or developmental disabilities, may we place that child in the infant/toddler room?**

Generally, no. Under most circumstances, children with disabilities must be placed in their age-appropriate classroom unless the parents or guardians agree otherwise.

- 8. May I charge the parents for special services provided to a child with a disability provided that the charges are reasonable?**

It depends. If the service is required by the ADA, you may not impose a surcharge for it. Only if you go beyond what is required by law may you charge for those services. For instance, if a child requires complicated medical procedures that can be done only by licensed medical personnel and the center does not normally have such personnel on staff, the center would not be required to provide the medical services under the ADA. If the center chooses to go beyond its legal obligation and provide the services, it may charge the parents or guardians accordingly. On the other hand, if a center is asked to do simple procedures that are required by the ADA—such as blood glucose tests for children with diabetes—it may not charge the parents extra for those services. As an offset to the costs of actions or services that are required by the ADA, including but not limited to removing an architectural barrier, providing sign language interpreters, or purchasing adaptive equipment, some tax credits and deductions may be available.

- 9. Our center has a policy that we must not give medication to any child. May I refuse to give medication to a child with a disability?**

No. In some circumstances it may be necessary to give medication to a child with a disability to make a program accessible to that child. Although some state laws may differ, generally speaking, as long as reasonable care is used in following the doctors' and parents' or guardians' written instructions about administering medication, centers should not be held liable for any resulting problems. Providers, parents, and guardians are urged to consult professionals in their state whenever liability questions arise.

- 10. We diaper young children. But we have a policy that we will not accept children more than three years of age who need diapering. May we reject children older than three who need diapering because of a disability?**

Generally, no. Centers that provide personal services such as diapering or toileting assistance for young children must reasonably modify their policies and provide diapering services for older children who need it due to a disability. Generally speaking, centers that diaper infants should diaper older children with disabilities when they would not have to leave other children unattended to do so. Centers must also provide diapering services to young children with disabilities who may need it more often than do others their age. Some children will need assistance in transferring to and from the toilet because of mobility or coordination problems. Centers should not consider this type of assistance to be a personal service.

- 11. We do not normally diaper children of any age who are not toilet trained. Do we still have to help older children who need diapering or toileting assistance because of a disability?**

It depends. To determine when it is a reasonable modification to provide diapering for an older child who needs diapering because of a disability and the center does not normally provide diapering, the center should consider factors, including but not limited to the following: (1) whether other nondisabled children are young enough to need intermittent toileting assistance when, for instance, they have accidents; (2) whether providing toileting assistance or diapering on a regular basis would require a child care provider to leave other children unattended; and (3) whether the center would have to purchase diapering tables or

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Frequently Asked Questions

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other equipment. If the program never provides toileting assistance to any child, however, then such a personal service would not be required for a child with a disability. Please keep in mind that even in these circumstances, the child may not be excluded from the program because he or she was not toilet trained if the center can make other arrangements, such as having a parent or personal assistant come and do the diapering.

12. What about children who have severe, sometimes life-threatening allergies to bee stings or certain foods? Do we have to accept such children?

Generally, yes. Children may not be excluded solely because they have been identified as having severe allergies to bee stings or certain foods. A center needs to be prepared to take appropriate steps in the event of an allergic reaction, such as administering a medicine called epinephrine that should be provided in advance by the child's parents or guardians.

This article was excerpted from the U.S. Department of Justice Web site. For the complete list of commonly asked questions about the ADA, see <http://www.usdoj.gov/crt/ada/childq&a.htm>.

Additional Resources

All Kids Count: Child Care and the ADA. Addresses the ADA's obligations of child care providers. Contact the Arc's National Headquarters in Arlington, Texas, at 1-800-433-5255.

Child Care and the ADA. A series of videotapes and booklets on the Americans with Disabilities Act (ADA) and child care providers, available at no charge from the Department of Justice. The series, which includes eight five- to seven-minute videotapes and accompanying booklets, covers different ADA issues related to child care. To order the series, which is in limited supply, call the U.S. Department of Justice's toll-free ADA Information Line at (800) 514-0301 and touch "0" to contact an operator.

ADA Information Line, operated by the U.S. Department of Justice. Information specialists are available to answer questions during business hours on weekdays. The Information Line also provides 24-hour automated service for ordering ADA materials and an automated fax-back system that delivers technical assistance materials. Call 1-800-514-0301.

The ADA home page contains the U.S. Department of Justice's regulations and technical assistance materials as well as press releases on ADA cases and other issues. Several settlement agreements with child care centers are also available on the home page. See <http://www.usdoj.gov/crt/ada/adahom1.htm>.



