



Inclusion in Early Childhood Education Settings in Philadelphia

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Inclusion is an important concept. People want to be included and to belong in families, in communities, and in community institutions such as schools. Yet, all people are not always welcomed and, often, people with differences are the ones who are excluded. Children with differences based on factors such as ability, language and heritage, or life experiences are often viewed as having special needs and needing specialized services or other accommodations to help address differences.

Inclusion was originally focused on educational settings, originating more than 40 years ago when the 1975 Education for All Handicapped Children Act (EHA) first required children, to the maximum extent possible, to receive their education in the least restrictive environment (LRE). It was not until 1986 that the law was revised to include a program for infants and toddlers, and also included children age three to kindergarten in the

requirement for free and appropriate public education (FAPE), thereby establishing a policy to serve ALL children under kindergarten age and to do so in least restrictive environments.

Inclusion also refers to children with a variety of special needs such as language or behavior differences, children who may be homeless, or those who have experienced trauma.

Inclusion is often thought to refer only to children with delayed development or disabilities who attend educational settings. However, inclusion also refers to children with a variety of special needs such as language or behavior differences, children who may be homeless, or those who have experienced trauma (Odom, Buysse, & Soukakou, 2011). When children with special needs are eligible for Early Intervention (EI), infants and toddlers receive an Individual Family Service Plan (IFSP) and children aged three and older have an Individual Education Plan (IEP).

In the last two decades, federal, state and professional organizations have issued strong guidelines in support of inclusion. In 2009, the National Association for the Education of Young Children (NAEYC) and the Division of Early Childhood (DEC) of the Council for Exceptional Children (CEC) adopted a joint position statement describing and defining early childhood inclusion (DEC/NAEYC, 2015). In 2015, federal agencies jointly released a policy statement encouraging states to develop policies and practices in order to increase inclusion of young children with disabilities in early childhood programs (U.S. Departments of Education & Health & Human Services, 2015). This was followed in 2017 with Pennsylvania's Office of Child Development and Early Learning (OCDEL) Announcement about Inclusion of All Children in Early Childhood Programs in Pennsylvania (PA OCDEL, 2017).

WHAT DOES INCLUSION MEAN?

Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential. The defining features of inclusion that can be used to identify high quality early childhood programs and services are access, participation, and supports (DEC/NAEYC, 2009).

ACCESS refers to the situations that allow families to obtain the types of child care that they wish to have for their child with special needs. This means that policies, environmental design, and adaptations provide families with a choice of types of child care programs such as family child care, center-based care or programs such as PreK Counts, Head Start, or Philadelphia’s PHLpreK. Children should have access to high quality learning environments and activities as well as the adaptations, universal design for learning (UDL), or technology that make it possible for successful full participation and learning.

FULL PARTICIPATION results when early childhood teachers and related professionals collaborate to promote children’s learning and use individualized strategies embedded within

the child care program activities and routines. These strategies address children’s specific learning needs and promote a sense of belonging and membership by building positive relationships and welcoming each child and family with warmth and respect.

SYSTEM LEVEL SUPPORTS provide the infrastructure on which quality inclusive practices are built. Supports include professional development for directors, teachers, families, and related services personnel, policy and procedures that establish and sustain interagency and inter-professional collaboration, and quality frameworks such as DEC Recommended Practices (DEC, 2014), Keystone STARS Performance Standards (OCDEL, 2018), or PA Learning Standards for Early Childhood (PDE, DHS & OCDEL, 2014).

All young children must have access to high quality early childhood learning opportunities so that they have a foundation for successful elementary and high school experiences. Public policy as well as numerous research studies demonstrate that children with and without special needs benefit from being included together in preschool classrooms (Holahan & Costenbader, 2000). Contrary to public belief, when educated with their typical peers, children with special needs make lifelong friends and learn more than when educated in self-contained, specialized, or segregated classrooms (Buysse et al, 1999). System level efforts such as commonly held values about the importance of inclusion, joint cross-agency policy statements, professional

What does inclusion mean in early childhood education?

ACCESS

- In early childhood education
- In community

FULL PARTICIPATION

- Sense of belonging and membership
- Positive social relationships and friendships

SYSTEM LEVEL SUPPORTS

- Policy and practice
- Professional Development
- Appropriate developmental supports

development, and family engagement are a foundation for successful inclusive programs. Activities such as these promote the planning, interprofessional skills, team collaboration and use of specialized and embedded instructional strategies that support the success of all children. Providing inclusive educational opportunities is not more expensive than educating children with special needs in separate settings (Strain &

Bovey, 2011). Because children with special needs learn more and develop greater language, social communication, and social interaction skills in inclusive settings, we must work together to create and sustain the supports to ensure that all children with or without special needs have access to high quality early childhood opportunities (NPDCI, 2011).

