



# UTS TRAINING TIMES

First Steps

Volume 9 Issue 1

February 2013

## Inside this Issue...

- This issue of the *Training Times* focuses on child care and specifically the Paths to QUALITY™ rating system for Indiana’s licensed child care centers, family homes and ministries. All First Steps providers and service coordinators need to have an understanding of these child care ratings so they can assist families in identifying quality child care options for their children. The Indiana Bureau of Child Care offers an online child care search and child care inspection reports. You will find the Bureau of Child Care website at <http://www.in.gov/fssa/2552.htm>.
- The Indiana Association for Child Care Resource and Referral (IACCRR) also provides families assistance in locating quality child care, especially when there is a special need. IACCRR provides infant-toddler specialists and inclusion specialists to help ensure that all children’s needs are met and to offer support for those providing childcare. There are nine IACCRR regions within the state and each region has an infant-toddler specialist and an inclusion specialist. The IACCRR website is found at <http://www.iaccrr.org/>
- The Infant-Toddler Specialists of Indiana (ITSI) website provides research briefs, news and other resource information for anyone caring for infants, toddlers and their families. You can access the ITSI website at [www.itsi-indiana.org](http://www.itsi-indiana.org)
- This edition of the Training Times includes a link to a Child Development survey. **All providers and service coordinators are encouraged to complete this survey.** It will provide valuable information to UTS on child development training needs. See page 18 for more information.

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INDIANA’S UNIFIED TRAINING SYSTEM

“Creating Learning Opportunities for Families and Providers Supporting Young Children”

## First Steps Enrollment and Credential Training Requirements

Provider Level - New	Training for Enrollment	Training for Initial Credential
Service Coordinator (Intake and Ongoing)	SC 101—SC Modules (self-study)	SC 102 within 3-6 months of employment date SC 103 within 6-9 months of employment date Quarterly (4) - Training Times Assessment (self-study) First Steps Core Training—one course per credential year (self study or on-site) 15 points for initial credential
Direct Service Provider	First Steps Orientation or DSP 101—Provider Orientation Course (self-study)	<b>*DSP 102 - within 60 days of enrollment (on-site)</b> <b>*DSP 103 - within 3-6 months of enrollment (on-site)</b> Quarterly (4) - Training Times Assessment (self-study) First Steps Core Training—one course per credential year (self study or on-site) 10 or 15 points for initial credential * timeline for completion has been revised, effective 07/12.
Provider Level - Credentialed	Training for Enrollment	Training for Annual Credential
Service Coordinator (Intake or Ongoing who has completed initial credential)	SC Orientation and Service Coordination Level 1 or SC 101 – SC Modules (self-study)	Quarterly (4) - Training Times Assessment (self-study) First Steps Core Training - one course per credential year (self study or on-site) 3 points for annual re-credential
Direct Service Provider (who has completed initial credential)	First Steps Orientation (on-site or self-study) or DSP 101 - Provider Orientation Course (self-study)	Quarterly (4) – Training Times Assessment (self-study) First Steps Core Training - one course per credential year (self study or on-site) 3 points for annual re-credential

### Attention: New Providers and Service/Intake Coordinators

The Bureau of Child Development Services requires all providers and service coordinators to complete the quarterly *Training Times* assessment as part of your mandatory training requirements for credentialing.

New providers must establish an account on the UTS website (<http://www.utsprokids.org>) to register for UTS trainings. Obtaining an account is easy.

1. Click the Account Login in the upper right hand corner.
2. On the login page click on Create One Here
3. Enter your information (note that UTS Training Times is mailed to your primary address—you are encouraged to use your home address, especially if it is difficult to get personal mail at your workplace, e.g. hospital system). UTS does not give any of your training profile information to anyone outside of First Steps. The BCDS and UTS will periodically send you email updates regarding First Steps.
4. When all information has been entered click the Update Information.
5. Register for your annual training fee.

6. Once your payment has been posted, you can take the Training Times assessment, under My Quizzes.
7. If you have questions or encounter problems email Janice in the UTS Connect office at: [registration@utsprokids.org](mailto:registration@utsprokids.org)

**Indiana First Steps**  
**UTS Training Times**  
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**Tamara Hardin, ProKids Executive Director**  
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**Web Address:** <http://www.utsprokids.org>  
**Email:** Training questions [training@utsprokids.org](mailto:training@utsprokids.org)  
**Registration questions:** [registration@utsprokids.org](mailto:registration@utsprokids.org)

## Service Coordinator Training Dates for 2012-2013

**Service Coordination 102:** All service coordinators must enroll and complete SC 102 3- 6 months after employment date. If you are unable to adhere to this timeline, you must request a training waiver. Email your request to [training@utsprokids.org](mailto:training@utsprokids.org).

