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ABSTRACT
                Project SpecialCare was designed to expand child care
options available for families of young children with disabilities
through development of a model for training home-based and
center-based caregivers. The SpecialCare model was field-tested with
187 caregivers representing 55 different care settings in eastern
Virginia. The SpecialCare model of training builds on traditional
caregiving roles and skills, expanding caregivers' knowledge and
level of comfort, so that caregivers are willing and able to extend
their traditional roles to care for children with disabilities.
Training provides information on inclusive child care, getting to
know children with disabilities, building relationships with
families, including children in daily activities, community services
for children with disabilities, and preparing for the child's
arrival. Products developed by the project include a caregivers'
self-assessment, a manual on active learning for children with
disabilities, and a core training curriculum. Project SpecialCare
evaluation results indicate that caregivers' comfort, knowledge, and
interest in caring for children with disabilities increased following
training. Parents of children with disabilities living in communities
where SpecialCare training was provided reported that care was
significantly more available following training. This report outlines
SpecialCare's goals and objectives, theoretical framework, model
description, problems, evaluation, impact, and future activities.
Appendices provide a chart outlining the SpecialCare curriculum,
sample training agendas, sample training materials, and evaluation
instruments. (Contains 10 references.) (JDD)

ED 368 114

Project SpecialCare

FINAL REPORT

Early Education Program for Children with Disabilities
U.S. Department of Education
Grant Number: H024B00113
CFDA: 84.024B

Corinne W. Garland, M.Ed.
Project Director
Barbara A. Kniest, M.Ed.
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Project SpecialCare

<p style="text-align:center">

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II. ABSTRACT

Project SpecialCare

An Early Education Program for Children with Disabilities Project

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Project Co-Coordinator

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Project SpecialCare was designed to expand child care options available for families of young children with disabilities through development of a model for training home and center-based caregivers. The SpecialCare model was developed and field-tested with 187 caregivers representing 55 different care settings in a three city, four county area of eastern Virginia. Caregivers trained represent all segments of the early childhood service delivery system: family care homes; military programs; private, nonprofit programs; and private, for-profit centers.

The SpecialCare model of training builds on traditional caregiving roles and skills, expanding caregivers' knowledge and level of comfort, so that caregivers are willing and able to extend their traditional roles to care for children with disabilities. Training provides information on inclusive child care, getting to know children with disabilities, building relationships with families, including children in daily activities, community services for children with disabilities, and preparing for the child's arrival. SpecialCare training teaches caregivers how to seek consultation and assistance when needed from parents, and with parent permission, from early intervention and early childhood special education personnel to support successful placement of children in inclusive child care settings.

Three products were developed by the project: *How Am I Doing?*, a practical easy-to-use self-assessment to help caregivers identify the skills they need to effectively and confidently care for young children with disabilities in their child care setting; *Active Learning for Children with Disabilities*, a manual for adapting the Active Learning Series for children with disabilities to be published by Addison-Wesley Publishing Company; and *the SpecialCare Curriculum and Trainer's Manual*, a core training curriculum. The *SpecialCare Curriculum and Trainer's Manual* includes trainer's notes on the content and methods for providing training, suggested trainer's aids such as flip charts and overheads, handouts for participants, videotapes, and a list of additional resources. These products are available as resources to help caregivers throughout the country to care for children with disabilities in inclusive child care settings.

Project SpecialCare evaluation results indicate that caregivers' comfort, knowledge, and interest in caring for children with disabilities increased following training. Parents of children with disabilities living in communities where SpecialCare training was provided reported that care was significantly more available following training. These data, together with results showing that experience alone does not make caregivers more comfortable with children with disabilities, indicate that SpecialCare training is a powerful tool for expanding child care options for families of children with disabilities. Information about replication of the SpecialCare Model is available from Sheri Osborne at Child Development Resources (804) 220-1168 or 220-1298.

III. TABLE OF CONTENTS

APPENDICES

A.   SpecialCare Curriculum Chart

B.   Sample Training Agendas

C.   Sample Training Materials

D.   Evaluation Instrumentation

IV. SPECIALCARE GOALS AND OBJECTIVES

GOAL 1: To increase integrated community-based child care services for young children with special needs in number and in quality by providing training of child care providers.

OBJECTIVES

1.1 To identify families with special needs children interested in securing child care.
1.2 To identify family child care providers eligible for training.
1.3 To assess training needs and level of comfort with caring for children with special needs.
1.4 To assist in matching families with potential providers.
1.5 To develop written training agreements.
1.6 To provide appropriate levels of training based on assessed need
1.7 To determine impact of training on participant competencies and comfort level.
1.8 To determine family perception of availability of child care.
1.9 To determine ongoing training and technical assistance, as appropriate.
1.10 To establish a data collection system for documenting the numbers of children served and the types of services provided to these children in the target child care settings.
1.11 To assess parent satisfaction with care.

GOAL 2: To adapt, develop, and disseminate materials which support training for child care providers.

OBJECTIVES

2.1 To revise the Skills Inventory for Caregivers.
2.2 To develop a questionnaire of parent perception of increased childcare opportunities.
2.3 To develop a measure of parent satisfaction.
2.4 To draft Special Training for Special Needs, a center-based training curriculum for the birth through two population.
2.5 To develop training materials as necessary.
2.6 Revise all materials as necessary.
2.7 Administer needs assessment and attitude measure with all identified care providers.

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GOAL 3: To coordinate project activities with state and local agencies responsible for planning, implementing, and monitoring with child care or early intervention services.