INCLUSION IN PHILADELPHIA PROGRAMS: RESULTS OF A SURVEY

In 2017, directors and teachers in family child care homes and child care centers throughout Philadelphia were surveyed about the types of children who attend child care programs, the activities that would help programs better support children's participation in their programs, and the supports provided to teachers and children.¹ Directors and teachers were asked to report about children with special needs within two categories: those with IEPs/IFSPs who were receiving Early Intervention services; and those with special needs who did not have IEP's/IFSPs but for whom teachers had concerns. Children in this category may have not yet been evaluated for EI eligibility or may have not met the eligibility criteria for EI.



What do we know about inclusion in Philadelphia child care programs?

ACCESS to Early Childhood Programs

Children with IEP's/IFSP's are attending Philadelphia child care programs.

Children with IEP's/IFSP's were enrolled in 75% of the 161 surveyed programs and 142 (65%) directors and teachers reported having children with IEP's or IFSP's in their programs and classrooms. Directors reported an average of 13.42 (range 0 to 87) children with IEP's or IFSP's within a childcare program and teachers reported an average of 3.10 (range = 0 to 8) children with IEP's or IFSP's within a classroom.

In addition, children attend child care programs who are identified as having special needs but who do not have IEP's or IFSP's.

Teachers were asked to report categories of special needs represented by children in their classrooms who did not have an IEP or IFSP. Teachers each reported an average of 2 categories of special needs including behavioral issues (55%); delayed speech and language (49%); developmental concerns (41%); or English Language Learners (ELL, 25%).

¹ Survey methodology is described on p. 18.

FULL PARTICIPATION

Children with special needs who have IEP's or IFSP's receive EI services in early childhood settings.

Both teachers and directors provided information about EI services. Teachers responded about services provided in their classrooms and either identified specific therapies (e.g., Physical Therapy, Occupational Therapy, Speech and Language Pathology) or were more general (e.g., EI services). Approximately 10% of the directors responded that they did not have children with IEP's/IFSP's at this time. The remaining directors responded that children in their programs were supported through:

- Work with outside EI agencies (30%)
- Therapies plus behavioral services, Therapeutic Support Staff (TSS), Personal Care Assistants (PCA), or other child-support adults (24%)
- Various therapies (19%)

Additional comments (17%) made by the directors were generally stated (e.g., “the services come through the school district,” “students with disabilities are integrated into our program and receive EI”) or did not directly address the question of services on children’s IEPs/IFSPs (e.g., “we allow all services at all times”).

Teachers use a variety of strategies and practices to work with children identified as having special needs (but not having an IEP or IFSP).

Information about child-directed strategies and practices was provided by teachers who reported using either general child-focused strategies (57%) or specific child-focused strategies (31%) with children. Examples of general child-focused strategies included: “quiet tones, distracting tactics,” “slower pace, clear communication and instructions,” “provide visuals, daily schedule,” or “sitting closer to the teacher during group work.” Examples of specific

child-focused strategies included: “we pronounce words slower and ask the child to look at our mouths.” “For the behavioral issues, I redirect and talk to the student not to hit another child.” Teachers also reported using “behavioral incentives for desired behavior, sticker charts, rewards, special activities, reward notes home,” and “a lot of pictures and gesturing and have sensory seats and sensory toys.” Providing one-on-one instruction was mentioned as a specific child-focused strategy by a third of the responding teachers.

Other, but less frequently noted teacher practices included: referring for additional assessments (3%), working with the family (4%), and collaborating with other team members such as the Personal Care Assistant (5%).

SYSTEM LEVEL SUPPORT

Early Identification

A majority (76%) of programs reported using a standardized test to screen children for developmental concerns and 87% reported having a policy about making referrals for Early Intervention (EI) or other services or supports.



Use of high-quality early childhood curricula

Most programs reported using a curriculum; 98% of directors and 99% of teachers listed use of at least one curriculum. Overall, the average number of curricula used in individual programs was reported as 1.36 (range = 0 to 4); only four programs reported not using any curriculum. Approximately 57% of programs reported using Creative Curriculum/Teaching Strategies as their

primary or back-up curriculum; 22% reported using a self-developed curriculum, and 11% used High Scope. Other less frequently mentioned curricula were Montessori, Tools of the Mind, or Opening the World of Learning (OWL). Literacy Express was mentioned as a secondary curriculum used in three programs. On a scale of 1 to 10 (with 10 representing extremely well), on average, teachers rated the extent to which the curriculum met the needs of children with IEP's/IFSP's at 7.7, a rating of "very well."