**Tuesdays at ProKids, Inc. Indianapolis from 9-4pm**  
2/12/13      5/14/13      8/13/13

**Service Coordination 103:** All service coordinators must complete SC103 6-9 months after employment date. If you are unable to adhere to this timeline, you must request a training waiver. Email your request to [training@utsprokids.org](mailto:training@utsprokids.org).

**Tuesdays at ProKids, Inc. Indianapolis from 9-4pm**  
3/12/13      6/11/13      9/17/13

All Service Coordinators must register online for SC 102 and SC 103 at [www.utsprokids.org](http://www.utsprokids.org).

## DSP 102 and DSP 103 Provider Follow Up Orientation

All newly enrolled direct service providers (DSP) must complete DSP 102 and 103 within the **first 6 months of their enrollment**. DSP 101 is required for provider enrollment. DSP 102 must be completed within 60 days of provider enrollment and DSP 103 must be completed three to six months following the enrollment date. Completion dates for these courses must be documented on the Annual Attestation Statement and initial credential. Training dates for DSP 102 & 103 are listed below. These trainings are held at ProKids Inc. Since there are specific timelines for completion of DSP 102 and DSP103 that allow time for experience in the First Steps System, providers may NOT take both courses on the same day.

DSP 102 Dates	Time	DSP 103 Dates	Time
February 5, 2013	1:00-4:00PM	February 5, 2013	9:00-12:00PM
March 5, 2013	1:00-4:00PM	March 5, 2013	9:00-12:00PM
April 4, 2013	1:00-4:00PM	April 4, 2013	9:00-12:00PM
May 7, 2013	1:00-4:00PM	May 7, 2013	9:00-12:00PM
June 4 2013	1:00-4:00PM	June 4, 2013	9:00-12:00PM

## AEPS 2-DAY Certification Course

This course provides a 2 day, comprehensive overview of the Assessment, Evaluation and Programming System (AEPS) for Infants and Children. The AEPS is a criterion-referenced developmental assessment tool for children, birth to six years. This course is required for all ED Team members. The 2-day AEPS course may also be used as a First Steps Core Training (FSCT) for your First Steps initial or annual credential. **Cost: \$75**

**April 4 & 5, 2013      July 11 & 12, 2013**

## Additional Opportunities for Credential Points

Providers may utilize trainings (on-site and self-study) and conferences/workshops outside of UTS to meet their initial or annual credential points as long as the training is related to the First Step core competencies and it is relevant to infants through age 36 months. These may include training offered at the SPOE Provider Meetings, provider agency training, association conferences (APTA, ASHA, etc.), hospital based conferences or grand rounds, other local, regional and national conferences, and books, videos and online training. You must keep a copy of the agenda or brochure that includes date, speakers, an agenda/content information with the time spent in the sessions you attended or a one page summary of the self-study training in your credential file. **Recent changes to First Steps credentialing allow a maximum of 5 points for in-service training, while conferences/workshop taken outside of provider agencies is unlimited.** More information on credentialing can be found in the revised Personnel Guide (August 2012) at

[https://www.infirststeps.com/UI/pdfs/First\\_Steps\\_Personnel\\_GuideRevised\\_8-2012.pdf](https://www.infirststeps.com/UI/pdfs/First_Steps_Personnel_GuideRevised_8-2012.pdf)

## To Serve and Protect: A Dad's Reflections

"Can I hold my daughter, please?" My wife, Margie, had delivered our daughter, Chloe, on May 16th, 2003, and I knew there was something not right in the doctor's look and voice. Chloe aspirated during her entry into the world, and as they cleared her lungs I was relieved to hear a loud cry. Three years into my career as a police officer I had delivered a baby on a sidewalk, and I knew how important it was to hear that crying sound. The doctor approached us and stated in a very sterile voice that our daughter had "characteristics of Down syndrome." I did not know much about this diagnosis, but I said to the masked physician, "Can I hold my daughter, please?" to which he responded, "Yes, do you want to hold her?" I detected surprise in his voice, but Chloe looked right into my eyes and I instantly fell in love with her.



If Chloe had been born in 1963 (my birth year) she would have been labeled uneducable, probably placed in an institution, and would have had a shortened life of exclusion. Thanks to the strong foundation provided by Early Intervention and Early Childhood Education, along with a focus on ABILITIES, today Chloe is thriving and excelling in her community, school, church, and family.

