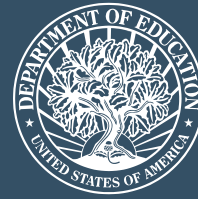




U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES



U.S. DEPARTMENT OF
EDUCATION

POLICY STATEMENT ON INCLUSION OF CHILDREN WITH DISABILITIES IN EARLY CHILDHOOD PROGRAMS

Updated November 2023

This document contains resources that are provided for the reader's convenience. The inclusion of these materials is not intended to reflect its importance, nor is it intended to endorse any views expressed, or products or services offered. These materials may contain the views and recommendations of various subject matter experts as well as hypertext links, contact addresses and websites to information created and maintained by other public and private organizations. The opinions expressed in any of these materials do not necessarily reflect the positions or policies of the U.S. Departments of Education or Health and Human Services. The U.S. Departments of Education and Health and Human Services do not control or guarantee the accuracy, relevance, timeliness, or completeness of any outside information included in these materials.

CONTENTS

Purpose 1

Overview 3

The Foundation for Inclusion in Early Childhood Programs 6

Opportunities to Improve Inclusion in Early Childhood Programs..... 11

The Path Ahead: Partnering to Build a Nationwide Culture of Inclusion..... 15

Recommendations for State Action 16

Recommendations for Local Action 32

Conclusion..... 49

Resources to Support Inclusion..... 50

References..... 63

PURPOSE

All young children with disabilitiesⁱ should have access to high-quality inclusive early childhood programsⁱⁱ that provide individualized and appropriate support so they can fully participate alongside their peers without disabilities, meet high expectations, and achieve their full potential. The responsibility to ensure that young children with disabilities and their families are included in high-quality early childhood programs is shared by federal, State, and local governments, early childhood systems, early childhood programs and providers, local educational agencies (LEAs), and schools.

This policy statement from the U.S. Departments of Education (ED) and Health and Human Services (HHS) (the Departments) builds upon our earlier 2015 policy statement with renewed commitment and urgency as children with disabilities continue to face significant barriers accessing and participating in inclusive early childhood programs. This updated joint ED and HHS policy statement for States,ⁱⁱⁱ LEAs, schools, early intervention (EIS) providers, and early childhood programs advances the Departments' position by:

- Reiterating the expectation for inclusion^{iv} in high-quality early childhood programs;
- Setting the expectation that inclusion continues as children transition into elementary school;
- Continuing to increase public awareness and understanding of the latest science that supports inclusion of children with disabilities in early childhood programs from the earliest ages;
- Reinforcing the legal foundations supporting inclusion in early childhood;
- Reiterating and updating recommendations for State and local agencies that implement Individuals with Disabilities Education Act (IDEA) programs, Head Start, child care, home visiting, preschools, and public schools for increasing inclusive early learning opportunities for all children;
- Updating models and exemplars of inclusion; and
- Identifying and sharing resources for States, LEAs, EIS providers, early childhood programs, schools, early childhood personnel,^v and families to support high-quality individualized programming and inclusion of children with disabilities in early childhood programs.

Disability is a natural part of the human experience. Almost 45 million adults have a disability,¹ and nearly one out of six children are estimated to have a developmental delay.² A disability should not diminish

ⁱ As used in this document, “children with disabilities” refers to infants and toddlers with disabilities and children with disabilities served under the Individuals with Disabilities Education Act (IDEA) as well as infants and toddlers and children with developmental delays and disabilities who are not receiving services under the IDEA or who are going through the eligibility process to determine if they are eligible for IDEA services.

ⁱⁱ As used in this document, “early childhood programs” refer to those that provide early care and education to children birth through age five, including but not limited to childcare centers, family child care, Early Head Start, Head Start, home visiting programs, and public and private pre-kindergarten in-school and community-based settings.

ⁱⁱⁱ As used in this document, “State” refers to the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, outlying areas and jurisdictions, and the freely-associated States.

^{iv} A full description of “inclusion in early childhood programs” is on pages 6–7.

^v As used in this document, “early childhood personnel” refers to professionals who provide early care and education services to children birth through age five, including public or private preschool teachers, home and center-based child care providers, Head Start and Early Head Start teachers, home visitors, early interventionists, early childhood special educators, and related services personnel.

one's right to participate in or contribute to society. Though this policy statement focuses on including young children with disabilities in early childhood programs, it remains the Departments' shared vision that people of all abilities be included in all facets of society throughout their lives as it benefits not only individuals with disabilities but also all individuals in our communities. Building a culture of inclusion for individuals with disabilities begins at birth in early childhood programs and continues into schools, communities, and places of employment. Inclusion in early childhood programs can set a trajectory for inclusion across a lifespan. Consequently, there is a critical need to improve policies and programs to support early childhood inclusion from birth and as children move into elementary school.

OVERVIEW

The Departments' September 2015 *Policy Statement on Inclusion of Children with Disabilities in Early Childhood Programs* (policy statement) articulated a vision for increasing access to high-quality inclusive early childhood programs for young children with disabilities. The Departments have held multiple listening sessions since then with federal staff, State and local early childhood administrators, early childhood programs and providers, families, technical assistance (TA) providers, advocates, faculty, and researchers. During these sessions, participants shared that they used the 2015 policy statement to drive changes in policies and practices to support the inclusion of young children with disabilities across multiple levels of the early childhood system. Some examples include:

- Increased awareness of the benefits of early childhood inclusion led many States and local communities to prioritize inclusion and improve policies and practices that support inclusion in State and local system level plans.
- Early childhood programs and providers improved their policies, practices, and early learning environments to support the inclusion of young children with disabilities and their families in their programs and services.
- Higher education faculty and training and TA providers used the policy statement as an essential component of trainings and professional development (PD) and TA support. They created new resources and documents to highlight the policy statement and support implementation of its recommendations.
- Families used the policy statement as a tool to bring awareness to the importance of inclusion, and advocate for more inclusive services and practices across early childhood settings. Families used resources developed from the policy statement to navigate early intervention and special education processes and find more inclusive options for their young children with disabilities.

Despite these positive actions and the strong legal and research foundation to support inclusive early learning, young children with disabilities and their families continue to face significant barriers to accessing and participating in inclusive high-quality early childhood programs. Families of infants and toddlers with disabilities report that they have difficulty finding and keeping child care, which can cause stress and impact their employment opportunities.^{3,4} Additionally, because of fewer options, children with disabilities are more likely to enter child care at a later age, to attend for fewer hours, and to have less access to child care programs than children without disabilities.⁵ In many systems, programs are not structured to provide preschool children^{vi} with disabilities access to early childhood special education services in inclusive settings. In 2021, more than half (55.4 percent) of preschool children with disabilities received early childhood special education services in settings separate from their peers without disabilities.⁶ Data trends over the past four decades indicate that the percentage of preschool children with disabilities who receive early childhood special education services in inclusive early childhood programs has remained largely unchanged.⁷ In addition to children with disabilities' limited access to

^{vi} As used in this document, "preschool children" refers to children ages three, four, and five, not yet in kindergarten.

inclusive preschool settings,⁸ there continue to be significant disparities in children's access to high-quality services and inclusive early childhood programs based on a child's disability, support needs, race and ethnicity, language, and geographic and economic circumstances.^{9,10,11,12,13,14} Research and data collection in early intervention highlight differences in children's access to screening, evaluation, and services especially for children of color, those from low-income families, those living in rural communities, and those whose first language is not English.^{15,16,17} Data indicate that young children of color do not have the same levels of access to inclusive preschool services as their white peers.^{18,19} Additionally, there are wide variations across States in the percentage of children with disabilities served under the IDEA and the percentage of children with disabilities who receive IDEA services in general early childhood programs.²⁰

The COVID-19 pandemic further limited access to inclusive early childhood programs, with some communities more significantly impacted. Program and classroom closures in some communities resulted in fewer inclusive community-based early childhood programs for children with disabilities to attend. In addition, workforce shortages have negatively affected early intervention and special education services, with some systems indicating that staffing shortages are impacting the provision of inclusive services in early childhood settings. These trends make it even more imperative that all levels of the system, from the federal government to State and local systems and programs, take action to improve participation of children with disabilities in, and their access to, inclusive early childhood settings.

In order to address the negative impacts of the pandemic and longstanding challenges facing young children with disabilities, States and local communities must continue to build, enhance, and expand their inclusive early childhood systems and programs. Doing so highlights the importance of designing systems and programs to support the learning and development of all children. A high-quality early childhood program is, in part, one that is inclusive, culturally and linguistically responsive, and provides a sense of belonging for all children and their families. Nearly one in six or about 17 percent of children have a developmental disability,²¹ but only approximately 3.7 percent of infants and toddlers with disabilities²² and approximately four percent of preschoolers with disabilities are served under the IDEA.²³ Children with disabilities and their families should be able to access and participate in any early childhood programs and services available to children without disabilities. The IDEA outlines the responsibility of State lead agencies and EIS providers and State educational agencies (SEAs) and LEAs to serve children with disabilities in natural environments (under Part C) and in the least restrictive environment (LRE) (under Part B) to the maximum extent appropriate, including serving children with disabilities in community-based settings such as Head Start, Early Head Start, and community-based child care programs, as well as other public or private early childhood preschool programs. It is important for children with disabilities and their families to be intentionally included in high-quality early childhood programs, so they too reap the benefits of high-quality early learning experiences. This means ensuring that policies, funding, and program practices enable each and every child's full participation and success in early care and education systems. Serving children in a manner that engages their families is a cornerstone of early childhood education, and State and local policies and practices should also take into consideration engaging all families, including the 4.4 million parents with a disability,²⁴ to ensure that all families can fully participate in their children's early learning experiences.

By describing high-quality inclusive early childhood programs and highlighting how systems and programs should operate based on research and legal requirements, the Departments make clear through this

policy statement that all children with disabilities should have access to high-quality inclusive early childhood programs regardless of type of disability, level of services and supports needed, race and ethnicity, language, and geographic and economic circumstances.

THE FOUNDATION FOR INCLUSION IN EARLY CHILDHOOD PROGRAMS

Standing on a strong research and legal foundation, policy makers for decades have partnered with families, advocates, practitioners, and researchers to promote high expectations for what children with disabilities can learn and do and expand access to inclusive early childhood programs. Continued work is needed, however, to expand children’s access to and full participation in inclusive early learning opportunities regardless of the level of services and supports the child needs, the child’s race and ethnicity, language, socio-economic status, or residence. Further progress requires a shared responsibility and a nationwide commitment to:

- 1) work together to reshape attitudes and beliefs about inclusion and expectations for what children with disabilities can achieve;
- 2) implement policies, budgets, and practices that prioritize access to and participation in high-quality early childhood programs for children with disabilities; and
- 3) create a comprehensive system that meets the individualized learning and developmental needs of each and every child.

The following sections set a basic foundation for expanding children’s access to inclusive opportunities, which can inform implementation of the State, LEA, EIS provider, early childhood program, and school level recommendations provided in subsequent sections.

Inclusion in Early Childhood Programs

Young children with disabilities must be given access to the early childhood programs, services, and experiences that children without disabilities have within a State or local community. Specifically, high-quality inclusive early childhood programs are ones that:

- Include children with disabilities in early childhood programs they would participate in if they did not have a disability, so they can learn together with their peers without disabilities;
- Provide high-quality teaching and learning environments that support children’s development and allow all children to meet high expectations;
- Intentionally promote children’s participation in all learning and social activities, facilitated by individualized accommodations and differentiated interventions and instruction;
- Use high-quality, evidence-based services and supports that are developmentally appropriate, culturally and linguistically responsive,^{vii} and that foster children’s—
 - acquisition and use of knowledge and skills,

^{vii} As used in this document, culturally and linguistically responsive practices involve recognizing and incorporating experiences, perspectives, assets, and strengths all children bring into the early childhood setting and ensuring that learning experiences are relevant to all children.

- use of appropriate behaviors to meet their needs,
 - positive social emotional skills, including friendships with peers, and
 - sense of belonging;
- Provide services and supports to children with disabilities in early childhood programs with peers without disabilities, and within daily routines and learning and social activities;
 - Recognize families as collaborative partners, experts, and engaged decision-makers in their children's lives and value and treat children with disabilities and their families with respect; and
 - Ensure supports, such as screening and identification processes, early childhood program and school partnerships, access to and use of data, and PD are in place to enable early childhood programs and providers to successfully include children with disabilities and their families.

The Scientific Basis for the Benefits of Inclusion

Research shows that early childhood inclusion is beneficial both to children with and without disabilities.^{25,26} The beginning years of all children's lives are critical for building the early foundations of learning and wellness needed for success in school and later in life. Studies have shown that individualized evidence-based strategies for children with disabilities can be implemented successfully in inclusive early childhood programs.^{27,28,29,30} Children with disabilities, including those with the most significant disabilities and the highest needs, can make significant developmental and learning progress in inclusive settings.^{31,32,33} Some studies have shown that children with disabilities in inclusive settings experienced greater cognitive gains and communication development than children with disabilities who were in separate settings, with this being particularly apparent among children with more significant disabilities.^{34,35,36,37} Further, children with disabilities tend to have similar levels of engagement as their peers without disabilities,^{38,39} and are more likely to practice newly acquired skills in inclusive settings as compared to separate settings.⁴⁰ Likewise, research suggests that children's growth and learning are related to their peers' skills, particularly among children with disabilities.⁴¹ High-quality inclusion that begins early and continues into school likely produces the strongest outcomes. Studies have shown that children with disabilities who spend more time in general education classes tend to be absent fewer days from school and have higher test scores in reading and math than those who spend less time in general education classes,^{42,43,44} and spending more time in general education classes was related to a higher probability of employment and higher earnings.⁴⁵

In addition to making learning and achievement gains, children with disabilities in inclusive early childhood programs also demonstrate stronger social-emotional skills than their peers in separate settings.⁴⁶ These social benefits are robust and can continue into elementary school and beyond.⁴⁷ Studies have found that children with disabilities in inclusive classrooms demonstrated more social interactions with peers with and without disabilities, had larger networks of friends, and were more socially competent compared to children in separate settings.^{48,49,50,51,52} Importantly, while studies indicate that inclusive services produce benefits for children with disabilities, these desired outcomes are achieved only when young children with disabilities are included several days per week in social and learning opportunities with peers without disabilities, and specialized instructional strategies are used to meet children's individual needs.⁵³

Systems supports such as resources for PD, ongoing coaching and collaboration, and time for communication and planning are critical to ensure that programs and personnel can adequately meet the needs of individual children.^{54,55} Additionally, the developmental benefits of early childhood inclusion can be lost if children are placed in separate settings in preschool, kindergarten, and elementary school.⁵⁶ Inclusion in early childhood settings followed by inclusion in elementary school can sustain these developmental gains.

Children without disabilities also benefit from inclusive early childhood programs. Studies indicate that children without disabilities show positive academic, developmental, social, and attitudinal outcomes from inclusive experiences.^{57,58} Children without disabilities demonstrate greater compassion and empathy and have a more positive perception of children with disabilities when peer interactions are adequately supported by classroom teachers.^{59,60,61} They can also develop a better conceptual understanding of diversity and disability.^{62,63,64,65} Specifically, children without disabilities have been shown to exhibit more social skills, such as communication and cooperation, and fewer problem behaviors as a result of peer-mediated interventions in inclusive settings.⁶⁶ When programs and teachers have the capacity to individualize learning and can provide appropriate developmental supports for each child, all children can benefit, because all children learn best with individualized supports. Children without disabilities in high-quality inclusive early childhood settings also gain incidental benefits from interactions with developmental specialists who can identify and address delays or other issues in development that might otherwise not be identified and provide classroom structures, environmental supports, and instructional accommodations that can benefit all children.

The Legal Foundation for Inclusion

Applicable law broadly supports the right of children with disabilities to access inclusive early childhood programs.

The Individuals with Disabilities Education Act

The [IDEA](#) supports equal educational opportunities for eligible children with disabilities from birth through age 21. Part C of the IDEA requires that appropriate early intervention services are made available to all^{viii} eligible infants and toddlers with disabilities and their families, to the maximum extent appropriate, in natural environments. Natural environments include the home and community settings in which children without disabilities participate. Under Part C, infants and toddlers with disabilities must be provided services in the natural environment, to the maximum extent appropriate, as determined by the Individualized Family Service Plan (IFSP) team and factoring in each child's routines, needs, and outcomes.