OBJECTIVES

3.1 To establish collaborative relationships with state and local agencies responsible for either child care or early intervention services.

3.2 To use an interagency and consumer advisory committee to assist the project in establishing and maintaining collaborative interagency relationships.

3.3 To work with identified agencies to ensure continuation of the Care Coacher technical assistance component after project completion.

GOAL 4: To provide awareness information about the project and its activities leading to the increased availability of integrated, community-based child care for infants, toddlers, and preschoolers with special needs.

OBJECTIVES

4.1 To develop and revise project awareness information materials.

4.2 To secure input of state agencies in the development of a dissemination plan in collaboration with appropriate agencies.

4.3 To disseminate appropriate awareness materials to selected audiences.

4.4 To respond to requests for additional information regarding project services.

4.5 To present project information at selected state and national conferences.

4.6 To submit articles to selected professional journals and newsletters.

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V. THEORETICAL FRAMEWORK FOR PROJECT APPROACH

Despite passage of The Americans with Disabilities Act (ADA), P.L. 101-336, which entitles children with disabilities to the same right to services and facilities, including child care settings, that all children have, many child care providers still refuse to accept children with disabilities. In a national study (Willer, et al., 1990), only half of all centers reported that they would accept children with disabilities; 18% reported that they make decisions on a case-by-case basis. Fewer than 40% of regulated and 25% of nonregulated family day care providers reported that they accept or would accept children with diagnosed handicaps.

According to Suzanne Ripley, deputy director of the National Information Center for Children and Youth with Disabilities (NICHCY), "a 'vast gulf' sometimes exists between the laws designed to ensure that children with disabilities have access to child care" and families who can actually find willing and trustworthy caregivers for their children (Ott-Worrow & Baldassano, 1991, p. 10). Stipulations in insurance policies and inaccessibility of facilities are cited by some child care providers as deterrents for caring for children with disabilities. However, it is the lack of staff training that creates one of the largest obstacles to the availability of child care for families of children with disabilities (Green & Widoff, 1990; Baglin, 1992).

While there is much evidence that child care providers need training in order to work with young children with disabilities (Daniel, 1990; Benham, et al., 1988), many child care providers have not received that training and lack the skills needed to meet children's special needs. As states move toward full implementation of Part H and Part B of IDEA, a cadre

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of trained child care providers will be essential to the placement of children in integrated and natural settings. Without prepared staff, services provided in integrated settings are likely to be poor, resulting in poor outcomes, and ultimately in less integration of children with disabilities (Strain, 1988).

The SpecialCare Project was designed to expand child care options available for families of young children with disabilities through development of a model for training home and center-based caregivers. Critical principles drawn from the literature on adult learning (Bents & Howey, 1981; Wedman & Robinson, 1988; Wood & Thompson, 1980) influenced the development of the project's curriculum, the structure of the materials, and the sequences and strategies for presentation of information. The model of training increased caregivers' knowledge and level of comfort, so that caregivers would be willing and able to extend their traditional roles to care for children with disabilities in inclusive settings. SpecialCare training was designed to teach caregivers how to seek consultation and assistance when needed from parents, and with parent permission, from early intervention and early childhood special education personnel to support successful placement of children in inclusive child care settings.

VI. DESCRIPTION OF SPECIALCARE MODEL

The SpecialCare model was designed to expand child care options available for families of young children with disabilities through training home and center-based caregivers. The SpecialCare model was developed and field-tested in a three city, four county area of eastern Virginia. The area has a mixture of urban and suburban settings. It includes the rural northern portion of the eastern shore of Virginia which has very limited resources for both child care and training.

The model demonstration project provided training for 187 home and center-based child care providers representing 55 different care settings. To ensure the quality of settings trained by SpecialCare, training was available to child care centers and home providers who are registered, or licensed and, therefore, monitored by state or local child care systems. Providers trained represent all segments of the early childhood service delivery system: family care homes; military programs; private nonprofit programs; and private for-profit centers.

SpecialCare training was designed to build on traditional caregiving roles and skills, expanding caregivers' knowledge and level of comfort, so that caregivers are willing and able to extend their traditional roles to care for children with disabilities. It is not reasonable or even desirable to expect child care providers to become special education teachers or therapists. However, caregivers can learn how to extend their caregiving skills to meet the needs of children with disabilities. SpecialCare's core curriculum provides an introduction to the benefits of inclusive care and each of the six units builds on the traditional caregiver

roles and skills and extends that role to caring for children with special needs.

Each unit in SpecialCare's curriculum has a complete set of learning objectives. The curriculum uses a variety of learning experiences and methodology including lecture, videotape, written materials, and interactive experiences. (see Appendix A for a complete list of curriculum segments and learning objectives.) CEU's have been available through Thomas Nelson Community College for SpecialCare training during the model development period. Although training of caregivers is not addressed in Virginia's CSPD, the lead agency and SEA strongly supported the project.

Training from the project was delivered at convenient times and locations for caregivers (see Appendix B, Sample Training Agendas). Each participant in SpecialCare training received a notebook including training materials, supplementary reading material, and references. The notebook served as a reference during training and as a resource after training (see Appendix C, Sample Training Materials).

SpecialCare fostered collaboration between child care providers and early intervention and early childhood special education services (ei/ecse). SpecialCare taught caregivers how to seek consultation and assistance when needed from parents, and with parent permission, from ei/ecse personnel. Cooperative agreements developed with ei/ecse systems in the communities in which the model has been developed provide a continuing source of assistance for caregivers after project completion and assure that each child's needs are met, in the child care setting, in the context of their IFSPs or IEPs.