When we brought Chloe home from the hospital after her birth we immediately began focusing on what supports and services she would need to have a great start. An awesome team of Early Intervention therapists, along with my wife Margie and son Nolan, who was 4 at the time, worked tirelessly and passionately to make sure Chloe had the best possible foundation for life. Margie and Nolan even taught Chloe to read at age 3, and now at age 7 she reads at the level of her peers. I was so amazed by the abilities of this little girl and the effectiveness of Early Intervention that I left my 20-year law enforcement career and went to school to receive my Masters in Early Intervention. I now work full-time as the Director of Community/Family Outreach for Early Intervention Specialists, and I chair the Pennsylvania Governor's Advisory Board for Early Intervention.

Early on as a family we made sure Chloe was included in everything we did and could meet as many people as possible. Her exposure to a multitude of community outings and family events greatly increased her social and communication skills, and she is now very comfortable in any type of venue. Chloe participated in a playgroup at 18 months, and attended her neighborhood preschool at age 3. The results were amazing, and when Chloe started kindergarten at her neighborhood school the principal called and said she was the most prepared student for kindergarten transition.

Chloe has planted more positive seeds in 7 years than most people do in a lifetime, and she never ceases to amaze everyone with whom she comes into contact. She has been in magazines, books, newspapers, and online articles. She appeared in a press conference with Governor Rendell, read to newly-elected Governor Corbett, and warmed-up with Andy LaRoche and the Pittsburgh Pirates. She was recognized on the floor of the State Senate after they declared World Down Syndrome Day because of Chloe's advocacy efforts for all children. She has been featured in an episode of the national TV series, "Facing Life Head On", which is nominated for a regional Emmy Award. I started a blog (<http://chloesmessage.blogspot.com>) so people could see the ABILITIES of children with Down syndrome and new parents could get excited about the future when they receive a precious gift like Chloe.

People ask me what it is like to change careers so radically, and I respond that I really have not changed my work focus at all. My mission is the same as during my days as a police officer: "To serve and protect."

*Contributed by Kurt Kondrich, Pittsburgh, Pennsylvania. He may be reached at [kkondrich@eiskids.com](mailto:kkondrich@eiskids.com).*

Reprinted with permission from Impact: Feature Issue on Supporting the Social Well-Being of Children and Youth with Disabilities, 24(1). Minneapolis: Institute on Community Integration, University of Minnesota. The entire issue is available online at <http://ici.umn.edu/products/impact/241/241.pdf>.

## Read the Training Times on Your iPad or Tablet Device



Subscribers to the Training Times can now read the current TT's edition from your tablet device. (i.e., iPad, Kindle Fire, Nook).

- For iPads: Download the free Adobe Reader app from iTunes at <https://itunes.apple.com/us/app/adobe-reader/id469337564?mt=8>
- For Androids: Download the free Adobe Reader app from <https://play.google.com/store/search?q=adobe+reader+for+android&c=apps>
- For Kindle Fire and other Android devices: Download the free Adobe Reader app from [www.amazon.com/gp/aw/d/B004SD5GZ4](http://www.amazon.com/gp/aw/d/B004SD5GZ4)

If you have other application suggestions, please send them to us at [training@utsprokids.org](mailto:training@utsprokids.org).

## UTS TRAINING OPPORTUNITY



### Turning Terrible... into Terrific



### Strategies to Work through Challenging Behaviors

Steve O'Dore will share with you ways to use the environment, communication and a knowledge of child development:

- To effectively change challenging behaviors.
- To create a safe environment for children.
- To provide guidance for parents and teachers to address behaviors of children with special needs.

Steve has over 22 years of experience in the behavioral health field and is currently the Director of Behavior Health Services at Tangram, Inc.

*Reserve your spot today!*

February 22, 2013

9 - 12 p.m.