Policies and Practices

Directors were asked to describe policies and practices in place to support children with special needs regardless of whether children have IEP's or IFSP's. These descriptions were then coded into categories as described in the table below:

Reported Policy/Practice	% of Programs Reporting
Use of child-focused strategies	31.7
Screening	16.3
Collaboration with EI & other resources	12.5
Family collaboration	11.5
Related to referral	11.5
Other	16.3

The most reported policy/practice was the use of child-focused strategies (31.7%). These included use of instructional strategies such as redirection, positive guidance, or positive reinforcement while others mentioned agency practices; for example, "Teachers use ongoing observations and assessments to create and implement individualized activities to support children's special needs." Many directors reported using screening practices (16.3%) mentioning that "We screen children, discuss options and

recommendations with the family, and then refer to an appropriate agency" or "We use the Ages and Stages to screen children and incorporate into lesson plans and communication with parents."

Collaboration

Collaboration with EI (12.5%) and with families (11.5%) around EI emerged as other areas of child care policy/practice. Practices mentioned include educating "the family in typical child development, referral to EI, and supporting the family through the EI process," or we have "policies to suggest to families to contact EI." An emphasis on practices related to family engagement and collaboration was strongly reflected in child care policies and practices. One director said, "Our primary goal is to develop a partnership with the family/caregivers to foster a positive plan to achieve the most beneficial goal possible." Others mentioned similar practices such as "work with suggestions and concerns of parents" and "We try to meet with parents to share observations, look for patterns, and try different approaches together." Directors also shared a number of practices related to referral such as we "refer children to EI agencies" and "suggest that parents speak with their primary physician about the child's progress and consult with agencies regarding further testing." Finally, many of the policies/practices that were classified as "other" related to program philosophy. In one program: "Our practice is one size doesn't fit all, we differentiate so all students have access to the curriculum. Our policy is we must be flexible, scaffold, and make accommodations and modifications and provide support services for children." Another stated: "We try to meet children where they are and use developmentally appropriate practices that include inclusive practices. We use Mentor Teachers for support for teachers in the classroom with children with special needs."

Teacher and Staff Support

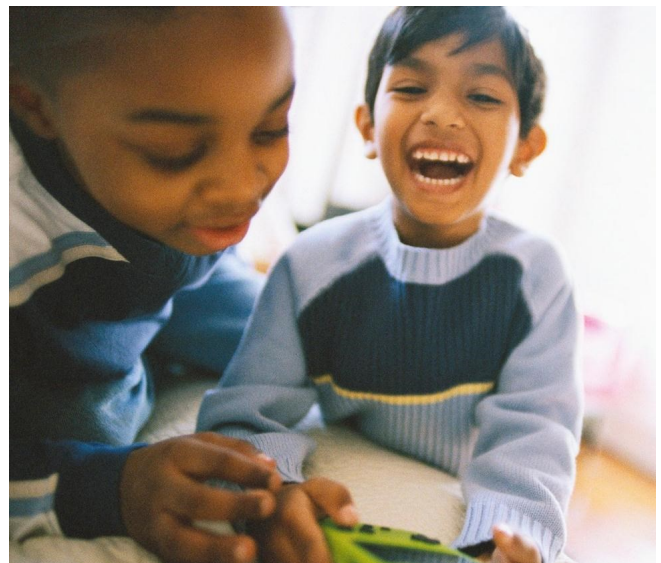
Programs provided a variety of supports for teachers to assist them with children with special needs or IEPs/IFSP's. A total of 75% of the programs reported that supports were provided for their teachers. Responses were coded into categories as described in the table below:

Types of Supports Programs Provide to Teachers	% of Programs Reporting
Training	34.7
Collaboration with EI & other resources	18.3
Adult support in the classroom; Extra staff	13.3
Special needs coordinator; intervention or behavior specialist	12.2
Other	21.4

Training for teachers was the primary support but the type of training was elaborated on by only a few respondents. One said that “We provide orientation about inclusion in early childhood and dismiss the myths by replacing them with truths about inclusion. We make sure that teachers are aware of the responsibilities under the ADA and IDEA in addition to webinars, resources, and training...” Another provided training and “technical assistance on differentiated learning and design of lesson plans to meet the individual needs of children” and a third said that “We provide information and training to address different types of behaviors and developmental delays.”

