



CONNECTICUT  
BIRTH TO THREE SYSTEM

PRESCHOOL SPECIAL  
EDUCATION

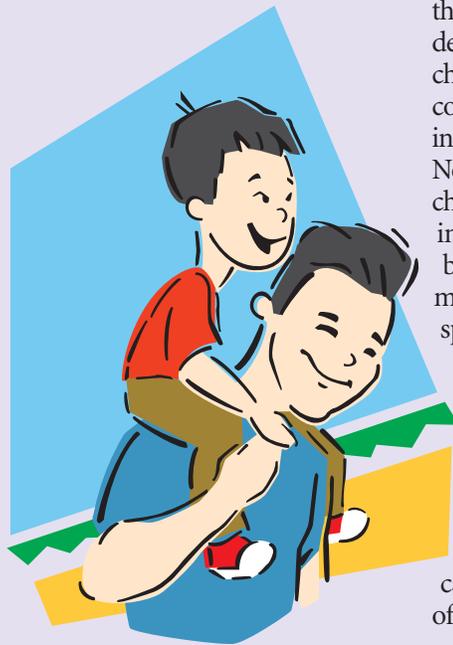
WORKING TOGETHER FOR CHILDREN WITH DISABILITIES

# BIRTH through 5 NEWS

Information for Families and Professionals • VOLUME 3, NUMBER 3

## Inclusive Childcare

By Joanna Bogin  
Program Manager  
Help Me Grow  
Children's Trust Fund



**I**nclusive childcare can mean many different things for childcare providers, parents and children. It can be provided in a variety of settings: family-based childcare, center-based childcare, family resource centers or community playgroups. As the founder and previous director of the Sunrise Children's Center, an inclusionary center in New Hampshire that serves children birth to age six, my definition of inclusion means that all children have strengths and areas of concern, and all children deserve individual educational programs. Normally developing children, by being inclusionary models, benefit as much, if not more than children with special needs. We often think about the philosophy of inclusion from a parent's or provider's point of view. I would like to take you along on a day of inclusionary childcare through the eyes of a child.

**Consistency is essential for all children.** Mom drives me to school while some of my friends come in buses, mini-vans and cars. Every morning when I arrive I know exactly what is expected of me. I hang up my coat, put my lunch box in a laundry basket, and get a big smile and greeting from my teachers and friends.

**The room is sunny and well organized. Things may change but not without warning or preparation.** One day we talked about changing the dress-up corner to a hospital, and then we changed it after we talked about what we all wanted. I like it when I know about changes.

**Everything in the room has a place, and**

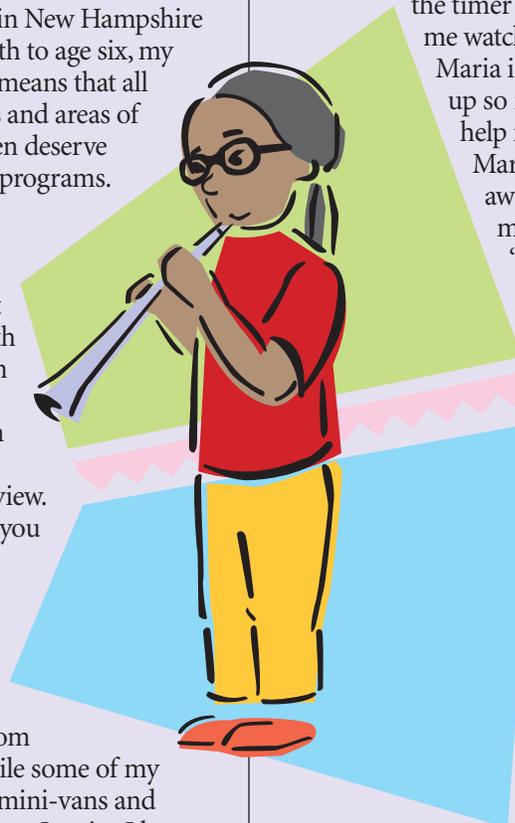
**there is lot of room to play.** I look around the room and see a block area, housekeeping, fine motor area, reading corner, sand table, dress-up and art center.