Agencies Serving Young Children with Disabilities and Child Care Referral Agencies

County	Regional Center ¹	Family Resource Center ²	Special Education Local Plan Areas ¹	Child Care Resource and Referral Agencies ³
Alameda	Regional Center of the East Bay (510) 383-1200	Family Resource Network (510) 547-7322	Mid-Alameda County SELPA (510) 537-3000, ext. 220 Mission Valley SELPA Fremont Unified School District (510) 659-2569 North Region SELPA Alameda Unified School District (510) 337-7190 Oakland Unified SELPA (510) 879-8223 Tri-Valley SELPA Pleasanton (925) 426-9144	4Cs of Alameda County Hayward (510) 582-2182 Child Care Links Livermore (925) 417-8733 BANANAS, Inc. Oakland (510) 658-0381
Alpine	Alta California Regional Center (916) 978-6400	WarmLine FRC (916) 922-9276 (800) 660-7995	Tahoe-Alpine County SELPA (530) 541-2850	Choices for Children (530) 694-2129
Amador	Valley Mountain Regional Center (209) 473-0951	Family Resource Network (209) 472-3674 (800) 847-3030	Amador SELPA (209) 257-5306	HRC-Child Care Resources (209) 223-1624
Butte	Far Northern Regional Center (530) 222-4791	Exceptional Family Support, Education, and Advocacy Center of Northern California, Inc. (530) 226-5129 (800) 750-1101	Butte County SELPA (530) 532-5621	Valley Oak Children's Services (530) 895-3572
Calaveras	Valley Mountain Regional Center (209) 473-0951	Family Resource Network (209) 472-3674 (800) 847-3030	Calaveras SELPA (209) 736-6040	HRC-Child Care Resources (209) 754-1075
Colusa	Alta California Regional Center (916) 978-6400	Colusa County FRC (530) 458-0300, Ext. 10345	Colusa County SELPA (530) 458-8891	Children's Services (530) 458-0300
Contra Costa	Regional Center of the East Bay (510) 383-1200	CARE/Center for Access to Resources and Education (925) 313-0999 (800) 281-3023	Contra Costa SELPA (925) 827-0949 x10 Mt. Diablo Unified SELPA (925) 682-8000, ext. 4048 West Contra Costa Unified SELPA (510) 741-2801	Contra Costa Child Care Council Central City: (925) 676-KIDS East City: (925) 778-KIDS West City: (510) 758-KIDS
Del Norte	Redwood Coast Regional Center (707) 445-0893	Early Start Connection FRC (707) 464-6936	Humboldt-Del Norte SELPA (707) 445-7070	Del Norte Child Care Council (707) 464-8311

¹ **Regional centers and special education local plan areas (SELPA)s** provide assessment services to determine child eligibility and service needs. They share primary responsibility for coordinating and/or providing local-level early intervention, developmental, and educational services to children and their families.

² **Family resource centers/networks (FRCs/Ns)** provide parent- and family-oriented support and information to families with children eligible for services from regional centers and SELPAs. Some FRC/Ns provide services only to families with children birth to three years of age; others serve all ages.

³ **Child care resource and referral agencies** provide information to all parents and the community about the availability of child care, assist local providers in the licensing process, provide direct services (including training), and coordinate community resources for the benefit of parents and local child care providers.

Agencies Serving Young Children with Disabilities and Child Care Referral Agencies (Continued)