To ensure that training of caregivers resulted in expanded options for families, procedures were developed for linking families with trained caregivers. Families received

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information through periodic mailings of rosters, through parent networks, and through agencies that provide services to families of children with disabilities. Families on the project advisory committee provided valuable assistance in designing these strategies.

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VII. PROBLEMS ENCOUNTERED

No significant methodological or logistical problems were encountered. Minor revisions in proposed activities for Goal I were needed as the SpecialCare model of training was refined.

VIII. EVALUATION

To determine the efficacy of the model, two sets of questions were asked. One set of questions asks

- the extent to which training increased caregivers' level of comfort and knowledge.

The other asks

- the extent to which families' options for child care had increased as a result of SpecialCare training.

Data providing strong evidence of the model's efficacy are summarized below.

- <u>Extent of Increased Caregiver Comfort</u> - To assess the level of comfort that

participants felt about caring for children with disabilities, a questionnaire was

designed consisting of 7 questions, each of which was answered on a 6-point scale.

The comfort measure was given three times: pre- and post- training to all participants

and in a follow-up mailing to a subsample. Table 1 shows the difference between the

total pre- and post-training ratings of caregiver comfort. The difference was

statistically significant at greater than the .001 level, indicating that **participants'**

comfort in caring for children with disabilities is higher after SpecialCare training.

A follow-up questionnaire was mailed to a subsample of the participants at an

average time of 4.2 months after post-training evaluation. Table 2 represents the

comparison of the total post-training responses to follow-up responses. Statistical

analysis of these data indicate that **overall, caregivers' increased comfort after**

training was maintained for four months.

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TABLE 1

Results of Pre- Vs Post-Comfort Measure
N=160

	Pre-test $\bar{x}$ (SD)	Post-test $\bar{x}$ (SD)	t(df=159)	
TOTAL	3.94 (1.17)	4.83 (.85)	-13.61	p<.001

TABLE 2

Results of Post- Vs Follow-up Comfort Measure
N=37

	Post-test $\bar{x}$ (SD)	Follow-up $\bar{x}$ (SD)	t(df=36)	
TOTAL	4.72(.91)	4.76(.78)	-.2	p>.05

A further analysis examined whether the participants' comfort differed on the basis of caregivers prior experience in caring for a child with disabilities. A 2 (Pre- vs Post-training) X 2 (Never Cared vs Previously Cared) repeated measures analysis of variance (ANOVA) indicated significant effects for Pre-training vs Post-training factor, but no effects on the Previously Cared factor and no interaction between the factors. **This is an important finding for this project. It demonstrates that having had experience in caring for children with a disabilities did not necessarily increase caregivers' comfort, while SpecialCare training, on the other hand, clearly increased their comfort.**

Home and center-based caregivers' comfort scores were compared showing significantly higher scores for home-based caregivers. The effect of the training was to increase scores on the comfort measure across both types of programs, but not to close the difference between home and center-based programs.

- <u>Extent of Increased Caregiver Knowledge</u> - The SpecialCare project also developed a measure to examine the participants' knowledge of information contained in SpecialCare training. This measure consisted of 15 multiple-choice questions. Each question had 3 options and there was only one correct answer to each question. Complete data are available for 165 caregivers.

Figure 1 represents the participants' scores on the Knowledge Measure in percentage correct. The pre-training scores were significantly lower than the post-training scores (t(df=164) = -14.6, p < .000). **This indicates that the training resulted in the acquisition of knowledge included in the training design.** As with the Comfort Measure, the results on the Knowledge Measure were analyzed in several ways to give a full picture of SpecialCare's efficacy.

The results on the Knowledge Measure were analyzed in a 2 (Pre- vs Post-training) X 2 (Center-based vs Home-based) repeated measures ANOVA. These data are represented in Figure 2. The analysis indicated a significant effect on the Pre- vs Post-training factor and no effects on the Center-based vs Home-based factor or the interaction of the two factors. These results are attributable to the overall higher scores on the post-test, represented in Figure 1. They indicate that the **training increased the participants' knowledge of the material, and that this was not differentially affected by their program setting.**

In addition to the comfort and knowledge measures, 173 participants completed a post-training evaluation questionnaire rating the training experience. The measure consisted of five 5-point Likert-type items, with 5 being high. Participants were asked to rate: the