Programs also used a variety of ways to support teachers to collaborate with EI staff such as “Time in order to meet with the therapist team so we can consistently implement the therapeutic program” or “Regular meetings with the director and the co-teaching team to refine approach.” Adult support in the classroom was provided in a variety of

ways, for example, “We support our staff with special needs children by providing them with an additional classroom assistant when funding is available” or “floaters for more one-on-one attention.” A number of larger programs employ special needs coordinators or intervention specialists who are able to support teachers and families by facilitating the EI referral process, collaborating with EI staff, and giving teachers strategies to try out with children. One program said “We have hired a special needs coordinator to assist us with the increased number of special needs children ...We don't have the expertise nor time to work through this process with the load of work we already have.” Another described the role of the special needs coordinator in the program “to assist teachers in supporting these students and to work collaboratively with the EI program. We have different checklists, screenings, and resources for classroom teachers to use in supporting their students.”



What do child care programs and teachers need to promote full inclusion?

A variety of supports and strategies would help child care programs and teachers to better serve children with special needs with and without IEP's or IFSP's. Almost 60% of directors and teachers were able to provide examples of a support or strategy that would help them. Short comments that were not specific and included limited description (e.g., "more communication," "more funding," "more support," "home visits") were classified as "other" because they were not specific (e.g., more funding for what?). Other more detailed comments that did not fit into any of the strategy categories were also coded as other. The remaining 40%, half teachers and half directors, were either unsure of what would help or did not respond. Open-ended responses were coded into categories as described in the table below:

Strategy	% Directors	% Teachers
Training and/or TA about inclusion	27.9	31.6
Improved EI evaluation & services	24.4	13.2
Better coordinated delivery of EI services in the classroom	12.7	7.9
Adjust class size or provide more staff; More classroom staff or funding for more classroom staff	9.4	5.3
TSS, PCA, other supports for child	9.3	10.4
Other	16.3	31.6

Both teachers and directors saw a high need for training such as professional development but did not view training as readily available or accessible.

Training

Training is a primary strategy suggested to help programs and teachers better support children with special needs/disabilities. Teachers and directors saw a high need for training such as professional development but did not view training as readily available or accessible. While many respondents did not mention content, those who did suggested information about adaptive materials and equipment, providing specialized instruction, integrating children's goals into curriculum and classroom routines/activities, managing the behavioral issues of children, or addressing realistic practices for the classroom. One teacher suggested "more classes about how to keep children engaged" and others suggested training about strategies to communicate effectively with parents and help them provide opportunities for children's learning at home.

Optimizing Early Intervention (EI)

EI was viewed as a potential support for increasing inclusion but only with improved ways of obtaining evaluations and providing services for children. There were suggested improvements: quicker access, involvement of classroom observations in the Multidisciplinary Evaluation (MDE) process, better communication and closer collaboration. One director noted that "I think it is ironic that the EI agency's mission is

to serve kids in schools but doesn't initially observe them in school or seek the guidance of their teachers in the initial evaluation." However, most EI concerns centered on the length of time to obtain an evaluation, the length of time for services to be provided, the consistency of services, and the extent to which children with special needs qualified for EI services. For example, one respondent noted that "it seems that the Intermediate Unit (IU)² does not always qualify children about whom we have concerns because of their limited resources to provide services." Respondents addressed issues with the length of time to receive EI services and the impact of having to wait so long for services. For example, one director noted that "EI needs more staff to speed up the waiting list," and another suggested "Faster process for specialists to start helping our children; the time span is too long and many children do not get the services they need." Developing better systems for communication among people working in child care and in EI systems were also noted.

