

Name \_\_\_\_\_

Date \_\_\_\_\_

<b>Use an X to mark the box that answers each statement best for you</b>	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
I know about the Americans with Disabilities Act and how it pertains to family child care.					
I am familiar with services that are available to children and families with disabilities.					
My family child care home has been set up using Universal Design principles.					
I value the inclusion of all children as full participants in my family child care home.					
I have heard of "People First Language"					
As a family child care provider I have identified barriers to the inclusion of children with disabilities and their families.					
I value collaboration with families, all kinds of early childhood educators, and other service providers to meet the needs of children with disabilities.					
I have developed a child centered profile for children in my care.					
I am committed to creating an inclusive environment that is positive for all children in my family child care home.					
What do you hope to learn from this training?					

## EXAMPLES OF PEOPLE FIRST LANGUAGE

BY KATHIE SNOW; VISIT [WWW.DISABILITYISNATURAL.COM](http://WWW.DISABILITYISNATURAL.COM) TO SEE THE COMPLETE ARTICLE

Remember: a disability descriptor is simply a medical diagnosis.  
People First Language respectfully puts the person before the disability.  
A person with a disability is more *like* people without disabilities than different.

### SAY:

People with disabilities.  
He has a cognitive disability/diagnosis.  
She has autism (or a diagnosis of...).  
He has Down syndrome (or a diagnosis of...).  
She has a learning disability (diagnosis).  
He has a physical disability (diagnosis).  
She has a mental health condition/diagnosis.  
He uses a wheelchair/mobility chair.  
She receives special ed services.  
He has a developmental delay.  
Children without disabilities.  
Communicates with her eyes/device/etc.  
People we serve  
Congenital disability  
Brain injury  
Accessible parking, hotel room, etc.  
She needs... or she uses...

### INSTEAD OF:

The handicapped or disabled.  
He's mentally retarded.  
She's autistic.  
He's Down's; a mongoloid.  
She's learning disabled.  
He's a quadriplegic/is crippled.  
She's emotionally disturbed/mentally ill.  
He's confined to/is wheelchair bound.  
She's in special ed; a SPED kid.  
He's developmentally delayed.  
Normal or healthy kids.  
Is non-verbal.  
Client, consumer, recipient, etc.  
Birth defect  
Brain damaged  
Handicapped parking, hotel room, etc.  
She has problems with/has special needs.

***Keep thinking—there are many other descriptors we need to change!***

Excerpted from Kathie's People First Language article, available at [WWW.DISABILITYISNATURAL.COM](http://WWW.DISABILITYISNATURAL.COM).

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## Part I: A Mother's Story<sup>4</sup>

*"I do not like the word 'special' because it has a negative connotation in our society. When we say 'special' we really don't mean special; we mean different or less than and we mean those 'others.' Examples include, 'special' education, 'special' Olympics, and 'special' needs. These are places and services for the other people who are not 'normal' or not like most of us. When we talk about 'special' we focus on a difference or on a problem. Using the word special creates divisions and groups rather than seeing everyone as equal. I never use the term.*

*I like the term 'educational rights' a lot and propose that we all start using this term while also moving away from the term 'special' as much as we can. I use the terms 'experiences a disability or delay' or 'has a disability or delay.' I never refer to my child as 'special needs.' The term literally makes me feel sick. I know from living with my child for the past 8 years that her needs are perfectly normal and are not special in any way."*

~Sara Koyano, mother of Carly, age 8, who experiences Down syndrome

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## Part II: Tips for Talking<sup>5</sup>

- Do not refer to a disability or condition unless it is relevant.
  - Avoid referring to something ordinary a person with a disability has done as "inspirational" or "amazing."
  - Do not say: "afflicted with," "victim of," "troubled with," "suffering from."
  - Avoid labeling persons and putting them in categories like: "the handicapped," "the disabled," "the deaf," "the retarded," "the learning disabled."
  - Do not use words such as "unfortunate," "pitiful," or "sad" when describing people with disabilities.
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## Part III: Discussion Questions

- How does the way you talk about children affect them?
  - How can families teach you about their child's needs and experiences?
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<sup>4</sup>Sara Koyano, "A Mother's Story" (class discussion, Special Rights in Early Childhood: Constructivist Perspectives, Portland State University, Portland Oregon, April 2018)

<sup>5</sup>Adapted from Resource Center on Independent Living's (REACH) "Guidelines for Writing and Referring to People with Disabilities," (March 2019), <https://www.reachcils.org/resources/disability/disability-rights/guidelines-writing-and-referring-people-disabilities>

## Identifying Barriers to Inclusion<sup>6</sup>

Type of Barrier	Example of Barriers
Attitude	The mindset that children with disabilities live sad lives
Communication	Not having large enough print materials for a child with a vision impairment to read
Physical	Not enough space at the snack table in the backyard for a child who uses a wheelchair
Policy	Not allowing a child with a disability to enroll in your family child care home

Instructions: Read the scenarios below. Choose one scenario and answer the questions.

