

A Thinking Guide to Inclusive Childcare

**for those who care about young children
with and without disabilities**

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INTRODUCTION AND PURPOSE

Imagine an inclusive childcare setting. Inclusive childcare sounds ordinary. Then, someone asks *who are we including?* When the answer is *children with disabilities*, some minds begin to spiral. Some people imagine medical equipment and the need for highly specialized treatment. Others share rumors about children from other centers. *Children with disabilities* is an umbrella phrase that refers to children who have a wide range of abilities.

Too often, more energy is spent on imagination and fear than on practical planning. To mess with a cliché, sometimes the forest gets more attention than the individual trees. When talking about children with disabilities (the forest), it is important to **keep the focus on the child in front of you**; the child you can get to know (the tree).

This Thinking Guide offers ideas and strategies to support staff in developing childcare practices that consider the needs of individual children and promote an inclusive experience for the families and children in your care. Your program can operate as “a thinking organization” by learning to ask the kinds of questions that lead to creative solutions for the education, support and inclusion of young children with a wide range of abilities. This guide does not try to tell you what to do for a child with a specific disability. Instead, **you will learn how to engage staff and families in conversations that can help you respond to challenges as they arise.**

Assumption management has to be part of the ongoing conversation. The inclusion of children with disabilities in childcare centers does not have to be overwhelming. An alternative to speculation and worry about imagined children is to **cultivate a thinking organization**. Within a thinking organization, staff are encouraged to get to know individual children, to wonder what it’s like to be them, and to design support that might be helpful.

Childcare workers are among the first people outside of the home to notice how a child is learning. Children with almost all manner of delays benefit from early support and interaction with typical peers. All children, typical and delayed, benefit when adults learn to actively wonder what it’s like to be the child receiving care and trying to learn. **When adults actively wonder about a child’s perspective, every child can receive better care.**

Commonly asked but poorly thought out questions about inclusion include: *can this child do what we do in our room? Will s/he fit?* An inclusive attitude does not start with decisions about which children cannot be served.

[See Appendix 1: Serving Children with Disabilities - Children and the ADA]

An inclusive childcare staff is committed to asking questions that result in conversation about how a child might be supported. Questions that result in the most usable information are usually not answerable with a *yes* or *no*. Questions that lead to more usable information invite conversation. *What does s/he like to do? How could s/he participate? What support or accommodation might help?* To answer such questions, we have to be observant and we have to think.

In other words, **an inclusive attitude begins with genuine curiosity.** The years from birth to five are about emergence: emerging physical abilities; emerging speech and language skills; emerging environmental curiosity; emerging social interaction; and emerging intellectual growth. Some children race ahead. Some stay with the pack. Some children move along at a slower pace. And some children have a unique experience of what seem like ordinary events.

Children benefit when adults recognize the similarities in children, acknowledge differences, and have curiosity about a child's unique point of view. Even with developmental milestones, experts allow that there is a great deal of variability as to when and how children learn. That means that all children need acceptance for individually paced learning which requires flexibility from the adults who support them.

One three-year-old might use crayons to color, attending to the lines and densely filling in all areas of the design. Another three-year-old might scribble on the page without any attention to the lines. A third child might have little interest in crayons for coloring but might enjoy the feeling of standing on them. Often, adults would like to have all of the children in their care heading in the same direction with the same knowledge and skills at the same time. An inclusive attitude accepts that the speed and manner of learning among children of the same age will vary; and **all children are respected and supported to feel capable and safe.**

People who work in childcare have different backgrounds and training. Some see themselves as teachers and others as care givers. Some have training in early childhood development and others primarily have their life experience and enjoyment of children. Some engage in this work for many years. Others work with children for a brief time. All, we hope, are still thinking and learning. **Inclusion in childcare depends on a thinking organization.**

Everyone has a point of view about what children *should* be doing at any given age. The more rigid the expectations, the less inclusive the experience will be. Prepared supervisors can add to the success of an inclusive childcare center by inviting curiosity about the needs and experiences of individual children. **When staff are flexible about the ways children might participate, there are more opportunities for inclusion.**

The purpose of this guide is to encourage thinking. It is not a substitute for more formal learning about children. Within a thinking organization, there is active and

ongoing conversation that leads to better understanding about an individual child's experiences and possible needs. This can lead to more creative planning when there are concerns about the ways a child is or is not participating. From setting policy, hiring, and orienting new staff, coaching continuing staff, or communicating with parents about their children - the goal is to help people ask relevant questions of themselves and one another, and to gather usable information so that quality childcare can be provided for all children.

HOW TO USE THIS THINKING GUIDE AND CONVERSATION PAGES

Some of you might read this guide from beginning to end (thank you). That would be the best way to immerse yourself in the ideas presented. Others might look for particular pages of interest. There are also Conversation Pages associated with several of the sections. It is recommended that Conversation Pages not be given to staff or parents as handouts to be completed.

This is a Thinking Guide and **the Conversation Pages are intended for use as conversation tools**; conversation between staff and parents, among staff, and between supervisors and staff. The Conversation Pages are also not necessarily to be used all at once. For example, there is a Conversation Page about understanding a child's behavior. A supervisor might start by talking with staff about just the first item on that page - describing a child's actions in recognizable detail.

The Conversation Pages are tools for gathering usable information. The recommended way to use these Conversation Pages is after reading the entire guide so that you have a better understanding of the overall attitude. For example, it will be easier to have a conversation about the last section of the page about understanding behavior (having to do with providing support to a child) if you have also read the sections about getting to know a child and helping a child to learn. The different sections of the guide are related and each section is intended to support a better understanding of the other sections.

There are many questions throughout this guide. You are encouraged to think about them yourself and to raise them with others for discussion. Some of the questions are preceded by a small box like this . Please slow down at these marked questions. Allow yourself to linger as any questions hold your interest or others arise in your mind. **Think about your support of children. Cultivate your inclusive attitude.**

INVITING PARENTS TO TALK

The state requires that you obtain specific information about children in your care, but that information is limited. *How* you begin a conversation with parents can determine how much usable information you gather about their child.

- What is *usable* information about a child? What do you think is essential information? For example, at the time of enrollment, are there any essential reasons parents should disclose that a child has Down syndrome?

Childcare center administrators report that parents sometimes withhold information about their children. All young children need assistance and support. A completed checklist or a disclosed classification (such as Down syndrome) will not make a big difference in what staff *know* about that child. Some parents might fear that their children will be rejected without anyone taking the time to get to know them. Some are new to raising children and do not notice their child's needs as being anything other than ordinary.

The mother of a teenager reported that when her son was a child, she knew his development was delayed. His movement appeared more difficult than his older brother's had been. His speech was slower to develop. Still, he was Eric, her second child. He smiled a lot and laughed when she laughed. He liked to be around other children even when they could manage their bodies better than he could manage his. His mother was most concerned about the adults in his life. She said they focused mostly on what Eric did not do and were not actually getting to know him.

In general, **parents want their children to be safe and well cared for, to be liked and respected, to have friends, to learn and to be happy.** When inviting parents to talk, ask questions with these factors in mind.

- Do the questions you usually ask suggest a possible line between including or rejecting a child? How could you frame questions to convey a commitment to supporting a child well and nurturing growth?

Think about the purpose and context of your relationships with children in order to define some reasonable boundaries. What information do childcare workers *need* given the nature and context of their relationships with children? For example, does a childcare worker need the same information as a healthcare worker? No, but enough to be attentive to relevant matters of good health and safety. Does a childcare worker need the same information as a diagnostician, a psychologist or a clinical social worker? No, but a childcare worker can be a valuable resource if parents are seeking a diagnosis or making other kinds of clinical decisions for a child. People need information about a child based on their role in a child's life. Information we define as essential should be based on what we do.

Questions asked of parents should convey a desire to support their child well. So, there are safety questions that might be essential, including possible food and environmental allergies. However, asking *does your child have special needs* is not necessarily a helpful question. When you want to engage parents about their young children, ask questions that cannot be answered with a *yes* or *no*. information about so-called special

needs can be learned best in the context of conversation. Ask questions that communicate your desire to support their child well in the most respectful way possible.

Notice the sample questions in bold followed by some brief explanation. Remember, the purpose of asking these questions is to begin the process of getting to know a child.

➤ **What are some of the things (your child) is noticing now with the most interest and enthusiasm?**

This is a child friendly opening question. The assumption is that a child of any age is demonstrating a preference for some experiences more enthusiastically than others. At any age, we can notice what a child values. Followup questions for someone who does not understand the kind of information you are inviting could include: *What do you notice makes her/him smile or laugh? What does s/he move or reach toward? When s/he is more on her/his own, what does s/he like to have available?*

➤ **When (your child) is upset, what is soothing?**

This question assumes that all children experience upset. It is not a question about *difficult* children. It is not a screening question. The question is asked to learn what might comfort and help this child restore her/his sense of safety and well being after an upset. The message is *we want to care well for your child right from the start.*

➤ **What kinds of situations does (your child) find stressful or upsetting?**

Asked after the previous question, it is natural to talk about situations when comfort might be helpful. Notice that you are still not asking about special needs, disability or behavioral problems. You are asking about a child's sense of well being and situations that might be stressful. This is usable information.

➤ **At this time, what could we do to support (your child) well** related to:

- ___ eating and drinking
- ___ toilet use
- ___ managing clothes
- ___ preparing for naps and waking from naps
- ___ getting washed
- ___ playing alone
- ___ playing with others
- ___ switching from one activity to another
- ___ any specific frustrations related to being in groups

These are conversation points rather than items on a checklist. A detailed checklist of

daily living skills is not very valuable at the time of enrollment. Most children are changing and attentive childcare workers will learn what they can do as a function of daily interaction. These activities are raised for conversation because they represent daily events about which a parent might disclose if their child needs particular support.

➤ **What have you noticed about (your child's) sensitivities, if any,**

- ___ to touch, e.g., any physical sensations that your child enjoys or wants to avoid?
- ___ to light or brightness, e.g., any attractions or avoidance to light?
- ___ to sound, e.g., any attractions or avoidance to sound?

Children are sometimes described as *fussy* or *irritable* without any further conversation. These questions invite parents to wonder whether there might be a correlation between a child's actions and sensory factors. Even during a possible enrollment meeting you can be learning about a child and creating an opportunity for a parent to consider a correlation between sensory factors and their child's actions. Usable information. Beyond thinking about a child as fussy or irritable, there might be some communicative function to this child's actions. The question itself sets the opportunity for conversation and learning.