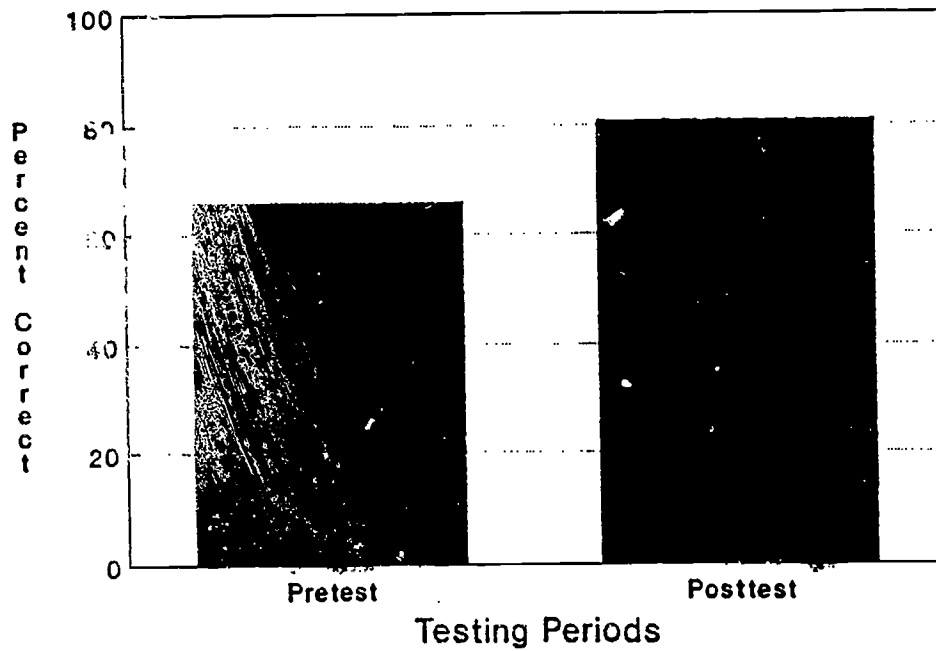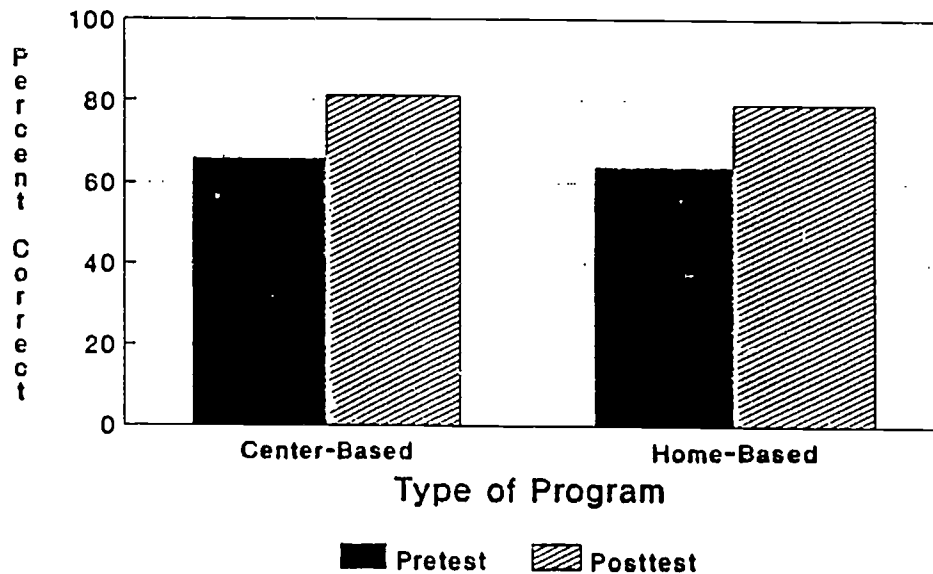11

FIGURE 1

Pre- vs Post Knowledge Measure

FIGURE 2

Pre- vs Post Knowledge Measure
By Type of Program

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overall quality of the training, the appropriateness of the information, whether there was enough opportunity for questions and discussion, whether the training materials were helpful, and whether the training would help them care for children with disabilities. The average response to each question was above 4.7. The average of the responses to the 5 items was 4.8. **Frequency analysis indicated that overall, 96% of the participants rated the training as either a "4" or a "5."**

●   Extent of Increased Family Options for Child Care - To measure the extent to which training results in increased options for families, both caregivers and families were surveyed. A random survey of 41 child care providers was done. Of the 41 surveyed, 18 had participated in the training and 23 had not. Respondents were asked whether they were interested in serving children with disabilities. Among the programs that had participated in the training, 17 of 18 reported that they were interested, with one reporting that they were not. Among the programs that had not received the training, 12 reported that they were interested and 11 reported that they were not. Chi Square analysis of this distribution indicated a significant difference $(X^2(df=1) = 8.21, p < .01)$. **The programs that had received the training were significantly more likely to report being interested in serving children with disabilities.**

Because the purpose of the SpecialCare program was to increase child care options for families, parents of children with disabilities were surveyed before and after SpecialCare training was conducted. The average time between surveys was 4.6 months. Sixty-two parents were surveyed before trainings were held, and 38 parents were surveyed following the trainings. Parents were asked to rate the availability of care for their child on a 5-point

scale (1=not at all available, 3=available but difficult to find, 5=readily available for all who need). **Post-training responses to the question of availability for their own child were significantly higher than the pre-training responses (t (df=51) = 2.12, p < .05).** Parents were also asked to rate the extent to which SpecialCare had increased the availability of care for children with disabilities, (1=not at all, 3=somewhat, 5=very much). The average rating was 3.7, with 85% of parents rating the impact of SpecialCare as 3 or higher and 48% rating it as 4 or 5.

In summary, caregivers' comfort, knowledge, and interest in caring for children with disabilities all increased following training, and parents of children with disabilities felt that care was significantly more available following training. These data, taken together with results showing that experience alone does not make caregivers more comfortable with children with disabilities, indicate that SpecialCare training is a powerful tool for expanding child care options for families of children with disabilities.

The following statements summarize SpecialCare model efficacy:

- Caregivers' prior experience with children with disabilities does not necessarily increase their comfort in working with children with disabilities.

- SpecialCare training clearly increases the comfort level of both home and center-based caregivers in caring for children with disabilities and the gain is maintained over time.

- SpecialCare training increases both home and center-based caregivers' knowledge about working with children with disabilities.

- Both home and center-based caregivers perceive that SpecialCare training is helpful to them in caring for children with disabilities.