County	Regional Center¹	Family Resource Center²	Special Education Local Plan Areas¹	Child Care Resource and Referral Agencies³
El Dorado	Alta California Regional Center (916) 978-6400	WarmLine FRC (916) 922-9276 (800) 660-7995	El Dorado County SELPA (530) 295-2228 Tahoe-Alpine County SELPA(530) 541-2850	Choices for Children Lake Tahoe: (530) 541-5848 Cameron Park: (530) 676-0707
Fresno	Central Valley Regional Center (559) 276-4300	Circle of Friends Early Start FRC Clovis (559) 327-8455 Exceptional Parents Unlimited Fresno (559) 229-2000	Clovis Unified SELPA (559) 327-9400 Fresno County SELPA (559) 265-3049 Fresno Unified SELPA (559) 457-3222	Central Valley Children's Services Network (559) 456-8195
Glenn	Far Northern Regional Center (530) 222-4791	Exceptional Family Support, Education, and Advocacy Center of Northern California, Inc. (530) 226-5729	Glenn County SELPA (530) 934-6575	Glenn County Office of Education (530) 865-1118 (800) 394-2818
Humboldt	Redwood Coast Regional Center (707) 445-0893	The Special Needs Connection (707) 445-1195	Humboldt-Del Norte SELPA (707) 445-7043	Humboldt Child Care Council (707) 444-8293
Imperial	San Diego Regional Center (858) 576-2932 (760) 335-8383	Exceptional FRC (619) 594-7416 (800) 281-8252 (760) 355-0147	Imperial County SELPA (760) 312-6419	Imperial County Child Development Services (760) 312-6544
Inyo	Kern Regional Center (805) 327-8531	Heart-to-Heart Early Start FRC (760) 827-4604 (800) 237-6996	Inyo County SELPA (760) 938-2936	Child Care Connection (760) 873-5123, ext. 325
Kern	Kern Regional Center (805) 327-8531	HEARTS Connection of Kern County (661) 328-9055 (800) 210-7633, ext. 282	Bakersfield City SELPA (661) 631-5863 Kern County Consortium SELPA (661) 636-4801 Kern Union High (661) 827-3105	Community Connection for Child Care (661) 861-5200 (877) 861-5200
Kings	Central Valley Regional Center (559) 738-2225	Exceptional Parents Unlimited (559) 229-2000 Kings County FRC (559) 584-1551	Kings County SELPA (559) 584-1441	Kings County Community Action Organization (559) 582-4386
Lake	Redwood Coast Regional Center (707) 462-3832	Lake County FRC (707) 262-0672	Lake County SELPA (707) 262-4130	NCO-Rural Communities Child Care Lower Lake: (707) 994-4647 Lakeport: (707) 263-4688
Lassen	Far Northern Regional Center (530) 222-4791	Rainbow Regional Family Support and Resource Network (530) 251-2417 (800) 537-TALK (8255)	Lassen County SELPA (530) 257-7266	Lassen Child and Family Resources (530) 257-9781

Agencies Serving Young Children with Disabilities and Child Care Referral Agencies (Continued)

County	Regional Center¹	Family Resource Center²	Special Education Local Plan Areas¹	Child Care Resource and Referral Agencies³
Los Angeles	<p>Eastern Los Angeles Regional Center Alhambra (626) 299-4700</p> <p>Frank D. Lanterman Regional Center Los Angeles (213) 383-1300</p> <p>Harbor Regional Center Torrance (310) 540-1711</p> <p>North Los Angeles County Regional Center Van Nuys (818) 778-1900</p> <p>San Gabriel/ Pomona Regional Center Pomona (909) 620-7722</p> <p>South Central Los Angeles Regional Center Los Angeles (213) 763-7800</p> <p>Westside Regional Center Culver City (310) 258-4000</p>	<p>Carolyn Kordich FRC Harbor City (310) 325-7288</p> <p>Harbor Regional Center FRC Torrance (310) 543-0691</p> <p>Long Beach FRC Los Alamitos (562) 933-8050</p> <p>Southeast FRC Bellflower (562) 461-2986</p> <p>Southwest Special Education Early Start FRC Lawndale (310) 921-2252</p> <p>Westside FRC Culver City (310) 258-4063</p> <p>Frank D. Lanterman Regional Center/ Koch-Young FRC Los Angeles (213) 383-1300 (800) 546-3676 (local area only)</p> <p>South Central Los Angeles Resource Center (213) 744-8882</p> <p>Family Focus Resource Centers Lancaster (661) 951-1205</p> <p>Northridge (818) 677-5575</p> <p>Santa Clarita (661) 250-3943</p> <p>The Parents' Place West Covina (626) 856-8861 (800) 422-2022 (local area only)</p> <p>Family Resource Library and Assistive Technology Center Alhambra (626) 300-9171</p> <p>Whittier (562) 906-1141</p>	<p>Antelope Valley SELPA (661) 274-4136</p> <p>Downey-Montebello SELPA (562) 531-2566</p> <p>East San Gabriel Valley Service Area SELPA (626) 966-1679</p> <p>Foothill SELPA Glendale (818) 246-5378</p> <p>Long Beach Unified SELPA (562) 997-8304</p> <p>Los Angeles County Court Schools SELPA (562) 803-8443</p> <p>Los Angeles Unified SELPA (213) 241-4713</p> <p>Mid-Cities SELPA (562) 531-2566</p> <p>Norwalk-La Mirada ABC SELPA (562) 926-5566, Ext. 21189</p> <p>Pasadena Unified SELPA (626) 568-4531</p> <p>Puente Hills Service Area SELPA (562) 803-8342</p> <p>Santa Clarita Service Area SELPA (805) 274-0147</p> <p>Southwest SELPA Lawndale (310) 921-2901</p> <p>Tri-City SELPA Beverly Hills (310) 277-5900, Ext. 226</p> <p>West San Gabriel Valley Service Area SELPA (562) 254-9406</p> <p>Whittier Area Cooperative SELPA (562) 945-6431, Ext. 12</p>	<p>Child Care Information Service Pasadena (626) 449-8221</p> <p>Child Care Resources Center, Inc. Northridge (818) 256-1020</p> <p>Lancaster (661) 949-0615</p> <p>Children's Home Society Long Beach (310) 816-3690</p> <p>Connections for Children Santa Monica (310) 452-3202</p> <p>Crystal Stairs, Inc. Los Angeles (323) 421-1029 (888) KID-S247</p> <p>Mexican American Opportunity Foundation Montebello (323) 890-1555</p> <p>Options-A Child Care and Human Services Agency Baldwin Park (626) 856-5900, Ext. 1</p> <p>Center for Community and Family Services Carson (310) 217-2934</p> <p>Pathways Los Angeles (213) 427-2700</p> <p>Pomona Unified School District Child Development Pomona (909) 397-4740</p>
Madera	<p>Central Valley Regional Center (209) 276-4300</p>	<p>Madera County Extra Special Parent FRC (559) 674-0915</p>	<p>Madera-Mariposa SELPA (509) 662-4682</p>	<p>Madera County Action Committee R&R (559) 675-8469 (800) 505-0404</p>
Marin	<p>Golden Gate Regional Center (415) 945-1600</p>	<p>MATRIX Parent Network and Resource Center (415) 884-3555</p>	<p>Marin County SELPA (415) 499-5850</p>	<p>Marin Child Care Council (415) 479-2265</p>
Mariposa	<p>Central Valley Regional Center (559) 723-4245</p>	<p>Mariposa FRC (209) 966-6299</p>	<p>Madera-Mariposa SELPA (559) 662-4666</p>	<p>Infant Child Enrichment Services (209) 966-4474</p>