➤ **At this time, how does (your child) let you know, or how can you tell, if s/he is not feeling well or needs something?**

This question is to gather some information about how a child communicates using vocal, verbal, or other ways including affective actions, physical actions or gestures. How does the child use her/his current abilities to get a message across intentionally or by default? The response to this question might suggest to someone knowledgeable about developmental milestones that a child is slower than others of the same age in interaction or communication. However, this is a straightforward question about communication at home and in the community.

➤ **Is there any information we should know related to food allergies, environmental health or safety, or any other individual safety needs?**

Leave an opening for parents to disclose anything specific or general. Ask *is there anything else* until the parents feel finished.

[See Appendix 2: Conversation Page - INVITING PARENTS TO TALK]

GETTING TO KNOW A CHILD - What is usable information?

Childcare workers can be described as facilitators. To facilitate means to make something easier. Facilitators with young children try to make it easier for children to develop their emerging abilities. Their bodies are growing and they are learning daily what they can do. Their language is developing. They are interacting with other people, some bigger and some about the same size.

Children are learning exciting and difficult lessons every day. There is the excitement and happiness of new sensations and successes. There is also the emotional roller coaster of disappointment as children learn to grapple with two lessons that many adults struggle with: you can't always get what you want; and, not every urge leads to a satisfying experience. Disappointment is at least as significant in the lives of young children as it is in the lives of adults. **Much of the unwelcome behavior reported about children can be better understood as a child's attempt to cope with experiences (positive and negative): their excitement, frustration and grief.**

It has been stated by many others that play is the primary responsibility of children. That means childcare workers are in the business of facilitating play. They have to become skilled at noticing, encouraging, allowing and creating opportunities for play. Some opportunities are planned and others spontaneous. Some are indoors and some are outside. Through play, children learn how to use their bodies, their voices and their minds. They are learning to learn and, with good support, to enjoy learning. They are learning that there is a time and place for certain activities and energies. They are just beginning to learn how to cope with the ups and downs of life.

What guides your work with young children? What is your guiding philosophy of supporting young children in a childcare setting?

When your role is to facilitate learning through play and other daily activities such as eating, dressing, grooming, etc., what is usable information? Usable information is different than a score, a ranking or comparisons to other children of a similar age and size (or your children at a similar age). It is different than describing someone as *higher* or *lower functioning*. Usable information is different than a diagnostic category or a disability classification. **Usable information helps you answer the question: *Who is this child?***

If you are reading this, chances are excellent that you have not been a young child in a many years. Nevertheless, think about yourself for minute. What factors have helped you feel comfortable and at ease when you wanted to learn something new? What factors have made you feel comfortable and at ease when interacting with others?

What factors have strengthened your comfort for learning and communication?

Most people report that to feel comfortable in a learning or communication situation, there has to be some personal interest or motivation. There has to be some curiosity or pleasure. For continued learning, there might need to be a feeling of engagement because the experience itself is fun or satisfying. Most people do not report feeling more comfortable or at ease because someone else thinks it's important for them to learn or is telling them what to do.

The degree of personal challenge someone experiences has to be right: including the right activity; the right amount to do at the right pace; and the right level of difficulty. The interactions and relationships with others have to be respectful and most often positive. Please notice that all of these comfort factors are about the perspective of the learner, whether that person is an adult or a child.

What factors do you think help children feel most comfortable and at ease in a childcare setting?

How might adults interfere with a child's comfort to learn and communicate?

Awareness of comfort factors related to learning can help guide childcare workers toward usable information. Because most young children are changing so much in relatively short periods of time, **the gathering of usable information is an ongoing process**. Supervisors can engage childcare workers with the kinds of questions outlined next. Notice the focus.

✓ **What does (this child) value?** What attracts this child's interest or attention? When no one is directing or inviting this child's attention, what does s/he do? What makes her/him smile or seem most alert? Consider movement, things to touch, things to look at, things to put in the mouth, things that provide or create sound, and someone to talk with. What else? What is important to this child?

✓ **What is (this child's) temperament?** What is this child's general energy for life? This is often looked at on a scale from cautious to adventurous or from timid to bold. Would you describe this child as having *big* energy? If you often find yourself on the verge of saying *you need to calm down, settle down, or sit still*, you might very well be talking about a child with big energy. Some children are more tentative and cautious. They have interests, but they are expressed in more subtle ways. What do you notice about this child's usual temperament?

☆ Any information that helps you better understand **the child's point of view** can help you make choices about providing helpful support and instruction.

✓ **What kinds of relationships does (this child) establish?** Does this child enjoy others or tend to be on her/his own? Is s/he more inclined toward adults or other children? Does s/he initiate contacts or wait for them to occur? How does s/he respond to those who initiate (i.e., with awareness or not so much yet)? Does s/he often lead or follow someone else's lead?

✓ **What are (this child's) current methods of communicating?** Does this child use words to communicate? Does s/he use actions? Does this child use her/his voice with ease? Does s/he communicate in other ways? For example, is s/he animated - facially, with hands and arms? Is s/he likely to take you by the arm to show you what is important? If s/he does not feel well, what do you notice? Does s/he ask questions or tell you things? Does s/he show interest in what you say? Does s/he get someone's attention before trying to deliver a message? Even if some of the child's actions are not highly valued (e.g., hits, cries, runs off), but they are communicative, describe them and begin to think about what they might mean.

✓ **How does (this child) interact with the sensory world?** Sensory information refers to what we see, hear, feel, taste, and smell. Typically, with no special effort, children integrate sensory information enabling them to rest attention on whatever seems most relevant at the time. Some children find it more difficult to accomplish this. They might feel more or less sensitive to light, sound, physical sensation, taste or smell. For example, a child might be very particular about textures of food or what touches fingers; another might block her ears to some sounds or cover his eyes to block the light. Some children appear uncomfortable when touched in ordinary ways by others. They might pull away or run away. Some children want more pressure, brighter light, more volume. Does anything stand out about the ways this child responds to sensory factors?

✓ When (this child) falls down or drops something, what does s/he do? **How does s/he respond to situational problems?**

✓ What does (this child) find frustrating and **how does s/he try to cope with the experience of frustration?**

✓ And, **what helps (this child) learn?** Volumes have been written about the process of learning. What follows is a shockingly brief overview. Children, like adults, learn through their senses - what they see, hear, feel, taste and smell. During these early years, some

of what we might notice is based on their control over their bodies. As they achieve better physical control, their natural tendencies as learners become more defined.

Children have their own emerging preferences regarding learning. In order for learning to occur, attention is aroused. One of our senses has to be engaged. This is general attention. Then, we have to notice that some details are more relevant than others for a particular activity. Whether the activity is tying shoe laces, identifying letters or playing a game, some details are more significant than others. When we are motivated, we shift from general to more focused attention. Learning mastery occurs when we store and recall what we have learned for later use.

It is so important to remember that **young children are not little adults**. They do not have the same frame of reference as adults. Children are busy with movement and action; adults spend more of their time in the world of words, ideas and expectations. Children do not have the same sense of manners or time or emotions. They have their very self centered and immediate understanding of the world that changes over time and with experience. When we say of an adult *he thinks the world revolves around him*, this is not usually intended as a compliment. When we say the same of a child, we are simply reporting the truth. A young child who operates as though the world revolves around her/him is being a young child - not *selfish* and not *manipulative*.

Consider this. You want to learn to do something new on your computer. You are motivated to learn. Just to get started, there are several options. What you want to learn can be explained to you (hearing - auditory). It can be demonstrated or shown to you (seeing - visual). Or, you can sit at the computer and physically try to do it on your own (feeling/touching - kinesthetic). Would you be more comfortable and confident if you had the auditory option, the visual option, or the kinesthetic option - just to get started? Stated another way, would you be more comfortable getting started if you were told what to do, shown what to do, or could try it on your own? (Keep in mind that learning is not just about getting started.)

Learning also includes getting stuck, i.e., not knowing what to do next. How we get unstuck is by learning that some details are more important than others. This is the shift from general attention to focused attention. What matters at this moment? We have to feel comfortable enough to focus our attention. This is like noticing a keyhole on a knob on a door on a house when what you want to do is get inside. To notice that some details have more relevance than others, it helps to have motivation and interest.

Children do not assess relevance of details in the same ways that adults do because their perspectives are different. Some children are actively intrigued by less relevant details. Just think about the checkout lines in grocery stores. Adults often see the checkout line as the end of shopping. They focus on the shortest line with the fastest cashier. Children (and some adults) see the checkout line as an opportunity to review the candy options and the latest celebrity photos with less focus on the cashiers or getting home. A childcare worker might understand sitting on a square of carpet as the

most relevant detail at the beginning of an activity. A child might see that piece of carpet as a jumping pad, a flying object, as a facial rub or might not consider it significant at all, wanting instead to touch the new big book the teacher is holding. **When it comes to determining which cues are relevant, perspective matters.**

When you get stuck, what helps you? If you wanted to start (learning something new on the computer) by seeing or watching, when you get stuck, do you now want to ask questions and hear an explanation; or, do you want to try what you saw? If you wanted to start by trying on your own, now that you are stuck, do you want to see a demonstration or to hear an explanation?

Adults have a learning pattern, an order that makes learning easier. It is popular to say that someone is an auditory, kinesthetic or visual learner. It is more accurate to say that we are all three, but in a preferred order. There is an order in which it is easier and more comfortable to learn. Just think about yourself for another minute. If your preference is to watch for a while or have something demonstrated before beginning, what would happen to you if there was nothing to see? What influence would it have on you if there was only direction and explanation (talk, talk, talk)? What if you were just told to *get started*? How would that influence your comfort and confidence; and, your relationship with the person teaching you?

When we think about learning in children from birth to five years old, there will be a tremendous amount of trying and success and error. **Learning to participate sometimes includes walking away, looking away, rolling over, giggling, grabbing, jumping, waving arms, refusing, yelling, crying, and using materials in ways other than intended.** When thinking about a young child, all of these actions are part of the learning process. When you don't know where you are going, you are not lost - you are exploring. When an adult expects just the right response from a child and s/he does something else, the child is not wrong. This young child is learning to learn.