- Caregivers are more interested in caring for children with disabilities if they have received SpecialCare training than if they have not.

- Parents of children with disabilities felt that care was significantly more available following SpecialCare training.

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IX. PROJECT SPECIALCARE IMPACT

The SpecialCare Project has contributed to current knowledge and practice by providing families, caregivers, trainers, the early intervention and early childhood special education systems, and the professional community at large with:

- an effective and replicable model of in-service training for child care providers designed to enhance their knowledge and level of comfort in caring for children with disabilities,

- a model that increases inclusive options for children with disabilities in quality and number,

- a model that results in collaboration between providers of child care and of early intervention and early childhood special education,

- the development of *The SpecialCare Curriculum and Trainer's Manual*: a complete core curriculum and trainer's manual, and supporting materials that can be used to train home and center-based caregivers to help them care for young children with disabilities in inclusive child care settings,

- the development of *How Am I Doing?*: a practical, easy-to-use self-assessment that will help caregivers identify the skills they need to effectively and confidently care for young children with disabilities in their child care setting, and

- the development of *Active Learning for Children with Disabilities*: a manual for adapting the Active Learning Series for children with disabilities.

Two products developed by the project, *The SpecialCare Curriculum and Trainer's Manual* and *How Am I Doing?*, are available from Child Development Resources, P.O. Box 299, Lightfoot, VA 23090. The third product, *Active Learning for Children with Disabilities*, will be available from Addison-Wesley Publishing Company in the near future.

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X. FUTURE ACTIVITIES

Future activities will focus on two areas. The first is dissemination of information about project products and project findings. Dissemination activities will target groups and individuals providing training to home and center-based caregivers, family networks and coalitions, and state agencies and organizations responsible for planning and implementing services to young children with disabilities and their families.

The second is replication of the SpecialCare model of training. Child Development Resources has been awarded a three-year outreach grant to extend the SpecialCare Project to other communities. The grant, SpecialCare Outreach, will teach others how to use the SpecialCare curriculum in their work as trainers of child care providers.

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XI. ASSURANCES

This statement serves as an assurance that the required number of copies of this final report have been sent to the Office of Special Education Programs, U.S. Department of Education and to the ERIC Clearinghouse on Handicapped and Gifted Children. In addition, copies of the title page and abstract/executive summary have been sent to the other addresses as requested.

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APPENDIX A

SpecialCare Curriculum Chart

SPECIALCARE CURRICULUM

Unit I: Introducing Inclusive Child Care

Objectives	Content	Teaching Method Instructional Media	Contact Time
- Know what is meant by an inclusive child care setting - Be able to identify the benefits of inclusive child care - Become aware of attitudes and feelings about caring for a child with a disability	- Overview of inclusive child care - Benefits of inclusive child care settings - Attitudes and feelings	- Lecture - Discussion - Video - Activity - Handouts	1 hr. 20 min.

Unit II: Getting to Know Children with Disabilities

Objectives	Content	Teaching Method Instructional Media	Contact Time

- Understand why knowledge of child development is important when caring for children with disabilities
- Become aware of how it feels to have a disability
- Gain an understanding of how children's development may be affected by disabilities
	- Child development
	  - High risk signs in young children
	  - Understanding child development
	  - Areas of development
	  - Principles of child development
	- All Kids Like Cookies
	- How disabilities affect development
		- Lecture
		- Discussion
		- Activity
		- Handouts
			1 hr. 15 min.

Unit III: Building Relationships with Families

Objectives	Content	Teaching Method Instructional Media	Contact Time
- Become more aware of the family's perspective - Gain an understanding of the feelings families may have about their children's participation in inclusive child care settings - Be able to discuss ways to build successful relationships with families	- What families who have children with disabilities tell us - Guidelines for developing relationships with families	- Discussion - Lecture - Video - Handouts	1 hr.

Unit IV: Including Young Children with Disabilities In Daily Activities

Objectives	Content	Teaching Method Instructional Media	Contact Time
- Understand how to create an accessible child care environment to accommodate children with disabilities - Know how to encourage social interactions between children - Gain an understanding of how to plan activities to ensure participation by all children	- Making the child care environment accessible - Encouraging social interaction through play - Helping children participate in activities	- Lecture - Discussion - Activity - Handouts	1 hr. 15 min.

Unit V: Community Services for Children with Disabilities

Objectives	Content	Teaching Method Instructional Media	Contact Time
- Be aware of the types of special services that may be available for young children with disabilities - Understand how those services are provided, where services might be provided, and who might provide those services - Understand what to do if they have questions or concerns about a child's development - Recognize the importance of sharing information with other service providers	- Early Intervention and Preschool Special Education Services - Providing special services - What to do when you have questions or concerns about a child's development - Sharing information with other service providers	- Discussion - Lecture - Video - Handouts	30 min.-1 hr.

Unit VI: Ready, Set, Go!

Objectives	Content	Teaching Method Instructional Media	Contact Time
- Be able to identify strategies to ensure a smooth beginning for children with disabilities in child care settings - Have ideas about how to plan for a child's arrival - Understand more about personal beliefs about caring for a child with a disability	- Strategies for a smooth beginning - Placing a child in a group - Qualifications needed by caregivers of children with disabilities - Questions caregivers sometimes ask - What to say - Beliefs about caring for children with disabilities	- Lecture - Discussion - Video - Handouts	30 min.-1 hr.

Note: All units are measured or evaluated by a pre-post knowledge measure.