ProKids Inc.,

6923 Hillside Court, Indianapolis, IN 46250

-\$30-

Register online at [www.utsprokids.org/login.asp](http://www.utsprokids.org/login.asp)

For questions please call (317) 472-5602, or email at [registration@utsprokids.org](mailto:registration@utsprokids.org)

# IAEYC - Indiana Early Childhood Conference

April 11-13, 2013

The IAEYC  
Conference is  
an approved  
FSCT

\*Special Pre-Conference Session 4/11/13\*

Conference info at [www.iaeyc.org](http://www.iaeyc.org)



## Back by popular demand—Pip Campbell lead author of *Creating Adaptations for Routines and Activities for Toddlers (CARA's Kit)*

Learn how you can adapt environments and activities in home or classroom so that *all* toddlers in your early childhood program can participate, learn, and thrive by mastering the art of choosing and using effective adaptations. Practical solutions will be presented in by Philippa (Pip) Campbell, Ph. D., lead author of *CARA's Kit (Creating Adaptations for Routines and Activities)*. The presentation is brimming with step-by-step ideas for adapting environments, activities, and materials for children 18 to 36 months. A follow-up to the bestselling *CARA's Kit for Preschoolers*, this real-world guide to successful adaptations is aligned with recommended practices in early childhood special education and early intervention. Participants will learn to:

- **implement adaptations in key areas:** environment, daily schedule, activities/routines, materials, and requirements or instruction
- **increase engagement and participation for all children**, including those with disabilities, challenging behaviors, and other special needs
- **create and use adaptations anywhere**—in a home, a child care center, or any other type of early childhood setting
- **improve every aspect of toddlers' development**, including physical, social, emotional, communication, and cognitive growth
- **help toddlers make progress toward program standards** by creating an environment where all children learn
- **make daily activities run smoothly** by addressing children's everyday challenges
- **select and use the least intrusive adaptations** to help a child participate

**Philippa Campbell, "Pip"** has her Ph.D., in Special Education. She directs all of the research and training projects that come under Child and Family Studies Research Programs. Pip provides training for childcare and early intervention staff, and conducts research, within the state and across the country, with therapists, early intervention personnel, and families and children with disabilities. She has published widely in early childhood education research and practice books and periodicals. Dr. Campbell is lead author of *CARA's Kit (Creating Adaptations for Routines and Activities)* and *CARA's Kit for Preschoolers*. Dr. Campbell is also a principal investigator for Tots N Tech, a research institute to carry out various studies to identify the prevalence and use of Assistive Technology (AT) with infants and toddlers.

**\*Pip Campbell is also presenting on Friday 4/12/13 \***

## Using Visual Supports with Infants and Toddlers

Visual supports are a form of adaptation that rely on visual cues to allow infants and toddlers, and older children to participate in activities and routines. Because infants and toddlers may find it difficult to communicate using words, visual supports can provide them with a system for communication while also teaching them important daily activities and routines. Visual supports provide supplemental information, cues, and directions to children who may communicate with behavior or are unable to read. This workshop will take visual supports that have been used successfully in childcare centers and preschools and show how they can be used in the home with younger children. As you will see, visual supports can be inexpensive to make and are applicable to many different daily activities and routines in all different environments!

# UTS TOPICAL TRAINING OPPORTUNITIES - SAVE THE DATES!!!

## Autism Conference \* May 17, 2013 \* Hilton North Hotel, Indianapolis

Christine Raches, Psy D., HSPP

IU School of Medicine

Topics covered will include: 1) the new DSM-V diagnostic criteria for autism, PDD-NOS and Asperger's; 2) screening tools for autism; 3) communicating with families when autism is suspected and/or diagnosed; and 4) referral and resource options for families. Additional information on this conference will be sent by email to all First Steps providers.

## Cerebral Palsy Conference \* July 26, 2013 \* Hilton North Hotel Indianapolis

This conference will focus on the very young child with Cerebral Palsy and features presentations from staff of the Peyton Manning Children's Hospital at St. Vincent Hospital and the Riley Robotic Center at IU Health-Riley. More information to follow in the next edition of the Training Times or online at [www.utsprokids.org](http://www.utsprokids.org).

## Linking the AEPS to ISFP Outcomes, Goals, Strategies and Activities

Jennifer Grisham-Brown, Ed,D., Professor - University of Kentucky

September 26, 2013 \* 9am to 4pm \* Easter Seals Crossroads, Indianapolis



Learn how to use the child's AEPS assessment to write IFSP outcomes, long and short term goals and then develop strategies and activities that will assist the child and family to meet these outcomes and goals. The **AEPS Curriculum for Birth to Three Years** uses the same numbering system as the **AEPS Test**, users can easily locate activities in the curriculum that correspond to specific goals and objectives identified with the test. Participants will receive a copy of the AEPS Volume 3: Curriculum - Birth to Three Years, a \$65 value.



Participants will learn:

- guidelines on designing and implementing intervention
- specific activity-based instructional sequences for each developmental area
- teaching considerations and suggestions for each area
- recommendations for environmental arrangements
- strategies for incorporating the activities into the child's daily routine

More information to follow in the next edition of the Training Times or online at [www.utsprokids.org](http://www.utsprokids.org).