☆ **Learning is not the same as learned.**

One characteristic of a less inclusive attitude is the expectation that all children in a group must respond to the same cues at the same time. It will not always happen that way and never has. When getting to know a child of any age, **allow yourself to be curious** about which senses s/he is using at any give moment (i.e., hearing, seeing, feeling/touching, tasting, smelling). What cues are likely to stand out for this child? What could you do to help her/him notice relevant details so that s/he is more likely to understand?

The default mode of communication for many adults is to direct - to tell and explain. **Helpful intentions by adults are not always experienced as helpful by children.**

Noticing what sense the child is using can help you decide what support the child might experience as helpful. When a child's actions seem to indicate a strong need to touch or move, is there a way to say *yes* to that? When there is an apparent need to watch and look at something, is there a way to not only allow but encourage that? When a child needs to talk or is thinking out loud, is there a way to make the time to acknowledge that?

- Identify a child you want to know better. Observe how this child approaches an activity. Is s/he watching, using her/his voice or touching things? In other words, is there more visual attention, auditory attention, or kinesthetic attention as the child approaches? **How could you say yes to some version of what the child seems to want?**

Jed is four. At nap-time, he was assigned a mat next to a book case. One of his grownups started to read aloud as another was helping children settle down. The reader's intention was to ease the child to sleep. Jed stood and leaned against the book case while looking toward the reader. He was told to lie down (thinking this would be a better position for sleep). He was down for about seven seconds and then up again. This happened several times within the next couple of minutes. Then, he got up and walked toward her. When directed to lie down again, he took a different book from the shelf. The non-reading grownup took the book and told him it was time to sleep. This time, he was down for fewer than seven seconds and ran toward the grownup who was reading. Before she had a chance to send him back again, he said (whined actually) *I don't know what you're talking about. I can't see (the pictures).*

Ask yourself: Was Jed misbehaving? Was he disruptive or uncooperative? Was he naughty? What happens in your mind if your answer is *yes* to any of these?

Ask yourself: Were Jed's actions assertive? Was he communicating anything that helps you understand his perspective or what was important to him? What happens in your mind if your answer is *yes* to any of these?

Wondering about a child's perspective can help you make more inclusive decisions. Any adult who gives a group of children directions aloud and wants them all to listen, wait, make eye contact, keep their hands to themselves and sit still is guaranteed to come across children who do not and cannot follow through as directed. These children should not be dismissed as having poor attention, of misbehaving, of being distractable, naughty or having a disability. A child's actions offer a great deal of usable information about what they need and how they learn. Adults often focus too much on what children are not doing - or not doing to adult satisfaction. **An inclusive attitude holds that children teach us what might help them when we are willing to notice their attention and demeanor.**

Adult language does not always reflect a child's perspective. Adults more often report what a child is not doing and this is indicative of what the adult wants a child to do. It is more inclusive to notice what a child does in any given situation. **It is always worth wondering what the child's perspective might be before making teaching decisions.**

At the end of the day, each child should feel happy, satisfied, valued and wanting to return for another good day. It is a huge challenge for adults to meet the needs of a child all the time. That is why it is so important to have a clear sense of purpose and an ongoing pursuit for information that is usable.

What is usable information from the description of Jed's situation? Jed disclosed through his actions that he needed to see what he was hearing even to prepare for a nap. If not the pictures in the book that was being read, maybe the reader herself (who was blocked by the book case). If he could not see the reader, he might benefit from having another book in his hands. Other children were already down with their eyes closed, some were fidgeting and some were looking at the reader. Jed needed to satisfy his eyes in order to settle his body. Because his grownups were not thinking about this situation from his perspective, they saw him as misbehaving. They said *he knows what he's supposed to do*.

An adult with an inclusive attitude would be wondering about Jed's perspective as soon as he stood up. *What does he need? What is he trying to accomplish?* They would not start with the assumption that he was being noncompliant. They might wonder what was between Jed and a nap. Actively trying to get to know a child makes it easier and more interesting to facilitate learning.

[See Appendix 3: Conversation Page - GETTING TO KNOW A CHILD - What is Usable Information]

UNDERSTANDING BEHAVIOR - *Why is s/he doing that?*

Unwanted behavior is among the most cited reasons childcare workers give for wanting a child removed from their care. Most people allow that young children, from birth to about two years old, need positive attention and nurturing. Their unwanted actions are noted and quickly forgiven. When children are about two years old, adults start to have expectations. The language of analysis, judgment and blame creeps into conversation. Expectations of children can be tricky during these early years.

Our language about unwanted behavior is a mishmash of subjectivity and emotion. From the time they are babies we categorize and define children. It might start with *good baby* or *fussy baby*. Other words that might enter the conversation include *naughty, spoiled, mean, disruptive, wild, aggressive, manipulative, stubborn, noncompliant, out-of-control, whiny, and just trying to get attention*. (And this is not an

exhaustive list. You might have heard or thought others.) The problem with these words as characterizations of a child's actions is that they quickly become equated with the child. *He* is disruptive. *She* is stubborn.

It can be helpful and more accurate to describe a child's actions in clearly recognizable terms and acknowledge that sometimes adults do not know what to do. From a child's perspective, it might be the adult's expectations that are challenging. Whose perspective should be the primary focus of attention? It is important that we notice when our perspectives and attitudes are in conflict with being compassionate and creative.

A supervisor hearing the language of characterization, judgment or blame can help a childcare worker revise comments in a more thoughtful and accurate way. **Ask: *What did you see or hear that made you to describe her/him as _____?***

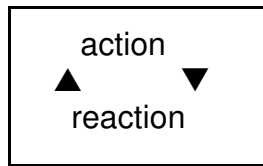
A hasty goal regarding unwelcome actions is the attempt to just make the child stop. Think about that. Behavior means action. Behavior is what we do. We eat, drink, run, talk and throw the ball. Eating and drinking are ok unless a child is eating sand or drinking someone else's milk. Running is good unless it is in a direction that is unsafe. Talking is highly valued unless it is judged out of turn. Throwing the ball is an achievement unless it is toward the window or during lunch. Most actions are not good or bad. The context in which actions occur is what makes them welcome or unwelcome. Children are still learning about the right time and place. (Teenagers and many adults are still learning what is acceptable based on considerations of time and place.) We cannot expect maturity from young children. Maturity is still being learned well into adulthood.

It is unlikely that young children think of themselves as misbehaving or many of the other words that adults use to describe them. **From their perspectives, children are doing the best they can, they are trying.** When situations are challenging, they are trying to make them work. They are coping to the best of their abilities.

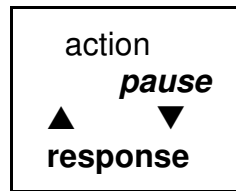
☆ **Children are not little adults. They have their own points of view.**

A reaction is what a person does without thinking. Adults often get caught in reactive cycles with children. A child does or does not do something (action) and the adult reacts. Our reactions are not always helpful. We can acknowledge reactive thoughts (e.g., *here we go again*) and physical sensations (e.g., a clenched jaw, a tight stomach, etc.). When we notice reactions or the actions that precede them, we can pause to consider the child's perspective. We can wonder what kind of response the child might experience as helpful. **In the pause, we can make room for curiosity about the perspective, experience and possible needs of the child.**

From:



To:



When our first thoughts about a young child are judgmental or blaming, we need to slow down > to pause. A supervisor can help a childcare worker pause to clarify her/his thinking and report more clearly and accurately what was seen or heard. A supervisor can ask for specifics rather than continue after only hearing general words like *aggressive, disruptive* or *mean*. The very action that an adult finds unwelcome can become the reminder to pause. Like traffic lights, yelling, pushing, crying, etc., can all become reminders. We can let them remind us to wonder what the child might be experiencing and what s/he might be trying to achieve.

Adults sometimes become the role of enforcer, rushing to make young children comply. We react before we consider the child's perspective and whether s/he even has the ability to comply. *You need to calm down. You need to sit still. You need to play nicely.* What do those directions mean to a young child? How do you calm down, sit still, or play nicely? What map or recipe does the child have to follow?

With maturity, we learn to adjust our energy from excited, agitated, frustrated, bored or angry to something else as needed. Or, more accurately, some of us learn to do this some of the time. These are not easy adjustments. (How did you learn to regulate your energy?) For many young children, the expectations of adults are just too big. *Behave.*

What is this child trying to cope with? What excitement or disappointment? What new discovery or curiosity? In our effort to manage children, we sometimes expect too much too soon. **First, we have to wonder about the child's perspective, then, about how to teach them.**

The teaching part of the learning curve is often overlooked. **Telling is not teaching for many children.** Reasonable expectations have to be considered for individual children. To make the shift from enforcer to supportive ally, to facilitator, we have to wonder what it's like to be the child we are trying to support. Consider the following terms.

BEHAVIOR means actions, what s/he did - without analysis or judgment.

CONTEXT refers to what else was happening, when the action is more likely to occur, who else is involved, where this occurs, what the environmental (comfort) conditions were, what happened first, and with a recurring behavioral concern - when did it start? Context refers to the rest of the story.

STRESS is anything - positive or negative - that puts us off balance.

COPING refers to our attempts (welcome or not) to restore balance. (This means that what an adult might reactively identify as bad behavior might be a child's best attempt to cope with a stressful situation.)

SUPPORT is what we do to imagine the child's perspective and support her/his learning.

A story is needed that tries to imagine the child's experience and perspective. Behavior is one component of the story shown in a small frame. Context is what we learn when more of the story is included and the behavior can be seen in a larger frame. In an emergency, you do not take time to imagine a larger frame or story. In an emergency, you interrupt whatever is unsafe and expose the story later. However, most stories are not immediately unsafe and there is time to gather more usable information. Below are some of the questions you can consider when trying to imagine a story from the child's perspective.

► **What is (this child) doing?** Provide an accurate description of what the child does; what you see, hear or feel that is of concern. Describe the direction of the child's attention while s/he is engaged in these actions. Where are her/his eyes focused? Is there movement toward or away from something? Describe the child's energy. How much force or intensity is involved in these actions? How big is the child's commitment to these actions? You have a usable description when an actor could play the child's part in a respectful way. Select the description below that would be easiest to reenact.

Description #1: *Tess was naughty and disruptive.*

Description #2: *Tess picked up the crayon and held it next to her head for a few seconds. Then, while looking at Alex, she threw the crayon on the floor in front of her. Her face was red and tight.*

What did you see or hear? Questions that require consideration invite a childcare worker who might be having a strong reaction to pause and provide more usable information. Behavioral descriptions in the small frame are not as usable as descriptions that expand to include information about the context in which the actions occur.