### Scenario 1:

*Marta cares for six children in her FCC home. Makayla, now nearly eight months old, was enrolled by her parents Maurice and Rosa when she was six months old. Makayla was their first child and is a very happy, contented baby. However, she seems almost too content to Marta. While awake, she just stays on a blanket on her back for hours without fussing. She can roll over, but hasn't shown much interest in moving by herself. When Marta asked Maurice or Rosa how things were going, they seemed very thankful for such a "good" baby. Marta wondered if she should say anything about her worries. Maybe Makayla is just a "good" baby.<sup>7</sup>*

### Scenario 2:

*All the children go out to play around 10 a.m. Austin uses a wheelchair and he goes outside but then the other kids don't include him in their activities. He spends a lot of outdoor time by himself, sitting in his chair.*

What types of barriers might the child be experiencing (see types of barriers above)?

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## Identifying Barriers to Inclusion<sup>6</sup>

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Are there things that could be done to support full inclusion for Makayla/Austin?

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Is there anything particularly challenging about the environment?

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What types of adaptations/modifications could be used?

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<sup>6</sup>Centers for Disease Control and Prevention, "Common Barriers to Participation Experienced by People with Disabilities," (March, 2019) <https://www.cdc.gov/ncbddd/disabilityandhealth/disability-barriers.html>

<sup>7</sup>Adapted from Brault, Linda and Gonzalez-Mena, Janet. 2007. "Talking with Parents When Concerns Arise." Accessed March 4, 2019. <https://cainclusion.org/resources/camap/talking-with-parents/TalkingWithParentsArticle.pdf>

Access and meaningful participation for young children happens because of flexible and creative approaches within a developmentally appropriate setting. The goal of this checklist is to help family child care providers discover what they already doing to use UDL and to discover how to increase UDL policies and practices in their programs.

Rate the following in your FCC home using this scale: 1 (few) 2 (some/sometimes) 3 (many/often)

### **Adult-Child Interactions**

*Partnerships between FCC providers, families, early interventionists, and therapists are vital to supporting child growth and development and to building positive relationships between everyone who cares for children with disabilities.*

- ☐ Regular communication between the FCC provider and family (talking together, texts, phone calls, sharing videos of the child's activities, daily log, in the family's home language whenever possible)
- ☐ Regular meetings to discuss each child's goals and progress with the family
- ☐ Knowledgeable and trained provider and assistants
- ☐ Collaboration between all caregivers (FCC provider, assistants, families, and other professionals serving the child)
- ☐ FCC provider and other caregivers perform hygiene and self-care tasks with/for child as needed
- ☐ Warm and positive interactions among FCC providers/children/families, including humor and laughter, are much in evidence
- ☐ Acknowledging and expressing emotions is respected and encouraged
- ☐ Different kinds of social interactions ("high five" greetings, finger play, sign language)

### **The FCC Home Environment**

*All children can safely enjoy play and learning opportunities*

#### Physical Space

- ☐ Quiet space for rest and therapy
- ☐ Safe and accessible areas indoors and outside (wide pathways, clutter-free floors, appropriate floor and ground coverings)
- ☐ Both active and quiet areas are provided (quiet spaces should have a low noise level with visual stimulation minimized)
- ☐ Accessible activities and equipment provided, as needed
- ☐ Different kinds of seating options (floor, mat, cushion, bean bag, chair)

#### Resources

- ☐ Adaptable, safe, creative materials (easy-grip crayons/pencils/scent-free markers, textured balls, paperclip page turners)

## Universal Design for Learning – Family Child Care Program Checklist

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- ☐ Inclusive curriculum materials (variety of toys, books, music, with diverse cultures, languages, and abilities represented)
- ☐ Technology (computer, assistive technology devices such as Touch Screens and switches)

### Strategies for FCC providers

*Curriculum must be responsive to the needs of children and is individualized for the diverse needs of the children in the FCC home.*

- ☐ Quiet verbal & nonverbal communication (gestures, visual cues, sign language)
- ☐ There are lots of opportunities to explore and play with materials and ideas
- ☐ Non-verbal transitions (lights, music, timer)
- ☐ Child and adult-initiated activities are balanced
- ☐ Different kinds of prompts are used by the FCC provider (spoken, modeling, physical)
- ☐ Children's home languages are used throughout the day, whenever possible
- ☐ Many opportunities for children to "show what they know"
- ☐ More than one kind of positive guidance is provided
- ☐ Images of routines posted/available (pictures, symbols, photos)
- ☐ Developmentally appropriate practices are used
- ☐ Varied group activities (whole group, small group, peer, one-on-one)
- ☐ All children have equal access to learning areas and activities
- ☐ Activity pacing is responsive to children's activity levels, health needs, and thought processes
- ☐ Songs, pictures, stories, dramatic play and art are used to express emotions
- ☐ Content is presented in a culturally relevant way (puppets, dolls, dress up clothes, musical instruments, foods, cooking items, etc.)
- ☐ Multi-sensory experiences (pictures/photos, puppets, objects, acting out) are used to present content to young children
- ☐ Children can begin a project and return to it later
- ☐ Content is always presented in more than one way