Similarly, under Part B of the IDEA, special education and related services are to be made available to all children with disabilities ages three through 21, to the maximum extent appropriate, in the LRE, as determined by the individualized education program (IEP) team and placement team based on an

^{viii} Under Parts B and C of the IDEA, "all" means all eligible infants, toddlers, and children with disabilities in the State and includes those who are English learners, immigrants (regardless of their immigration status), homeless, and in foster care, as well as those who reside on Indian reservations.

individual child's unique strengths and needs as described in the child's IEP. The LRE provisions in the IDEA further require a continuum of placement options be available to best meet the diverse needs of children with disabilities and presumes that the first placement option considered for each child with a disability is the regular classroom the child would attend if they did not have a disability. Thus, before a child with a disability can be placed outside of the regular educational environment, the placement team must consider the full range of supplementary aids and services that could be provided to facilitate the child's placement in the regular early childhood setting. Each LEA must ensure that a free appropriate public education (FAPE) is provided in the LRE to every child with a disability, ages three through 21, in its jurisdiction regardless of whether the LEA operates public general early childhood programs.

To provide FAPE in the LRE, the LEA may need to work with community-based early childhood settings (e.g., Head Start and Early Head Start programs, community-based child care programs, and public or private general early childhood or preschool programs) to provide special education and related services in those community-based settings. Additionally, preschool children are often identified as having a disability while participating in an early childhood program, such as Head Start or a public pre-kindergarten program. In determining placement options for a child with a disability who already participates in a regular public early childhood program, including publicly funded community-based programs operated by a public agency or private entity other than an LEA, Part B of the IDEA presumes that the first placement option considered is the current public early childhood setting the child is attending, even if the LEA operates an equally inclusive early childhood program. In addition, the placement team must consider any potential harmful effects on the child, such as the loss of learning and impact on a child's sense of belonging or emotional regulation if the child is moved or transported between early childhood programs and IDEA services, and on the quality of services that they need before removing the child from the current regular early childhood setting to a more restrictive setting. Additionally, IDEA regulations specify that a child with a disability is not to be removed from education in age-appropriate regular early childhood programs solely because of needed modifications in the general education curriculum.

The Americans with Disabilities Act

The [Americans with Disabilities Act](#) (ADA) prohibits discrimination on the basis of disability. Title II of the ADA prohibits discrimination in all the services, programs, or activities of any State or local government regardless of whether they receive federal funds. It covers any early childhood program operated or administered by a State or local government, including a public school district. Title II further requires public entities to provide services in the most integrated setting appropriate to the needs of each individual with a disability. Integrated settings are those that provide individuals with disabilities opportunities to live, work, and receive services in their communities like individuals without disabilities. Title III of the ADA requires similar obligations on places of public accommodation, such as private schools, private child care programs, or private preschools, regardless of whether an entity receives federal funds.^{ix}

^{ix} Religious organizations, and entities controlled by religious organizations (such as schools controlled by religious organizations), are exempt from the requirements of Title III.

Section 504 of the Rehabilitation Act

[Section 504 of the Rehabilitation Act of 1973](#) (Section 504) prohibits discrimination on the basis of disability by public or private entities that receive federal financial assistance (FFA). FFA includes grants, loans, and reimbursements from Federal agencies, including assistance provided to early childhood programs. HHS and ED's Section 504 regulations require recipients such as schools to provide equal educational opportunities for children with disabilities in the most integrated setting appropriate to the child's needs (45 CFR §84.4(b)(2); 34 CFR §104.4(b)(2)). In addition, the Head Start Program Performance Standards (45 CFR §1302.60)⁶⁷ require programs to ensure that all children, including but not limited to those who are eligible for IDEA services, and their families receive all applicable program services delivered in the least restrictive possible environment and that they fully participate in all program activities.

Head Start Act and the Child Care and Development Block Grant Act

The [Head Start Act](#) and the [Child Care and Development Block Grant Act](#) (CCDBG) have specific provisions and requirements that support high-quality inclusive opportunities for children with disabilities. By statute, Head Start and Early Head Start programs must make at least 10 percent of their enrollment opportunities available to children with disabilities.⁶⁸ The CCDBG requires States to develop strategies for increasing the supply and quality of child care services for children with disabilities (42 USC 9858(c)(2)(M)(iii)).

OPPORTUNITIES TO IMPROVE INCLUSION IN EARLY CHILDHOOD PROGRAMS

Families and experts have identified several opportunities to improve access and participation of children with disabilities in inclusive early childhood programs that are important for systems and programs to consider:

Understanding Evidence-based Inclusion

Successful, high-quality inclusive early childhood programs require early childhood providers, and the administrators who support them, to have high expectations for children with disabilities and believe that they can learn, develop, and thrive in inclusive early childhood programs like their peers without disabilities. Providers and administrators need access to accurate information about inclusion and research demonstrating the positive effects of inclusion or they risk having low expectations for what children with disabilities can learn and do and perpetuate practices that are not aligned with high-quality inclusive programs. Having supports in place at all levels of the system helps providers and administrators understand the feasibility of inclusion, and counter fears of the unfamiliar and resistance to change. Unfortunately, some negative attitudes and erroneous beliefs about inclusion have remained largely unchanged over the past several decades and have led to the establishment and maintenance of separate systems and practices for children with disabilities.⁶⁹ However, the research on inclusion, described earlier in this document, clearly demonstrates the benefits for all children, including those without disabilities and those with the most significant support needs, and highlights that children with disabilities can get the individualized support they need in inclusive settings. Efforts to expand access to inclusive early childhood programs should focus on the evidence base to inform policies and practices and showcase examples of programs implementing evidence-based inclusive practices that can shift attitudes and beliefs for early childhood, early intervention, and early childhood special education personnel as well as program, school, local, and State administrators.

Understanding IDEA Requirements

The percentage of children who receive IDEA services in inclusive settings varies widely both within and among States,⁷⁰ suggesting that there is significant opportunity to improve access to inclusive early childhood programs through education on IDEA requirements. It is critical that systems support parents in understanding IDEA requirements and their rights under the law so that they can make informed decisions and use the law to advocate for their child to be included in inclusive early childhood programs. It is also necessary for systems to educate administrators, early childhood programs and providers, and early intervention and early childhood special educators on the requirements of the law to support them in making policy and practice decisions that are in alignment with IDEA requirements.

Data show that almost all infants and toddlers with disabilities served under the IDEA receive early intervention services in the home.⁷¹ IDEA's Part C natural environments provision should not be interpreted as only allowing early intervention services to be provided in eligible children's homes.

IFSP teams should consider fully the family circumstance and how the child's outcomes may be met within the child's daily routines and activities, including in other settings where infants and toddlers spend time, such as inclusive child care, early childhood programs, or other community settings where children without disabilities are present.

Similarly, IDEA's FAPE and LRE requirements should not be interpreted as prioritizing or allowing IDEA preschool special education and related services to be delivered only in preschool programs operated in a public-school building; child care, Head Start, other publicly-funded, and private early childhood settings can be used to provide FAPE. For example, in 2022, children with disabilities accounted for 13.21 percent of Head Start program enrollment and 12.52 percent of Early Head Start program enrollment,⁷² yet some IEP teams make decisions to remove preschool children with disabilities from their inclusive early childhood programs and transport them during the day to a separate setting for their IDEA services, instead of providing services and supports in the child's regular early childhood program.⁷³ Multiple transitions can have a detrimental impact on children's learning. Additionally, some parents indicate that they are only given the placement option of a separate setting, such as a special education preschool classroom, and not the regular early childhood program their child would attend if they did not have a disability, as required by IDEA.⁷⁴ By only focusing on delivering IDEA services in programs operated in the public school, many school and LEA administrators may not be aware of the range of early childhood programs in their community with whom they could collaborate to support FAPE in the LRE.⁷⁵ A mixed delivery system of public and private high-quality early childhood programs is vital in increasing the availability of inclusive opportunities for children with disabilities. Such a system relies on a thorough understanding of IDEA provisions.

Staffing and Training the Early Childhood Workforce

The interactions that children have with adults in early childhood settings shape their development and learning. The quality of these interactions is a critical driver in the overall quality of inclusive environments. Yet, there is variability in the training and support provided to staff across early childhood settings, which may be dependent on the funding streams and local, State, and federal requirements.^{76,77,78} In addition, there is a shortage of providers across the early childhood system, including within early intervention and early childhood special education—a shortage that increased during the pandemic.^{79,80} Staffing shortages impact efforts to fully meet the promise of IDEA to provide high-quality inclusive opportunities and timely IDEA services. These shortages impact early childhood programs and schools in communities with high proportions of children from racially and ethnically diverse backgrounds and children from low-income families more than other communities.⁸¹ In addition, current staffing structures—including low wages, and limited benefits and workforce supports, for example—contribute to staff shortages and present a challenge to providing high-quality inclusive early learning experiences.^{82,83}

Variability in the training and educational opportunities accessible to all providers can have a substantial impact on program quality.^{84,85} Knowledge and implementation of evidence-based practices that promote positive outcomes for children with disabilities tie directly to program quality, and high-quality programs in turn lead to better outcomes for children with disabilities.⁸⁶ Current systems of training, PD, and

ongoing supports may not be sufficient to ensure all providers have adequate basic knowledge and competencies in child development, early childhood pedagogy, and developmentally appropriate practice; and how to individualize instruction, promote social-emotional and language development, manage challenging behavior, and scaffold and generalize learning across activities and between peers. Training should also address how to include and support children with disabilities and their families so providers feel prepared to work with them,^{87, 88} as well as specifically focus on examining their attitudes and beliefs on inclusion to understand how they may present barriers to inclusion.

For the early intervention and early childhood special education workforce, the variability in their level and type of specialized training also impacts access to inclusion. Early childhood special educators' attitudes and beliefs about the ability of early childhood programs and providers' ability to provide appropriate supports to children with disabilities can influence their decisions on inclusion.⁸⁹ Creating inclusive environments requires trust and collaboration between early intervention and early childhood special education providers and the general early childhood workforce. Early intervention and early childhood special education providers should have access to training, PD, and system supports so they can examine how their attitudes and beliefs impact their practice decisions and placement recommendations. Their training and PD should also support them to collaborate with general early childhood providers and successfully provide services in inclusive environments based on a firm understanding of the quality supports and services provided by general early childhood programs such as preschool, child care, and Head Start programs.

Committing to Build Partnerships

The multiple systems, such as early care and education, early intervention and special education, and health, that provide services to young children are often structured to deliver services in separate settings. Siloed systems may disproportionately affect children with disabilities who are often involved with several systems. Strong partnerships among EIS providers, LEAs, schools, and early childhood programs and providers are key ingredients to successful inclusion, and critical to ensure that children served by multiple early childhood sectors receive adequate and appropriate supports and services in their early childhood programs. Many communities believe in the importance of inclusion but have made little progress due to limited planning time or leaders' lack of commitment and support. Coordinating across systems is complex, so fostering relationships between early childhood system leaders and providers requires an ongoing commitment and a willingness to build systems by aligning policies and practices, providing dedicated funding and resources for inclusion, and enabling structures for educators and providers to implement evidence-based inclusive practices. Systems and providers should also commit to building strong partnerships with communities and families and kinship caregivers—children's first and most important teachers and advocates.

Increasing Access for All Children

Children of color with a disability face additional barriers to accessing inclusive early childhood programs and services. Professionals are less likely to refer children of color, particularly Black children, for early intervention and, if referred, are less likely to evaluate these children to determine their eligibility for

services.^{90,91} Additionally, children of color are less likely to receive early intervention services if found eligible. Data indicates that young children of color do not have the same levels of access to inclusive preschool services as their white peers.^{92,93} One promising approach to addressing these disparities is for early intervention and special education systems to increase the diversity of the workforce to reflect the communities served and provide PD on culturally and linguistically responsive practice. Examples of such practices include supporting bilingual language development and dual language modes such as spoken and signed languages. Disaggregated data on demographic characteristics—such as family primary language, race and ethnicity, or income—can support programs to develop and implement data-informed strategies to address differences in services among populations of children and families. Early childhood data systems may require enhancements in order to collect that data.

THE PATH AHEAD: PARTNERING TO BUILD A NATIONWIDE CULTURE OF INCLUSION

Addressing the challenges and barriers to inclusion and ensuring that all children with disabilities receive the individualized supports they need to thrive in early childhood programs requires expansive partnerships that bring families, advocates and self-advocates, early childhood programs and providers, schools, LEAs, EIS providers, and community and State leaders together to build a culture of inclusion rooted in its empirical and legal foundations. Communities across the country need to adopt and expand on the work that has been underway in some communities for many years. In creating a culture of inclusion, it is important for all partners to demonstrate and share their commitment to inclusive practices for all children and their families by:

- Effectively communicating the importance of inclusion by:
 - Strongly communicating inclusion as a shared responsibility and a top priority;
 - Celebrating diversity of human experience in all its forms and facets of society;
 - Communicating with neighbors, community members, and State and local leaders to highlight the importance of inclusion and the universal benefits of inclusion for children with and without disabilities; and
 - Countering myths, misconceptions, and stereotypes about children with disabilities and inclusion.
- Demonstrating a commitment to inclusion for all children with disabilities through policy changes and appropriate resource allocation at all levels; and
- Co-creating inclusion strategic plans at the State, LEA, community, school and program levels, and ensuring people with disabilities are included in the planning process.

A central tenet of an inclusive early childhood system is the commitment to ensure that each child's individual needs are supported appropriately, that each family's goals for their children are considered, and all have high expectations for each child. This tenet of quality applies to every child, including [dual language learners](#), immigrants (regardless of documentation status), refugees, migrants, and those [with special health care needs](#), living in poverty, experiencing homelessness, or in foster care. A culture of inclusion sets the stage to implement the recommendations provided here and is the first step to reaching the ultimate vision of providing access to and supporting full participation in high-quality inclusive early learning opportunities for each and every child.

RECOMMENDATIONS FOR STATE ACTION

The recommendations for State action in this policy statement expand upon the recommendations in the 2015 policy statement to include input from the field and align with the National Early Childhood Inclusion Indicators Initiative. The National Early Childhood Inclusion Indicators Initiative brought together partners from national early childhood professional organizations and associations, families, federally funded technical assistance centers, and State and federal leaders to develop and disseminate indicators and elements designed to improve and increase inclusive opportunities for young children.

RESOURCE SPOTLIGHT

The *State Indicators of the National Early Childhood Inclusion Indicators Initiative* detail the key early childhood infrastructure elements that need to be in place across State agencies and federal programs to increase high-quality inclusion opportunities for young children with disabilities and their families.

I. Ensure a Cross-Sector State Leadership Team Implements a Shared Vision for Inclusion

All State agencies that provide services to young children should take an active role in ensuring that policies and resources support a coordinated, comprehensive early childhood system that provides access to inclusive early learning opportunities for all children and is prepared to meet the individualized needs of all children. A cross-sector State leadership team should develop a shared vision to expand access to and participation in inclusive programs across sectors serving young children and their families. The leadership team should include a broad representation of agencies, programs, and partners across the State and, at a minimum, include diverse representatives from family networks, family support organizations, IDEA Part B, section 619, IDEA Part C, Head Start and Early Head Start (such as Head Start Collaboration Office Directors), child care (including the Child Care and Development Fund (CCDF) Lead Agency), home visiting (including Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs), the SEA, LEAs, pediatric health care, Medicaid, mental health, child welfare, provider organizations, institutions of higher education, and TA providers. The leadership team should also leverage existing early childhood councils or taskforces, such as State Advisory Councils for Early Care and Education, State Interagency Coordinating Councils, Special Education Advisory Panels, and Developmental Disability Councils, to create or strengthen a focus on early childhood inclusion.

The leadership team should develop and implement a strategic plan that reflects the shared vision. The plan should establish expectations for high-quality inclusive programs, including program standards that define inclusion; identify solutions to overcome barriers to inclusion in the State; address disparities in access across communities; and include recommendations for EIS providers, LEAs, schools, and early childhood programs to implement the shared vision for inclusion. Specifically, the strategic plan should include how the State will support TA to EIS providers, LEAs, schools, and early childhood programs to establish partnerships to address challenges that create barriers to inclusion and lead to unequal access to inclusive opportunities. The strategic plan should also build on existing early childhood efforts in the State,

including quality improvement efforts and efforts to expand access to high-quality early childhood programs for all children. In developing the strategic plan, the leadership team should review and coordinate existing State plans, such as CCDF State Plans, IDEA State Systemic Improvement Plans,^x or plans for specific grant programs (e.g., Preschool Development Grants Birth through Five, Early Childhood Comprehensive Systems grants) to ensure that early childhood inclusion and the necessary services and supports for children with disabilities are consistently addressed across plans. The leadership should also review previous and current early childhood inclusion efforts to ensure that lessons learned are applied. To support the implementation of the shared vision, the strategic plan should include how the leadership team will work with local inclusion teams to collect, analyze, and report qualitative and quantitative data on a routine basis. The plan should include mechanisms for communicating progress in meeting the shared vision to all sectors and partners, including families, within the State.