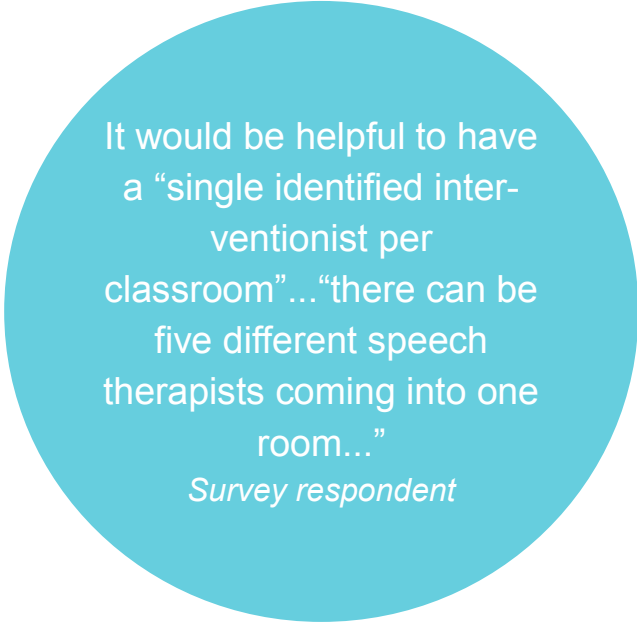
Aligning EI and Classroom Strategies

When children receive EI, the services need to be consistently integrated within classroom activities and taught to the teachers. Several responses related to the concepts of "push in" or "pull out," meaning do EI providers work with children in classrooms AND in the context of classroom activities and routines or do EI providers remove the child from the classroom activity and work outside of the room. Directors made a number of suggestions regarding policies and practices in child care programs including not removing children from activities or the classroom setting or assigning therapists to classrooms and programs rather than only to individual children. One director stated that "our policies do not permit therapists to take children from the classroom or groups ...they must work with a child with an IEP in his/her natural environment and with their social

daily friends." Another noted that "there can be five different speech therapists coming into one room which does not enhance intervention." Other supports that would be helpful related to communication between EI and child care staff. One suggestion was to have specialists "talk to us and tell us how to help the children." Another suggested that the "program would benefit from someone coming to our center to work with individual teachers and children. We've had some training, however, our staff members would benefit from some one-on-one real life training." A third director described the need for "supports integrated into the classroom instead of separate "tutoring-like" intervention...with team meetings with the interventionist (and teacher) to support robust lesson planning and planned learning for the child."

Optimizing Adult/Child Ratios in Classrooms

One way of supporting a positive and inclusive environment is by lowering the adult/child ratio in classrooms with children with special needs. This can be done by either decreasing the number of enrolled children in each room or increasing the number of classroom staff to more effectively address individual child needs. For example, when assigning children to classrooms, program administrators may consider children's



It would be helpful to have a "single identified interventionist per classroom"... "there can be five different speech therapists coming into one room..."

Survey respondent

² Pennsylvania's regional educational service agencies, including special education services.

needs and assign children so that not too many children with special needs are included in any one classroom. Or administrators may consider the extent to which each child needs extra adult attention and may create classrooms with a smaller number of children in order to create adult/child ratios that are lower than required ratios. Directors suggested achieving ratio adjustments by using “weighted ratios of children based on special needs” or “reducing the number of children in classrooms... to provide more one-on-one support for children.” In addition to reducing class size, adding extra adults to the classroom, for example, by adding a second assistant teacher was a frequently suggested strategy. One teacher noted “an aide in the classroom to deal with children with special needs would be an amazing help.” Some directors and teachers also identified Therapeutic Support Staff

(TSS) or Personal Care Assistants (PCA) or other types of personal supports for children as ways of getting the extra one-on-one assistance and management that some children seemed to require (although many noted that few children were able to actually obtain this type of personal support).

Collaboration Across Systems

A number of actions were suggested such as: “It would be extremely helpful if administrators had more connections with agencies and learned their role in Early Childhood Special Education and the importance of inclusion in ECE. We need more partnerships with organizations to support navigating the system so more children and families can be served in a productive and timely manner.”

HOW DOES INCLUSION IN PHILADELPHIA CHILD CARE PROGRAMS COMPARE WITH NATIONAL AND STATE DATA?

A national survey of inclusion in preschool programs was completed in 2014 (Barton & Smith, 2015a) and compared with results of a very similar study implemented 20 years earlier (Rose & Smith, 1993). National rates of inclusion over the 20 year time span were compared using state reports to the Department of Education and showed only a 5.7% change in the percent of children reported as receiving education in inclusive settings. In 2014, fewer than half (42.5%) of the children with IEP’s received their education in a regular education classroom (Barton & Smith, 2014).

Children with IEP’s in Pennsylvania attend typical early care and education programs at higher rates than reported in this national study. In FY 2015-16,

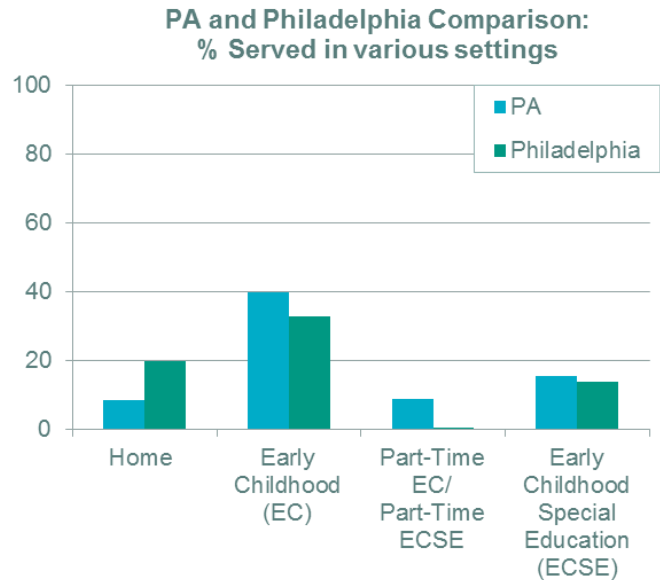
- Pennsylvania’s preschoolers (83%) with IEP’s received services in inclusive environments such as child care or Head Start programs or

in their homes at almost double the national rate of 42.5%. However, Pennsylvania data about inclusive environments counts children who attend a self-contained special education classroom and a child care program (i.e., 50-50) or reverse mainstreamed classrooms as receiving services in inclusive environments.