Agencies Serving Young Children with Disabilities and Child Care Referral Agencies (Continued)

County	Regional Center¹	Family Resource Center²	Special Education Local Plan Areas¹	Child Care Resource and Referral Agencies³
Mendocino	Redwood Coast Regional Center (707) 462-3832	Safe Passages FRC (707) 964-3077	Mendocino County SELPA (707) 467-5166	NCO-Rural Communities Child Care Willits: (707) 459-2019 Fort Bragg: (707) 964-3080 Ukiah: (707) 964-3080
Merced	Central Valley Regional Center (559) 723-4245	Challenged Early Start FRC (209) 385-5314 (800) 394-6347	Merced County SELPA (209) 381-6711	Children's Services Network of Merced County, Inc. Merced: (209) 722-3804 Livingston: (209) 394-1680 Los Banos:(209) 826-8861
Modoc	Far Northern Regional Center (530) 222-4791	Rainbow Regional Family Support and Resource Network (530) 251-2417 (800) 537-TALK	Modoc County SELPA (530) 233-7110	Modoc Child Care R&R (530) 233-5437
Mono	Kern Regional Center (805) 327-8531	Heart to Hand FRC (760) 872-4604 (800) 237-6996	Mono County SELPA (760) 934-0031	Community Connection for Children (760) 934-3343 (800) 317-4600
Monterey	San Andreas Regional Center (408) 759-7500	Peaks & Valleys FRC (831) 755-1450	Monterey County SELPA (831) 755-0340	Monterey County Child Care R&R (831) 757-0775 (800) 339-9306
Napa	North Bay Regional Center (707) 256-1100	MATRIX Parent Network and Resource Center Family Support and Resource (707) 253-8729	Napa County SELPA (707) 253-6807	Community Resources for Children (707) 253-0376 (800) 696-4CRC
Nevada	Alta California Regional Center (916) 978-6400	WarmLine FRC (916) 922-9276 (800) 660-7995	Nevada County SELPA (530) 745-1342	Sierra Nevada Children's Services (530) 272-8866 Truckee: (530) 587-5960
Orange	Regional Center of Orange County (714) 796-5354 (800) 244-3177	Comfort Connection FRC (714) 558-5400 (888) FRC-BABY	Anaheim City SELPA (714) 517-7525, Ext. 4120 Capistrano USD (949) 489-7405 Garden Grove Unified SELPA (714) 663-6233 Greater Anaheim SELPA (714) 828-1766 Irvine Unified SELPA (949) 936-5856 Newport-Mesa Unified SELPA Costa Mesa (714) 424-5060 North Orange County SELPA Fullerton (714) 870-8260 Northeast Orange County SELPA Placentia (714) 996-2550 Orange Unified SELPA Orange (714) 628-4065	Children's Home Society of California (714) 543-2273 Spanish speaking (714) 835-8252

Agencies Serving Young Children with Disabilities and Child Care Referral Agencies (Continued)