STATE SPOTLIGHT: ILLINOIS

Illinois has established a cross-sector leadership team to increase inclusive opportunities in their State. They used the [Indicators of High-Quality Inclusion](#) to help guide their work. They adopted an [inclusion vision statement](#) modeled after the federal joint position statement on inclusion. A recent report, [Strengthening Early Childhood Inclusion](#), includes recommendations to inform the Governor's Office of Early Childhood's needs assessment and strategic planning process funded through [Preschool Development Grant Birth through 5 \(PDG B-5\)](#). They also regularly collect and use data to inform decisions. Their [Community Inclusion Team Report](#) showcases data on programs that received TA, which shows how the number of children with disabilities receiving their special education services in regular education settings has increased.

2. Ensure State Policies and Guidance Meet Federal Requirements and Support Inclusion in High-Quality Programs

State policies and guidance set the direction for how communities, EIS providers, LEAs, schools, and early childhood programs collaborate to implement inclusion and provide the necessary services and supports for children with disabilities. States should review the policies and guidance across programs to ensure that they are consistent with federal and State legal requirements. Specifically, States must ensure that policies and guidance are clear that the first placement option IEP teams consider for each child with a disability is the regular early childhood program the child would attend if they did not have a disability, as required under Part B of the IDEA. They should also ensure that policies and guidance support early intervention services being delivered in community settings where children without disabilities participate as part of the natural environments provisions of Part C of the IDEA. Considerations when reviewing,

^x The State Systemic Improvement Plan (SSIP) is a reporting requirement for all States as part of their State Performance Plan/Annual Performance Report under Part B or Part C of IDEA. The SSIP is a comprehensive multi-year plan developed by each State and is focused on improving results for children with disabilities by measuring the State's performance on measurable and rigorous targets in a State-identified area.

revising, and eliminating policies to ensure that they support the implementation of federal and State requirements include the following:

- Ensuring that the same early childhood programs, services, and experiences that children without disabilities have access to within a State or local community enroll children with disabilities.
 - If State policy defines “preschool” as a minimum number of days and hours per week, this same standard of preschool should hold for children with disabilities.
 - The principle of natural proportions^{xi} should guide the design of inclusive early childhood programs and classrooms—that is, children with disabilities are included in early childhood programs and classrooms in proportion to their presence in the community.
 - State-funded early childhood programs should have explicit requirements for recruiting and enrolling children with disabilities and require collaboration among early childhood programs and schools to provide services and supports within those early childhood programs.
 - A mixed delivery system of public and private early childhood programs, including child care programs, should be used to ensure that FAPE requirements are met.
- Ensuring that the provision of IDEA services for children with disabilities are in environments and activities in which all children would typically participate so that children with disabilities can remain in the early childhood program for the whole day and throughout the week with their peers without disabilities.
 - Transitions between service providers—such as schools and community-based early childhood programs—should be minimized to lessen the burden on families, and disruptions in service delivery and children’s developmental progress.
 - Families should not have to choose between remaining in their existing early childhood program and receiving early intervention or special education services after children are identified with a disability.

States should also examine their policies and guidance across programs to ensure that those policies and guidance remove, rather than create, barriers to inclusion, are informed by quality data, respond to the unique needs of communities and populations of children served across the State, and promote cross-agency collaboration at the State and local levels. States should also build on existing structures to establish and sustain alignment and coordination across early learning systems and early childhood health systems to improve outcomes for children with disabilities.

^{xi} Application of this principle does not anticipate or permit imposing caps or quotas on the number of children with disabilities in a program or not individualizing services for children with disabilities under the IDEA.

State-level memoranda of understanding can be developed to promote inclusive policies and practices and delineate the roles, responsibilities, and supports from all partners to enable EIS providers, LEAs, schools, and community-based early childhood programs to work together to ensure inclusion of all children with disabilities in high-quality programs. The Departments have issued [guidance](#) to support the development of effective memoranda of understanding to support inclusion.

RESOURCE SPOTLIGHT

The HHS and ED [Policy Statement on Supporting the Alignment of Health and Early Learning Systems](#) provides policy and program recommendations to support States and communities in their efforts to better coordinate, align, and enhance health and early learning systems to promote the healthy development, early learning, and well-being of all children from birth to kindergarten entry.

State and local policies, guidance, and procedures should:

- Promote a mixed delivery system of high-quality inclusive early learning opportunities through partnerships between EIS providers, LEAs, schools, and community-based early childhood programs.
- Reduce the creation and maintenance of parallel early childhood programs for children with disabilities by:
 - Promoting inclusive opportunities that may already be available within the community, such as Early Head Start, Head Start or other high-quality early care and education programs; and
 - Expanding early learning initiatives within the State, such as State pre-kindergarten, to increase the number of high-quality inclusive programs, and ensuring that these programs have adequate funding and specific policies and procedures to recruit, enroll, and appropriately support the learning and developmental needs of all young children with disabilities regardless of the level of their service and support needs.
- Expand the availability of high-quality inclusive child care settings by using CCDF to fund contracted slots for children with disabilities.
- Promote coordinated and culturally and linguistically responsive comprehensive services across early childhood programs, including physical and mental health, home visiting, and other social services—whether covered by Medicaid or other funding sources—so that all programs have the infrastructure needed to best support children with disabilities and fulfill their legal obligations to each child.
- Make explicit plans to meet the needs of underserved children and families that affirm the diversity of their experiences; consider the specific intersections of poverty, race and ethnicity, language, and disability; promote belonging; and support their ability to navigate the systems that serve their children.

STATE SPOTLIGHT: KENTUCKY & MINNESOTA

Kentucky's State-funded preschool program is available for all four-year-old children whose families meet income eligibility requirements. Kentucky modified the eligibility requirements for its State-funded preschool program for children with disabilities. The State-funded preschool program serves all three and four-year-old children with disabilities, regardless of income, ensuring that a high percentage of young children with disabilities are educated in inclusive environments. Kentucky uses a mixed delivery system and has worked to support alignment, coordination, and efficiencies across the system; provide meaningful community data; enhance early learning experiences and data system improvements; improve engagement of families, caregivers, and communities; and align and leverage existing resources to meet the needs of all children.

To support collaboration in serving children with disabilities, *Minnesota* developed a [resource](#) that provides a cross-walk of individual and shared responsibilities for Head Start and LEAs in regard to the identification, evaluation, service provision, and transitions for children with disabilities.

3. Engage Families as Essential Partners

The cross-sector State leadership team and State early childhood agencies have a responsibility to ensure that families—including grandfamilies and kinship caregivers, and court-appointed educational decision makers—are involved as essential partners in State and local policy decisions and initiatives that facilitate inclusion. Families can offer critical expertise, experiential knowledge, and diverse perspectives based on their engagement with various agencies and early childhood systems

and services. States need to intentionally plan for and support the participation of families—particularly families who currently have young children, families traditionally underserved by early intervention and special education, and parents with disabilities—as essential partners in the development, implementation, and evaluation of inclusion initiatives. State leadership teams should include members from family organizations such as [Parent Training and Information Centers](#) and [Community Parent Resource Centers](#). State leadership teams should also allocate resources to family organizations to build the capacity of families to meaningfully participate in State and local policy discussions, planning, and evaluation of the State's inclusion plan. Resources that support families to effectively participate include financial supports such as child care reimbursement and stipends, flexible meeting times and formats, and accommodations for access such as American Sign Language and other language interpreters, and closed and real-time captioning. Additionally, States should work across State and local agencies to ensure families have opportunities to take on leadership roles within their systems and provide feedback on an ongoing basis. States can also demonstrate the importance of families as critical

RESOURCE SPOTLIGHT

The HHS and ED [Policy Statement on Family Engagement From the Early Years to the Early Grades](#) identifies principles of high-quality family engagement and provides recommendations for implementing family engagement practices across early childhood systems and programs on family engagement.

partners by having a dissemination plan in place so that families regularly receive information and data in family-friendly and accessible formats, and in families' native languages on what is included in the strategic plan and the State's progress in increasing inclusive opportunities.

4. Use Data to Guide Decisions for Continuous Quality Improvement

Guided by their vision on inclusion, States should use current State and local data to set concrete goals in their strategic plans for expanding access to and participation in inclusive, high-quality early learning opportunities. The goals should include specific indicators of quality for the planning and implementation of inclusive programs. The National Early Childhood Inclusion Indicators Initiative developed [indicators of high-quality inclusion](#) for different levels of a system that States can use in developing their strategic plans. The strategic plan should not only lay out how the State will collect and use data to show progress towards goals, but also how State early childhood agencies will support local programs in collecting and using data to evaluate and improve how well children with disabilities and their families are accessing and participating in inclusive early childhood programs. As States establish a baseline and set benchmarks to track progress, they should ensure that children with disabilities across the State have access to inclusive early childhood programs. This includes collecting data on the number of high-quality inclusive early childhood slots available and the number of children under five with and without disabilities served in those slots, and examining this data by disability, support needs, race and ethnicity, language, family income level, and location in the State. States should not only track access to inclusive early childhood programs, but also indicators that address the quality of participation by children with disabilities in inclusive early childhood programs, through data on the provision of IDEA services and supports in inclusive settings and measures of the quality of the environment for children with disabilities in these programs. Additionally, States should examine data on children's developmental and learning outcomes. States should also ensure that they have a process in place to use data for continuous improvement so that they modify implementation strategies or benchmarks as needed, and share data, in user-friendly and accessible formats, with State and local partners, including families, to show progress in meeting the State's vision and strategic plan on inclusion.

5. Leverage Funding and Resources to Support Inclusion Across Early Childhood Systems

Research has shown that inclusive early childhood programs are not necessarily more expensive than separate early childhood programs,⁹⁴ yet many agencies and programs identify funding as a barrier to inclusion and indicate that they do not know how to navigate various funding streams. As part of their strategic plan, the State leadership team should review how existing funding and resources are allocated; whether there are disparities in funding and resources across communities; how funds may be reallocated to better support increased access and participation in inclusive early childhood programs; and how State policies and guidance could facilitate the coordination of funding and resources across State and local early childhood agencies. Finance mapping plans may help State early childhood agencies determine how to most efficiently and effectively utilize funds and resources from different funding streams.

State agencies should examine regulations, funding, and resources across multiple early childhood programs—including IDEA, public preschool, child care, Elementary and Secondary Education Act (ESEA) Title I funds, and Early Head Start and Head Start. In addition, State Medicaid agencies are important financing partners, and States have options they can utilize to locate and enroll eligible children in Medicaid, such as Express Lane Eligibility (ELE).^{xii} Medicaid funding for early intervention services and related services is available for children enrolled in Medicaid and eligible for the Early and Periodic Screening, Diagnostic and Treatment benefit (EPSDT),⁹⁵ and schools can receive payment for Medicaid-covered services.

The State strategic plan should include how the State will provide TA and guidance to communities, EIS providers, LEAs, schools, and early childhood programs on allocating funds and resources, and braiding and layering funds at the local level to support increased access to inclusive settings and IDEA services in those settings that meet the individualized learning and developmental needs of children with disabilities. The strategic plan should also describe how the State will evaluate the effectiveness of the TA and guidance and examine differences in implementation across communities or populations of children in the State. The State leadership team also should consider how to leverage funds across early childhood systems to enhance systems supports such as workforce PD and data systems. One strategy to leverage funding is the use of

RESOURCE SPOTLIGHT

[Braiding Funding for Early Childhood Education](#) is an interactive tool developed to assist States and local communities in braiding or layering multiple federal funding streams to increase the supply of quality early care and education and increase access to early childhood and family support services within a coordinated, comprehensive early childhood system.

RESOURCE SPOTLIGHT

The Centers for Medicare & Medicaid Services' Medicaid guidance, *[Delivering Service in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming](#)*, details new flexibilities and consolidates existing guidance, to improve the delivery of covered Medicaid and Children's Health Insurance Program (CHIP) services to enrolled students in school-based settings. In addition to the guidance, there is an [informational bulletin](#) and [fact sheet](#). Additionally, the Center for Medicaid and CHIP Services' Informational Bulletin on *[Leveraging Medicaid, CHIP, and Other Federal Programs in the Delivery of Behavioral Health Services for Children and Youth](#)* includes federal requirements on EPSDT and examples of ways that Medicaid and CHIP funding can be used in the provision of high-quality behavioral health services to children and youth.

^{xii} As many programs have the same means-based eligibility requirements, ELE provides States with important avenues to ensure that children eligible for Medicaid or the Children's Health Insurance Program have a fast and simplified process for having their eligibility determined or renewed. ELE permits States to rely on findings, for things like income, household size, or other factors of eligibility from another program designated as an express lane agency (ELA) to facilitate enrollment in health coverage. ELAs may include Supplemental Nutrition Assistance Program, School Lunch, Temporary Assistance for Needy Families, Head Start, National School Lunch Program, and Women, Infants, and Children among others. A State may also use information from state income tax data to identify children in families that might qualify and so that families do not have to submit income information. [Express Lane Eligibility for Medicaid and CHIP Coverage | Medicaid](#).

ESEA Title II, Part A funds for supporting effective instruction to expand the competencies of public school personnel in providing inclusive early childhood education and inviting other local early childhood personnel to participate in PD.⁹⁶

6. Implement State Early Learning Guidelines and Statewide Initiatives that Support Development and Learning for All Children

All States have early learning standards or guidelines for developmental expectations.

The State leadership team should review their State early learning guidelines to ensure that they include specific culturally and linguistically responsive strategies and adaptations to support the learning and developmental needs of all children with disabilities. Local early childhood programs should use the early learning standards to guide curriculum and instruction for children with disabilities, so they have the same access to the general early childhood curriculum as their peers without disabilities. The State leadership team should use the early learning standards to identify PD and TA and determine which statewide initiatives and practices to adopt to support the learning and development of all children in

inclusive settings. For example, early childhood programs and providers indicate they need PD to adequately support all children's social-emotional competence and behavioral needs. As such, a lack of program capacity to manage challenging behavior or social-emotional developmental delays is often identified as a barrier to inclusion and may contribute to inappropriate use of discipline practices such as [expulsions and suspensions](#).⁹⁷ State leadership teams should plan for early childhood programs and providers to have access to specialists who can build capacity in fostering young children's social-emotional and behavioral health. States should implement early childhood mental health consultation (ECMHC) models^{xiii} or positive behavior intervention and supports (PBIS) frameworks such as the Pyramid Model for Promoting Social Emotional Competence in Infants and Young Children (Pyramid Model).^{xiv} Studies show that practices like ECMHC and the Pyramid Model, both of which consist of staff

RESOURCE SPOTLIGHT

HHS and ED [Policy Statement on Expulsion and Suspension Policies in Early Childhood Settings](#) and [Dear Colleague Letter on Supporting the Social-emotional Development and Mental Health of Young Children](#) and ED [Questions and Answers on Addressing the Needs of Children with Disabilities and IDEA's Discipline Provisions](#) all provide guidance and resources to ensure that all children have access to a high-quality education provided in a safe, supportive, and predictable learning environment, and that early childhood programs and schools implement positive, proactive approaches to support children's social, emotional, and behavior development and mental health, and respond to children's behavioral needs.

^{xiii} Early Childhood Mental Health Consultation (ECMHC) is a multi-level preventive intervention that teams mental health professionals with people who work with young children and their families to improve their social-emotional and behavioral health and development. ECMHC builds the capacity of providers and families to understand the powerful influence of their relationships and interactions on young children's development.

^{xiv} The Pyramid Model is a tiered intervention framework for supporting social-emotional and behavioral development. The first tier includes practices to promote nurturing and responsive caregiving relationships with the child and high-quality supportive environments. The second

capacity building paired with external specialized support, reduce and prevent expulsion and suspension in early learning and school settings, reduce reports of teacher-rated challenging behaviors in young children, and support the inclusion of children with disabilities.^{98,99,100}

STATE SPOTLIGHT: MARYLAND

Maryland has made improving early childhood inclusion a State priority. The Early Childhood State Inclusion Leadership Team, which includes the Developmental Disabilities Council, facilitated discussions and collected extensive feedback about the necessary collaborations needed among early childhood agencies and programs to promote partnerships and inclusive practices, programs, and policies. Through this work, the State developed indicators of high-quality, inclusive programs. Those indicators are used to assess programs and ongoing collaboration efforts within the State. They used [PDG B-5 funds](#) to support implementation of the [Pyramid Model](#) in four counties, knowing that behavioral challenges are often used by programs as the reason that children are not included. Additionally, the Inclusion Leadership Team worked closely with policymakers and other advocacy organizations to support the development of the [Blueprint for Maryland's Future](#). The Blueprint creates a new funding structure for Maryland's schools and includes the requirement that local school systems enroll children with disabilities in public prekindergarten regardless of income.