### Supports for Customized Learning

- ☐ The same activity with different areas of focus for different children
- ☐ Different kinds of responses are welcomed
- ☐ Individual accomplishments are acknowledged
- ☐ Scaffolding is provided to support each child's learning of new concepts
- ☐ Diverse assessment methods are used
- ☐ Individualized Family Service Plan (IFSP)/Individualized Education Program (IEP) goals and objectives are implemented

**BINGO CALLER CARD**

This is the abbreviation for the Americans with Disabilities Act (ADA)	These are the two federal laws that you must follow regarding children with disabilities (ADA & IDEA)	This is the abbreviation for the Individual with Disabilities Education Act (IDEA)	You must accept children into your FCC home regardless of their _____ (abilities)	Storing these safely in original containers refers to what? (medications)
Provide activities that can be _____ to meet the development of all children (modified)	It is illegal to _____ against someone with a disability (discriminate)	It is illegal to _____ parents more for the care of their disabled child (charge)	Make sure all areas of your home used for your family child care program are _____ (accessible)	Visual schedules, equipment adapted for play/learning, and large-print books are examples of _____. (auxiliary aids)
You must provide these, unless they create an undue burden. (auxiliary aids and services)	Before deciding if an architectural change in your home is too costly research _____ (tax deductions)	The Americans with Disabilities Act is a federal _____ law (civil rights)	The Americans with Disabilities Act applies to all child care programs including _____ (family child care providers)	You can identify reasonable modifications by talking with _____ about the child's needs. (Parent(s) or Legal Guardian(s))
Under IDEA, children and families may receive free _____ (screening, consultation and early intervention services)	Under IDEA _____ agencies serve children ages 0-2. (local)	Under IDEA _____ schools serve children ages 3 and up (public)	This is the abbreviation for Individualized Family Service Plan (IFSP)	This is the abbreviation for Individualized Education Plan (IEP)
Individualized Education Plans serve children of what age? (3 years +)	Individualized Family Service plans serve children of what age? (0-2 years old)	Early intervention services are supposed to occur in the child's _____ (Natural Environment)	A specialist coming to assist a child at your home may _____ to help you provide appropriate care (teach you skills)	FCC providers can serve on a child's _____ team (IFSP/IEP)



PARTICIPANT BINGO CARD

Teach You Skills	ADA & IDEA	Charge	Medications	IFSP
Discriminate	Abilities	Accessible	Auxilliary Aids	IEP
Tax Deductions	Civil Rights	Family Child Care Providers	Parent(s) or Legal Guardian(s)	Screening, Consultation & Early Intervention Services
Local	Public	Modified	Auxiliary Aids & Services	3 years +
0-2 years old	Natural Environment	ADA	IFSP/IEP	IDEA

*The content of this handout is intended solely for informational purposes and is not a determination of your legal rights or responsibilities under the ADA.*

### **The Americans with Disabilities Act (ADA)**

As you develop policies and make decisions regarding enrollment for your FCC program, it is important to know that you are required to follow the Americans with Disabilities Act guidelines.

The ADA is a federal civil rights law passed in 1990. It was designed to break down the barriers that people with disabilities face to ensure that everyone can lead a full and productive life. The ADA prevents discrimination against people with disabilities. It applies to all child care programs, including FCC homes.



#### **What You Need to Know About the ADA**

- State & Local Governments (Title II): Additional protections for people with disabilities are required for providers who receive child care subsidies or vouchers
- Public Accommodations (Title III): As a FCC business owner, you must provide a program, services, and a facility that are accessible to everyone

#### **How can you meet ADA requirements?**

- Update your FCC policies and procedures so they are inclusive of all children and families
  - Accept children into your program regardless of their abilities\*
  - Use of medication
    - » Medications must be in their original containers and be stored safely
    - » Keep written documentation on file, such parent consent and verification of training completed to administer medication
  - Provide activities that can be modified to meet the developmental needs of all children
  - Identify reasonable modifications by talking with the parent(s) or legal guardian of a child about their child's needs and the accommodations they are looking for.
  - It is illegal to charge a family more for the care of their disabled child, or to discriminate against someone with a disability.
  - Additional program expenses that come from accommodating children with disabilities should be considered part of the cost of doing business. It can be factored into the cost of care for all families, and may be tax deductible.