- In Pennsylvania, over the past 10 years, the percent of children who have IEP’s or IFSP’s and are served in early childhood settings has gradually increased from 27% to 40%, representing an increase from 10,660 to 21,000 children. However, in 2015-16, of the 52,686 children enrolled statewide in preschool EI, more than 8,000 children were educated in self-contained settings and another almost 5,000 children went to preschool part-time in a self-contained setting and part-time in an early childhood program.

WHERE DO PHILADELPHIA CHILDREN WITH IFSP'S OR IEP'S RECEIVE SERVICES?

- In Philadelphia, services for infants and toddlers, birth to 3 years of age, are provided through the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS). In 2015-16, a total of 5844 infants and toddlers received EI services in Philadelphia. A majority of infants and toddlers received services in either their homes or community settings. Because of the way in which service location is reported, information about the numbers of infants and toddlers who receive services primarily in child care settings is not available.
- Services in Philadelphia for preschoolers, aged 3 to the age of beginning kindergarten, are provided through Elwyn, a human services nonprofit organization, which holds the Mutually Agreed Upon Written Arrangement (MAWA) with OCDEL to provide preschool EI services. In 2015-16, 75% of Philadelphia preschoolers with IEP's received services in inclusive settings. The numbers of children served annually through Elwyn have increased each year. Across the past three fiscal years (from 2014-15) to the present (2016-17), the number of children served increased by 1133 to 8407, a greater than 13% increase.



- In comparing Philadelphia and Pennsylvania preschool-aged children with IEP's (2016-17), the percent of Philadelphia preschoolers who received services in their homes was twice the percentage of those statewide. Few Philadelphia children are reported as served part in regular child care and part in early childhood special education settings. A lesser percent of Philadelphia children are served in early childhood or in Early Childhood Special Education (ECSE) settings than the reported statewide averages.



Children by Primary Disability Category in Various Settings



- The location where preschool children receive services in Philadelphia is related to children’s primary disability category. Those children who receive services in an early childhood setting are more likely to be classified as having developmental delay (n = 1582) or primarily a speech and language delay (n = 718). If not receiving services in an early childhood program, these same classifications of children are most likely to receive services in their homes. On the other hand, children with established disability labels such as multiple disabilities (n=70), hearing impairment (n = 51), or visual impairment (n = 22) are more likely to receive services in a separate school than in an early childhood setting. Children with autism primarily receive services in an early childhood special education program (n = 430) and to a lesser extent in an early childhood setting (n = 339).
- Of the more than 1500 preschool children who receive services in typical child care programs (others receive Elwyn-provided related services in specialized Philadelphia mental health or autism programs that are not operated by Elwyn), services are provided in one of 617 separate child care programs located throughout Philadelphia. More than one child in a program may receive services, but a majority of the programs have only one or two children who receive special education or related services in that program.

WHAT DO PHILADELPHIA CHILD CARE DIRECTORS AND TEACHERS REPORT IS NEEDED TO INCREASE USE OF INCLUSIVE PRACTICES FOR PHILADELPHIA'S YOUNG CHILDREN?

Federal and state policy support the inclusion of young children with special needs in early care and education (ECE) programs and recommend adoption of inclusive practices not only as a way to support children and families but also as a strategy for reducing suspension and expulsion of young children from ECE settings (OCDEL, 2017). Young children with special needs attend ECE programs in Philadelphia, but reports suggest that few supports exist, often resulting in children being suspended or expelled or receiving poor quality education. This present survey did not ask for reports about suspension and expulsion; however in a 2016 study of Philadelphia child care programs, Children's Hospital of Philadelphia PolicyLab reported that 26% of Philadelphia licensed child care centers reported expelling and 37% reported suspending at least one child primarily due to challenging behavior, including poor emotional regulation and aggression (Gerdes, 2016), despite evidence of harm and of disproportionate use for children who are black or male (Gilliam, Maupin, Reyes, Accavitti, & Shic, 2016). Suspension, expulsion, and inclusion are often linked together. For example, Pennsylvania simultaneously issued policy statements on inclusion and suspension/expulsion suggesting adoption of high quality inclusive practices as a way of reducing or eliminating the use of suspension/expulsion.