**The teachers always give plenty of time to transition to the next activity.** My teacher starts singing the clean-up song and turns the timer over. The timer helps me watch how long we have. Maria isn't helping to clean up so my teacher starts to help me and encourages Maria to put one block away. When she does my teacher says, "Thank you!" so Maria wants to help more!

**Circle should be the same time everyday. Many children benefit from pre-teaching before circle begins.** It's circle time, and my teacher has the chairs out with our names on them. I have trouble with this but an assistant helps me. She sits in back of me during

circle because I have trouble sitting still; she rubs my back (I like it) and helps me when I don't understand. We went over the songs, finger plays and book before circle so I feel great because I know them.

**The assistant needs to be discrete and non-verbal during circle so she does not distract from the teacher.** I like the assistant in back of me because she is very quiet and not too pushy. After a short circle it's time to have snack. I have an oral motor program but everyone does it with me. The



This article is translated into Spanish on page 2. Ver la versión española de este artículo en la página 2.

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teacher makes it into a game for all of us, "Bring your tongue to the top of the house, to the basement, etc."

**Therapy should be incorporated into the daily routine of the group. Snack is a great time to encourage language.**

During snack I practice talking to my friends and an assistant asks me lots of questions. Now it's time for the bathroom and to get ready to go outside. I have trouble with the bathroom so a teacher takes me in and asks me to use

the toilet. My friends are there too. I watch them and want to try!

**Therapy should be provided in the setting that is a challenge for the child.**

We go out to the playground, and a lady helps me play games with my friends. Our teachers give us warnings before it is time to line up and come inside. It's time for activity centers so we gather on the rug, and the teacher tells us about different activities. I feel overwhelmed but the assistant suggests one table.

**Children should never feel singled out, different or isolated from their peers.**

I go to a table and another person is playing a game that helps me with my speech. I have three other friends with me at the table. Sometimes I get to take friends to a special room and work with helper people. It's time to say "good-bye," and we get back into a circle and sing a good-bye song to all our friends.

Inclusive childcare means high quality developmental education for all children.

## Cuidado infantil inclusivo

Por Joanna Bogin, directora del programa Ayúdame a crecer, Children's Trust Fund

**EL** cuidado infantil inclusivo, o sea comprensivo, puede tener distintos significados para proveedores, padres y niños. Puede existir en una variedad de escenarios: hogar, guardería, centro de recursos familiares, grupo de la comunidad (biblioteca, iglesia, etc.). Como fundadora y anterior directora del Sunrise Children's Center, centro inclusivo de New Hampshire que atiende niños desde recién nacidos hasta de seis años, mi definición de inclusión significa que todos los niños tienen fortalezas y áreas preocupantes y que todos merecen programas individuales de educación. Los niños de desarrollo normal, al ser modelos en la inclusión, se benefician tanto como los de necesidades especiales si no más. A menudo pensamos en la filosofía de la inclusión desde el punto de vista del proveedor o del padre. Ahora me gustaría recorrer con ustedes un día de cuidado inclusivo como lo ve un niño.

**La conformidad es esencial para todos los niños.** Mamá me lleva en el coche a la escolita mientras otros de mis amigos van en ómnibus, mini-vans y otros carros. Al llegar todas las mañanas sé exactamente lo que se espera de mí. Cuelgo mi abrigo, pongo mi almuerzo en una cesta y recibo una gran sonrisa y bienvenida de mis maestros y amiguitos.

**El salón está lleno de claridad y bien ordenado. Puede haber cambios pero no sin previo aviso o preparación.** Un día hablamos de convertir el rincón de revestirse en un hospital y lo hicimos después de expresar todos lo que queríamos. Me gusta saber de los cambios.



**En el salón hay un lugar para cada cosa y bastante espacio para jugar.** Recorro el salón con la vista y veo el área de bloques de madera, el mobiliario, el área de coordinación de partes del cuerpo, el rincón de lectura, la mesa de arena, el centro de revestirse y de arte.