County	Regional Center ¹	Family Resource Center ²	Special Education Local Plan Areas ¹	Child Care Resource and Referral Agencies ³
Orange (Continued)			Santa Ana Unified SELPA (714) 558-5861 South Orange County SELPA Laguna Beach (949) 580-3394 Tustin Unified SELPA (714) 730-7301 x 314 West Orange County Consortium for Special Education Huntington Beach (714) 964-3339, Ext. 4293	
Placer	Alta California Regional Center (916) 978-6400	WarmLine FRC (916) 922-9276 (800) 660-7995	Placer County SELPA (530) 745-1343	Placer County Office of Education Child Care Services Tahoe Vista: (916) 546-3450 Loomis: (530) 652-1055
Plumas	Far Northern Regional Center (530) 222-4791	Rainbow Regional Family Support and Resource Network (530) 251-2417 (800) 537-TALK (8255)	Plumas Unified SELPA (530) 283-6500, Ext. 227	Plumas Rural Services (530) 283-4453
Riverside	Inland Regional Center (909) 890-3000	Early Start Family Resource Network (909) 890-4788 (800) 974-5553	Corona-Norco Unified SELPA Norco (909) 736-5090 Moreno Valley Unified SELPA (909) 571-7500, Ext. 17287 Riverside County SELPA Riverside (909) 826-6687 Riverside Unified SELPA Riverside (909) 788-7142	Riverside County Office of Education (909) 788-6626
Sacramento	Alta California Regional Center (916) 978-6400	WarmLine FRC (916) 922-9276 (800) 660-7995	Elk Grove Unified SELPA Office of Student Services Elk Grove (916) 686-7780, Ext. 7453 Sacramento City Unified SELPA Sacramento (916) 643-9174 Sacramento County SELPA Sacramento (916) 228-2446 San Juan Unified SELPA Carmichael (916) 971-7953	Child Action, Inc. (916) 369-0191
San Benito	San Andreas Regional Center (408) 374-9960	Special Connections FRC (831) 636-4410, Ext. 13	San Benito County SELPA (831) 637-5393, Ext. 112	Growth and Opportunity, Inc. (408) 637-9205
San Bernardino	Inland Regional Center (909) 890-3000	Early Start Family Resource Network (909) 890-4788 (800) 974-5553	Desert Mountain SELPA Apple Valley (760) 242-6333 East Valley Consortium SELPA Colton (909) 443-4798	San Bernardino County Schools-Child Development Services (909) 384-1492


Agencies Serving Young Children with Disabilities and Child Care Referral Agencies (Continued)

County	Regional Center ¹	Family Resource Center ²	Special Education Local Plan Areas ¹	Child Care Resource and Referral Agencies ³
San Bernardino <i>(Continued)</i>			Fontana Unified SELPA Fontana (909) 357-5000, Ext. 7254 Morongo Unified SELPA (760) 367-9191, Ext. 230 San Bernardino City Unified SELPA (909) 880-6863 West End SELPA Rancho Cucamonga (909) 481-4547	Pomona Unified School District Child Development West County (909) 397-4740
San Diego	San Diego Regional Center (858) 576-2996	Exceptional FRC (619) 594-7416 (800) 281-8252 (619 area code) (877) 268-8252	North Coastal SELPA San Marcos (760) 471-8208 Poway Unified SELPA (858) 668-4100 San Diego City Unified SELPA (619) 272-9641 (0–3 year olds) (858) 490-8518 (3–5 year olds) San Diego East County SELPA El Cajon (619) 590-3920 San Diego North Coastal Consortium SELPA San Marcos (760) 471-8208 San Diego North Inland SELPA Ramona (760) 788-4671 San Diego South County SELPA Chula Vista (619) 498-8171	YMCA Childcare Resource Service San Marcos: (760) 471-2751 Lemon Grove: (619) 667-2955 San Diego: (619) 521-3070
San Francisco	Golden Gate Regional Center (415) 546-9222	Support for Families (415) 282-7494	San Francisco Unified SELPA (415) 355-7742	Children's Council of San Francisco (415) 920-7282
San Joaquin	Valley Mountain Regional Center (209) 473-0951	Family Resource Network (209) 472-3674 (800) 874-3030 (local area only)	Lodi Unified SELPA (209) 331-7061 San Joaquin County SELPA (209) 468-4925 Stockton City Unified SELPA (209) 933-7120	Family Resource and Referral Center (209) 948-1553
San Luis Obispo	Tri-Counties Regional Center San Luis Obispo: (805) 543-2833 Atascadero:(805) 461-7402	Parents Helping Parents (805) 549-8148	San Luis Obispo County SELPA (805) 782-7300	EOC-Child Care Resource Connection (805) 544-4355
San Mateo	Golden Gate Regional Center (415) 546-9222	FRC at Community Gate Path (650) 259-0189	San Mateo County SELPA (650) 802-5464	Child Care Coordinating Council of San Mateo County (650) 696-8787
Santa Barbara	Tri-Counties Regional Center (805) 962-7881 Santa Maria (805) 922-4640	Alpha Resource Center (805) 683-2145 (877)-414-6227	Santa Barbara County SELPA (805) 683-1424	Children's Resource and Referral Program Santa Barbara: (805) 962-8988 Santa Maria: (805) 925-1989