Following are suggestions made by Philadelphia teachers and directors about improving inclusion for young children under action categories pertaining to the system, program, and teacher/provider levels.

System level

- Formulate and implement explicit policies to bring together and coordinate the many public agencies and the services they provide for young children with special needs and their families.
- Establish and measure targets to determine the extent to which progress is being made. For example, a possible target might be to decrease the number of children who are served in special education or separate school settings.
- Review currently available data collection systems such as the December Child Count, PELICAN, and local data bases on a regular basis to monitor progress and potential impact of implementation activities at the system and program levels. For example, data from these systems could be used to determine outcomes such as the number of children in special education or separate school settings.
- Articulate and disseminate solutions that address the circumstances related to positive inclusive outcomes. For example, a list of strategies that child care programs might use to increase the number of adults assigned to a classroom would be helpful to illustrate for Directors how to increase adult-child ratios organizationally and financially. Or optimal strategies for promoting integration between special education and related services personnel should be identified and staff professional development provided so that everyone knows how to use the strategies.

- Review current system practices and procedures to ensure links between practices in different systems. For example, early childhood programs use screening tools to identify children who might benefit from EI services; a formal link between this screening activity and EI evaluation, eligibility determination, and IFSP or IEP development should be created.

Program level

- Implement checks and balances to ensure that the number of children with special needs in any classroom is reasonable and that sufficient resources are available to support families, children, and teachers. As a general rule, in a fully inclusive classroom, no more than approximately 10% of the children have an IFSP or IEP, suggesting that no more than two children with disabilities would be enrolled in a typical PreK classroom.
- Create a resource of successful strategies to support inclusion at the program and classroom level and provide training to support directors and teachers in the successful use of these strategies in programs and classrooms.

- Compile strategies at the program level to support collaboration among families, teachers, and special education providers for adoption by programs. For example, directors might request a copy of a child's evaluation or ask that the IEP/IFSP review meeting be held at the child care center.

Teacher/Provider level

- Provide professional development for both early childhood and EI providers to help them work together more effectively and use strategies to promote children's participation and learning in the classroom. For example, all new teachers and therapists entering the early childhood or early intervention fields could complete a webinar about collaborative practices before beginning work in the early childhood education setting.
- Provide professional development and supports for EI providers to help them coach teachers and parents to use specially designed strategies to promote children's learning and participation.





SUPPORTING EVERY YOUNG CHILD FOR SUCCESS
a PHMC program



NEXT STEPS: SUPPORTING EVERY YOUNG CHILD FOR SUCCESS

Supporting EVERY Young Child for Success (SEYC) is a community-wide initiative established through the Public Health Management Corporation (PHMC) to promote young children’s inclusion in early care and education settings. The initiative addresses inclusive practices of access, participation and supports within a context of four principles:

- All young children belong.
- All young children can learn.
- Inclusion is a critical component of high-quality early care and education.
- Inclusion encompasses all children with diverse learning needs.

SEYC uses this framework of access, participation, and system level supports to address needs and gaps in developing system-wide inclusion for Philadelphia young children with special needs and their families, many of which have been identified by Philadelphia child care directors and teachers.

SEYC will provide **SYSTEM LEVEL SUPPORT** by taking a leadership role to:

1. Develop policy, procedures, and inter-agency collaboration at the local (Philadelphia) level, including:
 - Establish a mechanism (e.g. interagency group) to coordinate approaches between early childhood programs and the Early Intervention system.
 - Link screening assessments done in early childhood settings to referral for EI evaluation;
 - Implement joint policies and procedures so that children receive timely EI assessment and services;
 - Obtain observations of children in the classroom setting and involvement of ECE teachers in evaluations and writing of IFSP/IEP documents for children in their care who qualify for EI services.
 - Facilitate creation and implementation of policies and procedures to specify the ways in which EI specialists and ECE staff collaborate in addressing needs of individual children including defining the roles of specialists in relation to teachers, children, and families.
2. Review existing data collection systems to monitor the settings in which children with disabilities/special needs are receiving services and reduce the number of children who are attending self-contained classrooms, segregated (separate) schools, or other non-inclusive educational or child care programs.
3. Review fiscal policies and funding levels with regard to inclusion so that resources might be restructured to better support children when attending child care programs. For example, strategies for re-allocating resources to adjust adult-child ratios or ways of providing greater financial incentives when programs enroll children with special needs.
4. Develop required “entry level” training about EI/ECE collaborations to be completed at the local level by all ECE and EI staff so that expectations and roles are clearly articulated in preparation for work in early childhood settings.
5. Review professional development opportunities for directors, teachers, and EI specialists and coordinate select opportunities to offer multiple modalities for delivering PD for directors and teachers that promotes inclusive classroom practices.