► **What is the context in which these actions are more likely to occur?** While it is frequently reported that a child's unwelcome actions *come out of nowhere*, this is not true. It might look and feel that way. Someone might report that a particular action is happening *all the time*. This is also unlikely, although it might seem so.

Children (and adults) act for external reasons having to do with factors around them that you might or might not notice; or, for internal reasons having to do with what a child feels or thinks. This means that some information is observable and some is not. You will not have access to all factors that might contribute to a child's actions when s/he is with you. You do not always know what a child is feeling internally - but we have a responsibility to wonder.

To get a sense of context and maybe a pattern of occurrence, fill out a week-at-a-glance calendar. After the child's actions have been described in recognizable terms, for about a week, note when these actions occur. Context has a lot of variables including: time of day (e.g., early morning, mid morning, before lunch); the activities of the day (e.g., circle time, washing hands, playing with blocks, sitting on the floor in a group, transitions between activities or locations); certain kinds of interactions (e.g., requests, directions, announcements); specific people (i.e., children or adults); or, personal or environmental factors (e.g., illness, excitement, crowding, volume, lighting). With a week's worth of information, look for a pattern. Based on the evidence, *under what conditions is it more likely that (this child) will engage in the actions described?*

When the people trying to answer these questions feel stuck, even after mapping the week-at-a-glance, there are a few other questions that might help.

Ask: What do you imagine (this child) is experiencing when these actions occur?
What is s/he probably seeing, hearing, thinking, feeling?
How do you imagine s/he is understanding the situation?

Ask: What do you imagine s/he is trying to accomplish?

Ask: If you wanted to provoke the actions that concern you, what conditions would you create? (Make it clear that you are not recommending provocation.)

► **What is the possible function or message of (this child's) actions?** With the information you have gathered you are ready to ask what message might be expressed in the child's actions. You are actively trying to imagine the child's perspective and experience. It is a guess, but a respectful guess, based on the gathered information. You are trying to imagine what this child would say if s/he had the confidence, the emotional maturity, the trust and the words to communicate precisely. It is important to remember that the literalness of words from children who are already speaking (e.g., *I hate you*) are not necessarily the real message.

There are a few functions of communication. We request; we want something, someone or some experience (*I want... I need ...*). We reject; we do not want something, someone or some experience (*I don't want ...*). We comment (*I think ... I saw...*). We express our emotions (*I feel* - physical sensations or emotions).

We also do things to take care of ourselves when we have excess energy or not enough energy. Sometimes we feel nervous or even anxious about something. Is it possible that a child you want to understand better is trying to cope with stress? Is it possible that what this child is doing is her/his attempt to feel better, safer, more comfortable, less anxious? Our task is to wonder, **with ease of language, under these circumstances, what might this child say if s/he could express her/himself clearly** (instead of engaging in the unwelcome actions described)?

► **How can we help?** After describing the child's actions, considering them in context, and trying to imagine what the child would say with ease of language, adults can begin to think about support. If the child's actions are understood as having message value, the next question is *what should the adult's role be in the conversation?* How can you be an ally for this child who is just learning to cope with stressful situations and to communicate effectively?

Support can take a variety of forms. Because even familiar situations continue to seem new from a young child's perspective, the best practice might be **prevention**. For example, Amy is poking another girl with her foot while directing her attention toward you during a story group on the classroom rug. What if your best guess after gathering information is that Amy's actions are a form of request for more interaction with you (too often dismissed as *s/he's just doing it for attention*). With ease of language, she might say *I'm over here / I want you to talk to me / I have things to say / Notice me*. If your best guess is that Amy wants to interact with you more often, what is your part in that conversation?

Many adults will hope that Amy does not do it again, but will wait until she pokes another child and then tell her to stop. If she continues, an adult might approach her, talk to her and maybe separate her from the other children. Amy might learn that to have adults interact with her more, she is supposed to poke other children with her feet. If Amy's actions are characterized as *disruptive* or *mean* and the goal is to make her stop, a valuable instructional opportunity will be missed. If your best guess was accurate (that Amy wants more interaction), she will continue to poke other children and/or do something else that draws adults to her. This is not an inclusive practice.

A more inclusive approach is to **wonder about this child's perspective and to consider her actions as having message value**. Use the information that leads you to believe Amy is 'requesting' more interaction. Ask yourself, *what should my part be in this conversation; how and when should I take my turn?* Adults could interact in a more deliberate way with Amy and try to satisfy her needs before she expresses them in unwanted ways. Some interactions can be more overt and some more discreet. Some can be up close and some can be arranged from across a room.

You could notice Amy upon arrival more specifically and in a way that she values. You could tell her that when you look at her and raise your eyebrows from across the room it

means you are so happy she is there. As you move around the room, you could comment more often on her efforts or give her a thumbs up, a nod or a pat on her shoulder if she finds that enjoyable. You could invite her to comment more frequently. You could notice more of her positive participation and let her know what she is doing that you like. There are many affirming ways to interact with her that will not require you to ignore the other children and might prevent the situation that results in excess or unwanted behavior.

What you decide to do should be in direct response to your best guess about the message of the child's actions. Notice that your choices of response would have to be very different if your best guess about Amy's message had been *I don't want to sit on the floor* or *she's sitting too close to me*. The same actions can have different functions or messages and will require a different response in order to be helpful.

Your best guess about the possible message of a child's actions might be that he is overwhelmed and frustrated with a situation and that he does not know how to do anything any better than he is right now. Consider Eli. He is five-years-old. His childcare workers described him as *wild and out of control*. They wanted him to stop. They wanted to send him home. He was reported to be wild and out of control *all the time*.

When asked to describe how Eli probably experienced the day, the grownups reported his schedule - arrival, coats away, free play, group time for calendar, stations, etc. It was pointed out that this was an adult perspective of Eli's schedule and the question was about his experience of that schedule. They were asked to imagine his five-year-old experience starting with arrival; what he was probably seeing, hearing, feeling, and maybe smelling and tasting.

They reported that Eli probably saw two grownups with their hands reaching toward him. He probably anticipated and then felt one hand taking hold of one wrist and another hand taking hold of his other wrist. He probably felt their hands tighten around his wrists as he tried to pull away. He might have heard one person greeting him from one side and another greeting him from the other side. He probably saw and heard the other children moving around them. He probably did not experience these sounds as welcoming even though that was the intention of the speakers.

When Eli and his grownups entered the classroom he felt their hands let go of his wrists and he ran. He ran away from them rather than toward anything in particular. Because he was running away, it was not uncommon for him to bump other children and things along the way. He looked back to see where the grownups were. He found places to hide under tables and behind book shelves. When it was time for children to gather together and adults moved toward Eli, he tried to hide again. His facial expression as the grownups approached him was described as *scared - his eyebrows puckered*.

Making the effort to understand a child's perspective can result in compassion, empathy and a more creative approach. **Within a thinking organization, the questions we ask ourselves and one another can make a positive difference.** The same people who originally described Eli as *wild and out of control all the time* were now describing him as *scared and confused* about what he was supposed to do at the center.

Considering other usable information, they acknowledged that by temperament, Eli was energy in search of purpose. They decided that the possible messages of his actions included: *I don't know what to do; I want something to do; don't squeeze my arms; and I'm scared.* Rather than focusing on trying to make Eli stop running and hiding they started to focus on what they could teach him to do. As soon as he arrived, he was given a cloth bag with some of his favorite toys to carry to the classroom. He learned that the childcare center was a place he could play with smiling people. This was a more inclusive process based on staff asking how Eli could be included rather than trying to make him stop being naughty and wild. Ideas to support Eli were now better matched to their guesses about his needs and the possible functions of his behavior.

The grownups also learned that it was difficult to be frustrated, angry and judgmental while being curious and compassionate. Eli did not benefit from having stern enforcers. Although he been attending for a while, Eli was still learning to be in childcare. Staff learned to ask better questions than *how do we make him stop?* They learned to gather usable information that helped them imagine what it was like to be this child, Eli.

Some children struggle to understand ordinary situations. Think about the direction to *line up*. Young children are still learning that interaction is about faces. Interaction is about looking at people. Getting in line is about looking at the back of someone's head. Like everything else, getting in line only makes sense after you have learned what it means. **Inclusive support requires that we meet a child on her/his learning curve.**

Based on usable information, decide what your purpose should be. Does the child need your support to learn the physical steps to basic activities, how to manage her/his body more effectively, how to interact more successfully, how to communicate more clearly, how to cope with a stressful situation, how to understand the language that is used? Is there something else?

[See Appendix 4: Conversation Page - Understanding a Child's Behavior]

HELPING CHILDREN LEARN - Teaching

- When a young child first sees you, what do you imagine s/he wants from you?

Many adults feel compelled to offer a child directions or correction; to fix them or improve what they are doing. If they see nothing that requires immediate fixing or changing they offer nothing. Do you think a child most wants to be acknowledged with a

message that s/he is not ok; that s/he *needs to* do something or *should be* doing something else? Even when a child's energy is too big or hands and face are a mess, **are there ways to acknowledge or interact that do not begin with *no, don't, stop, you need to..., or you should ...***? More than likely, a child wants to be acknowledged in a way that makes her/him feel happy and safe in your presence.

What is your natural tendency when interacting with children?

Some people talk a lot. They give directions, explain, ask questions, etc. Other people tend to interact by touching and wanting to do things together. They try to physically guide children into activity. Still others are natural demonstrators. They are likely to be overhead saying things like *look at this, watch me, and see what I'm doing*. What is your natural tendency; your most usual way of interacting with children? (You might discover that you do everything at once.)

What is your natural pace and volume? What is your point of view about what children should do at a particular age? All of these can influence a child's comfort. Most of the time, we assume that we are helpful because our intention is to be helpful. That is not always the case. The best indicator of how helpful we are is whether the child benefits from our attempts. **It takes humility to teach.** It takes humility to recognize that while your intention is to be helpful (like Eli's grownups), the child might not be experiencing you as helpful.

☆ **Good intentions are not always experienced as helpful.**

Consider four-year-old Joanie as she picks up the item in front of her. An adult says *let's wait until everyone is ready and I'll tell you what to do*. Joanie does not put the item down. She looks away from the grownup and looks with excitement at the item in her hands. Her interest is high. Her face is alert and curious. She is exploring. Here is a moment of decision. You could insist that Joanie follow directions, put the item down and wait. You can take the item away from her and tell her she was not listening. You can let her know that you are not pleased with her. Or, there are other choices. What would you do and why?