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APPENDIX B

Sample Training Agendas

CHILD DEVELOPMENT RESOURCES

Special Care Training

SAMPLE AGENDA

9:00 am - 9:30 am	Introduction to Special Care Training
9:30 am - 10:45 am	Introducing Inclusive Child Care
10:45 am - 11:00 am	Break
11:00 am - 12:00 pm	Getting to Know Children with Disabilities
12:00 pm - 12:45 pm	Lunch
12:45 pm - 1:45 pm	Building Relationships with Families
1:45 pm - 2:45 pm	Including Children with Disabilities in Daily Activities
2:45 pm - 3:00 pm	Break
3:00 pm - 3:45 pm	Community Services for Children with Disabilities
3:45 pm - 4:15 pm	Ready, Set, Go!
4:15 pm - 4:30 pm	Wrap-up

ABC CHILD CARE CENTER

SpecialCare Training

SAMPLE AGENDA

TUESDAY

9:00 am - 9:30 am	Welcome and Overview
9:30 am - 10:15 am	Introduction to SpecialCare Training
10:15 am - 10:30 am	Break
10:30 am - 12:00 pm	Introducing Inclusive Child Care
12:00 pm - 1:00 pm	Lunch
1:00 pm - 2:15 pm	Getting to Know Children with Disabilities
2:15 pm - 2:30 pm	Break
2:30 pm - 3:30 pm	Building Relationships with Families

WEDNESDAY

9:00 am - 9:15 am	Welcome and Overview
9:15 am - 10:45 am	Including Children with Disabilities in Daily Activities
10:45 am - 11:00 am	Break
11:00 am - 11:45 am	Community Services for Children with Disabilities
11:45 am - 12:00 pm	Energizer
12:00 pm - 12:45 pm	Ready, Set, Go!
12:45 pm - 1:00 pm	Wrap-up

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APPENDIX C

Sample Training Materials

UNIT I
INTRODUCING INCLUSIVE CHILD CARE

Objectives and Agenda

Objectives

As a result of this session, you will

- know what is meant by an inclusive child care setting,

- be able to identify the benefits of inclusive child care, and

- become aware of your attitudes and feelings about caring for a child with a disability.

Agenda

- Overview and Purpose of the Session

- Overview of Inclusive Child Care

- Viewing the Video "Just a Kid Like Me"

- Activity: Benefits of Inclusive Child Care Settings

- Activity: Attitudes and Feelings

- Summary

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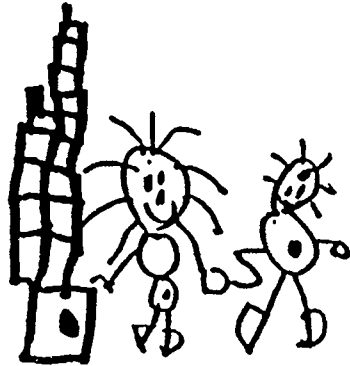
We're Just Lucky!

A visitor got caught in a fire drill one day when I was helping out. While we were waiting outside, she asked:

"Why are there so many children with disabilities here?"

My mind went blank for a second, then I found myself saying:

"We're just lucky, I guess!"

(Parent of a child without a disability)

Preschool integration handbook. (1991). Tallmadge, OH: The Family Child Learning Center, p. 8.

What Is an Inclusive
Child Care Setting?

One in which all children,

those with and without disabilities,

have an opportunity to play

and learn together.

One in which the special needs and interests

of each child, including those with disabilities,

are addressed.

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What Words Would You Use?

INSTEAD OF . . .   USE . . .

- Disabled, handicapped child

- Deaf child

- The retarded boy

What Is Known about Caring for Young Children in Inclusive Settings

- **All** children learn skills and make developmental gains at expected rates in inclusive settings.

- Children usually do not imitate behaviors that are inconsistent with their own levels of development.

- Children do not magically interact.

- Rejection of young children with disabilities by other children is rare.

- Successful inclusion heavily depends on the attitude of caregivers.

Hanline, M. F. & Bair, M. (1988). *Supported transition to integrated preschools.* San Francisco, CA: San Francisco Unified School District.

Lewis, L. (1989). *We're in this together.* Des Moines, IA: Department of Education, Bureau of Special Education.

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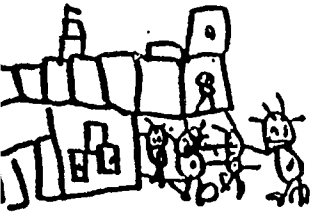
UNIT IV
INCLUDING YOUNG CHILDREN WITH
DISABILITIES IN DAILY ACTIVITIES

Objectives and Agenda

Objectives

As a result of this session, you will

- understand how to create an accessible child care environment to accommodate children with disabilities,

- know how to encourage social interactions between children, and

- gain an understanding of how to plan activities to ensure participation by all children.

Agenda

- Overview and Purpose of the Session

- Making the Child Care Environment Accessible

- Encouraging Social Interaction Through Play

- Helping Children Participate in Activities

- Summary

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Change the World Around Her

"You may not change Maria's disability . . .

You may not make her walk . . .

But you can make her life better . . .

You can change the world around her."

(Parent of a child with a disability)

Preschool integration handbook. (1991). Tallmadge, OH: The Family Child Learning Center, p. 12.

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The Accessible Child Care Environment

●   Children should have access to all the activities going on in the child care setting.

●   Children with disabilities should be near other children.

●   All children should be situated as much alike as possible.

Adapted from: Preschool integration handbook. (1991). Tallmadge, OH: The Family Child Learning Center.