## ALL ABOUT CHILD ABUSE & NEGLECT

Abigail Klemsz, MD and Angela Tomlin, PhD, HSPP

October 24, 2013 \* Marten House, Indianapolis

The conference will explore the physical and social-emotional aspects of child abuse and neglect. The training will also address reporting issues - who must report, when to report, what happens after a report is made.

More information to follow in the next edition of the Training Times or online at [www.utsprokids.org](http://www.utsprokids.org).



## **Paths to QUALITY™ - Indiana's Child Care Quality Rating and Improvement System.**

Research shows that high quality early childhood programs prepare children for future success in school, work and life. From birth through age 5 is the most important time for growth of the human brain. A child's brain develops in response to the child's experiences by building neurological networks in reaction to the environment.

A child's experiences in a child care program can significantly contribute to that brain development and the future success of the child. High quality child care programs are essential, not only to Hoosier children, but also to their families and to the communities in which they live. Parents need stable, high quality care in order to be productive at work. They count on their child care provider to ensure that their child is safe, healthy and learning during those hours they must be at work. Our school systems need children who are entering school prepared and ready to succeed. Businesses need a high quality work force both now and in the future. In fact, studies have shown that high quality early childhood programs increase the graduation rate, reduce the future crime rate, and can save up to sixteen dollars for every one dollar invested. High quality child care programs are essential to everyone.

In order to improve the quality of child care programs, states across the nation are using Quality Rating and Improvement Systems (QRIS), such as the one here in Indiana, Paths to QUALITY™. Quality Rating and Improvement Systems assess the quality of care within a program, work to improve that quality level, and give families an easy to recognize symbol that makes the difficult decision of choosing child care easier. These systems also provide an accountability measure for funding and create an alignment between licensing, subsidy and quality across child care, Head Start and the Department of Education's early learning guidelines.

Paths to QUALITY™ gives families an easy to recognize tool for selecting a child care program. Families can look for the Paths to QUALITY™ logo to determine what level their provider has achieved. Each level builds on the foundation of the previous one, resulting in significant quality improvements at each stage and in national accreditation at the highest level. The system validates child care programs for ongoing efforts to achieve higher standards of quality and provides incentives and awards for success. The four levels address:

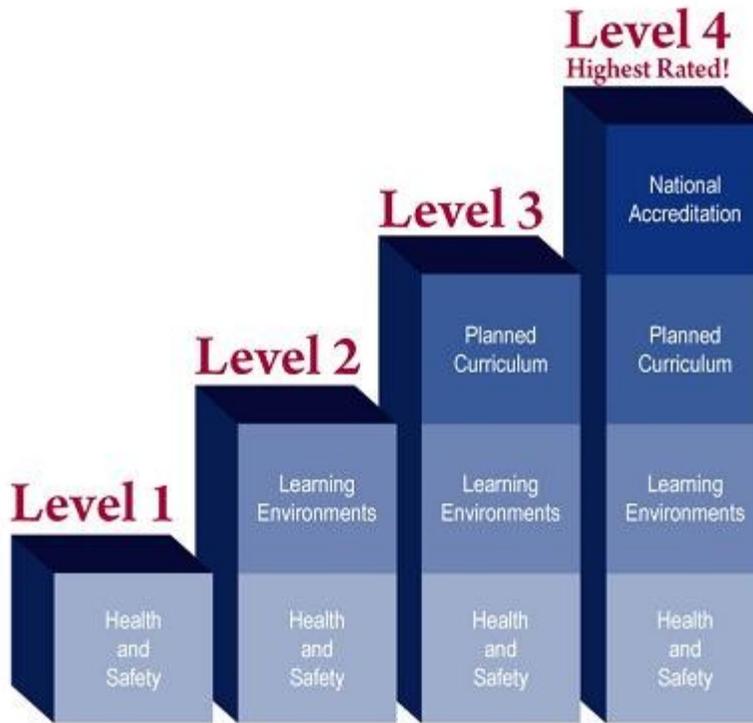
- Level One: Health and safety needs of children met.
- Level Two: Environment supports children's learning.
- Level Three: Planned curriculum guides child development and school readiness.
- Level Four: National accreditation (the highest indicator of quality) is achieved.

For more information on Paths to QUALITY™ please visit <http://www.childcareindiana.org>.