- Make sure all the areas of your home used for your family child care program are accessible (e.g., bathrooms, doorways, hallways, bedrooms, sidewalks)\*\*
- Auxiliary aids and services must be provided to assist with communication unless this creates an “undue burden” (i.e. significant difficulty or expense).
  - A few examples of auxiliary aids are: visual schedules, equipment adapted for play/learning, and large-print books
- FCC providers need to hire people of all abilities

\*Unless the child’s presence would pose a direct threat to the health or safety of others or meeting their needs would mean a fundamental alteration of the program.

\*\*Architectural barriers must be removed if “readily achievable.” This means that barriers can be accomplished easily and carried out without much difficulty or expense. You can research tax deductions before you decide a project is too costly. Here’s an example that may make the laws clearer: making minor changes to toys or equipment would probably not be an undue burden, but hiring a full-time staff person to provide extra assistance could be.

<sup>8</sup>The ADA is updated periodically and should be checked on the ADA website at: <https://www.ada.gov/>. The Department notes that the ADA uses outdated language regarding persons with disabilities.

<sup>9</sup>The U.S. Department of Justice, Civil Rights Division, Disability Rights Section provides more in-depth information about the ADA. Accessed Jan. 31, 2019 <https://www.ada.gov/childqanda.htm>

<sup>10</sup>Extension.org, “What Child Care Providers Need to Know about Disability Laws” which offers guidance on ADA and IDEA. Accessed Feb. 21, 2019 <https://articles.extension.org/pages/26481/what-child-care-providers-need-to-know-about-disability-laws>

## **The Individuals with Disabilities Education Act (IDEA)**

### **IDEA Services**

- Early intervention and special education services are available in every community
- Families can request a free evaluation and assessment from qualified specialists
- FCC providers and parents can visit the CDC Learn the Signs website for information at:
  - <https://www.cdc.gov/ncbddd/actearly/index.html>
- If you have concerns about the development of a child in your care, talk with the parents
- Call (800) 515-BABY for Early Start services in your area

### **Supporting children and families under the IDEA**

- Children and their families may receive free screening, consultation and services
  - Infants and toddlers (ages 0-2) receive early intervention services through local agencies.
  - Preschool aged children (ages 3+) are served through local public schools
- Individualized Family Service Plan (IFSP)
  - For a child aged 0-2 who is eligible for assistance, parents meet with a team of specialists to create a written plan for early intervention services.
  - An IFSP is an individualized plan for a child and family. The IFSP sets outcomes for the child and family and includes the services that will be provided to attain those outcomes.
- Individualized Education Plan (IEP)
  - For a child over the age of 3 who is eligible for assistance, an IEP is developed.
  - An IEP is an individualized statement of an educational plan. The IEP sets reasonable learning goals for a child and includes the services the school district will provide for the child.
- Child care providers can serve on the team that creates and implements the IFSP or IEP.
  - Because child care providers spend many hours with children, they can offer information and support for children as part of an IFSP or IEP team.
  - Early intervention and special education services for children are supposed to occur in the child's natural setting whenever possible. A child's natural setting is wherever that child would be if he or she did not have a disability.

If a child in your family child care program has a disability, the plan may specify that a specialist come to your home to assist the child. The specialist may also teach you skills to help you provide appropriate care and early education for that child

<sup>11</sup>Extension.org, "What Child Care Providers Need to Know about Disability Laws" which offers guidance on ADA and IDEA. Accessed Feb. 21, 2019 <https://articles.extension.org/pages/26481/what-child-care-providers-need-to-know-about-disability-laws>

**Child-Centered Profile**

Child's Name:

Child's Photo

What are the family's dreams for this child?

What strategies work best for supporting this child?

Child's interests, strengths, and skills:

Which strategies are not helpful for this child?

Values and goals the family and/or child would like to share.

Name \_\_\_\_\_

Date\_\_\_\_\_

<b>Use an X to mark the box that answers each statement best for you</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree Nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
I know about the Americans with Disabilities Act and how it pertains to family child care.					
I am familiar with services that are available to children and families with disabilities.					
My family child care home has been set up using Universal Design principles.					
I value the inclusion of all children as full participants in my family child care home.					
I have heard of "People First Language"					
As a family child care provider I have identified barriers to the inclusion of children with disabilities and their families.					
I value collaboration with families, all kinds of early childhood educators, and other service providers to meet the needs of children with disabilities.					
I have developed a child centered profile for children in my care.					
I am committed to creating an inclusive environment that is positive for all children in my family child care home.					
What is the main thing you got out of this training?					
Describe at least one thing you will now do differently to support the children in your care:					