7. Ensure Program Standards Support High-Quality Inclusion

State early childhood systems have standards in place for measuring program quality to promote children's learning and development. These may include standards on health and safety, ratios and group sizes, the use of evidence-based curriculums and instructional practices, developmental screening and assessment, cultural and linguistic responsiveness, and personnel qualifications and PD. Such standards may not fully address the learning and developmental needs of all children with disabilities, however. State leadership teams should ensure that there are program standards in place that define inclusion, and that they are used across early childhood programs at the local level to guide high-quality inclusion practices.

RESOURCE SPOTLIGHT

The [Early Childhood Education Environment Inclusion Indicators Observation Tool](#) is a technical assistance tool designed to help programs use more inclusive practices. The observation tool supports coaches and providers who are knowledgeable and skilled in high-quality inclusive practices to build the capacity of providers to implement high-quality inclusive practices.

tier includes explicit instruction in social skills and emotional regulation for children who require more systematic and focused instruction. The third tier is for children with persistent challenging behaviors that are not responsive to interventions at other tiers and involves implementing a plan of intensive, individualized interventions.

States can use the [indicators of high-quality inclusion](#) for early care and education environments to inform program standards. State quality rating frameworks should include these program standards and ensure that the standards are applied at each level of a quality framework, as opposed to allowing standards specific to the inclusion of children with disabilities to be optional or only applying standards on inclusion at the highest level of a framework. In rating early childhood programs on standards of high-quality inclusion, traditional environmental quality assessments may not be sufficient for assessing the quality of the environment for children with disabilities.¹⁰¹ States should supplement traditional environmental assessments with tools that are designed to measure the quality of inclusion. Those tools should always be part of the core assessment protocol of early childhood settings, not optional elements. States should also incorporate inclusion standards in their child care licensing standards or in agreements they make with providers who accept CCDF.

STATE SPOTLIGHT: VIRGINIA

Virginia has a supporting State law and regulations that govern placements for preschoolers with disabilities as well as a State-developed guidance document, [Virginia Guidelines for Early Childhood Inclusion](#), to enable Virginia's school divisions to develop and sustain inclusive early care and education programs. The guidelines include information on the rationale, definition, legal basis, and benefits of and common misconceptions about inclusion, as well as descriptions of inclusive contexts and models for implementing inclusion, and information about funding models, including cost sharing. Virginia provides videos (available on its inclusive practices [resource page](#)) of a variety of inclusive settings throughout the State to support access, participation, and support.

8. Strengthen Accountability Systems and Build Structures to Support Inclusive Models

State leadership teams should enhance their accountability systems to monitor and address barriers to inclusion across early childhood programs. IDEA has specific monitoring requirements to ensure that EIS providers and LEAs meet IDEA requirements. IDEA Part C State lead agencies should examine how IFSP teams make decisions on providing early intervention services in community-based natural environments, and specifically review how EIS providers are working with child care and Early Head Start programs to support young children's participation in daily routines and activities by delivering services in these programs. Additionally, SEAs are required to monitor LEAs on how children with disabilities receive FAPE in the LRE. SEAs should examine LEAs' policies and procedures to identify any systemic biases in placements by the LEAs that undermine children with disabilities being served in the least restrictive, highest quality settings. SEAs should also review the IEP process in local communities to ensure that the practices IEP teams use provide families of eligible children with all their options in the continuum of services and supports, and support decisions that are both individualized and consistent with LRE requirements. Additionally, SEAs should have LEAs document how they meet requirements to provide services in the LRE through partnerships and formal agreements with early childhood programs in the

community. As State lead agencies and SEAs monitor how local programs implement IDEA requirements, they should ensure that family input is part of the monitoring process by collecting information from families on how they were informed of their rights under the IDEA, how service decisions and placement options were discussed with them, and their satisfaction with the process and the support they received to navigate it. States should also examine disaggregated data to determine whether there are groups within the State that have less access to services in the natural environment or in the LRE. In addition to IDEA programs, other State early childhood agencies should have specific monitoring processes in place to ensure that programs meet federal or State requirements on enrolling and serving children with disabilities in inclusive settings and Section 504 and the ADA requirements.

The State leadership team should include activities within their strategic plan to build high-quality inclusive early learning models. Activities could include: publicly recognizing systems that have developed partnerships across sectors and programs to implement high-quality inclusive programs; using tiered reimbursement in their quality rating and improvement systems for programs that demonstrate high-quality inclusion; providing child care subsidy payment differentials per child with a disability included in a general early childhood program; offering grant and contract opportunities for programs to strategically plan for inclusion; offering trainings on children with disabilities and inclusion for continuing education credit; providing tuition assistance for credit bearing courses on inclusion; and offering TA to programs to implement inclusive practices.

9. Build a Coordinated Early Childhood Workforce System

An effective, well-prepared, well-compensated, and multilingual, racially and ethnically diverse early childhood workforce is a key component of expanding access to high-quality inclusive early childhood programs. Staff shortages—further impacted by the global pandemic—persist across all sectors of the early care and education field, in large part due to low wages. The strategic plan should identify different levers in the system to support the recruitment, preparation, and retention of the early childhood workforce across programs and settings. The State leadership team should ensure that their strategic plan has ongoing, coordinated, and differentiated cross-sector efforts so that inclusion is meaningfully addressed, and that these efforts include paraprofessionals and aides, center-based and family child care providers, teachers, IDEA providers, directors and principals, and other leaders. State leadership teams should specifically address the following:

- **Establish Structures to Support Recruitment, Retention, Compensation, and Advancement of Educators and Providers**

In a comprehensive approach to support the early childhood workforce, the State leadership team should establish or enhance structures and policies to attract and retain personnel, advance career pathways, improve compensation, and improve workplace supports.

To bring new personnel into the field and to increase the diversity of the workforce, the State leadership team should explore coordinated recruitment efforts and innovative models that promote career advancement and alternative pathways. Grow-your-own programs can bring racial, ethnic, cultural, and linguistic diversity to early childhood programs and schools by

recruiting and preparing educators from within communities to become certificated educators and providers. Other models include practice-based learning such as registered apprenticeships and mentoring programs that leads toward a credential or degree. States should ensure that there are pathways for providers across early care and education sectors to attain additional credentials, degrees, and expertise, such as supporting articulation agreements between degree programs in early childhood and early childhood special education programs, offering credit for prior learning and experience, and providing more accessible coursework and academic supports. Additionally, loan forgiveness and scholarship support can attract new personnel to enter the early childhood field.

The State leadership team should explore federal funding options that address shortages of personnel and partner with institutions of higher education (IHEs) to apply for funding. The Office of Special Education Programs has an [annual grant program](#) to award grants to IHEs to increase the number of early intervention, special education, and related service providers to serve

young children with disabilities and their families—including multilingual personnel and personnel from racially and ethnically diverse backgrounds. They also administer the [State Personnel Development Grant](#) program, which support SEAs, who can partner with State lead agencies for Part C, in reforming and improving their systems for personnel preparation and PD of individuals providing early intervention, educational, and transition services. The State leadership team should examine policies and initiatives across early childhood settings and schools that impact compensation, such as wage ladders and parity in pay and benefits (e.g., paid leave, health insurance, and retirement benefits). Additionally, the State leadership team should include strategies to increase staff wellness by putting in structures such as guaranteed breaks during the work day, mental health consultation, and peer support networks to improve the working environment.

RESOURCE SPOTLIGHT

HHS and ED both have webpages with resources on building a system that attracts, prepares, supports, and retains a qualified, diverse [early childhood workforce](#), including an [early intervention and special education workforce](#), across settings and programs that serves all children and families.

- **Build a Common Knowledge and Competency Base Across Child-Serving Providers**

The National Academies of Science report, [Transforming the Workforce for Children Birth Through Eight](#), recommends that all service providers who work with young children have a common knowledge and competency base. The strategic plan should include opportunities and supports, such as paid time-off, for the early care and education workforce to build and enhance their knowledge of child development and learning, the importance of consistent and nurturing relationships, and the biological and environmental factors that influence development. Providers should also have opportunities to attain competencies in engaging children in high-quality interactions, promoting social-emotional development and mitigating challenging behaviors, implementing trauma-informed and culturally and linguistically responsive practices, recognizing

signs that children may need additional assessments and services, and using various tools and techniques to promote learning. States should foster opportunities for early childhood personnel to collaborate and consult with one another in inclusive early childhood settings. States should also ensure that their efforts to build a common base of evidence-based practices—in partnership with training programs and IHEs—include considerations for children with disabilities, with specific attention to children who need more intensive service and supports and children who are typically underserved, including dual language learners, those whose families live in poverty, and those from racially and ethnically diverse backgrounds.

STATE SPOTLIGHT: MARYLAND

In *Maryland*, a 6-module training for child care professionals titled [Learning the Basics: Strength-Based Training on Developmental Disabilities — Abilities Network](#) shares how to support children with developmental disabilities. The modules are now part of the State’s licensed training series. As a result, more children with disabilities will get the support they need to learn, play, and grow in child care programs alongside their peers without disabilities.

- **Ensure that State Certifications, Credentials, and Workforce Preparation Programs Have a Strong Focus on Inclusion and Supporting Children with Disabilities**

All early childhood personnel need to be prepared to support children with disabilities and differentiate interventions, instruction, and supports for children based on their individual needs. Doing so may require those personnel collaborate and team with professionals with specialized training as appropriate. States should ensure that personnel standards, credentials, certifications, and licensure requirements for general early childhood personnel, including directors or principals, educators and providers, and paraprofessionals or aides, include competencies for working with children with disabilities and their families in inclusive settings. States should ensure their personnel standards reflect the standards of national professional organizations and contain core knowledge and skills needed for working with young children and their families in cross-sector early childhood systems. They should work with IHEs to align programs of study to the State personnel standards and to criteria for licensure, certifications, and credentials. Additionally, States should partner with IHEs—community colleges and 4-year institutions—and other training entities to ensure that early childhood preparation certificate and degree programs weave throughout the entire curriculum—including coursework and practicum experience—specific pedagogy for children with disabilities, childhood assessment and instruction in inclusive settings, and collaborating and teaming, rather than in a small number of supplemental courses or a separate program. The State leadership team should encourage interdisciplinary preparation among education and related services preparation programs and ensure that there are personnel preparation programs within the State to prepare specialists to work with young children with disabilities, including infants and toddlers and those with significant service and support needs such as children with sensory disabilities. Additionally, States should consider supporting dual

certification preparation programs, which certify graduates to work in both early childhood and early childhood special education, thereby enhancing the competencies of the early childhood workforce to individualize instruction and supports for all children in inclusive early childhood programs.

STATE SPOTLIGHT: NORTH CAROLINA

The University of North Carolina at Chapel Hill implements the [SCRIPT-NC](#) project, which works with community colleges in North Carolina to assess, enhance, and redesign courses to better prepare preservice early childhood educators to meet the needs of all children in their communities, including children with disabilities and children who are culturally and linguistically diverse and their families. The focus is on incorporating evidence-based practices into the program, courses, and syllabi.

- **Ensure Personnel Policies Facilitate Inclusion**

States should ensure that their policies allow programs led by early childhood educators and providers to serve children with disabilities. However, since many early childhood educators and providers do not have specialized disability certifications, they should provide instruction in consultation with and under the supervision of professionals with specialized training and certifications—such as occupational therapists, physical therapists, and speech-language pathologists or other related services providers; teachers of the deaf and hard of hearing; teachers of the blind and visually impaired; orientation and mobility specialists; behavioral specialists or early childhood mental health consultants; child care health consultants, early childhood special educators; and early interventionists. States should consider promoting co-teaching models where specialists and educators or providers work jointly with children in inclusive settings, and coaching and mentoring to support educators and providers in developing their competencies to include children with disabilities. They should also provide guidance and TA on personnel and staffing policies to assist early childhood programs in navigating personnel issues on inclusive service delivery, such as requirements for collaborative planning time for early childhood, early intervention, and early childhood special education personnel, and supervision of LEA general education personnel providing services in home-based and community settings.

- **Offer Collaborative PD and TA**

States should ensure that existing early childhood PD and TA efforts always consider and address all children with disabilities. States should supplement existing PD and TA efforts to ensure that professionals working with young children can access information and obtain TA in evidence-based inclusion practices. State leadership teams should identify and coordinate funding streams and resources for PD and TA efforts and ensure that there are policies and guidance in place to build the capacity of local early childhood programs to use cross-sector and cross-discipline PD and TA opportunities.

STATE SPOTLIGHT: MICHIGAN

Michigan has developed a birth-to-age-5 cross-program training for providers from child care, Head Start, State PreK and other general education programs, as well as EIS providers from Part C and providers from Part B section 619, to improve the skills of the entire early childhood work force in understanding early intervention and special education and how to work with families and help them locate resources.

COLLABORATIVE PD AND TA ACTIONS

State leaderships teams should consider the following actions:

- Develop and implement a cross-sector and cross-discipline PD and TA plan for all educators, providers, and specialists working with young children, based on an assessment of the workforce's strengths and concerns.
- Establish a group of inclusion experts that provide ongoing PD and TA opportunities across early childhood systems to support the learning and development of children with disabilities.
- Ensure that PD is tied to specific competencies, is sequential, supports continuing education requirements, and covers a wide range of topics, with a focus on how the content and practice apply to children with disabilities.
- Provide incentives to local programs to engage in PD.
- Use ESEA Title II, Part A funds for supporting effective instruction to build capacity in providing inclusive high-quality early education. Encourage community-based educators and providers to join PD with school-based personnel.
- Establish a method for local programs—regardless of geographic region—to request specialized support on inclusion, for example, through statewide hotlines, consultation models, mentoring, or coaching networks.
- Develop community hubs and educators and provider networks where participants can learn from each other how to implement evidence-based practices.
- Expand access to specialists, including inclusion coaches, behavioral or mental health consultants, and related services providers with the goal of providing universal access to specialists across early childhood programs in the State.
- Identify and highlight programs that are exemplars of inclusion so that State and local leaders and educators and providers can see how inclusion can be successfully implemented.

10. Raise Public Awareness

The State leadership team should plan for and implement a unified and ongoing cross-sector public awareness plan to shift attitudes, beliefs, and perceptions of inclusion and expectations for children with disabilities. States should partner with community leaders and families to develop strategies and messages that reach key audiences to communicate the benefits of early childhood inclusion, affirm the laws and research that provide the foundation for inclusion, and set the expectation that the community is responsible for ensuring that all children have access to high-quality inclusive early childhood programs and the individualized supports they need to fully participate in those programs. State leaders should acknowledge the need for additional high-quality early childhood programs for all children to increase the opportunities for inclusive experiences for children with disabilities. Key audiences and partners should include staff and leaders from early childhood programs and schools; parents and families of children with and without disabilities; specialized service providers; pediatric healthcare professionals; philanthropic, business, and other private sector partners; faith-based organizations; elected officials, and other relevant community leaders.

STATE SPOTLIGHT: ILLINOIS

Illinois used PDG B-5 funds to take documents and initiatives related to inclusion that had been developed over the years, and create a [one-page infographic](#) that communicates the State's key areas of work around inclusion: public outreach; supports to community-based organizations to support inclusion; guidance, incentives, and accountability to support school districts; and guidance, incentives, and accountability to support early intervention. Illinois also developed a public awareness campaign that uses social media to promote an understanding of the value of inclusion and the numerous resources available for families to help them make informed choices and for practitioners to help them support children with disabilities. Additionally, the State used social media to promote an online [Understanding Inclusion Training Series](#) designed for both families and professionals. It is also using its Quality Rating and Improvement System process to identify and provide intensive support to programs that want to improve their capacity to provide high-quality inclusion. The State's PD opportunities have been developed collaboratively across systems and with families, drawing on the best available evidence of what constitutes effective PD.

RECOMMENDATIONS FOR LOCAL ACTION

With the support of States and federal resources, and with the engagement of families and community organizations, leaders in LEAs, schools, EIS providers, and early childhood programs can increase and enhance high-quality early learning experiences for all young children. Leaders within communities can adopt a culture of inclusion, set expectations for programs across early

childhood systems to work together to provide inclusive settings and practices, establish policies that meet the unique needs of the populations in their community, allocate existing and devote additional resources in ways that facilitate increased access to inclusive early childhood programs, and prioritize workforce development. The following recommendations can guide local and community leaders to work together to champion a culture of inclusion and build high-quality inclusive programs and opportunities. As with the State recommendations, the recommendations for local action were refined and enhanced to better align with the indicators and elements the cross-sector efforts of the National Early Childhood Inclusion Indicators Initiative developed.