The possibilities described are all versions of saying *stop learning*. Children have natural tendencies as learners just as adults have natural tendencies as facilitators. Many children need to be physically or visually connected to something before anything they hear will make any sense. Joanie is four-years-old. What else could you do? (Remember what you thought earlier when asked what strengthens your comfort for learning. Consider that children have comfort factors as well.)

Unless there is an immediate safety reason for putting the item down, you could reconsider your original direction. (This is a moment when humility comes into play -

maybe you were hasty.) Was telling this child to put the item down and wait an essential direction? Notice that there is a difference between an adult's perspective and a child's perspective. Children are not little adults; they have their own perspective. The child who picks an item up is actively trying to learn. You are witnessing a point on her learning curve. You might notice her approach to exploration and discovery by allowing her to continue. If she looks up at you, you could acknowledge her effort with pleasure. She is revealing that she appreciates this time to explore on her own first. She might be more ready for you to show her or tell her what else she can do with this item soon. What might happen to Joanie's enthusiasm if you act without considering her perspective first? **What might happen if you require her to learn the way you teach?**

Think about the socially developing child. When a child does not understand that her/his words can hurt someone else's feelings or that physical actions might hurt someone's body, can that child make behavioral decisions based on that information? I am not *mean* or *aggressive* if I do not understand the effects of my actions. Telling me to *be nice* might not make anything clearer about what I am supposed to do.

A boy pulled the sweatshirt of the girl in front of him while both were running toward the slide. She said that he *hurt* her. Adults characterized the boy as *aggressive* and removed him from the playground. They told him he could only use the slide when he learned to *play nicely*. What became clear when this action was understood in a larger context is that the girl meant she was startled and got scared when her sweatshirt was pulled (as compared to being hurt). And what the boy was trying to accomplish was to ask the girl to play with him. He had not yet learned to invite play. **We can find teachable moments throughout every day if we resist the urge to be reactive.**

Young children do not understand or remember something because you told them. It should not be assumed that they understand something because they can say it back to you; e.g., *I'll be nice*. This is why it is important that we think about how we will help a child learn; how you will teach. It can be a benefit to have high expectations for a child as long as you accept your role to teach in ways that are not detrimental. Some methods of support strengthen a child's confidence and relationships and some do not. **Select methods of teaching that are likely to strengthen a child's confidence.** This means that you might need different methods with different children.

Beliefs and practices regarding interactions with babies and young children have been changing. Not long ago, it was believed that babies were not cognitively engaged with adults or their surroundings. Now, it is believed that babies probably understand more and have more intention than they can carry out because of physical limitations. Not long ago, it was recommended that adults encourage babies to imitate adult actions and voices. Now, it is recommended that adults imitate the baby's actions and vocalizations. **Being responsive is considered a more helpful practice with babies than trying to get them to imitate you.**

When we teach children, it is important to be clear that we are talking about **facilitating a process**. With very young children, we are helping them learn to learn. Play is the most significant learning opportunity, even for children for whom different therapies might be recommended. Kindergarten teachers are not looking toward childcare centers to teach children reading, writing and arithmetic. There is a phenomenon in some childcare settings (and elementary schools) described as *the push-down effect*. This refers to having more and more sophisticated expectations of children at younger and younger ages - academic, behavioral, social and emotional. It is transmitted in our language when we talk to young children about needing to do their *work*. It is communicated in our expectations that they move from one activity to another quickly and many times during the day.

It is popular among some people to distinguish between academic and play-oriented childcare centers. It does not have to be one or the other. Children learn best by playing. Whether learning to play games, get washed, share toys or recognize letters and numbers - whether you are indoors or outside - play is the most natural way for young children to learn. **There is a problem when an academic curriculum takes priority over interaction and relationships between children, and between adults and children.** Stated another way, when an adult is shushing children so s/he can teach, the priorities should be examined.

Learning in young children is largely about attempts, approximations and refinement of skills and comprehension. How adults react or respond to these attempts gives children a great deal of information. A reaction is something we do without thinking about the effect we might have. A response is something we do after having thought about the effect we want to have. A considered response is something we do for a specific child we have come to know. Because children are vulnerable to adult actions, respond so that children notice that their attempts (even when they are incorrect) are appreciated. Attempts come before mastery and should be valued.

- Notice whether you more often react or respond to children. Notice whether your actions more often express appreciation of a child's effort or whether you more often correct or question her/his actions. (If you are curious and brave, videotape yourself with children.)

Consider a few learning terms that can help you plan your teaching support.

A child's experience - what s/he sees, hears, thinks, feels, smells and tastes - contributes to her/his actions. **Antecedents** refer to what a child is experiencing just before doing something. When young children are learning to participate it is good practice to arrange some antecedents so that the child is more likely to have a successful experience. Antecedent conditions should offer comfort, clarity and the right amount of challenge for this child.

Consequences refer to what a child experiences immediately after doing something. A consequence that increases the likelihood that the child will repeat what s/he just did is called a **reinforcer**. Just because something is offered as a reinforcer does not mean that a particular child will experience it that way. For example, saying *that's really good* might mean a great deal to one child and mean nothing to another. What is reinforcing can vary from child to child and can change over time.

Everything we learn to do has a sequence of actions. There is what we do first, second and so on until we finish. Even transitions between activities have a sequence of actions although not always as clearly defined. **Chaining** refers to the linking of actions so that we can operate in a fluid and continuous manner.

- ✓ We can teach a child to link actions together from first step to last. This is called forward chaining.
- ✓ We can start by teaching the steps that are motivating or easier. This is called easy to hard chaining.
- ✓ We can do everything but the last step and then help the child to finish. This means teaching the last step first. This is called backward chaining.

The child for whom a first to last sequence is more appropriate is the child who shows great interest and confidence. The child for whom backward chaining is a good match is the child who seems hesitant and less confident. You want all children to have a positive experience and to build interest, confidence and competence. You especially want learning to feel fun and achievable to the child.

Fading refers to adding (fading-in) or diminishing (fading-out) your assistance in order to help a child have a more independent and successful experience.

A child who is learning to complete a puzzle might slide a piece into the opening in just the right way. Another child might not know how to move the puzzle piece so that it fits. Children who are new to puzzles might not yet understand that fitting the pieces into the opening is the goal. A highly motivated child might discover the relationship between the materials. A less motivated or more easily frustrated child might abandon the puzzle or find other uses for it.

An example of fading-in an antecedent cue would be positioning a puzzle piece so that it is almost in place and then assisting the child to slide it into the opening. This would also be an example of backward chaining because you are starting with the last step. The child might feel the piece slip into place (or hear it or see it). An adult might say *you did it, you did the puzzle* with a big smile. Those immediate events are consequences. Whether the child finds any of them reinforcing depends on whether any of them increase the likelihood that s/he repeats these puzzle steps again. For many children,

an experience of success matched with adult approval can be extremely reinforcing.

A child who is learning to wash his hands might benefit initially from physical assistance to rub his hands together. As he gains mastery over the back and forth movements, his adult can adjust the amount of physical assistance that is provided by lifting her hands away from the child's hands by an inch. The adult hands are there to guide continuous action as needed, but are no longer touching. This an example of fading-out assistance.

Shaping refers to the acceptance and acknowledgment of less than refined attempts by children when they are trying to do the right thing; and when their attempts are approximations of the right action. These attempts are acknowledged and reinforced with the awareness that over time, with more practice, the child's actions can be refined. Shaping is preferable in young children to too many corrections. Learning in young children is built on strengthening these successive approximations.

☆ **At the end of the day, the number of comments made by adults that were encouraging and complimentary should far outweigh the number of comments that were corrective or critical.**

INCLUSION - Many ways to participate

- ☐ Write five other words for "teach." Notice whether different words suggest difference kinds of relationships between you and a child you know.

Adults who put primary attention on content, rules and compliance are less likely to successfully include children having a wide range of abilities. **An inclusive attitude allows many ways for children to participate.** There is always the option of rephrasing the question *can s/he do it?* An inclusive attitude might lead to questions such as the following (that should be starting to seem familiar).

- ✓ What are this child's interests? What does s/he value?
- ✓ What is s/he already doing?
- ✓ How could s/he participate?
- ✓ What support or accommodation might increase her/his participation?
- ✓ What part of this activity might be of interest or make the most sense?
- ✓ What might this child need - at this time?

In a group of three-year-olds, an adult asked the children what song they wanted to hear. She sang it. She faded her voice on the most frequent lyrics to make room for their voices to be heard. When they asked for the song again, she sang with them again. When a child asked for a particular story, she acknowledged the request and said they would sing again later to acknowledge those who wanted more. She paused

with each child's comment or question to support their interaction and language. One child left the group and moved toward the window with a stuffed animal. The adult continued what she was doing and after a minute said *you and your friend can come back if you hear something you like*. She kept him engaged from the periphery. She did not demand that he return.

When the adult saw changes in the physical energy of a couple of the children, she finished reading and announced a movement song. Most of the children followed her lead as they began creeping on hands and knees. As she noticed that a couple of children did not move, she crept toward them to include them in the activity. No one was singled out or left out. When one child began to bang a toy on the floor, the grownup moved discreetly in his direction. She handed him a more suitable item for banging and guided him to what she called *the hammering area* and encouraged him to have fun.

Make no mistake about who was in charge; the adult was completely in charge. That is not the same as dictating what every one else would do. She had planned activities and then took her lead from the individual children in the group. She was aware of all the emerging areas of learning there were to support so that if there was more or less interest in a planned activity, she knew what was important. **The adult's primary commitment was to the children rather than the lesson.**

☆ **An inclusive lesson can evolve when there is an inclusive attitude whether there are children with disabilities present or not.**

Tia is five-years-old and has a lot of questions. She has a lot of comments too, and stories about her family. Kyle's mind is frequently making associations. He hears a word and it moves to another and sometimes they are connected and sometimes it is hard to know if they are. Bonita has a tremendous amount of energy. Their adult wanted to teach these three children and 15 others about the rain cycle. There was a lot of information in this lesson; more than rain is water from the clouds, people can get wet and plants use it to grow. The adult had planned a lesson and made instructional posters. She was committed to her lesson. A significant number of children were not as committed.