# Levels of Quality

Quality experiences that promote children's healthy growth and development are provided at each level. As child care providers move from one level to the next, those opportunities increase.

Starting with meeting basic health and safety needs at Level One and topping out with national accreditation at Level Four, each quality level is tailored to suit the needs of licensed centers, family child care homes and unlicensed registered ministries. The system awards providers for ongoing efforts to achieve higher standards of quality.



## **Level 4 – National Accreditation**

Level 4 programs are the highest rated programs and have demonstrated a commitment to the highest level of professionalism in high quality child care—achievement of a nationally recognized accreditation. Level 4 programs are managed by a provider or director who has volunteered to provide mentoring to others in the field.

## **Level 3 – Planned Curriculum**

Level 3 programs have demonstrated the knowledge and skill necessary for planning appropriate activities and opportunities that lead children toward school readiness.

Level 3 programs have made a significant investment in the professional development of the staff, and they incorporate family and staff input into the program.

## **Level 2 – Learning Environments**

Level 2 programs have demonstrated a commitment to improve program quality. They offer opportunities for children to advance their growth and development. Level 2 programs will have evidence of a consistent daily schedule, planned activities for children, and will provide relevant program information for families.

## **Level 1 – Health and Safety**

Level 1 programs have demonstrated that they are operating in good standing and have been recognized by the state of Indiana as having met all required health and safety standards.

## Approved Accrediting Bodies

To meet the highest standards for high quality early care and education, Level Four (4) of Paths to QUALITY™ requires the child care program to achieve and maintain accreditation by one of the following nationally recognized accrediting bodies approved by the Bureau of Child Care:

National Association for the Education of Young Children (NAEYC)  
National Early Childhood Program Accreditation (NECPA)  
Council on Accreditation (COA)  
National Association for Family Child Care (NAFCC)  
Association of Christian Schools International (ACSI)

The Indiana Accreditation Project provides financial support for each phase of the accreditation process as well as provider support materials. Trained professionals offer advising to assist programs in achieving accreditation.

For more information on the accreditation project or to apply for assistance, contact the Indiana Association for the Education of Young Children by calling 1-800-657-7577 or by visiting their web site at <http://www.iaeyc.org/>.

## What to Look For

### Recognizing a Paths to QUALITY Provider

How do you know if a child care provider is involved in **Paths to QUALITY**? Or, perhaps you are looking for a child care provider involved in **Paths to QUALITY** and you don't know what to look for? Child Care providers involved in the **Paths to QUALITY** program will have any one or all three of the following to display their involvement to the community or families:



### Paths to QUALITY Provider Stamp

The **Paths to QUALITY** provider stamp is used by providers currently involved in **Paths to QUALITY**. This stamp may be used in marketing materials, paperwork or other parent communication material. This stamp recognizes that this provider takes quality child care seriously and is continuing to develop an even stronger child care program that will deeply impact your child's future.



### Paths to QUALITY Certificate of Achievement

The **Paths to QUALITY** certificate of achievement is given to all active participants that have achieved Level One, Two, Three or Four. The certificate recognizes the specific level and the date the provider achieved that level. Providers may display the certificate in their facilities or homes.



### Paths to QUALITY Decal

The **Paths to QUALITY** decal is given to all active participants that have achieved Level One, Two, Three or Four. The decal will show, in blue, the level the provider has achieved and will also have the date the decal was awarded to the provider. The decal is a window static cling, so many providers will have the decal on the window or door of their facility or home.

# Paths to QUALITY™

Much like the many available rating services that help consumers locate higher quality goods and services, Paths to QUALITY gives parents a quality seal of approval they can look for when choosing care for their children.

- It provides a tool they can use to locate **Paths to QUALITY** providers
- It provides an assurance that they are finding quality care for their children
- It provides a simple system to identify the level of care a provider offers, from basic health and safety needs of Level One to national accreditation of Level Four

All **Paths to QUALITY** child care providers will receive a yearly visit to determine which of the four quality levels they offer children. Use the checklists on this web site

<http://www.childcareresourcesinc.org/wp-content/uploads/2009/12/Quality-Counts-Checklist4.pdf>

to help you determine what level care you want for your child... or what level you think your current provider is offering.