RESOURCE SPOTLIGHT

The [*Community and Local Indicators of the National Early Childhood Inclusion Indicators Initiative*](#) detail the key elements that are necessary for promoting high-quality inclusive policies, procedures, and practices at a community and local program level.

I. Establish an Inclusion Leadership Team and Vision for Inclusion

Improving access to and participation in high-quality inclusive early childhood programs is facilitated when cross-sector early childhood administrators, LEA and school administrators, IDEA program administrators, program staff, family members, and community partners come together to develop and commit to a vision of inclusion and use this vision to develop and implement policies and procedures that support inclusion across a mixed-delivery system. The inclusion leadership team should develop an action plan with goals and objectives to increase the number and quality of inclusive early childhood programs, ensure that all populations of children and areas in the community have access to high-quality inclusive early childhood programs, ensure evidence-based practices support children's full participation in daily routines and learning activities, and support the provision of IDEA services in children's general early childhood programs. The inclusion leadership team should also identify partners, strategies, and data sources needed to implement and evaluate progress towards meeting the goals on the action plan. Inclusion leadership teams build awareness of and commitment to high-quality inclusive opportunities at the local and community levels by clearly communicating the benefits of inclusion for all children and families as well as highlighting and celebrating exemplars of inclusion within the community.

STATE SPOTLIGHT: OREGON

Oregon uses the [Indicators of Early Childhood Inclusion](#) and the [Oregon Department of Education \(ODE\) Equity Stance](#) to guide implementation work at the State and local levels in Oregon. The Community Inclusion Teams (CITs) consist of family members, program implementation coaches, early intervention and early childhood special education providers, community partners, and early educational agency partners. The CITs have implemented action plans based on both the Community and Local Program Indicators of High-Quality Inclusion that guide and support the availability of high-quality inclusive early childhood programs throughout the community. Oregon's Implementation Programs (IPs) and Demonstration Sites support programs in implementing the Early Care and Education Environment Indicators of High-Quality Inclusion. IP Leadership Teams meet monthly and work to build capacity to implement community action plans, change practices, and enhance policies and procedures to maximize access, participation, supports and outcomes for children with disabilities. The IPs will be used to examine the effectiveness of the inclusion indicators and provide a model for replication. CITs across the State meet to identify solutions and share data. All CITs reported improvements to their systems, and significant improvement on the Indicators of High-Quality Inclusion. Following community implementation, the State has examined its educational environments data and seen signs of progress. As an example, one Oregon county increased the number of preschool children with disabilities receiving services in regular education settings by 9.54 percent between the 2018-2019 and 2020-2021 school years. See more in the [press release](#) and [story featured on OPB](#), and [website](#) for Oregon Early Childhood Inclusion.

2. Develop Formal Collaborations with Community Partners

Formal agreements and strong collaboration are critical for establishing a mixed delivery system where all children have access to inclusive early learning opportunities in a range of settings across their community, such as in child care programs (including family child care and home-based programs), public and private preschool, and Head Start. The inclusion leadership team should prioritize supporting programs in establishing formal agreements to fulfill IDEA requirements such as those related to child find, eligibility determinations, the natural environment, and

LRE. In addition to IDEA, other federal early childhood programs have statutory requirements to serve children with disabilities. EIS providers and LEAs are expected to collaborate with early childhood

RESOURCE SPOTLIGHT

The [Guidance on Creating an Effective Memorandum of Understanding to Support High-Quality Inclusive Early Childhood Systems](#) provides an overview of factors to consider when developing, implementing, and sustaining memoranda of understanding at the State level to create a coordinated approach to service delivery to improve outcomes for young children who are at risk for or have a developmental delay or disability.

programs to meet these requirements and the inclusion leadership team should ensure that there are formal agreements that address these early childhood program requirements. EIS providers and LEAs should recognize the expertise of early childhood program leaders and seek collaboration to meet shared goals of inclusive early childhood programs across a range of settings. For example, Head Start and Early Head Start programs are required to establish collaborative partnerships with community organizations, which may include individuals and agencies that provide services to children with disabilities.¹⁰² Formal agreements between Head Start and EIS providers and LEAs are important to ensure that Early Head Start and Head Start programs can meet their requirements to serve children with disabilities in their programs and to ensure that children receive Part C and Part B services in Early Head Start and Head Start programs. Further, the CCDBG requires States to describe how they will coordinate services provided under CCDF with agencies providing services to children with disabilities in their care.¹⁰³ Formal agreements can support the provision of IDEA Part C and Part B services in child care settings, including consultative support to child care providers to meet the CCDF requirements. Formal agreements should also include how programs will work together to share resources; braid or layer funding; collect, share, and analyze data with parent consent (if needed under applicable IDEA privacy provisions); and support joint PD.

In addition, young children with disabilities and their families often require services that may be delivered by providers outside of their early childhood programs. Formal collaborations between public and private community partners—such as health systems, home visiting programs, pediatric medical homes, and developmental specialists—may improve screening, evaluation, referral systems, and data sharing, and may help ensure that children who need additional supports receive them as soon as possible. In developing formal collaborations with community partners, the inclusion leaderships team should build on and support existing coordinating bodies that strengthen the coordination of health and early learning systems, including Health Resources and Services Administration’s [Early Childhood Comprehensive Systems Impact](#) grants, and the Substance Abuse and Mental Health Services Administration’s [Early Childhood Mental Health Programs](#). Formal partnerships may also facilitate the use of wrap-around services, a philosophy of care that involves providing intensive coordinated community-based services designed to meet children’s specific social-emotional and behavioral health needs.

LOCAL SPOTLIGHT: OKLAHOMA

Within *Oklahoma*, the Community Action Project (CAP) of Tulsa County, which is the Head Start grantee, collaborates with the Tulsa Public Schools, Union Public Schools, and Sand Springs Public Schools Community Action Project of Tulsa County to provide services to children with disabilities in the Head Start program. Services to children with disabilities are provided in part by district personnel, as required in each child’s IEP. Children remain enrolled at the early childhood centers with their typically developing peers. CAP’s teachers receive training and TA to support each child in meeting their IEP goals. CAP’s Disability Coordinators are also available to assist classroom teachers, in partnership with the districts’ IDEA providers.

3. Support Family Engagement and Partnerships

Families are young children’s first and most important teachers and advocates. The inclusion leadership team, schools, and early childhood programs should intentionally plan and assess how they are partnering with all families—including families of color, families whose primary language is not English, and parents with disabilities—to expand inclusive practices in the home and community settings.¹⁰⁴ This includes involving families in policy development, advocacy efforts, program improvement processes, and public information initiatives, including forums and conferences on inclusion. It is important to ensure that all families are knowledgeable about the benefits of inclusion, understand their rights, and learn how to navigate the systems that serve their children. Schools, early childhood programs, and other community partners could support families by connecting them to the parent training and information center in their State, and community parent resource center in their area, in addition to providing specific resources on inclusion in early childhood programs, and the individualized supports and services and continuum of placement options available to meet their child’s unique needs.

This information should be available and accessible to all families, including parents with disabilities and those with limited English proficiency.^{xv} Schools and early childhood programs should support families’ capacity to advocate for their children’s access to early childhood programs in their community and having services provided in the early childhood program. Teachers and providers should regularly engage with families and have ongoing conversations with families on their children’s learning and development, share information on developmental screening and child assessment, ask for their perspectives on their children’s strengths and needs, and, as needed, connect them to additional services and supports, such as family to family health resource centers or specialized service providers. The [Head Start Parent, Family and Community Engagement Framework](#) can serve as a useful roadmap to establish and enhance family engagement.¹⁰⁵

The inclusion leadership team, schools and early childhood programs should also plan for how they will build and enhance staff’s capacity to engage and build partnerships with families, including providing PD to teachers and providers on forming strong goal-oriented relationships with families that are linked to their child’s development, learning, and wellness and respecting and incorporating families’ cultures, preferences, and priorities into children’s learning. They should also ensure administrative, custodial, and

RESOURCE SPOTLIGHT

[Parent Training and Information Centers and Community Parent Resource Centers](#) work with families of infants, toddlers, children, and youth with disabilities to help families understand their rights under the IDEA and participate fully in their children’s development, learning, and education. They also partner with professionals and policy makers to improve outcomes for all children with disabilities and their families.

^{xv} Title VI of the Civil Rights Act of 1964, including its implementing regulations, requires school districts to ensure meaningful communication with parents who have limited English proficiency (LEP) in a language they can understand and to adequately notify parents who have LEP of information about any program, service, or activity of a school district that is called to the attention of parents who are proficient in English. A description of these obligations is available in Section J of joint guidance released by the U.S. Department of Education and the U.S. Department of Justice, Dear Colleague Letter: English Learner Students and Limited English Proficient Parents (Jan. 7, 2015), available at www.ed.gov/ocr/letters/colleague-el-201501.pdf.

other support staff understand the program’s culture of inclusion and interact with families respectfully and compassionately.

4. Ensure Policies and Procedures Support the Provision of Services in Inclusive Settings

The inclusion leadership team, schools, and early childhood programs should have cross-cutting and program-specific policies and procedures on inclusion that reflect the community’s vision for inclusion, support the use of evidence-based inclusive practices, support coordinated service delivery among programs, and comply with the requirements of IDEA and other federal policies and guidance regarding services to children with disabilities and their families. The IDEA requires that IFSP and IEP teams, which includes parents, make service and setting decisions for infants, toddlers, and children with disabilities based on their individual needs. The decisions these teams make determine if services and supports will be provided in inclusive early childhood settings. LEAs, schools, and EIS providers should specifically review their IFSP and IEP processes and procedures to ensure that natural environments and inclusive settings are meaningfully discussed for each child, and that the first options considered for infants, toddlers, and preschool children with disabilities are those that would be considered for children without disabilities. Where appropriate for the individual needs of a child with a disability, IFSP and IEP teams should write goals and outcomes that can be met with the provision of services and supports in inclusive settings. For example, IFSP teams can develop a process to discuss the provision of early intervention services in child care settings as a community-based natural environment, in order to support families in accessing and keeping child care and to child care providers in meeting the individualized needs of children in their care. As another example, if a child in Head Start is identified with a disability and found eligible under the IDEA as a child with a disability the IDEA requires that the first consideration should be that their special education services will be provided in their Head Start program. Policies and procedures should be clear that families should not be given an “either/or” option, such that they must choose between Head Start *or* special education services. Additionally, policies and procedures should encourage the involvement on IFSP and IEP teams—with parental permission—of early childhood educators and providers, including child care providers, child development specialists, and related services providers. IEP teams are required to include at least one general education teacher if the child is, or may be, participating in the general education environment. In addition, policies and procedures should be in place to ensure that educators and providers have access to a child’s IFSP and IEP, and understand the child’s goals, strategies to meet those goals, their role, and the roles of early intervention providers, early childhood special educators, and related services providers in helping children reach their goals. Educators and providers should also understand how to access specialized services and supports as needed.

STATE SPOTLIGHT: COLORADO

Colorado has recently updated its guidance document for making LRE placement decisions. This guidance document, [Making Least Restrictive Environment Placement Decisions for Preschool Children, Ages 3 through 5](#), is designed to assist IEP teams in understanding early childhood educational environments and their relationship to appropriate LRE decisions for preschoolers with disabilities. Colorado also developed [Indicators of Quality Inclusion in Early Childhood](#) to enhance the quality inclusive early childhood programs.

5. Review and Adjust Resource Allocations

To implement inclusion, early childhood programs and schools rely on multiple funding streams at the federal, State, and local levels. To effectively use these funding streams, the inclusion leadership team as well as early childhood programs, schools, EIS providers, LEAs, local Part C administration and state CCDF lead agencies should engage in collaborative fiscal planning to identify how to braid and layer funding and allocate the resources to effectively support inclusive early childhood programs.

In many cases, LEAs, schools, or early childhood programs use most of their funding for children with disabilities on separate classrooms for children with disabilities, undermining opportunities to serve children in the most inclusive settings. The leadership inclusion team as well as early childhood, school, LEA, EIS and State CCDF agency administrators should specifically examine the ways they allocate funds within and across programs that serve children with disabilities and adjust resource allocations to promote inclusion by reflecting on the following questions.

RESOURCE SPOTLIGHT

The [Early Childhood Technical Assistance Center](#) has an [inclusion finance toolkit](#) to help programs better understand the financial requirements and responsibilities necessary to create inclusive placement options.

RESOURCE ALLOCATION QUESTIONS FOR CONSIDERATION

- How could we use IDEA Parts B and C funds to provide services in inclusive programs or natural environments with typically developing peers to the maximum extent appropriate, in accordance with the provisions of the IDEA?
- How can we use ESEA Title I, Part A funds to support the inclusion of children with disabilities in school-based settings and Title II, Part A funds to expand the competencies of public school personnel in providing inclusive early childhood education and inviting other local early childhood personnel to participate in the training?
- How could we as LEAs, EIS providers, and schools allocate funds and formalize partnerships with community-based early childhood programs, including child care, to establish a mixed delivery system, where children with disabilities can receive inclusive early learning opportunities in different settings across the community?
- How could we as LEAs, EIS providers, and schools review and adjust our funding allocations and decisions to ensure that all areas in the community and all populations of children with disabilities have access to inclusive programs?
- How could our programs use resources to target the use of evidence-based practices to improve child outcomes?
- How could we change resource allocations to support early childhood special educators to shift from full time teachers in segregated settings to providing consultative services to general early childhood educators and providers?
- How could we allocate resources to support early intervention, early childhood special education, related services providers, and other specialized providers in providing consultative services to early childhood educators, providers, and staff?
- How could we allocate resources to optimize the distribution of specialized providers, materials, and equipment across early childhood programs to provide ECE personnel with adequate instructional support and resources to serve all children, including children with disabilities?
- How could we use PD resources to expand access to training and coaching, specific to supporting all children with disabilities, to all staff across early childhood programs? Are there opportunities to expand access to staff from other early childhood programs and partner with other programs to share training?

6. Establish an Appropriate Staffing Structure and Strengthen Staff Collaboration

Establishing appropriate staffing structures and increasing staff collaboration to support inclusion may require programs to shift existing resources and work across early childhood systems, especially given that many regions continue to experience staffing challenges in early childhood, early intervention, and early childhood special education. The inclusion leadership team as well as early childhood programs, schools, and LEAs need to jointly examine their personnel policies and current staffing structures to support the delivery of early intervention, special education, and related services within daily routines and learning activities with peers and allow time for collaborative teaming among early childhood educators, providers, and specialized service personnel. Collaborative service delivery models can enhance the reach of specialized service providers and allow them to serve more children more effectively. A staffing model that supports inclusion in an early childhood program involves specialists—like early interventionists, early childhood special educators, early childhood mental health consultants, and related services providers—coming into the early childhood program to provide services to children with disabilities and consult with the lead educator or provider and paraprofessional or aide. This consultation involves partnering with educators, providers, and paraprofessionals to observe, model, and share strategies for supporting children’s development and learning in an inclusive setting. Programs should also consider implementing co-teaching models where specialists and educators or providers work jointly with children in inclusive settings. Programs should pay close attention to children’s support needs when making decisions about staffing structures. Children with the most support needs should have access to highly trained personnel with specialized expertise and not have to rely mostly on paraprofessionals for instructional support.

STATE SPOTLIGHT: VIRGINIA

Virginia models for inclusion include the [Individual Teacher Model](#) in which one licensed, dually endorsed teacher works with the entire class, and the [Co-Teacher Model](#) in which a PreK teacher and an early childhood special education (ECSE) teacher share responsibility and combine their expertise to meet the needs of all children in the classroom. The ECSE teacher may be in the classroom for all or some of the school day. For example, a Virginia Preschool Initiative classroom of 18 preschoolers includes six children with IEPs, with an ECSE teacher and a PreK teacher both supporting the classroom all day with one paraprofessional assigned to the classroom.

Programs and schools should also have structures in place to support teams of early childhood educators, providers, and specialized service personnel to come together to oversee children’s goals, coordinate services, connect children and families with additional services as needed, and help families navigate services for their children. For inclusion to be effective, it is critical to allocate staff time for coordination and collaboration between the professionals who work with young children. This facilitates comprehensive coordinated services, enables staff to understand their roles and responsibilities and the

roles and responsibilities of others to facilitate children’s learning and development. As programs, schools, and LEAs examine the staffing structures and policies across their systems and communities, they should identify exemplars of collaborative teaming as models and ensure that there are no disparities across the community in how staffing structures and policies facilitate access to inclusive opportunities and collaboration. Additionally, TA can encourage collaboration and problem-solving among personnel from early childhood programs, schools, and LEA, and can also support early childhood educators and providers in increasing the quality of early learning experiences and care for all children while supporting children with disabilities. TA services should be coordinated so that everyone is aware of the goals developed through the TA, strategies for meeting the goals, and progress towards them.