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Promoting Social Interactions

Interacting and playing with others provides many learning opportunities for young children. In inclusive child care settings, children with and without disabilities may need to be encouraged to play together. Social interaction between the two groups of children can be encouraged in a number of different ways. Suggestions for ways to use caregiver attention and to structure the child care setting to promote socially interactive play are discussed below.

Caregivers can be very effective in promoting social interaction by encouraging children to play together and by praising them when they do. However, it is important to remember that too much adult attention may interfere with the children's interactions. It is a good idea, therefore, for adults to remove themselves from the play situation once children have begun to play together.

Caregivers also can promote interactions by teaching children specific ways to ask other children to play, to share toys, to take turns, to express affection, and to help other children.

Assisting children to control their aggressive behavior encourages the formation of friendships.

Planning small group activities that require cooperation and sharing motivates socially interactive behavior. For example, painting a mural or making soup as a group encourages children to learn to work together.

Being certain that children with disabilities are seated next to children without disabilities makes it easy for the children to interact with and learn from each other.

Allowing all children to lead activities, pass out materials, and be successful in front of others helps children view each other as competent.

Toys such as blocks, dolls, dress-up clothes, trains, and cars promote social interactions much more than do toys such as beads, clay, puzzles, and paints.

Making sure all children have toys that they can play with competently encourages children to play together.

Limiting the number of toys available and requesting that children play in a small area require children to share and engage in the same activity, thereby encouraging social interactions.

Adapted with permission from: Hanline, M. F., & Bair, M. (1988). Supported transition to integrated preschools. San Francisco, CA: San Francisco Unified School District.

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Guidelines for Activities

When planning how to include children with disabilities in activities, consider the following guidelines:

- Determine how much assistance is needed.

- Provide opportunities for children to choose activities.

- Provide types of activities similar to those used by other children.

- Position children appropriately to allow for maximum independence.

- Remember that individual children have individual learning styles.

- Provide or adapt whatever additional equipment or materials may be necessary.

McNellis, K. (1987). Module 1: Monitoring development and identifying special needs. In K. McNellis (Ed.), Special training for special needs. Minneapolis, MN: Project ETC.

Preschool integration handbook. (1991). Tallmadge, OH: The Family Child Learning Center.

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Helping Children with Speech or
Language Impairments

Children with a delay in their communication development may have a speech impairment, a language impairment, or a combination of both. Children with speech impairments often have difficulty speaking in the correct pitch and tone of voice, pronouncing and sequencing the sounds used to talk, and/or speaking with normal rhythm and speed. Children with language impairments may have difficulty expressing their ideas in words and/or may have difficulty making sense of what they hear. A delay in communication development may occur as part of another disability.

When including children with delays in their communication development in inclusive child care settings, keep in mind that children learn language best when they have the opportunity to practice talking and listening and when language is meaningful to them. Remember also that children with speech impairments may be shy about talking. Help the children feel secure by gently encouraging them to use the skills they have, while not asking them to do anything that will be frustrating or embarrassing. Let the children know that any attempt at talking is appreciated.

To enhance children's communication development:

- Listen attentively when a child speaks and respond to what the child has said. A child with a speech impairment may be difficult to understand at first, but understanding becomes easier as you get to know the child.

- Remember to use names for objects and places and to use words for actions. For example, instead of saying "Put it over there," say "Hang your bag on the hook."

- If a child is having difficulty expressing himself, listen without interrupting for him to finish speaking. Do not speak for the child.

- Ask children open-ended questions instead of yes-no questions. Rather than saying "Are you painting?" ask "What are you doing?"

- A child who has difficulty understanding words may have problems responding immediately to simple verbal directions. It may help to show the child what to do at the same time you are telling her what to do, to use gestures along with the spoken word, and to give the child a little extra time to respond.

- Try not to anticipate and meet a child's needs before the child expresses a need. Encourage the child to independently and spontaneously express his needs.

- Expand on what a child says. For example, when a child says "Want ball," expand by saying "You want the ball." This shows the child he is understood and also shows him how to express himself in a more developmentally advanced way.

Adapted with permission from: Hanline, M. F., & Bair, M. (1988). Supported transition to integrated preschools. San Francisco, CA: San Francisco Unified School District.

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Helping Children Participate - Activity #1:
Children with Speech or Language Impairments

The purpose of this activity is to help you know how to help children with disabilities participate in your child care setting. You will have 15 minutes to complete the activity.

Instructions

● Read Handout #8: Helping Children with Speech or Language Impairments.

● Do the task.

● Discuss your ideas with the other members of your small group. Use the chart paper to write down three to five ideas your group has talked about.

● Be prepared to share your ideas with the large group.

Task

Imagine you have just started caring for a child named Kenny. Kenny is 4 years old and has a speech impairment. He doesn't speak very often, and, when he does, he is hard to understand.

Identify three things that you can do to enhance Kenny's c nmunication development.

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APPENDIX D

Evaluation Instrumentation

- **Caregiver Comfort Measure**

- **Caregiver Knowledge Measure**

- **Training Evaluations**

CAREGIVER COMFORT MEASURE

Name:_____ Date:_____

Social Security #: _____

This survey is designed to gather information about your experience and level of comfort in caring for children with disabilities. We will use the information to determine if our assistance has been helpful.

I.   **Please circle the number that represents your level of comfort in:**

Caring for children with all types of disabilities.

1	2	3	4	5	6
uncomfortable		somewhat comfortable		very comfortable	

Talking with families of children with disabilities about their child and their child's strengths and needs.