The adult said *I need you to be quiet, you need to sit still, and we're not talking about that now* because she had a lot to cover. Tia and Kyle grew increasingly restless. Kyle wandered away. Tia kept talking despite requests that she stop. Bonita was rolling around and bumping the children around her. A very well intentioned adult was placing the burden of a too sophisticated lesson on the children. There is a fundamental question here; **what is more important, curricular content or the way children can interact with it?** The lesson was too much and the delivery was too serious. As the

adult was telling children to *sit, listen, and pay attention*, relationships were wearing thin. Children wanted to escape. (In hindsight, the adult acknowledged that she did too.)

Adult attitude is a key to inclusion. Inclusiveness requires flexibility. Adults have to focus on children's interests and energy. This should not be understood as surrendering to an *anything goes* model. To the contrary, the inclusive adult is wondering what it's like to be the child, with her/his abilities, interests and energy. The inclusive adult tries to honor child comfort factors with the knowledge that **you cannot force learning and strengthen a relationship**. The inclusive adult remembers that the context of the relationship is childcare (or preschool) and young children learn best when they have a feeling of play.

- Within a developmentally sound framework, why do most children participate?
- When a child you know does not participate in a planned activity, what does this child do instead? (If your answer is *nothing*, please describe what you see or hear that you are describing as *nothing*.)

What are some possible reasons why a child might not participate as desired? When adults working with two- and three-year-olds were asked this question they offered as possibilities that the children might be bored, tired, hungry, sick, uninterested, unclear about what they are supposed to do, too energetic at the time, more interested in something else or thinking about things that happened at home. **When we consider what a situation might be like from a child's perspective, there are often ordinary and understandable reasons that a child not participate as an adult might want.**

- When do you not do what others want you to do? Why?

Two of the most common reasons why children (and adults) do not do what others want them to do are related to ability or motivation. If your best guess is that the child does not yet have ability but is motivated, then you carefully outline the actions you want to teach so they are small enough for the child to experience success. You help the child build competence by making participation in the activity feel like manageable accomplishments. If your best guess is that the child is not interested, then you have to decide how important the activity is. If it is important, you think about ways to make participation more enjoyable or fun. If it is not an essential activity, you consider what else the child could be doing. Including a child is sometimes about finding the match between adult expectations and the child's natural inclinations and current abilities.

- Generate a list of action words that describe degrees of participation. For example, independent is one word and resistant is another. What can happen in between?

Whether we teach by intention (with a plan) or by default (relying only on our natural

tendencies), we are influencing children. Better to teach with intention and notice the effect. **We can support the learning of academics in the same ways we support the learning of games through movement, laughter, language and interaction.** Numbers and letters can be taught on the playground or in the gym. There is no rule that dictates games are fun and active while learning numbers, letters and stories has to be done while sitting still.

Apply the *just this much* approach to your ideas about participation. A child might not want or be able to deliver as much as you want at a particular time. Can you accept just as much as s/he can offer? Can you help the child feel respected and safe for doing just this much (for now)?

A lesson plan should help an adult think about what children could be learning and what kinds of support might make the most sense. Teaching can be overwhelming for an adult who believes that all children need or should have exactly the same amount of attention. In practice, the support will not be the same for each child. Some need a little more and others thrive with a little less. Some will benefit from a bit of help before they begin, others during and others immediately or soon after. Some will carry on without you.

A lesson plan should help an adult consider at least some of the following questions related to an individual child.

- ✓ What will I help this child learn to do?
- ✓ How much will I encourage this child to do right away?
- ✓ How fast will I try to move this child along?
- ✓ How long will I want this child to be engaged in this activity?
- ✓ How will I try to engage her/him? What will I do?
- ✓ If this child seems uninterested or unable to participate, how else could I support her/his inclusion?

There are different kinds of lesson plans. There are plans that can help you think about what children are learning related to a specific activity. You can outline any activity you want to teach into a sequence of actions. You could create a detailed sequence of actions to teach anything from washing and eating to using learning centers or playing on swings or getting in line and on and on. Consider the following action sequence for washing hands. On the left are the existing cues, i.e., the signals that it is time to begin the next action in the sequence.

Cues

time to wash (e.g. after lunch)
 in front of sink
 water is running
 hands are wet
 soap on hands
 clean hands
 soap rinsed from hands
 water off
 towel in hand
 dry hands
 finished at sink

Activity Sequence Actions

move to sink
 turn water on
 wet both hands
 add soap
 rub palms together, palms to backs of hands
 rinse soap from hands under water
 turn water off
 reach for towel
 wipe palms and backs of hands
 place cloth towel on rack, paper towel in trash
 move to next activity

With a lesson plan like this, a grownup can notice where a child is more or less independent and at what points in the sequence more or less instructional assistance will be needed. With a lesson plan like this, a grownup can also note and report progress (as compared to describing what the child does not do).

There is another kind of lesson plan that is more general and can be used to help grownups think about the many ways a child could be included in an activity. (Parents could certainly think about either of these approaches at home.) In one group you might have Richie who is often in search of things to take apart. He becomes restless when he has nothing in his hands. Sheila stands along the periphery and watches. Her eyes are looking somewhere in the group but her body is apart. She does not usually answer questions but sometimes repeats them. JJ is a boy in motion. He jumps, he twirls (until he falls) and he occasionally runs back and forth across the room. JJ talks quietly, apparently for his own benefit. He initiates interaction with adults and children, whomever is close to him. And there are the rest of the children in the group.

A more general kind of lesson plan still has an activity sequence as the foundation. The rest of the lesson plan is a reminder to the grownup that children have many emerging skills and there are opportunities within opportunities to support them. Consider this kind of planning as well. The activity sequence would be listed on the left. On the right are a list of other areas of possible focus for inclusion.

Activity Sequence**Emerging Skills** (to consider)

Interaction
 Communication (initiating, responding, saying *no*)
 Hand strength and dexterity
 Whole body movement, balance, and coordination
 Coping with big energy
 Coping with low energy
 Etc.

If a child is not participating in an activity as most of the children are, s/he can still be

supported to feel part of the group by the adult, and be experienced as part of the group by other children. Could Richie have something in his hands so that he does not feel compelled to leave the group? With something in his hands, he could still be hearing at least part of what other children are hearing and might look up to see part of what they are seeing.

Could Sheila be supported along the periphery as compared to repeatedly asking her to move into the group and strengthening her resistance? Can she be included with eye contact and visual displays oriented in her direction? Could another child be asked to carry something to her so that she and the other children realize that they are all part of the same group; each one included?

As JJ talks to himself during the day, could you sometimes join his comments? For example, if he moves to the window and says something about the rain, could you say something like *I see rain too - and I see a squirrel over there - I wonder if that squirrel could build a tower with these blocks?*

Think about supporting the inclusion of young children in these ways.

- ⇒ Greet the child with pleasure and curiosity.
- ⇒ Notice the child's attention and energy.
- ⇒ Acknowledge what you see and hear.
- ⇒ Join in, even briefly, following the child's lead.
- ⇒ Invite a reasonable expansion on what the child is doing or saying.
- ⇒ Leave the child on a high note.

CHILDREN WITH DEVELOPMENTAL DISABILITIES

Children with disabilities are not more or less than other children. So, why is there sometimes so much distraction from the fact that they are children? Our language about people with disabilities has been loaded in a negative way for a long time. Our culture has separated children from one another based on measures of intelligence, physical ability, language and communication, and other factors. We use scores, rankings, and other methods of comparison to include some children in the ordinary activities and places and essentially exclude others. At an earlier time, the words idiot, imbecile and moron were clinical terms assigned to people. The word "retard" is used as an insult to this day. **Inclusion, as a practice, suggests that we set aside the words that separate children and get to know them in ordinary ways, with curiosity.**

If you were someplace where you did not understand or feel able to do what others expected of you, would you want support that helped you feel safe, respected and capable? Or would you prefer being reprimanded or excluded? If you used a wheelchair, would you want to be described as *confined to a wheelchair* or *wheelchair bound*? Or

would you prefer to be noticed as someone who uses a wheelchair? If you use a personal calendar to remind yourself where to go and use recipes to prepare some of your favorite meals, are you less smart than those who remember where to go and what to do; or are you making good use of a reasonable accommodation? There is a lot to be considered about how our attitudes influence our thinking and our actions.

There are a growing number of people who think that many aspects of what we call *disability* are about our language and culture rather than about people. When we assign a diagnosis, a classification or a syndrome name are we taking anything away from the child? Naming a child as *disabled* or *special* and letting that bit of information be the lead story about who the child is can be a little like name-calling. Are we making children something other than or less than children when we attach too much meaning to these other bits of information? In the real world, for many reasons, these other characterizations will continue to be used. However, remember the power and value of thinking about a child first; e.g. a child who has Down syndrome, or a child on the autism spectrum.

A mother talked about the shock of taking her young daughter to an open family swim at a pool in her community. They were enjoying the pool with other parents and their young children when a lifeguard approached to let her know there was a special time for special children. She was frozen hearing that she and her daughter were different and not welcome. (This was probably not the intention of the lifeguard or those who created the special swim time.) This mother thanked the lifeguard and told her that she and her daughter were enjoying this time with their friends.

A developmental disability is not the same as a diagnosis. A developmental disability is defined by a functional delay or difference in what one child is able to do in comparison to a majority of other children of the same age. Comparative thinking should not lead to separating young children from one another.

☆ **Sometimes, our comparative minds are so distracted by differences and delays that we miss opportunities to get to know a child.**

Earlier in this guide, you were asked to consider whether a parent should automatically disclose at the time of enrollment that a child had Down syndrome. It is possible that this young child will benefit from the ordinary things that other young children of the same age benefit from. So, what is usable or necessary about that information? Attentive childcare workers will have to get to know this child as they do other children enrolled. The same questions outlined earlier that help you get to know a child without any classification can be used to help you get to know a child with an identified or suspected developmental delay.

Young children were discussed earlier in relation to their emerging areas of growth and

learning. Children with developmental delays do not require special places to grow and learn. Children benefit from having attentive facilitators who are willing to wonder about a child's experience and perspective. Much of the important learning for childcare workers is not what textbooks say about a particular disability category. This is not to suggest that there is no benefit from learning more about a particular diagnosis or classification, as long as you do so with the awareness that each child still has her/his own personality and characteristics.