STATE SPOTLIGHT: RHODE ISLAND

Rhode Island’s State 619 coordinator and a Head Start executive director partnered to address a need to serve children with IEPs in Head Start and pre-K classrooms in Woonsocket using an itinerant model. This approach promotes collaboration and coordination between the classroom teacher and the special education teacher. As a result, Head Start teachers learned new skills from the itinerant special education teachers being in the classroom and children received services throughout the week by the teacher or the special education staff. In turn, the district provided Head Start with two classrooms in one of their schools because they wanted to learn about Head Start’s comprehensive services model as well as enhance family engagement.

7. Ensure Access to Specialized Supports

To support the use of evidence-based inclusion practices, the inclusion leadership team, early childhood programs, schools, and EIS providers, LEAs should work collaboratively to identify and provide early childhood educators and providers with access to State and local TA and consultative services delivered by experts like early interventionists, inclusion specialists, early childhood mental health consultants, behavior consultants, early childhood special educators, developmental specialists, teachers of the deaf and hard of hearing, teachers of the blind or visually impaired, orientation and mobility specialists, and related services providers. These specialized supports should be culturally and linguistically responsive to meet the diverse needs of early childhood educators and providers and the children and families they serve. Consultative specialists can collaborate with early childhood educators and providers to adapt the program’s environment, activities, and instructional supports to promote full participation of all children with disabilities; develop strategies to meet children’s IFSP and IEP goals; implement behavior support plans for children who require them; and connect children, families, and staff to additional support services, as needed.

LOCAL SPOTLIGHT: FLORIDA

Eckerd Youth Alternatives in Hillsborough County, *Florida*, used its Early Head Start-Child Care Partnership grant to work with a local family child care (FCC) provider to serve a 6-month-old infant born with a disability and his family. To support the infant's development and learning, the Early Head Start staff and FCC provider worked together to plan for and implement accommodations to the FCC environment to address the child's physical needs, choosing appropriate furniture, toys, learning materials, and outside play equipment to meet his needs and those of all five children in the FCC. The Early Head Start program supported the FCC care provider to learn how to use the new equipment most effectively and how to integrate these opportunities throughout the day. The child's physical therapist provided services at the FCC, modeling how to support the child's development within daily activities.

8. Enhance Supports for the Workforce

The personnel who work in early childhood systems and programs should be well-compensated and supported so that they can gain competence and confidence in implementing evidence-based inclusion practices and an understanding of the science of inclusion, which in turn will lead to personnel holding high expectations for children with disabilities and therefore fostering their development, learning, and sense of belonging. A critical component of enhancing workforce capacity at all levels is promoting early childhood educator and provider health and wellness and ensuring that staff at all levels are compensated fairly and work reasonable hours with breaks. The inclusion leadership team should facilitate strong relationships with community-based service providers to offer staff benefits and other supports, including health and mental health supports. As part of strategic planning efforts, inclusion team leaders should promote staff wellness efforts that can reduce job stress and strengthen providers' capacity to form strong and nurturing relationships with children and families.

The inclusion leadership team should also work across early childhood programs and school systems, and with IHEs and the State leadership team to ensure that the necessary infrastructures and supports are in place to provide preparation and ongoing, shared PD for all staff—including LEA administrators, early childhood program directors, school principals, family child care providers, early childhood educators and providers, early interventionists, early childhood special educators, related services providers, other specialized providers, and aides—to support the full participation of children with disabilities in early childhood programs. The ongoing PD should include opportunities for practice-based coaching and mentoring, to support the use of evidence-based inclusion practices with fidelity. Programs with dedicated PD funds such as LEAs, EIS providers, and Head Start programs should promote shared PD and ensure that PD on evidence-based inclusion practices is open to local early childhood partners from child care and family child care settings, in addition to their own staff.

- **LEA Administrators, Early Childhood Directors, Principals, and Family Child Care Network Leaders** are critical to high-quality inclusive early childhood programs and schools. These leaders establish priorities, policies and procedures; set the culture and climate of the district, school, program or network; oversee staff development and morale; provide continuity when staff turnover occurs; and take an active role in shifting perceptions of inclusion through public awareness within the community. Beyond local leadership teams, key system leaders should establish local learning communities with other local early childhood and school leaders to share lessons learned, brainstorm challenges, and collaborate on solutions. Leaders should also establish policies that require all staff to engage in PD specific to adopting a culture of inclusion and supporting the individualized learning and developmental needs of children with disabilities. They should also ensure that staff have specific time set aside for in-service training, practice-based coaching and mentoring, and to engage in reflection, planning, problem-solving, and peer learning on issues related to inclusion. Leaders should participate in regular PD opportunities that include:

 - Putting structures in place to support the implementation of evidence-based inclusion practices;
 - Implementing program-wide multi-tiered systems of support, such as the Pyramid Model, a framework for positive behavior intervention and support;
 - Establishing a culture that is inclusive of all children and families;
 - Enacting strong policies for inclusion;
 - Building collaborative relationships and formal agreements of understanding; and
 - Budgeting and resource allocation strategies that support inclusion.

- **Early Childhood Educators and Providers** are essential to ensure that all children are afforded high-quality early learning experiences and nurturing caregiving and early learning environments. Supported by specialists and their LEA, school, or program leaders, EIS providers, early childhood educators and providers should possess the competencies to meet the developmental and learning needs of all children, including their social-emotional development and mental health. Through intentional preparation, PD, and coaching and mentoring supports, such as through consultation provided by infant and early childhood mental health consultants, early childhood educators and providers can effectively serve all children’s individual needs. The [Early Childhood Education Environment Indicators](#) offer key elements that are necessary for implementing high-quality inclusive practices in early childhood settings and can guide PD. Professional development opportunities offered to early childhood staff should always include how the content applies to and can be individualized for children with disabilities. LEAs, schools, and early childhood programs should strive to support their workforce and strengthen their capacity in:

 - Implementing individualized instructional strategies that build on children’s strengths and interests to reach developmental and learning goals for all children;

- Understanding universal design and the principles of universal design for learning (UDL);^{xvi}
- Using accessible materials and making adaptations, accommodations, and modifications to instruction and within activities—such as center-based play, learning groups, outdoor play, or snack time—to fully support the participation of all children;
- Integrating IFSP and IEP goals into children’s learning across everyday routines and learning activities;
- Implementing Division for Early Childhood (DEC) Recommended Practices, which provide guidance to practitioners and families about how to promote children’s development and improve learning outcomes;¹⁰⁶
- Promoting language development and language acquisition, including sign language and native language development for bilingual children;
- Promoting social-emotional and behavioral development and mental health, by promoting behavioral screening and referral, implementing positive behavior supports and trauma-informed practices facilitating social learning opportunities and peer-mediated interventions between children with disabilities and their peers, and addressing challenging behaviors and mental health needs appropriately;
- Forming strong, supportive, nurturing relationships with and among children and their families;
- Documenting and sharing developmental progress with families and other service providers;
- Conducting ongoing developmental monitoring, universal developmental and behavioral screenings at recommended ages, and any needed follow-up;
- Engaging in collaborative partnerships with early interventionists, early childhood special educators, related services providers, infant and early childhood mental health consultants, and other specialized providers;
- Coordinating with community-based service providers, including local disability support agencies, children’s medical homes, health providers, and home visiting programs;

RESOURCE SPOTLIGHT

The [UDL Guidelines](#) are a tool used in the implementation of UDL. These guidelines offer a set of concrete suggestions that can be applied to ensure that all learners can access and participate in meaningful, challenging learning opportunities. Additionally, the [IRIS Center](#) has a [module](#) on implementing the principles of UDL.

^{xvi} Universal design is the philosophy of developing and designing physical environments to be accessible to the greatest extent possible, to the people who use them, without the need for adaptation. Universal design for learning is an educational framework based on the learning sciences, which informs the design and development of flexible instructional practices, materials, and tools that address the variability of all learners.

- Promoting the health and well-being of children, including understanding the needs of children with special health care needs and providing documentation in medical action plans;
 - Having a strong understanding of cultural diversity and competencies in culturally and linguistically responsive practice, and in employing self-reflective strategies to assess interactions with children and families; and
 - Supporting successful transitions from infant and toddler programs to preschools, and from preschools to kindergarten.
- ***Early Interventionists, Early Childhood Special Educators, and Related Services Personnel*** play a unique role in supporting young children’s access to and full participation in inclusive early childhood programs. Because the racial, ethnic, and linguistic diversity of personnel has the potential to positively affect all children’s development and learning, inclusion leadership teams should implement preparation, recruitment, and retention strategies that support a well-trained, effective, and diverse workforce that provides services to children with disabilities and their families. Early interventionists, early childhood special educators, related services providers, and other specialized providers should be given opportunities to build their competencies on how to co-teach, coach early childhood teachers, work within interdisciplinary teams, and implement evidence-based inclusion practices across early childhood settings and within everyday routines.

Through intentional preparation, PD, and coaching and mentoring supports, they can move past a focus on working with children in separate settings or pulling children out of their early childhood settings for specialized interventions and instruction. Ongoing PD with early childhood educators and providers should include specialized service providers. Professional development should be aligned to the DEC early interventionist and early childhood special educator personnel standards.

RESOURCE SPOTLIGHT

The [Early Childhood Personnel Center Curriculum Modules on Professional Standards](#) are designed for IHE faculty and PD providers to facilitate the integration of the [Initial Practice-Based Professional Preparation Standards for Early Interventionists/Early Childhood Special Educators](#) into courses and PD opportunities.

In addition to having strong competencies in providing intervention and instructional support to children with disabilities, leaders should ensure that these professionals have the capacity to:

- Implement inclusive practices;
- Understand the goals, curricula, and approaches used in the early childhood program;
- Build culturally and linguistically responsive relationships and partnerships with early childhood educators, other providers, and families;
- Use evidence-based consultation and coaching models, both in-person and remotely;

- Share knowledge and expertise with families and early childhood educators and providers to enhance their confidence, competence, and capacity to support the overall development, learning, and inclusion of all children;
- Co-teach in an early childhood program; and
- Build trusting relationships with families and work with them to identify inclusive options in the community and appropriate services and supports based on the unique needs of their child.

STATE SPOTLIGHT: DELAWARE

Delaware has created an [Early Childhood Inclusion Guide](#) that identifies recommendations for implementing effective inclusion of young children with disabilities into early learning programs. The document is divided into five sections: (1) Principles and Policies, (2) Strategies for Working with Families, (3) Accommodations, Modifications, and Supports, (4) When You Are Concerned About a Child’s Development, and (5) Inclusion Resources and Supports. State and local administrators use the document to structure PD to ensure best practices are embedded in their inclusive early learning programs.

LOCAL SPOTLIGHT: COLORADO

Wiggins, Colorado, is a rural community in the eastern portion of the State that provides special education with a mixed service delivery model across State-funded preschool, community child care and family home child care. Professional development has been delivered in cross-sector trainings for all partners who serve children in the community. Additionally, coaching is provided by a trained community coach to implement inclusive practices from the [Early Childhood Education Environment Indicators of High-Quality Inclusion](#). Providers across sectors who serve children with disabilities are creating a video library of high-quality inclusive practices in order to implement an ongoing community of practice. Community child care leaders have created a monthly newsletter featuring: (1) administrator supports for high-quality inclusion, (2) provider training and opportunities for coaching, and (3) other local TA focused on early childhood inclusion.

9. Assess and Improve the Quality of Inclusion in Early Childhood Programs through Data Collection and Use

Improving access to and participation in high-quality inclusive early childhood programs requires a clear understanding of what programs are available and where children receive supports and services. Data at the local level can support decision-making and quality improvement efforts related to inclusion practices, child and family experiences, and the program and classroom environment. The inclusion leadership team should collaborate with early childhood programs, schools, and EIS providers, LEAs, and State agencies administering early childhood programs (e.g., CCDF) to provide guidance and information on suggested measures and procedures to identify data that may be helpful to review and to guide data collection and its use as well as ensuring privacy and confidentiality of the data. Early childhood programs may need to develop written agreements that permit data sharing and identify relevant data.

RESOURCE SPOTLIGHT

The [Center for IDEA Early Childhood Data Systems](#) has developed and compiled a number of [resources](#), including federal guidance, on practices and policy regarding the privacy and confidentiality of early childhood data.

This should include measures and procedures for formative assessments that monitor children's progress in meeting their developmental and learning goals in inclusive settings. Programs should pair assessments of children's progress with environmental assessments of their early childhood classrooms, child care settings, and home-based programs to ensure there are appropriate accommodations and supports for children's access and participation to enable them to reach their goals. To ensure full participation in activities and routines and improve outcomes for children with disabilities, programs should also examine their use of curricula, universal design for learning, and the fidelity with which educators and providers implement evidence-based inclusion practices. In addition to collecting and using data to make decisions and improve the quality of learning environments for children with disabilities, programs should assess families' sense of belonging, engagement and satisfaction with the program and services, and perceptions of inclusion. Leaders should also examine the data to identify if there are any disparities among children's outcomes and families' experiences based on disability, level of support need, race and ethnicity, language, or income level. Additionally, programs should collect ongoing data on educators' and providers' perceptions of inclusion, their placement decisions within IFSP and IEP meetings, feelings of competence and confidence in including children with disabilities and their families, and their satisfaction with the support they receive from administrators. Programs can use results of all assessments to guide TA and PD efforts to further enhance inclusion practices.

LOCAL SPOTLIGHT: MICHIGAN

The Bay-Arenac Intermediate School District (ISD) in *Michigan* has been working to improve high-quality inclusive opportunities for all children. The Assistant Director of Early Childhood Education and her staff oversaw the process of creating a vision statement, included in their Early Childhood handbook, to guide the work. Bay-Arenac ISD seeks to provide care and education for the youngest members of their community, children, and to support the efforts of families with young children in creating happy lifelong learners. They have specifically focused on decreasing the number of children enrolled in separate early childhood special education classrooms, reducing the number from 11 classrooms district-wide to four. To support this work, Bay-Arenac ISD created a position for a Preschool Inclusion and Equity Specialists (PIES) and hired two people who provide practice-based coaching on evidence-based inclusion practices. They have also created and hired a support staff person for this effort. The PIES work with the State prekindergarten program and use monthly coaching collaborative meetings to coordinate the supports provided to teachers. They use the Inclusion Classroom Profile as a foundation of their coaching and also use the Inclusion Classroom Profile as a yearly assessment to monitor the quality of their inclusive early preschool programs. The district also shares the PIES with their elementary programs to support alignment between inclusive practices in preschool programs and the early elementary grades.

10. Support the Transition into the Early Elementary School Grades

A smooth and successful transition to kindergarten relates directly to children's academic and social success in the early elementary school grades. The inclusion leadership team, early childhood programs, schools, and the LEA should partner to develop a community transition plan to support seamless transitions from early childhood programs and services to the early elementary school grades for children with disabilities. A commitment to inclusion across all systems should serve as the foundation of the transition plan. Continuity of services and supports for children with disabilities can only be achieved when families, leaders, and educators across settings work together to share information, create alignment between systems, and develop shared policies, procedures, and practices. The inclusion leadership team should support the development of formal agreements between early childhood programs, schools, and LEAs. These agreements should include how the systems and programs will engage in joint evidence-based transition practices; promote planning time between early childhood educators and kindergarten teachers; share information on the child's strengths, and the

RESOURCE SPOTLIGHT

The [Head Start Early Childhood Knowledge and Learning Center](#) has a number of [resources](#) that provide practical strategies that educators can implement during the key components of the transition process. In addition, the [Early Childhood Technical Assistance Center](#) has a [practice brief](#) on supporting the transition of children with disabilities into kindergarten.

accommodations, special education and related services needed; share child data and records, including IEPs; and engage in joint PD to improve transitions. The transition plan should also identify how systems and programs will support families in understanding their rights and how to prepare for their child's transition, and how they will support families' adjustment once their children enter kindergarten. LEAs should have procedures in place for IEP teams to support children's transition into inclusive kindergarten environments. These procedures should include how to plan for transition in the IEP; a decision-making framework on whether IEP teams will develop and implement a single IEP that will transition with the child into kindergarten or develop a preschool IEP and later assemble the school-age IEP team to develop a subsequent school-age IEP for the child's kindergarten year; and how to ensure that special education and related services are not interrupted in the preschool to kindergarten transition.