**Los maestros siempre dan tiempo bastante para la transición entre activi-**

**dades.** Mi maestro comienza cantando el canto de recogida y echa a andar el marcador que me dice cuánto tiempo tenemos para guardarlo todo. María no está recogiendo y mi maestra comienza a ayudarme y anima a María a guardar un bloque. Cuando lo hace la maestra le dice "¡gracias!" y María entonces quiere hacer más.

**El círculo debe ser a la misma hora todos los días. A muchos niños les ayuda una atención individual con explicaciones antes del círculo.** Es la hora del círculo y mi maestra ha sacado las sillas con nuestros nombres. En esto tengo dificultades pero una asistente me ayuda. Se sienta detrás de mí durante el círculo porque me cuesta estar sentada derecho, me fricciona la espalda (eso me gusta) y me ayuda cuando no comprendo. Repasamos los cantos, los juegos con las manos y dedos, etc. antes del círculo, y me siento bien porque me los sé.

**La asistente necesita ser discreta y no hablar durante el círculo para no distraer.** Me gusta la asistente detrás de mí porque está muy tranquila y no es muy insistente. Después de un círculo corto es hora de merendar. Estoy en un programa de motor oral pero todos lo hacen conmigo. La maestra lo convierte en un juego para todos: "La lengua al techo de la casa, ahora al sótano, etc."

**La terapia debe incorporarse a la rutina diaria del grupo.** La merienda es una buena oportunidad para promover el lenguaje. Durante la merienda practi-

co hablando con mis amiguitos y una asistente me hace muchas preguntas. Ahora toca ir al baño y estar listos para salir. Tengo problema con el baño y una maestra me lleva y me dice cómo usar el inodoro. Mis amigas están allí también. ¡Las veo y quiero tratar!

**La terapia debe hacerse en un ambiente que provoque al niño.** Salimos al patio y una señora me ayuda a jugar con

mis amigos. Nuestras maestras nos avisan antes de la hora de ir a la fila y entrar. Es la hora de los centros de actividades así que nos reunimos en la alfombra y la maestra nos habla de las diferentes actividades. Me siento confundido pero la asistente me sugiere una mesa.

**Los niños nunca deben sentirse particularizados, significados o aislados de sus compañeros.** Voy a una mesa y otra

persona está en un juego que me ayuda con mi dicción. Otros tres amiguitos están conmigo en la mesa. Algunas veces llevo amigos al cuarto especial a trabajar con ayudantes. Llegó la hora de despedirse y volvemos al círculo y cantamos un canto de despedida.

Cuidado infantil inclusivo significa educación de desarrollo de alta calidad para todos los niños.

## Program Updates

### BIRTH TO THREE SYSTEM

By Linda Goodman

Access to good quality, affordable childcare is difficult for any parent, but it is especially hard for parents of young children with disabilities. Even though it is a clear violation of the Americans with Disabilities Act, childcare providers frequently say things such as: "We don't serve children with special needs." Few, if any, parents are willing to challenge such a statement because no one wants their child taken care of by someone who doesn't want them there in the first place. There are 1,808 licensed childcare centers in the state (only 500 of which are licensed to care for children under the age of three), 70 group childcare homes and 3,659 licensed family childcare homes. Infoline's Child Care office has data to show that it was contacted by 528 families of children with special needs looking for childcare last year. Yet, in reviewing the number of childcare centers or family daycare homes that say that they have experience with children with special needs, the numbers are distressingly low (see the graph).

#### The Birth to Three System works with childcare providers in three ways:

1. Service coordinators help families find childcare. In fact, this can be one of the most important things that a service coordinator does. If a potential childcare provider has reservations, the service coordinator, along with any

other Birth to Three providers, should be able to ensure that early intervention visits can take place in the childcare setting, helping to build the childcare provider's confidence and competence in caring for that child.

2. Childcare providers are a Birth to Three referral source because they should be among the first to notice significant developmental delays. They may call Birth to Three directly or they may speak with the family about calling Birth to Three. Last year, 1% of our referrals were directly from childcare providers and 4% were from families who had heard about Birth to Three from their childcare provider.