Agencies Serving Young Children with Disabilities and Child Care Referral Agencies (Continued)

County	Regional Center¹	Family Resource Center²	Special Education Local Plan Areas¹	Child Care Resource and Referral Agencies³
Santa Clara	San Andreas Regional Center (408) 374-9960	Parents Helping Parents (408) 885-5770 (800) 704-0900	Santa Clara County SELPA (408) 453-6725	Community Coordinating Child Development (408) 487-0749
Santa Cruz	San Andreas Regional Center (408) 728-1781	Special Connections FRC (831) 464-0669	North Santa Cruz County SELPA Santa Cruz (831) 464-5677 Pajaro Valley Unified SELPA Watsonville (831) 786-2130	Child Development Resource Center (408) 476-8585
Shasta	Far Northern Regional Center (530) 222-4791	Exceptional Family Support, Education, and Advocacy Center of Northern California, Inc. (530) 226-5129	Shasta County SELPA (530) 225-0100	Early Childhood Services-Shasta County Office of Education (530) 224-3200
Sierra	Alta California Regional Center (916) 978-6400 Rainbow	Regional Family Support and Resource Network (530) 251-2417 (800) 537-TALK (8255)	Sierra County SELPA (530) 994-1044	Sierra Nevada Children's Services Loyalton: (530) 993-1288 Downieville: (530) 289-3666
Siskiyou	Far Northern Regional Center (530) 222-4791	Exceptional Family Support, Education, and Advocacy Center of Northern California, Inc. (530) 226-5129	Siskiyou County SELPA (530) 842-8441	Siskiyou Child Care Council (530) 938-2748
Solano	North Bay Regional Center (707) 256-1100	MATRIX Parent Network and Resource Center FRC of the North Bay (707) 558-1358	Solano County SELPA (707) 399-4460 Vallejo City SELPA (707) 556-8440	Solano Family & Children's Services (707) 642-5148
Sonoma	North Bay Regional Center (707) 256-1100	MATRIX Parent Network and Resource Center (707) 586-3314	Sonoma County SELPA (707) 524-2750	4Cs of Sonoma County (707) 544-3084
Stanislaus	Valley Mountain Regional Center (209) 529-2626	Family Resource Network (209) 472-3674 (800) 847-3030 (local area only)	Modesto City SELPA (209) 576-4155 Stanislaus County SELPA (209) 541-2944	Stanislaus County Office of Education-CCR&R (209) 525-5049
Sutter	Alta California Regional Center (916) 978-6249	Sutter County Parent Network (530) 751-1925	Sutter County SELPA (530) 822-5158	Children's Home Society of California (800) 552-0400
Tehama	Far Northern Regional Center (530) 222-4791	Exceptional Family Support, Education, and Advocacy Center of Northern California (530) 226-5129	Tehama County SELPA (530) 527-5811	Shasta County Office of Education Child Care Referral and Education (530) 529-3131
Trinity	Far Northern Regional Center (530) 222-4791	Exceptional Family Support, Education, and Advocacy Center of Northern California (530) 226-5129	Trinity County SELPA (530) 623-2861	Human Response Network (530) 623-5437
Tulare	Central Valley Regional Center (559) 738-2200	Parenting Network Inc. (559) 625-0384	Tulare County SELPA (559) 733-6317	Tulare County Office of Education (209) 651-0862

County	Regional Center ¹	Family Resource Center ²	Special Education Local Plan Areas ¹	Child Care Resource and Referral Agencies ³
Tuolumne	Valley Mountain Regional Center (209) 754-1871	Family Resource Network (209) 472-3674 (800) 847-3030 (local area only)	Tri-County SELPA (209) 536-2008	Infant Child Enrichment Services (209) 533-0377
Ventura	Tri-Counties Regional Center (805) 485-3177	Rainbow Connection Resource Center English: (805) 485-9643 Spanish: (805) 485-9892, (800) 332-3679, Ext. 204	Ventura County SELPA (805) 482-2353	Child Development Resources of Ventura County, Inc. (805) 485-7878
Yolo	Alta California Regional Center (916) 978-6400	WarmLine Family Resource Center (916) 922-9276 (800) 660-7995	Yolo County SELPA (530) 668-3787	City of Davis-Child Care Services (530) 757-5691
Yuba	Alta California Regional Center (916) 978-6400	Yuba County Family Resource Network (530) 749-3276x105	Yuba County SELPA (530) 741-6500	Children's Home Society of California (800) 552-0400



Resources

In addition to the California Department of Education's Special Education Web site at <http://www.cde.ca.gov/sp/se> and the California Head Start-State Collaboration page at <http://www.cde.ca.gov/sp/cd/re/chssco.asp>, the following Web sites on early education, disabilities, health, and other topics may be of interest to you.