CONCLUSION

Equal opportunity is one of America’s most cherished ideals. Being fully included as a member of society is the first step to equal opportunities throughout life and is every person’s right—a right supported by our laws. As the country continues to move forward on the critical task of expanding access to high-quality early childhood programs for all young children, it is imperative that children with disabilities be included at the onset of each of these efforts so they can have equal opportunities to benefit fully from these experiences. Inclusion supports children with disabilities in reaching their full potential. By building the foundations for learning needed to succeed in school, inclusion helps children with disabilities be as productive as possible as adults, increasing their employment and earnings, and lead healthier lives.

We must strengthen our early childhood system and address barriers to inclusion of children with disabilities in order to achieve the vision that all young children with disabilities have access to high-quality inclusive early childhood programs that provide individualized and appropriate support so they can fully participate alongside their peers without disabilities, meet high expectations, and achieve their full potential. We must have shared responsibility and commitment and robust collaboration among all levels of the system to achieve this vision. All early childhood programs and services, including public and private preschool, center, and family-based child care, Head Start, home visiting and IDEA programs—in partnership with public education systems, State CCDF and other State-level early childhood program leaders, families, and communities—play an important role in building a nationwide culture of inclusion for all children with disabilities and their families. By striving toward this vision and implementing these recommendations, we can move forward as a country in honoring the rights of all our youngest children and living up to the American ideal of equal opportunity for all.

RESOURCES TO SUPPORT INCLUSION

Icons Key



Family



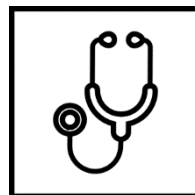
Educator/Provider



Legal



State/Policymaker



Health

FEDERAL POLICY RESOURCES

Department of Education

U.S. Department of Education, [Dear Colleague Letter on Implementation of IDEA Discipline Provisions and Questions and Answers: Addressing the Needs of Children with Disabilities and IDEA’s Discipline Provisions \(Jul. 19, 2022\)](#)



This [Dear Colleague Letter](#) (DCL) and [Q&A](#) addresses disparities in the use of discipline for children with disabilities and the implementation of IDEA’s discipline provisions. This guidance supports SEAs’ and LEAs’ efforts to fulfill their obligations to appropriately meet the needs of children with disabilities.

U.S. Department of Education, [Supporting Students and Avoiding the Discriminatory Use of Discipline under Section 504 and accompanying Fact Sheet \(Jul. 19, 2022\)](#)



This [guidance](#) and accompanying [fact sheet](#) describes schools’ responsibilities under Section 504 to ensure nondiscrimination against students based on disability when imposing student discipline. Specifically, the guidance explains how compliance with Section 504’s requirement to provide a free appropriate public education to students with disabilities can assist schools in effectively supporting and responding to behavior that is based on a student’s disability and that could lead to student discipline.

U.S. Department of Education, Updated Dear Colleague Letter on Preschool Least Restrictive Environments (Jan. 9, 2017)



This [DCL](#) reaffirms the Department’s position that all young children with disabilities should have access to inclusive high-quality early childhood programs where they are provided with individualized and appropriate supports to enable them to meet high expectations. The DCL reviews the variety of preschool placement options in which a FAPE could be provided and provides updated guidance on LRE.

U.S. Department of Education, OSEP Memorandum 16-07 Multi-Tier System of Supports and Preschool Services (Apr. 29, 2016)



This [memorandum](#) affirms that a Response to Intervention process cannot be used to delay or deny an evaluation for preschool special education services under the IDEA.

U.S. Department of Education, Non-Regulatory Guidance Early Learning in the Every Student Succeeds Act: Expanding Opportunities to Support our Youngest Learners (October 2016)



This [guidance](#) provides SEAs and LEAs with information to assist them in meeting their obligations under the Elementary and Secondary Education Act (ESEA). It outlines how ESEA can support early childhood education, including supporting young children with disabilities.

U.S. Department of Education, Understanding the Confidentiality Requirements Applicable to IDEA Early Childhood Programs (October 2016)



This [guidance](#) helps early childhood programs understand the requirements of IDEA and FERPA and identifies options for data sharing to support young children with disabilities.

Department of Education and Department of Health and Human Services

U.S. Department of Education and U.S. Department of Health and Human Services, Dear Colleague Letter on IDEA Services in Head Start (Oct. 2, 2022).



This [DCL](#) affirms that State and local educational agencies and Head Start programs have responsibilities for implementing IDEA to ensure that children with disabilities enrolled in Head Start programs receive a FAPE in the LRE.

**U.S. Department of Education and U.S. Department of Health and Human Services,
Dear Colleague Letter on Social Emotional Development and Mental Health (June 14, 2022)**



This [DCL](#) provides recommendations to State, territorial, tribal, and local policymakers and administrators of systems, agencies, and programs responsible for young children’s health and well-being, social-emotional development, and early learning.

Department of Health and Human Services

**U.S. Department of Health and Human Services, Delivering Service in School-Based Settings:
A Comprehensive Guide to Medicaid Services and Administrative Claiming (May 18, 2023)**



This [guidance](#) details new flexibilities and consolidates existing guidance to improve the delivery of covered Medicaid and Children’s Health Insurance Program services to enrolled students in school-based settings. In addition to the guidance, there is an [informational bulletin](#).

Department of Justice

**U.S. Department of Justice, Commonly Asked Questions about Child Care Centers and the ADA
(Feb. 28, 2020).**



This [document](#) provides answers to common questions about how the Americans with Disabilities Act applies to child care centers.

U.S. Department of Education and U.S. Department of Justice

**U.S. Department of Education and U.S. Department of Justice, Dear Colleague Letter on
English Learner Students and Limited English Proficient Parents (Jan. 7, 2015)**



This [joint guidance](#) is designed to assist SEAs, school districts, and all public schools in meeting their legal obligations to ensure that English Learners can participate meaningfully and equally in educational programs and services.

Federally Funded Resources and National Centers to Support Inclusion

Department of Education

Office of Special Education Programs

The Center for IDEA Early Childhood Data Systems (DaSy)



[DaSy](#) assists States to collect, report, and analyze high-quality Part C and Part B Section 619 data by helping States build a strong data infrastructure, use data for program improvement and accountability, and develop leaders to build a data culture with active partner engagement. DaSy has [resources](#) on using [data](#) to examine inclusion of children with disabilities across early childhood programs.

Center for Parent Information and Resources (CPIR)



[CPIR](#) serves as a central resource for parent centers that serve families of children with disabilities. The site includes a [list of all parent centers](#) in States, which provide information and training to families of children with disabilities on their rights under IDEA and other relevant laws and ways to participate effectively in their child's education and development.

Early Childhood Intervention Personnel Center for Equity (ECIPCE)



[ECIPCE](#) works to increase the capacity of institutions of higher education and professional organizations and associations to prepare a racially, ethnically, culturally, and linguistically diverse generation of professionals who can advance equity in early childhood intervention.

Early Childhood Personnel Center (ECPC)



[ECPC](#) assists States in building and implementing comprehensive systems of personnel development in early childhood, for all personnel serving young children with disabilities and their families. Resources include [curriculum modules](#), [a video library](#) of practices in early intervention and special education, and [crosswalks](#) of national personnel standards.

Early Childhood Technical Assistance Center (ECTA)



The [ECTA Center](#) supports State IDEA Part C and Part B, section 619 programs in developing more equitable, effective, and sustainable State and local systems, that support access and full participation for each and every young child with a disability and their family. Resources to support implementation of high-quality inclusion include topic pages on [evidence-based practices](#), [family engagement](#), and [inclusion](#). There are also resources on making [least restrictive environment](#) decisions and [exemplars of inclusion at the State and local levels](#). [Contact information](#) for IDEA State Part C and Part B agencies is available on the website.

IDEA Data Center (IDC)



[IDC](#) works with States to improve IDEA data collection and reporting and supports States as they analyze and use data to make programmatic improvements. IDC has resources on reporting [preschool educational environment data](#) and using the data for program improvement.

IRIS Center



The [IRIS Center](#) develops and disseminates online resources about evidence-based instructional and behavioral practices to support the education of all children, particularly those with disabilities. Resources are designed for faculty, PD providers, or independent learners and describe evidence-based instructional and intervention practices. Resources include instructional modules on a variety of topics, including [inclusive early childhood programs](#), [inclusive school environments](#), and [accommodations](#).

National Center on Accessible Educational Materials for Learning (AEM Center)



The [AEM Centers](#) provides technical assistance, coaching, and resources to increase the availability and use of accessible educational materials and technologies for learners with disabilities across the lifespan. The AEM Center has [resources](#) that describe how agencies, programs, and services can work together to improve the accessibility of early learning environments for children with disabilities.

National Center on Deaf-Blindness (NCDB)



[NCDB](#) works with [State deaf-blind projects](#) and other partners to improve educational results and quality of life for children who are deaf-blind and their families.

National Center for Pyramid Model Innovations



[NCPMI](#) assists States and programs in their implementation of sustainable systems for the implementation of the [Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children](#) within early intervention and early childhood programs with a focus on promoting the social, emotional, and behavioral outcomes of young children birth to five, [reducing the use of inappropriate discipline practices](#), [promoting family engagement](#), [using data for decision-making](#), [integrating early childhood and infant mental health consultation](#) and [fostering inclusion](#). Resources include training modules, training kits, videos, practical strategies, and research syntheses.

National Center on Inclusion Toward Rightful Presence



This [national center](#) assists SEAs and LEAs to successfully implement and sustain evidence-based inclusive practices and policies that support students who currently participate in alternate assessments in K-12 education.

STEM Innovation for Inclusion in Early Education Center (STEMIE)



[STEMIE](#) focuses on developing and enhancing the knowledge base on engagement in STEM learning opportunities for young children with disabilities and implement technical assistance and PD to increase engagement for young children with disabilities in STEM opportunities. STEMIE has an [inclusion framework](#) to ensure young children with disabilities can fully participate and engage in STEM learning opportunities and experiences.

TIES Center



[TIES](#) is a national technical assistance center on inclusive practices and policies that supports the movement of students with disabilities from less inclusive to more inclusive environments. Resources include learning modules, tip sheets, and planning tools, including an [inclusive education road map](#).

Department of Health and Human Services

Administration for Community Living

ADA National Network



The [ADA National Network](#) provides information, guidance, and training on how to implement the ADA. The network consists of 10 Regional ADA Centers located throughout the United States and an ADA Knowledge

Translation Center which provides technical assistance about Titles II and III of the ADA and Section 504 of the Rehabilitation Act. The Network has [resources](#) on the implementation of disability laws in public schools.

Community of Practice for Supporting Families of Individuals with Intellectual & Developmental Disabilities



The [Community of Practice for Supporting Families of Individuals with Intellectual & Developmental Disabilities](#) exists to enhance and drive policy, practice, and system

transformation to support people with intellectual and developmental disabilities within the context of their families and communities. States work to develop systems of support for families throughout the lifespan of people with intellectual and developmental disabilities and their families, and receive technical assistance, products, opportunities for shared learning, and support from a National Team to integrate innovative practices into existing and ongoing state systems change efforts.

LifeCourse Nexus Training and Technical Assistance Center



[LifeCourse Nexus](#) is a community of learning that brings people together to work towards transformational change within organizations, systems, and communities to support “good lives for all people.” The Charting the Life Course Framework was developed by families to

help individuals with disabilities and families of all abilities and all ages develop a vision for a good life, think about what they need to know and do, identify how to find or develop supports, and discover what it takes to live the lives they want to live. The LifeCourse Nexus provides workshops and technical assistance to shape and support innovation in policy, practice, procedure, and culture.

State Protection and Advocacy Systems (P&As)



[P&As](#) work at the State level to protect individuals with disabilities by empowering them and advocating on their behalf. There are 57 P&As in the United States and its territories that provide advocacy and legal services on education issues and work to ensure that students receive an appropriate *education in an inclusive setting*.

Centers for Disease Control and Prevention

Learn the Signs. Act Early. (LTSAE)



[LTSAE](#) has resources for tracking children’s developmental milestones from birth through age five and referring to children if there are concerns about a child’s development. [Act Early Ambassadors](#) expand the reach of the LTSAE program and support their respective State’s work toward improving early identification of developmental delays and disabilities, including autism.

Centers for Medicare & Medicaid Services

School-Based Services Technical Assistance Center (TAC)



The [TAC](#) will assist and expand the capacity of State Medicaid agencies, LEAs, and school-based entities to provide greater assistance under Medicaid to ensure children have the health services and supports necessary to build resilience and thrive.

Health Resources and Services Administration

Early Childhood Systems Programming



The Health Resources and Services Administration (HRSA) invests in a portfolio of [Early Childhood Systems](#) programs and partnerships to support States and communities, health and other service systems, and service providers to work effectively and efficiently as a team in support of families with young children.

Family-to-Family Health Information Centers (F2Fs)



[F2Fs](#) provide support and information to families of children with special health care needs (CYSHCN) and the professionals who serve them. A [map](#) is available that lists the F2Fs and affiliate organizations in States, territories, and those serving tribal communities that connect parents of CYSHCN.

National Center for a System of Services for Children and Youth with Special Health Care Needs



The [National Center](#) works to advance and strengthen the system of services for CYSHCN, their families and caregivers at the community, State, and national levels.

National Resource Center for Health and Safety in Child Care and Early Education (NRC)



The [NRC](#) maintains a database of national health and safety standards for early care and education settings ([CFOC](#)), including [Caring for Our Children with Special Health Care Needs](#), and standards related to inclusion, medication administration, health coordination, and care-plans.

National Resource Center for Patient/Family-Centered Medical Home



[National Resource Center for Patient/Family-Centered Medical Home](#) focuses on improving the health and well-being of, and strengthening the system of services for, children and youth with special health care needs and their families by enhancing the patient/family-centered medical home.

National Institutes of Health (NIH)

Interagency Autism Coordinating Council (IACC)



The IACC's [Federal Agency Resources on Autism](#) page includes a list of federal departments and agencies that provide funding, programs, and support for issues related to autism and other developmental disabilities.

Office of Child Care

National Child Care Technical Assistance Network (CCTAN)



The [CCTAN](#) brings together resources from the Office of Child Care, the Office of Head Start, and their health partners to offer Child Care Development Fund Administrators and their partners information, tools, trainings, and other supports.

The network includes [resources on inclusive environments and building relationships with families including Infant/Toddler Resource Guide](#), a topic page on [Creating Inclusive Environments and Learning Experiences for Infants and Toddlers \(available in English and Spanish\)](#), a resource guide for [Developing Integrated Strategies to Support the Social and Emotional Wellness of Children](#), and a [Learning Suite](#) to support States, territories, and Tribes in their efforts to strengthen the professional competence and capacity of Infant/Toddler specialists, consultants, mentors, coaches, and caregivers. CCTAN also includes a brief on [Child Care Health Consultation: Investing in Health and Early Learning Systems to Improve Child Outcomes](#).

National Center on Early Childhood Quality Assurance (NCECQA)



[NCECQA](#) supports State and community leaders and their partners in the planning and implementation of rigorous approaches to quality in all early care and education settings for children from birth to school age. NCECQA has a fact sheet on [Children with Special Needs and Inclusion Practices in QRIS](#), and briefs on [Increasing Access to Inclusive Environments](#) and [Inclusion of Young Children with Disabilities: A Critical Quality Indicator for Early Childhood Education](#).

National Technical Assistance Center for Preschool Development Grants Birth to Five (PDG B-5 TA)



The [PDG B-5 TA](#) supports States, territories, and Tribes in building, enhancing, and expanding birth through 5 mixed delivery systems and high-quality B-5 programs and services. The Center provides technical assistance through a variety of formats including a national convening, peer learning opportunities, workshops, webinars, toolkits, resource documents and individual consultations. The Center has a webpage that houses resources on [Including Children with Special Needs](#).

Office of Early Childhood Development

Early Childhood Behavioral Health Initiative



This [initiative](#) includes resources to support parents and caregivers, early care and education program staff and administrators, as well as State, territory and Tribal leaders and programs to advance the integration of behavioral health support services for children and early childhood programs.

Office of Head Start

Head Start Early Learning and Knowledge Center (ECLKC)



[ECLKC](#) includes resources that describe Head Start and Early Head Start regulatory requirements, and resources from the Office of Head Start's funded national centers. The [Children With Disabilities Resources](#) webpage includes webinars, practice briefs, interactive learning modules, training modules and resources, and supports for a variety of learning environments. The [Family Advocacy Resources](#) webpage includes resources for families as well as resources for Head Start family services staff in helping families learn about their rights and their child's rights, communicate concerns, ask questions, and serve as their child's advocate throughout the early intervention and special education journey.

National Center on Early Childhood Development, Teaching, and Learning (NCECDTL)



[NCECDTL](#) advances best practices in the identification, development, and promotion of the implementation of evidence-based child development and teaching and learning practices that are culturally and linguistically responsive and lead to positive child outcomes across early childhood programs. They also support strong PD systems.