1	2	3	4	5	6
uncomfortable		somewhat comfortable		very comfortable	

Helping children with disabilities have access to all parts of the room as well as to all activities and materials.

1	2	3	4	5	6
uncomfortable		somewhat comfortable		very comfortable	

Planning activities that children with disabilities can enjoy.

1	2	3	4	5	6
uncomfortable		somewhat comfortable		very comfortable	

Caregiver Comfort Measure
Page 2

Knowing where to find the specific help you may need to care for an individual child with a disability.

| 1 | 2 | 3 | 4 | 5 | 6 |
| uncomfortable | | somewhat comfortable | | very comfortable | |

Knowing what to do if there are questions or concerns about a child's development.

| 1 | 2 | 3 | 4 | 5 | 6 |
| uncomfortable | | somewhat comfortable | | very comfortable | |

Preparing for a smooth beginning for children with disabilities into your child care setting.

| 1 | 2 | 3 | 4 | 5 | 6 |
| uncomfortable | | somewhat comfortable | | very comfortable | |

II. **Have you ever cared for a child with a disability?**

___ yes   ___ no

If yes, please list age and disability of the child:
<u>Age at Time of Care</u>   <u>Disability</u>

_____   _____

_____   _____

(continue on back of sheet if necessary)

III. **Please circle the word that best describes you:**

home-based caregiver   center-based caregiver   trainer

For CDR Use Only:

__ __ __ / __ / __ __ __ / __ __ __ - __ __ - __ __ __ __ / __

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CAREGIVER KNOWLEDGE MEASURE
SPECIAL CARE TRAINING

NAME: _____ DATE: _____

SOCIAL SECURITY #: _____

Read each statement. Write the letter of the best choice in the space provided.

1. _____ When children with and without disabilities have a chance to learn and play together, children without disabilities usually

    (a)   learn skills at the expected rate
    (b)   also show delays
    (c)   copy the behavior of children with disabilities

2. _____ Rejection of young children with disabilities by other children is

    (a)   never going to happen
    (b)   common
    (c)   rare

3. _____ Successfully including children with disabilities in a child care setting heavily depends on

    (a)   the attitude of caregivers
    (b)   whether other children have ever seen a child with a disability
    (c)   the type of disability the child has

4. _____ In child care settings, caregivers of children with disabilities need to

(a) understand child development
(b) have a college degree
(c) be an expert in special education

5. _____ The term "cognitive development" is used to describe how a child

(a) relates to others
(b) thinks and solves problems
(c) sits and grasps toys

6. _____ If you care for a child who is not able to see well, you might need to

(a) stand close to the child and speak louder
(b) tell the child when you move the furniture
(c) carry her wherever you go

7. _____ When we do not agree with a family's way of living we should

(a) try to change their way of thinking
(b) respect each family's right to have their own values and lifestyle
(c) always report them to social services

8. _____ We should ask parents of children with disabilities to

(a) do less than other parents
(b) do more than other parents
(c) do the same as other parents

9. _____ When including children with disabilities in a child care setting, it is necessary to

    (a)   make only slight changes such as rearranging the furniture
    (b)   make major changes to the building
    (c)   make no changes in the environment

10. _____ In order for children with disabilities and other children to play together, the caregiver

    (a)   may need to provide encouragement
    (b)   should not interfere
    (c)   should be involved in all play activities

11. _____ For children with speech problems, caregivers should

    (a)   correct the way the child talks
    (b)   use simple, direct speech
    (c)   ask the child to repeat mis-pronounced words correctly

12. _____ In Virginia, early intervention services are available for children with disabilities who are

    (a)   birth to two years old
    (b)   birth to five years old
    (c)   three to five years old

13. _____ If caregivers have questions or concerns about a child's development, they should

        (a)   discuss their concern with the child's parents
        (b)   immediately call the local special education program
        (c)   not do anything because if they are wrong it would only upset the child's parents

14. _____ Children who receive special education services must

        (a)   get therapy
        (b)   have an individual plan
        (c)   go to a school classroom program

15. _____ When planning for the arrival of a child with a disability, caregivers should

        (a)   treat the child the same as any new child
        (b)   make sure all the parents of other children know the child is coming
        (c)   make a "big deal" out of telling the other children so they will be nice to the child

For CDR Use Only:

__ __ __ / __ / __ __ __ / __ __ __ - __ __ - __ __ __ __ / __

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WE VALUE YOUR INPUT

DATE: _____   LOCATION: _____

What I liked about the training...

How Did We Do?
The information presented was:
__ Easy to understand
__ Difficult to understand because...

The information presented was:
___ useful
___ not useful because...

Suggestions I would like to offer for improving the training...

I think what I'll remember most was...

I gained knowledge about...

My attitudes changed about...

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SPECIALCARE PROJECT
Training Evaluation

Participant's S.S.N._____

The overall quality of the training was - (circle one)

1	2	3	4	5
very poor				very good

Was the information presented appropriate for your needs?

1	2	3	4	5
not at all				very much

Was there enough opportunity for questions and discussion?

1	2	3	4	5
not at all				very much

Were the training materials helpful?

1	2	3	4	5
not at all				very much

Will the training help you care for children with disabilities?

1	2	3	4	5
not at all				very much

---

1. If this training will help you care for children with disabilities, please give an example of how it will help.

_____

_____

2. PLEASE SHARE ANY ADDITIONAL COMMENTS:

_____

_____

For Office Use Only:

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Ti~~ERIC~~ Session: _____   Program #:_____   Program Type:_____   Survey Point:_____