3. The childcare center or family childcare home is one of the many natural learning environments in

Area of Special Need	Child Care Centers/ Group Homes	Family Child Care Homes
Autism	70	100
Blind	24	21
Cerebral Palsy	42	83
Deafness/Hearing Impaired	55	80
Down Syndrome	73	112
Developmental Delays	72	51
Speech/Language Impairment	182	88

which children spend part of their day. For a child receiving Birth to Three services who attends childcare, the Birth to Three program should be

working directly with those caregivers, just as they work with families, to ensure that they are able to weave the child's developmental goals into their daily routine and activities. We collect data on the location in which children most often receive their early intervention services. In December 2001, childcare was the primary location for only 69 out of 3800 children, down from 117 in December 2000. Hopefully, this decrease does not mean that fewer and fewer children with disabilities who need childcare are actually receiving it.

For those families seeking childcare, there is now a single health form, the "Connecticut Early Childhood Health Assessment," to be used as the one statewide health assessment form for children who have not yet entered kindergarten. This one form, developed by the Healthy Child Care Connecticut initiative, meets all requirements of childcare licensing, all mandates for School Readiness Programs, and meets the Head Start Performance Standards.

The format is consistent with the State Department of Education Health Assessment Record (HAR-1) used for children in Kindergarten through grade twelve and has been endorsed by both the Department of Education and the Department of Public Health.

The form is available from DPH at: [www.state.ct.us/dph](http://www.state.ct.us/dph)

# Preschool Special Education Update

By Maria Synodi

Families desire available, affordable access to and choice of high quality childcare. Families want childcare personnel to be well trained and qualified, and for the childcare environment to be engaging and stimulating. Parents want high quality care so that their child can start school ready to learn and so that they can return to work assured that their child is safe and learning through a variety of developmentally appropriate activities. And the importance of high quality childcare has become increasingly clear. Studies have shown that children's experiences in their early years have lasting effects on their ability to succeed in school as well as throughout their life.

But for parents with a child with a disability, access to and appropriate accommodations within the childcare environment can become an even greater challenge. There are two laws that address the issue of access and accommodations for individuals with disabilities. One law is **Section 504 of**

the **Rehabilitation Act of 1973**, and the other is the **Americans with Disabilities Act (ADA)**. Section 504 applies to those programs and services supported through federal funds while



the reach of ADA is much broader. Both laws are designed to protect individuals with disabilities from discrimination based upon their disability. Generally, childcare may fall under the domain of one or both laws. A childcare program must provide their program and/or services to a child with a disability unless the provision of those services significantly alters the nature of the services that are provided or poses an undue burden on the program.

For preschool children receiving special education, a family's need for full-day childcare may coincide with a child's individualized educational program (IEP). This may occur when a child's specially designed educational program and/or services take place in an early care and education setting. In other instances, a child's IEP may be delivered in a school program, and the child participates in a childcare program as an extension to the day. Whatever program model is utilized for a child with an IEP, collaboration and coordination between all partners, the parent, the IEP and the childcare personnel, will be critical.

## Additional information on disability laws can be obtained through:

- Department of Justice, ADA Information Line at (800) 514-0301 or [www.usdoj.gov/crt/ada](http://www.usdoj.gov/crt/ada)
- Special Education Resource Center (SERC) at (860) 632-1485 or [www.serc.rh.edu](http://www.serc.rh.edu)
- Special Education Law at <http://www.specialedlaw.net>

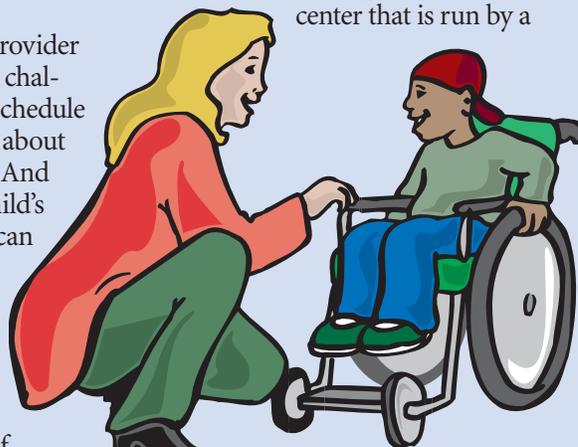
## Finding An Early Care Provider

By Eileen McMurrer

Searching for the early care provider of your dreams can be a big challenge. Do they match your schedule and your budget? Will they care about your child, not just care for her? And then there is the issue of your child's special needs. Which providers can be expected to accept children with identified special needs?