Developmental disabilities include intellectual disabilities, autism spectrum disorder, cerebral palsy, epilepsy, Prader-Willi syndrome and traumatic brain injury or head trauma. As you are getting to know a child, if you want additional information about any of these or other classifications, refer to reputable organizations that offer information and resources. Many organizational web sites will have links to other sites. When looking for information on the internet, look for independent sources that are not connected to drug companies. Remember that not everything you find on the internet is reliable or up to date.

There is one important caveat: the information you find will not fit perfectly with the child in front of you. Do not try to make it fit. Learning about a diagnosis or classification is general background knowledge and does not take the place of a real relationship with a child. The resource information will not tell you what makes this child laugh or what s/he finds soothing when upset. **No information can take the place of a real relationship with a child.** That being said, below are some web sites that might be of interest.

National Association for the Education of Young Children: www.naeyc.org

Wisconsin Council on Developmental Disabilities: www.wcdd.org

Autism Society of Wisconsin: www.asw4autism.org

Epilepsy Foundation of South Central Wisconsin: www.epilepsyfoundation.org

Brain Injury Association of Wisconsin: www.biaaw.org

Prader-Willi Syndrome: www.pwsausa.org

Below are some books that might also be of interest. They were not all written with very young children as the focus. These titles have been suggested because they offer practical ideas about understanding and supporting children.

Communicating Partners by James MacDonald

The Out-of-Sync Child by Carol Stock Kranowitz

The Explosive Child by Ross Greene

Asperger's Syndrome by Tony Attwood

How Your Child is Smart by Dawna Markova

The Myth of the ADD Child by Thomas Armstrong

Developmentally Appropriate Practice in Early Childhood Programs

by National Association for the Education of Young Children.

TALKING ABOUT CHILDREN TO THEIR PARENTS

People are often told to *just be yourself*. When talking to parents about their children, unless you are usually thoughtful, accurate and relatable in what you say out loud, it might not be good advice to just be yourself. When you are communicating for professional reasons about someone else's child, it is wise to think carefully about your purpose, your message and your attitude.

What do you imagine parents want to hear about their children?

Parents want to hear that their child is liked, safe and happy. They want to hear that their children are learning. Think about some of the words that are used by childcare workers about some of the children in their care: *fussy, spoiled, naughty, mean, disruptive, aggressive, manipulative, stubborn, needy, noncompliant*, and more. Parents might also use some of these words. That does not mean that they reflect best practice from childcare workers.

We can do better. **We can use language that results in parents recognizing their children without sacrificing the truth.** With our choice of words we can try to reflect a child's perspective or experience. We can also offer our most responsible and respectful guesses about a child's point of view.

When beginning a conversation about a child's behavior begin by describing the context in which it happened - the bigger frame. Describe a recognizable situation, without judgment. You can talk about anything if you approach the conversation as a caring reporter rather than as a complainer or a person with a judgmental attitude.

Much of what was covered in the sections of this Thinking Guide titled *Getting to Know a Child* and *Understanding Behavior* are valuable for this responsibility of communicating with parents. Remind yourself about what you have learned about a child's interests, temperament, relationships, communications, sensory sensitivities, problem solving approaches and learning strengths. For example, when talking about child's learning you might say: *to get started s/he likes ... and when s/he's stuck it seems to help when ...*

Check your own attitude before talking with parents about their child's actions, especially unwelcome actions. If your current perspective is that the child is the problem and s/he just has to stop *misbehaving*, you are not ready to talk with this child's parent.

Talking with parents should never be about masking the truth or ignoring relevant information. If you are a caring and accurate reporter, chances are better that you will be heard. Remember that reporting details is different than providing your judgments or emotions about those details. If this kind of conversation makes you nervous or uncomfortable, take a breath. Exhale. Prepare.

First, describe the context. Then describe what you saw and heard without embellishment or judgment. If you have already had time to imagine the child's perspective, offer your thoughts on what this child might have been experiencing or trying to accomplish. Invite the parent's thoughts as well. Consider the following examples.

⇒ **Establish a general context.**

This morning, while we were on the playground, M ...

After lunch, while the children were going down for naps, B ...

This afternoon, while I was reading a story, J ...

While the children were playing with balls in the gym, T ...

⇒ **Describe - without judgment - what you saw and heard**

M saw another girl on the swing and started yelling, "get off my swing." Then, she picked up some grass and threw it toward the other child. M started to cry and her face got red.

B saw one of his friends standing against the wall with his head down. He stood next to him and put his arm across the other boy's shoulders. I couldn't hear everything, but he seemed to be offering comfort.

J was following me around while I read. I kept telling him that he should sit down but he kept getting up. His face was very serious; his eyebrows and lips were tight. Then, he said that he had to see the pictures.

T ran behind the child who had the ball. She was laughing. She put both hands on the other child's back and pushed. The other child was startled. She lost her balance and fell. When T heard the other child start to cry, she looked startled too and ran away.

⇒ **Describe your best guess about the possible message of the child's action and ask for the parent's perspective.**

We think that from M's perspective, she was asking for the swing that she understood was hers to use. She was frustrated and didn't know how to cope with that rush of disappointment. It was like she was telling us, "Hey, I don't know what to do here." What do you think?

We think B saw his friend's need for a little support and initiated it on his own. It was a nice moment. Have you seen B show that kind of compassion in other situations?

At first, I thought J was ignoring my directions. I'm glad I paid attention to what he was doing because I learned how important it is for him to see what he was hearing about. He was telling me, each time he got up, "I have to see what you're talking about." That will be helpful to us in other ways. Have you noticed anything like that at home?

T ... (Try to imagine what T might have said if she had ease of language?)

Planning support starts with trying to understand the child's perspective in order to figure out what you need to teach. During your conversation with a parent you can share some of the questions and perspectives you are using as childcare workers to think about supporting this child well. What might s/he be experiencing at this time? What might s/he be trying to achieve, what might s/he need?

[See Appendix 5: Conversation Page - COMMUNICATING WITH PARENTS ABOUT THEIR CHILD]

TALKING WITH STAFF ABOUT CHILDREN

Hiring New Staff

A thinking organization can be developed, encouraged and supported. Easier still, you can try to hire people who have the qualities that result in inclusive practices. Consider some contrasting qualities. They are not necessarily good or bad qualities. The distinctions to consider are between qualities that best indicate inclusive thinking and those that do not. The context is a childcare center for children between the ages of approximately six months and six years of age.

A person whose answers indicate fixed expectations about what a child of a certain age should be doing; as compared to someone who indicates knowledge of what most children of a certain age are doing and appreciates that some will be ahead and some will take longer to learn.

A person who has high energy and articulates clearly what children should not do; as compared to someone who is attentive to and curious about what a child is trying to accomplish when engaging in unconventional or even unwelcome actions.

A person who has many years of experience and strong opinions about good manners and how children should play nicely; as compared to someone who says that teaching young children about interactions and relationships takes time and effort.

A person who prides herself on teaching academics to young children; as compared to someone who takes pleasure in facilitating great play experiences and cooperation between children.

A person who primarily uses consequences to teach children what is expected of them and what they are not supposed to do; as compared to a person who thinks antecedently about where she needs to be and how she might help a child learn to participate a little more.

Notice the distinctions. **Inclusive thinkers have knowledge and they are flexible.** Inclusive thinkers are aware that skills and information are being learned all the time. They are careful about holding fixed expectations and are very aware that they are shaping a child's experience all the time. They are aware that four and five-year-olds are moving on to kindergarten where they are best prepared by being social and interactive as compared to reading and writing.

People can acquire new information. It takes longer to influence attitudes. Whatever questions you decide to ask during an interview, **listen for attitude.** Ask questions that create an opportunity for job candidates to share their attitudes and thinking process with you. Consider asking some of the questions posed throughout this thinking guide. *What is your philosophy about working with young children? What are five other words you would use to describe teaching? What are your natural tendencies as a teacher? Ask: How would children you have worked with describe you?*

Write a few brief scenarios from real events at your center involving a child. (Of course, change the names.) Ask a potential staff member to describe how s/he would have approached the same situation. Listen for attitude and strategies. Are you hearing judgments, blame or expectations about the child; or are you hearing curiosity about how the child might have been understanding the situation, what the child might have been experiencing and trying to cope with?

There are many smart, experienced, articulate people working with children who are not inclusive thinkers. Inclusive childcare workers are aware that children are not little adults and they have their own perspectives. They are humble in accepting that not all of their intentions as adults will be experienced by children as helpful. When you hear someone responding to your questions by trying to imagine what it's like to be the child, take notice. **Hire the person who has the attitude that will strengthen your thinking organization.**

Coaching Current Staff

When there is a concern that someone is using poor judgment around children, intervene. Tell the person what to do and monitor the situation closely. For almost everything else, ask questions. If you want staff to think about their actions in relation to

the children who are supported in your center, ask questions and make time for conversations. **If you want to cultivate a thinking organization, ask questions that invite people to think.** In fact, if you want people to think about being inclusive, ask the same questions over and over again. Soon, people will see you and remember to ask themselves those questions.

A good supervisor can help a childcare worker notice what s/he is doing that is helpful for a child. Because the pattern for many adults who experience frustration is to be reactive rather than responsive, an attentive supervisor can help a childcare worker remember to wonder about the child's experience and possible point of view. Check in regularly and watch for early signs of frustration. Coaching questions can help a worker define their concerns and frame them in relatable, ordinary and accurate terms in order to take some of the charge out of them.

Frustration creates a desire for quick fixes. (*This child does not belong in my room.*) Coaching questions can remind people that they have strategies to apply. They can organize what they already know about a child. They can focus on the most usable bits of information and play detective to learn more.

Supervisors can act as mirrors reflecting back to staff what they are hearing and noticing. Acknowledge the amount of energy or emotion you are noticing while they are with or talking about a child. Notice whose perspectives are being reported - a child's or the adult's. Help the person move away from emotion and judgment to define what the child needs help to learn.

Use the Conversation Pages and other questions presented throughout this guide to engage staff. The goal is to determine how best to include a particular child (not to amass evidence that a child does not belong). The goal is to learn what might be helpful.

[See Appendix 6: Conversation Page 5 - POSSIBLE COACHING QUESTIONS]

WHERE DO WE START?