The standards for **Paths to QUALITY** are consistent but tailored for family child care homes and for licensed centers and unlicensed registered ministries. **Paths to QUALITY** is a system where each level builds on the foundation of the previous one, resulting in significant quality improvements at each stage and resulting in national accreditation at the highest level. The four levels address:

- **LEVEL 1** - Health and Safety needs of children met
- **LEVEL 2** - Environment supports children's learning
- **LEVEL 3** - Planned curriculum guides child development and school readiness
- **LEVEL 4** - National accreditation (the highest indicator of quality) is achieved

**The Experts Agree:** Before going statewide, **Paths to QUALITY** standards were rigorously analyzed in a scientific [study conducted by the Child Development and Family Studies experts at Purdue University](#).

The results of the study were clear:

- There is “substantial scientific evidence for the validity of the **Paths to QUALITY** standards
- “The **Paths to QUALITY** program has the potential to increase the quality in child care centers, child care ministries, and child care homes”
- “The **Paths to QUALITY** system has the potential to help child care providers increase their support of Indiana young children’s learning, development, and well-being.”

**Make sure you choose the best care for *your* child. It's a choice that lasts forever!**



## **Paths to QUALITY – now on Face Book!**

Get the latest news on enrollment, providers, events, and articles. You can even link to most of the local child care resource and referral agencies on our fan page. Simply log onto <http://www.facebook.com/> and type in Paths to QUALITY in the search box. You must be a member to look at the Face Book page.

# INDIANA ASSOCIATION CHILD CARE RESOURCE & REFERRAL (IACCRR) PROGRAMS AND SERVICES



IACCRR initiatives in early care and education in Indiana provide the tools, resources and leadership to strengthen the standards and the quality of services provided through nine (9) local child care resource and referral agencies.

## **Serving Families, Providers and Communities**

Indiana's child care resource and referral agencies provide services to families, child care providers, and communities in these ways:

- Families can find information about the different types of child care available that would meet their specific needs, access information about the characteristics of a quality child care program and receive information about their community resources.
- Child Care Providers can receive professional development in early care and education, assistance with starting the business of a family child care home, training on Indiana state licensing requirements, and recommendations for operating a quality child care program.
- Community members and organizations can access information about the supply and demand for child care, including information on types of programs available, types of programs parents are asking for and the gaps between the two.

## **Community Outreach**

Through its member local child care resource and referral agencies, IACCRR reaches every community in Indiana and coordinates early care and education initiatives, including:

- Orientation Training
- Paths to QUALITY™
- Indiana Partnerships for Inclusive Child Care
- Better Baby Care Indiana
- Hispanic/ Latino Outreach
- Indiana Work Life

## **Orientation Training for Family Child Care Homes**

Indiana legislation and regulation mandates that a person seeking a state license to operate a child care home be required to attend Orientation Training. The training focuses on the components of the business of child care in addition to required regulations. Our training is effective and sets consistent standards across the state.

## **Paths to QUALITY™**

Indiana has implemented a voluntary Quality Rating System in which all regulated child care providers have the opportunity to participate known as "Paths to QUALITY". The standards for Paths to QUALITY are consistent but tailored for family child care homes and for licensed centers and unlicensed registered ministries. Paths to QUALITY is a system where each level builds on the foundation of the previous one, resulting in significant quality improvements at each stage and resulting in national accreditation at the highest level.

## **Indiana Partnership for Inclusive Child Care**

This important project serves to educate, support and empower communities, families and child care providers to increase the availability of and access to developmentally appropriate, healthy and safe child care for all children. The primary focus of the project is to provide quality child care environments and parental support for families of children with special needs.



# Early Childhood Inclusion

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

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

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

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



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## **Definition of Early Childhood Inclusion**

*Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential. The defining features of inclusion that can be used to identify high quality early childhood programs and services are access, participation, and supports.*

### **What is meant by Access, Participation, and Supports?**

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

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

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

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

### **Recommendations for Using this Position Statement to Improve Early Childhood Services**

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

1. *Create high expectations for every child to reach his or her full potential.* A definition of early childhood inclusion should help create high expectations for every child, regardless of ability, to reach his or her full potential. Shared expectations can, in turn, lead to the selection of appropriate goals and support the efforts of families, practitioners, individuals, and organizations to advocate for high quality inclusion.
2. *Develop a program philosophy on inclusion.* An agreed-upon definition of inclusion should be used by a wide variety of early childhood programs to develop their own philosophy on inclusion. Programs need a philosophy on inclusion as a part of their broader program mission statement to ensure that