Disabilities

The California Department of Developmental Services is the agency through which the state provides services and support to children and adults with developmental disabilities. Its Web site contains a variety of useful information, including how to contact the 21 local regional centers, resources for providers, the Early Start program for infants and toddlers with disabilities, and relevant laws and regulations: <http://www.dds.ca.gov>.

Support for Families of Children with Disabilities has a how-to page for finding information on the Internet useful to families with children with disabilities: <http://www.supportforfamilies.org>.

The Map to Inclusive Child Care Project Web site includes an extensive list of resources to support the inclusion of children with special needs in your program. The site also provides links to other organizations that deal with the issues of inclusive child care. Among the links you will find a comprehensive listing of resources, organizations, and best practices for

California child care programs serving infants, toddlers, preschoolers, and school-age children with disabilities and other special needs. For more information about the Map to Inclusive Child Care Project, visit the Web site <http://www.sonoma.edu/cihs/camap> and click on "Current Activities," or you can call Karen Charest at (760) 682-0271.

The Alliance for Technology Access is a network of community-based resource centers, developers, vendors, and others dedicated to providing information and support services to children and adults with disabilities, thereby increasing their use of standard, assistive, and information technologies: <http://www.ataccess.org>.

The Council for Exceptional Children is the largest international professional organization dedicated to improving educational outcomes for individuals with exceptional needs, students with disabilities, and gifted children: <http://www.cec.sped.org>.

The National Dissemination Center for Children with Disabilities is a central source of information on disabilities in

infants, toddlers, children, and youths; the Individuals with Disabilities Education Act (the federal law authorizing special education); the No Child Left Behind Act (as it relates to children with disabilities); and research-based information on effective educational practices: <http://www.nichcy.org>

Health

The California Child Care Health Program's Web site presents up-to-date information and user-friendly educational resources for the child and for health care communities, including many publications: <http://www.ucsfchildcarehealth.org>.

Father Involvement

A variety of presentations, information, and resources on father involvement in Head Start are presented at <http://www.hsnrc.org/fatherhood>.

Challenging Behavior

If you have a concern about a particular child or would like help to locate practical solutions and sort through

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Resources

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the reasons behind that child's challenging behavior, a new book titled *Children with Challenging Behavior* may help you. Family child care providers, preschool teachers, before- and after-school staff, site supervisors, directors, program administrators, and others who are paid to care for children will all find answers here. This book was developed with Senate Bill 1703 funds and is available at no charge on the Map to Inclusive Child Care Web site at [http://](http://www.sonoma.edu/cihs/camap)

www.sonoma.edu/cihs/camap. Anyone in California who works with children in group settings can obtain a copy of the book at a reduced fee while supplies last. For information call (800) 578-5549 or send an e-mail to challengingbehavior@hotmail.com.

Homelessness

The National Law Center on Homelessness and Poverty has developed a sample process to help determine whether a child or youth fits the McKinney-Vento definition of home-

lessness (part of its Back to School Self-Advocacy Kit). The sample process can be downloaded from the Web at <http://www.nlchp.org> under the Education section.

Early Care and Education

The National Child Care Information Center has redesigned its site dedicated to the dissemination of information and resources on early care and education to parents, providers, and national, state, and local agencies: <http://nccic.org>.

Glossary

accommodations. Supports or services provided to help a student have access to the general curriculum and validly demonstrate learning.

adaptations. Procedures intended to meet individual differences in ability or purpose.