6. Survey 2-year and 4-year Institutions of Higher Education (IHE's) to identify resources and gaps in preservice preparation for work in inclusive early childhood education settings.
7. Survey programs and recognize those that are providing high quality inclusion via an annual event, social media, and other recognition activities.
8. Write and disseminate research/policy papers, resources, and tools to inform and guide practice in the ECE community and influence policymakers.

SEYC will support children's **FULL PARTICIPATION** in classroom activities, routines, and instruction by providing professional development and resources for directors, teachers, & specialty staff including:

1. Provide training for directors to create inclusion policy and philosophy as well as an inclusive environment for their programs including information about how to best support teachers and families and how to coordinate with EI services to obtain timely child evaluations and integrate services into classroom settings.
2. Provide training for teachers with a focus on what to do with children in the classroom (e.g., what practices and strategies to use), what to expect with various types of disability/delay, and how to learn from specialists working with children.
3. Establish policies about service delivery (e.g., using EI push-in or pull-out models and under what circumstances these would be used) and definitions of roles and responsibilities of various team members and families.
4. Create ways in which EI and child care staff come together in working for the best child outcomes via meetings, one-on-one discussion time with specialists to learn how to best support and teach specific children.
5. Build and sustain a searchable resource bank of inclusion practices collected from research-/evidence-based literature and the ECE community in order to provide staff with "just in time" strategies and resources to address specific classroom situations and challenges.

SEYC will support increased **ACCESS** to early childhood programs by implementing activities and partnering with organizations such as:

1. Increase the number of ECE providers that implement inclusive policies and practices via the current Philadelphia Regional Key³ quality coaches, ECE assessments, and professional development.
2. Explore and create ways in which Early Learning Resources Centers⁴ (formerly Child Care Information Services) in Philadelphia can promote family access to inclusive programs.
3. Link with ECEHigherED.com⁵ so that high quality inclusive programs are added to the field site data base to provide inclusive opportunities for preservice training and professional development.
4. Review and revise the [Fund for Quality Design Guide](#) to ensure that facilities have the physical environment necessary to support access.

³ Implements PA's Quality Rating and Improvement System for early childhood programs in Philadelphia (2018).

⁴ Regional agencies administer child care subsidy program and supports for families, implement PA's Quality Rating and Improvement System for early childhood programs.

⁵ Provides information about ECE teacher preparation programs, helps facilitate field placement opportunities in ECE programs for teacher preparation students and their institutions of higher education.

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SURVEY METHOD

Responses were received from 161 family child care homes and child care centers in Philadelphia. A total of 239 teachers (74), Directors (139), and other staff (15) either partially or totally completed the survey; four surveys were eliminated because the respondents worked for non-child care programs (e.g., PD, TA or quality assurance organizations). All partial survey responses were reviewed and 17 were eliminated because only one or two questions were answered. At least 50% of the questions for the remaining 41 partially completed surveys were completed and these surveys were retained. The final sample included 218 surveys, 138 completed by directors, 72 by teachers, and 8 by other staff. The survey included 22 questions related to inclusion of children with special needs in child care programs. The survey was designed so that some questions were answered only by teachers and some only by directors; 11 questions were answered by both groups. Questions asked both about children who were receiving Early Intervention (EI) services (children with IEP's/IFSP's) and those with special needs but who were not receiving services other than child care.



ABOUT THE AUTHOR

Philippa Campbell has conducted research in areas related to integrated therapy, inclusion, family-centered practices including caregiver teaching, professional development models, and use of adaptation and Assistive Technology interventions to promote children's participation. Many federal, state, and foundation grants have supported this work. Dr. Campbell has published numerous articles, chapters, and other materials and presented work internationally and nationally for many years. For the past several years, a primary focus has been to establish the foundations of a Participation-Based Service approach including the use of assistive technology as intervention strategies to promote inclusion and participation.



The Early Childhood Action Collective (ECAC) is an initiative of Public Health Management Corporation, sponsored by the William Penn Foundation. ECAC is a multi-disciplinary consortium connecting researchers, policy experts, and practitioners who share a commitment to creating a better future for Philadelphia's children by informing policy and practice decisions to help move Philadelphia's early childhood education sector forward.



The opinions expressed in this report are those of the authors and do not necessarily reflect the views of the William Penn Foundation.