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

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

4. *Revise program and professional standards.* A definition of inclusion could be used as the basis for revising program and professional standards to incorporate high quality inclusive practices. Because existing early childhood program standards primarily reflect the needs of the general population of young children, improving the overall quality of an early childhood classroom is necessary, but might not be sufficient, to address the individual needs of every child. A shared definition of inclusion could be used as the foundation for identifying dimensions of high quality inclusive programs and the professional standards and competencies of practitioners who work in these settings.
5. *Achieve an integrated professional development system.* An agreed-upon definition of inclusion should be used by states to promote an integrated system of high quality professional development to support the inclusion of young children with and without disabilities and their families. The development of such a system would require strategic planning and commitment on the part of families and other key stakeholders across various early childhood sectors (e.g., higher education, child care, Head Start, public pre-kindergarten, pre-school, early intervention, health care, mental health). Shared assumptions about the meaning of inclusion are critical for determining who would benefit from professional development, what practitioners need to know and be able to do, and how learning opportunities are organized and facilitated as part of an integrated professional development system.
6. *Influence federal and state accountability systems.* Consensus on the meaning of inclusion could influence federal and state accountability standards related to increasing the number of children with disabilities enrolled in inclusive programs. Currently, states are required to report annually to the U.S. Department of Education the number of children with disabilities who are participating in inclusive early childhood programs. But the emphasis on the prevalence of children who receive inclusive services ignores the quality and the anticipated outcomes of the services that children experience. Furthermore, the emphasis on prevalence data raises questions about which types of programs and experiences can be considered inclusive in terms of the intensity of inclusion and the proportion of children with and without disabilities within these settings and activities. A shared definition of inclusion could be used to revise accountability systems to address both the need to increase the number of children with disabilities who receive inclusive services and the goal of improving the quality and outcomes associated with inclusion.

## Endnotes

- 1 Phrases such as “children with special needs” and “children with exceptionalities” are sometimes used in place of “children with disabilities.”
- 2 The term “inclusion” can be used in a broader context relative to opportunities and access for children from culturally and linguistically diverse groups, a critically important topic in early childhood requiring further discussion and inquiry. It is now widely acknowledged, for example, that culture has a profound influence on early development and learning, and that early care and education practices must reflect this influence. Although this position statement is more narrowly focused on inclusion as it relates to disability, it is understood that children with disabilities and their families vary widely with respect to their racial/ethnic, cultural, economic, and linguistic backgrounds.
- 3 In accordance with the Individuals with Disabilities Education Act (IDEA), children ages 3-21 are entitled to a free, appropriate public education (FAPE) in the least restrictive environment (LRE). LRE requires that, to the extent possible, children with disabilities should have access to the general education curriculum, along with learning activities and settings that are available to their peers without disabilities. Corresponding federal legislation applied to infants and toddlers (children birth to 3) and their families specifies that early intervention services and supports must be provided in “natural environments,” generally interpreted to mean a broad range of contexts and activities that generally occur for typically developing infants and toddlers in homes and communities. Although this document focuses on the broader meaning and implications of early childhood inclusion for children birth to eight, it is recognized that the basic ideas and values reflected in the term “inclusion” are congruent with those reflected in the term “natural environments.” Furthermore, it is acknowledged that fundamental concepts related to both inclusion and natural environments extend well beyond the early childhood period to include older elementary school students and beyond.
- 4 Blended programs integrate key components (e.g., funding, eligibility criteria, curricula) of two or more different types of early childhood programs (e.g., the federally funded program for preschoolers with disabilities [Part B-619] in combination with Head Start, public pre-k, and/or child care) with the goal of serving a broader group of children and families within a single program.

## CHILD DEVELOPMENT SURVEY

### What do new and seasoned First Steps providers know and understand about child development?



Early intervention service providers and service coordinators come from many academic and experiential backgrounds and it is difficult to ascertain base level knowledge of child development for First Steps providers. UTS is interested in the level of child development knowledge within and across disciplines, provider service levels, years of experience and practice locations (clusters). This information will be used for in the development of future courses that meet the typical and atypical development competencies for First Steps.

All First Steps service coordinators, ED team members and direct service providers are encouraged to complete the child development survey. The Child Development Survey includes a short assessment on child development.

No preparation is required prior to taking the survey and the preference is that you answer questions to the best of your ability **without reviewing any child development resources**. The survey covers basic child development. No individual results will be collected or reported.

Thanks for your assistance, we will publish the survey results in the next Training Times.

**UTS Child Development Survey Link:** <http://www.surveymonkey.com/s/K2G99BZ>

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[http://community.fpg.unc.edu/resources/articles/Early\\_Childhood\\_Inclusion](http://community.fpg.unc.edu/resources/articles/Early_Childhood_Inclusion)

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