ADD/ADHD. Attention deficit disorder/attention deficit hyperactivity disorder. Diagnoses applied to children and adults who consistently display certain characteristic behaviors over a period of time. The most common behaviors fall into three categories: inattention, hyperactivity, and impulsivity.

annual goal. A statement in a student's individualized education program (IEP) that describes what a child with a disability can reasonably be expected to accomplish within a 12-month period in the student's special education program. There should be a direct relationship between the annual goal and the present level of educational performance.

competency. A learned student performance statement that can be accurately repeated and measured. Competencies function as the basis for building the instructional program.

co-teaching. Two or more professionals delivering substantive instruction to a group of students with diverse learning needs.

emotionally handicapped (sometimes also referred to as behavior disorder, emotionally disturbed). A term used to identify persons of normal or above-normal intelligence experiencing difficulties in personality dynamics and deviating from age-appropriate behavior. The behavior significantly interferes with a child's own growth or the lives of others. This disorder is diagnosed by a psychologist or psychiatrist, each state having its own set of standards governing the use of the term and determining services to be rendered.

extended-school-year services. Special education and related services provided to a student with a disability beyond the normal school year of the public agency in accordance with the child's IEP and at no cost to the parents of the child.

full inclusion. Refers to a situation in which all students, regardless of handicapping condition or severity, are in a regular classroom or program full time. All services must be rendered to the child in that setting.

general curriculum. The standards and benchmarks adopted by a local educational agency (LEA) or schools within the LEA that apply to *all* children—children with disabilities and without disabilities—and are related to the content of the curriculum and not to the setting in which it is used.

It is the basis of planning instruction for all students.

IDEA. Individuals with Disabilities Education Act

individualized education program

(IEP). A written statement for a child with a disability that is developed, reviewed, and revised. An IEP includes a written agreement between the parents and the school about what the child needs and what will be done to address those needs. In accordance with the IDEA (formerly PL 94-142), IEPs must be drawn up by the educational team for the exceptional child and must include the following information:

1. The student's present levels of academic performance
2. Annual goals for the student
3. Short-term instructional objectives related to the annual goals
4. Special education and related services that will be provided and the extent to which the child will participate in regular education programs
5. Plans for starting the services and the anticipated duration of services
6. Appropriate plans for evaluating, at least annually, whether the goals and objectives are being achieved
7. Plans for the transition of older students

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Glossary

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instructional services. Specially designed instruction and accommodations provided by instructional personnel to eligible individuals.

learning disability. Covers a pool of possible causes, symptoms, treatments, and outcomes. It is difficult, therefore, to diagnose or pinpoint the causes. Learning disabilities can be divided into three broad categories: developmental speech and language disorders, academic skills disorders, and “other” disorders. “Other” is a catchall term that includes certain coordination disorders and learning handicaps not covered by the other terms. Each category includes a number of more specific disorders.

least restrictive environment. Refers to a situation in which, to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children without disabilities

mainstreaming. Generally refers to the selective placement of special education students in one or more regular education classes. Proponents of mainstreaming generally assume that a student must earn his or her opportunity to be placed in regular classes by demonstrating an ability to keep up with the work assigned by the regular classroom teacher. This concept is closely linked to traditional forms of special education service delivery.

modifications. Changes made to the content and performance expectations for students.

other health impaired. A term used in some states to identify persons with a disability that is related to a medical condition but who do not qualify under other categories for services, such as physically impaired or learning disabled. Many children diagnosed with ADD or ADHD fall into this category.

performance standards. Standards that specify how good is good enough and describe at least three levels of student performance.

present level of educational performance. An evaluation and a summary statement that describes the

student's current achievement in the areas of need.

progress monitoring. A method of monitoring a student's progress that enables the IEP team to discern whether changes need to be made in the IEP.

related services. Developmental, corrective, and other services required to help an individual with a disability to benefit from special education.

review and revision of IEP. An annual meeting to review each eligible individual's IEP and revise its provisions if appropriate.

Section 504. Section 504 of the Rehabilitation Act of 1973 is a civil rights statute that provides that “no otherwise qualified individual with disabilities in the United States . . . shall, solely by reason of his or her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance or activity conducted by any executive agency or by the United States Postal Service” (29 USC 794).

supplementary aids and services. Services provided for an eligible individual to be served in the general education classroom, including intensive short-term specially designed instruction; educational interpreters; readers for persons with visual impairments; special education assistants for persons with physical disabilities for assistance in and about school and with transportation; materials; and specialized or modified instructionally related equipment for use in the school.

support facilitation. A level of support in a continuum of services that might include self-contained, pull-out type services. Support facilitation falls between “Co-teaching” and “With Modifications” on the continuum. It implies that a child is able to stay in the regular classroom with a minimal level of support that may be provided by a special education teacher or assistant on rotating days several times a week, once a week, or as needed.

support services. Specially designed instruction and activities that augment, supplement, or support the

educational program of eligible individuals.

transition. A coordinated set of activities for a student with a disability designed to promote the transition from school to postschool activities, including postsecondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, and community participation.

vocational education. Organized educational programs directly related to preparing an individual for paid or unpaid employment or for additional preparation for a career requiring other than a baccalaureate or advanced degree.



BRIDGES

California Head Start-State
Collaboration Office

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