Thankfully, the answer to this last question has been addressed in a document produced by the U.S. Department of Justice entitled, "Commonly Asked Questions About Child Care Centers and the Americans with Disabilities Act." In short, the answer is "most

providers." The Americans with Disabilities Act (ADA) titles II and III apply to public and private child care centers including small, home-based centers. The one exception noted is a center that is run by a



religious group since they are not covered by title III. If the center is run in a religious center, but not actually run by the religious organization, they are covered by the ADA.

## Here are the basic requirements of title III according to the U.S. Department of Justice (DOJ):

- Centers cannot exclude children with disabilities from their programs unless their presence would pose a direct threat to the health or safety of others or require a fundamental alteration of the program.
- Centers have to make reasonable modifications to 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.

The article emphasizes the need for early care providers to make an individualized assessment about whether they can meet the needs of a particular child and not rely on stereotypes or past experience in caring for a child with a disability. It is not acceptable to refuse to enroll a child with a disability because they:

- need individualized attention.
- wear diapers past the age of three, if diapering is provided to younger children at the same site.
- need periodic blood sugar level testing
- need to take medication.
- wear leg braces that need to be put on or taken off.

- are HIV positive.
- use a service animal, such as a seeing eye dog, even when there is a “no pets” policy.
- have life-threatening allergies.

The DOJ article reports that children with disabilities must be placed in their age-appropriate classroom, unless the parents agree otherwise, and that child-care providers must take reasonable steps to integrate the child into every activity provided to other children. Providers have an ongoing responsibility to remove physical barriers that limit the participation of children with disabilities when such modifications can be done without much difficulty or expense. Facilities built after 1993 must be fully accessible for all people. There are even some federal tax credits to assist businesses in meeting this standard.

The law is clear on reasons that are not acceptable for refusing a child with a disability, but there is ongoing interpretation of individual situations. Sometimes disagreements are resolved in the court system, but a much quicker and easier way to get more information is to call the **ADA Information Line** at (800) 514-0301 [(800) 514-0383 for TDD]. Call during regular business hours to speak with an information specialist about general issues or your specific technical questions. The full DOJ document from which this information was taken is available online at: [www.usdoj.gov](http://www.usdoj.gov) in the “Publications and Documents” section, or via the Birth to Three System web site at the “Especially for Families” section at: [www.birth23.org](http://www.birth23.org)

## “SNIPPETS” The Parent Perspective

### Child Care Programs

Parent interview as told to  
**Lauren Gibson-Carter, MSW**

Child care programs that serve young children serve their families too. In speaking with families, I learned of the significant impact these programs have on their lives. Care of their children during their family’s work hours, school readiness and socialization with peers are among the most widely reported reasons that childcare services are sought. While families voice they are most concerned that their children are safe and happy, they are finding that quality childcare programs have much more to offer.

Like many families, Diane Edwards was

looking for a center that was located near her home. Her grandson was transitioning to center-based services, and she wanted to continue to support his development with the assistance of these services. In addition to developmental supports that addressed her grandson’s speech delays, Ms. Edwards found a



flexible program that provided healthy meals, creative activities and caring staff, who were attentive to the needs of her family. Ms. Edwards reports the support she received for the care of her grandchildren enabled her to return to school and to work.

Families and the childcare programs that serve them agree that personal contact, flexible services and communication make a difference.