The usual answer is *at the beginning*. However, in the process of becoming more inclusive, everyone involved might have a different starting point. Administrators, old and new staff might have different starting points. It was written at the beginning of this Thinking Guide that when the subject is including children with disabilities, some minds imagine and assume. Some imaginings are helpful and others are a distraction. Focus attention on a child in front of you.

Make a commitment to be as inclusive as possible - one child at a time. This is not a statement only about children with known disabilities. Many children who will never be categorized as disabled or having a particular syndrome or status other than typical can be a handful at times. Inclusiveness is an attitude that reflects on how adults think about

children with or without disabilities. So, **start with conversation about how staff think about children and about their roles in the lives of children in your care.**

Consider conversation about any of the ideas presented.

- ✓ Inclusion is an attitude and a practice.
- ✓ Children are not little adults. Each child has her/his own point of view.
- ✓ What is usable information?
- ✓ Learning is not the same as learned.
- ✓ There are many ways to participate.
- ✓ How can you find a way to say *yes* to a child?
- ✓ How can you avoid being someone who leads with *no, don't, stop, you need to ...*
- ✓ Good intentions don't always result in a helpful experience.
- ✓ Each day adults should have far more positive and encouraging interactions with a child than corrective or critical ones.
- ✓ At the end of the day each child should feel happy and want to return.
- ✓ How many ways can we answer the question, *what might help?*

Start anywhere. Then expand. Use other resources as needed. Just start. **Begin...now.**

APPENDIX 1: Serving Children with Disabilities - Childcare and the ADA

prepared by Attorney Mitchell Hagopian (November 2007)

The Law

- The Americans with Disabilities Act (ADA) was enacted in 1990 as a means of ending discrimination against people based on disability. The ADA has three main “Titles” - sections - which prohibit discrimination based on disability in: Employment (Title I), Public Service (Title II), and Public Accommodations (Title III).
 - Day Care Centers are considered places of “public accommodation” and are therefore subject to Title III of the ADA.
 - Applies to all programs regardless of number of children enrolled or staff employed - including family day care providers.
 - Does not apply to programs operated by religious organizations.

Prohibited Practices

- “No individual shall be discriminated against on the basis of disability in the full and equal enjoyment of the goods, services, facilities, privileges, advantages, or accommodations of any place of public accommodation by any person who owns, leases (or leases to), or operates a public accommodation.”

Prohibited Activities

- Denying a person the opportunity to participate in a program. For example, having a policy that you do not accept children with disabilities.
- Limiting a person’s opportunity to participate. For example, having a policy that says children with disabilities cannot go on field trips.
- Creating a separate program for people with disabilities. For example, having all the children with disabilities routinely eat in a room away from the other children.

Discrimination includes:

- Use of eligibility criteria that screen out or tend to screen out people with disabilities. For example, having a policy of not admitting children three years or older who are not toilet trained.

- Refusal to make **reasonable modifications** in policies, practices or procedures unless such modification would “fundamentally alter” the program offered. For example, refusing to cut food into small pieces for a child with a swallowing disorder because you do not cut food for other children.
- Failure to take necessary steps to ensure that no person with a disability is excluded because of the absence of auxiliary aids and services unless taking such steps would “fundamentally alter” the program offered or cause an “undue burden” on the provider. For example, failing to provide a magnifying glass for a child who has very low vision when the children are looking at books.
- Failure to remove architectural barriers unless such removal is not “readily achievable.” For example, a home day care provider fails to place metal transition strips between hallways and rooms so as to make it possible for a wheelchair to go between rooms.

Important terms

- “Fundamentally alter” is not defined in the law, but the use of the term fundamental implies that the standard is high. In *Casey Martin v. PGA Tour* the US Supreme Court found that allowing a golfer with a disability to use a golf cart during the PGA events did not fundamentally alter the golf competition.

Example: One court has found that expecting staff to be alert and prepared to deal with an acute episode of asthma would not fundamentally alter the childcare center’s program because staff are expected to be able to deal with unforeseen medical issues in other contexts.

Example: Another court has found that requiring a center to provide one-to-one care to a child would fundamentally alter the center’s program because the center provided group rather than individual child care.

- “Undue burden” means significant difficulty or expense.

Example: One court has found that requiring a childcare center to hire a full-time personal care worker (at a weekly cost of \$200) would be an undue burden on the center.

Example: Another court has found that it was not unduly burdensome for a day care center to have its employees participate in a free training that will last less than an hour in order to recognize an acute episode of asthma.

- “Readily achievable” means easily accomplishable and able to be carried out without much difficulty or expense.

Example: Asking a home day care provider to build a complicated permanent ramp system would probably not be readily achievable.

- “Direct threat.” Centers are not required to enroll children who pose a “direct threat.” the regulations define “direct threat” as “a significant risk to the health or safety of others that cannot be eliminated by a modification of policies, practices or procedures or by the provision of auxiliary aids or services.” Under Title I of the ADA (which relates to employment) the US Supreme Court has interpreted a similar definition of “direct threat” to also apply to the health and/or safety of others or themselves (*Chevron USA, Inc. V. Echazabal*, 2002).

Example: One court has found that the presence of an inhaler in the day care center for a child with asthma did not pose a “direct threat” to the other children in the center because the inhaler could easily be secured when not in use by the asthmatic child.

How it should work: Individualized Assessments

Day care centers need to do individualized assessments of each child with a disability who either is enrolled or seeks to enroll. In the course of this individualized assessment the child’s individual needs will be determined and any needed reasonable modifications to provider practices or policies will be explored. In the course of this individualized assessment it may become clear that modifications requested would fundamentally alter the program; in that case, alternative modifications that would not result in fundamental alteration should be explored. Likewise, the need for any auxiliary aids and services should be considered. They should be provided at the provider’s expense unless they would cause an undue burden or result in a fundamental alteration of the provider’s program.

In order for a provider to consider a reasonable modification, the provider has to know that one is needed. In many cases, a child’s disability will be apparent and/or the parent will disclose it immediately in order to obtain the most appropriate care for their child.

Some parents may not know about or fully understand the ADA or the provider’s obligation under it. If you believe that a child in your care or a child seeking to enroll has a disability, but the parent has not approached you about reasonable modifications, you should consider broaching the subject. Ideally, offering the parent the opportunity to engage in the individualized assessment will allow a smooth integration of the child into your program. In addition, making such an offer (especially if it is rejected) would be important should an allegation be made later that you have discriminated against the child.

Some gray areas:

- Medication administration
- Allergies
- Diapering / Toileting
- Program Integration

When it doesn't work - Remedies:

- Complaint to Department of Justice's Office of Civil Rights
- Civil suit by parent for injunctive relief
- Lawsuit by U.S. Attorney General, injunctive relief, monetary damages, fines

Appendix 2: Conversation Page - INVITING PARENTS TO TALK

See the related section of this guide - [Inviting Parents to Talk](#)

Child: _____ Age: _____ Date: _____

Reporters: _____

1. What are some of the things (your child) is noticing now with the most interest and enthusiasm?
2. When (your child) is upset, what is soothing?
3. What kinds of situations does (your child) find stressful or upsetting?
4. At this time, what could we do to support (your child) well related to:
 - ___ eating and drinking
 - ___ toilet use
 - ___ managing clothes
 - ___ preparing for naps and waking from naps
 - ___ getting washed
 - ___ playing alone
 - ___ playing with others
 - ___ switching from one activity to another
 - ___ any specific frustrations related to being in groups
5. What have you noticed about (your child's) sensitivity, if any,
 - ___ to touch - any physical sensations that your child wants or wants to avoid?
 - ___ to light or brightness - any attractions or avoidance to light?
 - ___ to sound - any attractions or avoidance to sound?
6. At this time, how does (your child) let you know, or how can you tell, if s/he is not feeling well or needs something?
7. Is there any information we should have related to food allergies, environmental health or safety, or any other individual safety needs?

Appendix 3: Conversation Page - GETTING TO KNOW A CHILD

See the related section of this guide - [Getting to Know a Child](#)

Child: _____ Age _____ Date: _____

Reporters: _____

1. What does (this child) value?
2. What is (this child's) temperament?
3. What kinds of relationships does (this child) establish?
4. What are (this child's) current methods of communicating?
5. How does (this child) interact with the sensory world?
6. How does s/he respond to situational problems, e.g. when something falls down, or when s/he wants something out of reach?
7. How does s/he try to cope with the experience of frustration?
8. What helps (this child) learn?

Appendix 4: Conversation Page - UNDERSTANDING A CHILD'S BEHAVIOR

See the related section of this guide - [Understanding a Child's Behavior](#)

Child: _____ Age: _____ Date: _____

Reporters: _____

1. Describe (this child's) actions so that a stranger would recognize what you are talking about.
 - A. What exactly do you see, hear, or feel this child doing?
 - B. What's the direction of her/his attention?
 - C. What do you notice about her/his energy or intensity?
2. Describe the context in which these actions are more likely to occur.
3. What do you imagine s/he is experiencing when these actions occur?
4. What is s/he probably hearing, seeing, feeling, wanting, and needing?
5. How do you imagine s/he understands this situation?
6. What do you guess s/he needs or is trying to accomplish?
7. What is the possible function or message of these actions?
8. With ease of language, what would s/he say?
9. What might help?
 - > To prevent the unwelcome actions?
 - > To help this child participate?
 - > To help her/him better the situation and expectations?
 - > To help this child cope with a stressful situation?

**Appendix 5: Conversation Page - COMMUNICATING WITH PARENTS
ABOUT THEIR CHILD**

See the related section in this guide - [Communicating with Parents About Their Children](#)

Child: _____ Age: _____ Date: _____

Reporters: _____

1. Establish the time of day and general context.
2. Describe the child's actions in recognizable and relatable terms; just what you saw and heard.
3. Describe your best guess about what the child would have said with ease of language.
4. Discuss the kind of support you think might be helpful; what you will teach her/him to do.

Appendix 6: Conversation Page - POSSIBLE COACHING QUESTIONS

See the related section in this guide - [Possible Coaching Questions](#)

Staff Member: _____ Date: _____

Conversation Partner: _____

1. What is your concern?
2. What exactly are you noticing? What would you rather have happen?
3. What have you learned so far that seems positive and significant?
4. How do you think:
 - > The curriculum / activities are working?
 - > Your expectations are working?
 - > Your interactions and relationship are working?
 - > The instructional methods are working?
5. What adjustments would make sense?
6. What will you do next?
7. Follow-up date.