Successful transitions from home to center-based care are contingent upon the partnership of caring adults. One first time mother notes the resources she finds in staff at her child care center enable her to work and parent full-time. Through these services she learns more about her child’s development, what to expect and how to partner in her child’s care.

As families report a growing need for programs that serve their children, there is increased need for funding and supports that enable them to provide quality services. During these interviews, parents noted concern for the cost of child care and the need for consistent support from school districts in this partnership of care for young children.

## The Provider Perspective

# Child Care Programs That Serve Young Children

By Lauren Gibson-Carter, MSW,  
Assistant Director  
Hartford Area Child Care  
Collaborative

Based on interviews with program directors of Woman's League Child Development Center, The Right Place, Southend Child Care Center, School for Young Children, Manchester Early Learning Center, Capitol Child Development Center and Cathedral Child Care Center

Programs that serve young children have a history that spans over 100 years. Yet there remains the misconception that child care is babysitting. Unlike babysitting, child care programs continue to grow to meet the needs of children and families. As research increases our awareness of human development we have learned that it takes caring, trained adults to guide children as they grow and learn.

Child care programs that serve young children are as diverse as the families they work with. As in all licensed programs, staff-to-child ratios and environmental space dictate the number of children programs are able to care for. However, these program directors consistently identify nurturing, educated staff, family involvement, communication, collaboration, flexible services, interagency agreements and funding as critical to their ability to provide the kind of quality care that they are most concerned with. What makes these programs important to the growth and development of young children is that they are not limited to simply watching children until parents return. Persons

educated in child development and the important role of play in children's learning, provide services based on careful professional curriculum planning that encourages the development of physical, cognitive, emotional and social development through purposeful learning activities. These services also value the knowledge that families contribute. Such partnerships enable families and staff to know what to expect from children and how to assist and encourage their individual development.

Child care programs for young children provide care for children three months through early school age. The inclusion of children who receive services through Birth to Three agencies are valued resources to programs and their partnerships are welcomed. Many centers report creative efforts to support the inclusion of three- to five-year-old children who receive services through their school districts. Directors stress the need for ongoing collaboration and communication among partners. They request trainings that allow



their staff to provide quality care for children with special needs and support their inclusive environments.

Program directors make the point that the professional foundation of child development is enhanced by communication with families, early intervention specialists, community resources and information provided in publications like the *Birth Through Five Newsletter*.

### TOGETHER WE WILL: USE KNOWLEDGE TO PROMOTE YOUNG CHILDREN'S HEALTH, WELL-BEING AND DEVELOPMENT

#### A Conference on Children Birth to Five

May 3, 9:00 AM – 3:00 PM, Danbury Sheraton

Keynote delivered by Mark Wolery, Ph.D., Special Education Department, Vanderbilt University

Sixteen workshops will cover a wide variety of topics. Parents can request fee waivers and \$40 stipend to help defray childcare and transportation costs. Parent-to-parent support will be available throughout the conference day.

#### PRE-CONFERENCE DAY: IDEA REQUIREMENTS FOR PRESCHOOLERS WITH DISABILITIES

May 2, 9:00 AM – 3:30 PM

Sharon Walsh, Early Childhood Policy Consultant, Burke, VA

\$35 per person, includes a copy of *IDEA Requirements for Preschoolers with Disabilities*. For a conference brochure that contains registration information for both activities, contact Carissa D'Amico at (860) 632-1485, ext. 269 or email: [damicoc@rh.edu](mailto:damicoc@rh.edu)



# Learning Opportunities and Resources



## For Parents and Providers:

• **The Comprehensive System of Personnel Development Council, in conjunction with the State Special Education Advisory Committee and the State Interagency Coordinating Council for Birth to Three, will be sponsoring a public forum on:**

April 11 5:30 PM – 8:00 PM  
Cooperative Educational Services  
Trumbull

The purpose of the forum is to offer information about what each of these organizations does, and to allow parents, Birth to Three providers and school personnel to provide information about where they see the need for improved training for the professionals and paraprofessionals that serve children with special needs and their families. For more information, please contact Maureen Anderson at the Special Education Resource Center at (860) 632-1485 ext 371.

• **Orientation to the Birth to Three System**

April 1 8:45 AM – 12:00 Noon  
ACES in Hamden  
and  
June 19 9:00 AM – 12:00 Noon  
DMR Offices at 1 Long Wharf  
New Haven  
No registration fee

Contact Kathy Granata at (860) 418-6146.

• **Connecticut Early Childhood Education Council (CECEC)**

April 3 In the evening  
Thirteen sites around Connecticut

For location details, contact Kim Dole at 860-848-8413 or [wild27flower@aol.com](mailto:wild27flower@aol.com)

• **Assistive Technology to Develop the Independence of Young Children with Disabilities in Daily Living, Play and Social Interaction**

March 19 9:00 AM – 3:30 PM  
SERC, Middletown  
\$25 registration fee

• **Assistive Technology to Foster Emergent Literacy in Children Birth-Eight with Disabilities**

April 23 9:00 AM – 3:30 PM  
SERC, Middletown  
\$25 registration fee

• **My First Social Stories: How to Teach Social Understanding to Young Children with Autism Spectrum Disorders**

March 21 9:00 AM – 3:30 PM  
Radisson Inn, Bristol  
\$50 registration fee

• **Social and Communication Interventions for Young Children with Autism Spectrum Disorders**

April 5 9:00 AM – 3:30 PM  
Holiday Inn, Cromwell  
\$60 registration fee

• **Functional Problem-Solving Skills for Young Children with Pervasive Developmental Disorders**

April 26 9:00 AM – 3:30 PM  
Holiday Inn, Cromwell  
\$30 registration fee

• **IDEA Requirements for Preschoolers with Disabilities**

May 2 9:00 AM – 3:30 PM  
Sheraton Hotel, Danbury  
\$35 registration fee

Contact Carissa D'Amico, SERC at (860) 632-1485, ext 269.

## For Providers:

• **Seminar on Family Centered Services and Supports**

May 1, 9, 20, 28 and June 7



9:00 AM – 4:00 PM

DMR Offices at 1 Long Wharf  
New Haven

Contact Kathy Granata at (860) 418-6146.

# BIRTH through 5 NEWS

## Information for Families and Professionals

is published quarterly by the University of Connecticut Cooperative Extension System in collaboration with the Connecticut Birth to Three System, the Connecticut State Department of Education and the Newsletter Advisory Board. We welcome readers' comments and contributions related to the special needs of infants, toddlers, preschoolers and their families. Please mail correspondence to the editor at 67 Stony Hill Road, Bethel, CT 06801.

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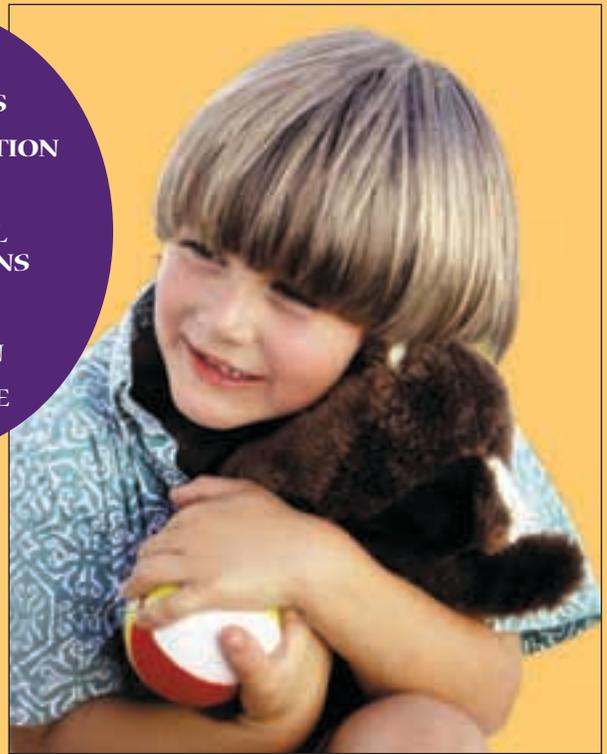
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