National Center on Health, Behavioral Health, and Safety (NCHBHS)



[NCHBHS](#) designs evidence-based resources and delivers innovative training and technical assistance to build the capacity of Head Start and other early childhood programs to support children’s healthy development and school success; promote the safety of children, families, and staff; provide inclusive, culturally and linguistically responsive services; address disaster preparedness, response, and recovery; mitigate adversity through trauma-informed care; and advance health equity by improving child and family well-being.

National Center on Parent, Family, and Community Engagement (NCPFCE)



[NCPFCE](#) provides training and technical assistance for Head Start and Early Head Start staff who work with families, and PD in the areas of staff-family relationship building; family employment, career pathways, and financial stability; equity and inclusiveness in family engagement; and parent leadership, advocacy, and transitions.

Substance Abuse and Mental Health Services Administration

Center of Excellence for Infant & Early Childhood Mental Health Consultation (IECMHC)



[IECMHC](#) provides technical assistance to programs, communities, States, territories, and tribal communities, and PD to individual mental health consultants to increase access to high-quality mental health consultation throughout the country. [Resources](#) and technical assistance are available for mental health consultants, program managers, and policymakers.

National Family Support Technical Assistance Center (NFSTAC)



[NFSTAC](#) focuses on supporting families and caregivers of children, regardless of their age, who experience serious mental illness or substance use challenges. NFSTAC provides training and technical assistance using a lifespan approach that focuses on mental health and substance use and addiction challenges.

Associations and Organizations with Resources to Support Inclusion

American Academy of Pediatrics Council on Children with Disabilities (COCWD)



[COCWD](#) is community comprised of physicians and others who care for or have an interest in children and youth with disabilities and special health care needs. They have a number of [policy statements and reports](#) to improve the health of children with disabilities and special health care needs including, [A Blueprint for Change: Guiding Principles for a System of Services for Children and Youth with Special Health Care Needs and Their Families](#) and [Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents/AAP Periodicity Schedule](#).

Child Care Aware (CCA)



[CCA](#) is a research and advocacy group that houses a [child care search engine](#) to help families find child care. CCA has also provided information about health and safety, curriculum, and developmentally appropriate practices in early care and education settings.

Council for Exceptional Children (CEC)



[CEC](#) is a membership-based organization that works to improve the educational success of children and youth with disabilities and gifts and talents.

Division for Early Childhood (DEC)



[DEC](#) is an international membership organization within CEC for those who work with or on behalf of young children with disabilities and other special needs and their families. DEC supports policies and advances evidence-based practices that support families and enhance the optimal development of young children who have or are at risk for developmental delays and disabilities. Resources for faculty and other PD providers to use in work with practitioners include [training modules](#) and associated resources designed to promote practitioners' abilities to make evidence-based decisions.

Easter Seals



[Easter Seals](#) provides services, education, outreach, and advocacy so that people living with disabilities can live, learn, work, and play in our communities. [Easter Seals ABCs of Choosing Child Care](#) is a list of questions to help families research child care facilities. Easter Seals also has a [free, confidential online screening tool: Ages and Stages Questionnaire, Third Edition \(ASQ-3\)](#) This screening tool helps families guide and keep track of their children's growth and development during the first five years.

Help Me Grow (HMG) National Center



[HMG National Center](#) serves as a national resource to support the implementation of Help Me Grow systems throughout the country. HMG assists States in identifying at-risk children, and helps families find community-based programs and services.

HMG is a system for improving access to existing resources and services for young children from birth to age eight. The website has [Birth to 5: Watch Me Thrive!](#) resources to promote universal developmental and behavioral screening.

National Association for the Education of Young Children (NAEYC)



[NAEYC](#) is a professional membership organization that works to promote high-quality early learning for all young children, birth through age 8, by connecting early childhood practice, policy, and research. They have the [Early Childhood Workforce Initiative](#) to support state PD systems and the [Power to the Profession](#), a national collaboration that defines the early childhood education profession. NAEYC and DEC have a [Joint Position Statement on Early Childhood Inclusion](#) and NAEYC has a [number of resources](#) on inclusion.

ZERO TO THREE (ZTT)



[ZTT](#) is a membership organization that works to ensure babies and toddlers benefit from the family and community connections critical to their well-being and development. ZTT develops practical resources that help

parents connect more positively, deeply, and continuously with their babies; provides professionals with knowledge and tools that help them support healthy early development; and assists policymakers in advancing comprehensive and coherent policies that support and strengthen families, caregivers, and infant toddler professionals.

REFERENCES

- ¹ 2021 American Community Survey data retrieved from <https://data.census.gov/table?q=DP02&t=Disability>.
- ² Cogswell, M.E., Coil, E., Tian, L.H., Tinker, S.C., Ryerson, A.B., Maenner, M.J, Rice, C.E., Peacock, G. (2022). Health Needs and Use of Services Among Children with Developmental Disabilities—United States, 2014–2018. *Morbidity and Mortality Weekly Report*. 71(12):453–458.
- ³ Novoa, C. (January 29, 2020). *The Child Care Crisis Disproportionately Affects Children with Disabilities*. Washington, DC: CAP. Retrieved from: <https://www.americanprogress.org/article/child-care-crisis-disproportionately-affects-children-disabilities/>.
- ⁴ Ward, H., Morris, L., Oldham, E., et al. (Dec. 2006). *Child Care and Children With Special Needs: Challenges for Low Income Families*. Portland, ME: University of Southern Maine, Muskie School of Public Service, Cutler Institute for Child and Family Policy.
- ⁵ Rausch, A., Joseph, J., & Steed, E. (2019). Dis/ability critical race studies (DisCrit) for inclusion in early childhood education: Ethical considerations of implicit and explicit bias. *Zero to Three* 40(1): 43–51.
- ⁶ U.S. Department of Education, EDFacts Data Warehouse (EDW): “IDEA Part B Child Count and Educational Environments Collection,” 2021–22. Data extracted as of July 6, 2022 from file specifications 002 and 089.
- ⁷ Barton, E. E., & Smith, B.J. (2015). Advancing high quality preschool inclusion: A discussion and recommendations for the field. *Topics in Early Childhood Special Education*. Advanced online publication.
- ⁸ U.S. Department of Education, EDFacts Data Warehouse (EDW): “IDEA Part B Child Count and Educational Environments Collection,” 2021–22. Data extracted as of July 6, 2022 from file specifications 002 and 089.
- ⁹ U.S. Department of Education (2022). Dual Language Learners in Early Care and Education, <https://ncl.ed.gov/resources/fact-sheet-dual-language-learners-in-early-care-and-education-march-2022>.
- ¹⁰ Children’s Equity Project & Bipartisan Policy Center (2020). Start with equity: From the early years to the early grades. https://childandfamilysuccess.asu.edu/sites/default/files/2020-10/CEP-report-101320-FINAL_0.pdf
- ¹¹ Whitesell, N.R., Asdigian, N., Howley, C., Sarche, M., Clifford, C. & the Tribal Early Research Center PEDS Community of Learning. *Pilot exploration of developmental screening in tribal communities (Tribal PEDS)*. Retrieved from <https://coloradosph.cuanschutz.edu/docs/librariesprovider205/trc/2-trc-tribal-peds-final-report.pdf>.
- ¹² ZERO TO THREE (2021). Recommendations on Developmental Screening Follow-up Practices and Policies for Federal, State, and Community Level Stakeholders. Washington, DC: National Institute for Children’s Health Quality (NICHQ). Retrieved from: <https://www.zerotothree.org/wp-content/uploads/2022/11/Recommendations-on-Developmental-Screening-Follow-up-Practices-and-Policies-for-Federal-State-and-Community-Level-Stakeholders.pdf> .
- ¹³ ZERO TO THREE (2020). State of Babies Yearbook 2020. Retrieved from: <https://stateofbabies.org/wp-content/uploads/2020/06/State-of-Babies-2020-Full-Yearbook-061820.pdf>.
- ¹⁴ Gillespie, C. (2021). *Our Youngest Learners: Increasing Equity in Early Intervention*. Washington, DC: The Education Trust. Retrieved from: <https://edtrust.org/increasing-equity-in-early-intervention/>.
- ¹⁵ Ibid.
- ¹⁶ Whitesell, N.R., Asdigian, N., Howley, C., Sarche, M., Clifford, C. & the Tribal Early Research Center PEDS Community of Learning. *Pilot exploration of developmental screening in tribal communities (Tribal PEDS)*. Retrieved from <https://coloradosph.cuanschutz.edu/docs/librariesprovider205/trc/2-trc-tribal-peds-final-report.pdf>.

- ¹⁷ ZERO TO THREE (2021). Recommendations on Developmental Screening Follow-up Practices and Policies for Federal, State, and Community Level Stakeholders. Washington, DC: National Institute for Children’s Health Quality (NICHQ). Retrieved from: <https://www.zerotothree.org/wp-content/uploads/2022/11/Recommendations-on-Developmental-Screening-Follow-up-Practices-and-Policies-for-Federal-State-and-Community-Level-Stakeholders.pdf> .
- ¹⁸ Children’s Equity Project & Bipartisan Policy Center (2020). Start with equity: From the early years to the early grades. https://childandfamilysuccess.asu.edu/sites/default/files/2020-10/CEP-report-101320-FINAL_0.pdf.
- ¹⁹ Friedman-Krauss, A. H., & Barnett, W. S. (2023). The State(s) of Early Intervention and Early Childhood Special Education: Looking at Equity. New Brunswick, NJ: National Institute for Early Education Research.
- ²⁰ Children’s Equity Project & Bipartisan Policy Center (2020). Start with equity: From the early years to the early grades. https://childandfamilysuccess.asu.edu/sites/default/files/2020-10/CEP-report-101320-FINAL_0.pdf.
- ²¹ Cogswell, M.E., Coil, E., Tian, L.H., Tinker, S.C., Ryerson, A.B., Maenner, M.J, Rice, C.E., Peacock, G. (2022). Health Needs and Use of Services Among Children with Developmental Disabilities—United States, 2014–2018. *Morbidity and Mortality Weekly Report*. 71(12):453–458.
- ²² U.S. Department of Education, EDFacts Metadata and Process System (EMAPS): “IDEA Part C Child Count and Settings Survey,” 2021. Data extracted as of July 6, 2022.
- ²³ U.S. Department of Education, EDFacts Data Warehouse (EDW): “IDEA Part B Child Count and Educational Environments Collection,” 2021–22. Data extracted as of July 6, 2022 from file specifications 002 and 089.
- ²⁴ National Research Center for Parents with Disabilities. (2022). How Many Parents with Disabilities Are in the United States? Brandeis University, Waltham, MA. Available at: <https://heller.brandeis.edu/parents-with-disabilities/data-hub/additional-resources/prevalence.html>.
- ²⁵ Grisham-Brown, J, Cox, M., Grivil, M. & Missall, K. (2010) Differences in child care quality for children with and without disabilities. *Early Education and Development*, 21(1), 21–37.
- ²⁶ Odom, S. L., et al. (2004). Preschool inclusion in the United States: A review of research from an ecological systems perspective. *Journal of Research in Special Educational Needs*, 4(1), 17–49.
- ²⁷ Strain, P. S., & Bovey, E. H. (2011). Randomized, controlled trial of the LEAP model of early intervention for young children with Autism Spectrum Disorders. *Topics in Early Childhood Special Education*, 31, 133–154.
- ²⁸ Grisham-Brown, J., Pretti-Frontczak, K., Hawkins, S., & Winchell, B. (2009). Addressing early learning standards for all children within blended preschool classrooms. *Topics in Early Childhood Special Education*, 29, 131–142.
- ²⁹ Strain, P. S. (2017). Four-Year Follow-Up of Children in the LEAP Randomized Trial: Some Planned and Accidental Findings. *Topics in Early Childhood Special Education*, 37(2), 121–126.
- ³⁰ Sam, A. M., Odom, S. L., Tomaszewski, B., Perkins, Y., & Cox, A. W. (2020). Employing Evidence-Based Practices for Children with Autism in Elementary Schools. *Journal of Autism and Developmental Disorders*, 51(7), 2308–2323.
- ³¹ Green, K., Terry, N., & Gallagher, P. (2014). Progress in language and literacy skills among children with disabilities in inclusive early reading first classrooms. *Topics in Early Childhood Special Education* 33, 249–259.
- ³² Strain, P. S., & Bovey, E. H. (2011). Randomized, controlled trial of the LEAP model of early intervention for young children with Autism Spectrum Disorders. *Topics in Early Childhood Special Education*, 31, 133–154.
- ³³ Rafferty, Y., Piscitelli, V., & Boettcher, C. (2003). The impact of inclusion on language development and social competence among preschoolers with disabilities. *Exceptional Children*, 69, 467–479.
- ³⁴ Nahmias, A., Kase, C., & Mandell, D. (2014). Comparing cognitive outcomes among children with autism spectrum disorders receiving community-based early intervention in one of three placements. *Autism*, 18, 311–320.

- ³⁵ Rafferty, Y., Piscitelli, V., & Boettcher, C. (2003). The impact of inclusion on language development and social competence among preschoolers with disabilities. *Exceptional Children*, 69, 467–479.
- ³⁶ Odom, S. L., et al. (2004). Preschool inclusion in the United States: A review of research from an ecological systems perspective. *Journal of Research in Special Educational Needs*, 4(1), 17–49.
- ³⁷ Strain, P. S. (2017). Four-Year Follow-Up of Children in the LEAP Randomized Trial: Some Planned and Accidental Findings. *Topics in Early Childhood Special Education*, 37(2), 121–126.
- ³⁸ Brown, W. H., Odom, S. L., Li, S., & Zercher, C. (1999). Ecobehavioral assessment in early childhood programs: A portrait of preschool inclusion. *The Journal of Special Education*, 33(3), 138–153.
- ³⁹ Strain, P. S. (1983). Generalization of autistic children's social behavior change: Effects of developmentally-integrated and segregated settings. *Analysis and intervention in Developmental Disabilities*, 3, 23–34.
- ⁴⁰ Justice, L. M., Logan, J. R., Lin, T. J., & Kaderavek, J. (2014). Peer effects in early childhood education testing the assumptions of special-education inclusion. *Psychological Science*, 25, 1722–1729.
- ⁴¹ Martinez, J. R., Waters, C. L., Conroy, M. A., & Reichow, B. (2019). Peer-Mediated Interventions to Address Social Competence Needs of Young Children With ASD: Systematic Review of Single-Case Research Design Studies. *Topics in Early Childhood Special Education*, 40(4), 217–228.
- ⁴² Rea, McLaughlin, & Walther-Thomas, C. (2002). Outcomes for students with disabilities in inclusive and pullout programs. *Exceptional Children*, 68, 203–222.
- ⁴³ Anderson, K. P. (2021). The relationship between inclusion, absenteeism, and disciplinary outcomes for students with disabilities. *Educational Evaluation and Policy Analysis*, 43(1), 32–59.
- ⁴⁴ Cole, S. M., Murphy, H. R., Frisby, M. B., Grossi, T. A., & Bolte, H. R. (2021). The relationship of special education placement and student academic outcomes. *The Journal of Special Education*, 54(4), 217–227.
- ⁴⁵ SRI International (1993). *The national longitudinal transition study: A summary of findings*. Menlo Park, CA: Author.
- ⁴⁶ Holahan, A., & Costenbader, V. (2000). A comparison of developmental gains for preschool children with disabilities in inclusive and self-contained classrooms. *Topics in Early Childhood Special Education*, 20, 224–235.
- ⁴⁷ Strain, P. S. (2015). Lessons learned over three decades of inclusion for young children with autism: The LEAP preschool model. Presentation at the 2015 Early Childhood Inclusion Institute, Chapel Hill, NC.
- ⁴⁸ Guralnick, M., Conner R., Hammond, M., Gottman, J., & Kinnish, K. (1996). Immediate effects of mainstreamed settings on the social interactions and social integration of preschool children. *American Journal on Mental Retardation*, 100, 359–377.
- ⁴⁹ Fryxell, D. & Kennedy, C. (1995). Placement along the continuum of services and its impact on students' social relationships. *Research and Practice for Persons with Severe Disabilities*, 20, 259–269.
- ⁵⁰ Freeman, S. & Alkin, M. (2000). Academic and social attainments of children with mental retardation in general education and special education settings. *Remedial and Special Education*, 21 3–18.
- ⁵¹ Cole, D. A., & Meyer, L. H. (1991). Social integration and severe disabilities: A longitudinal analysis of child outcomes. *Journal of Special Education*, 25, 340–351.
- ⁵² Katz, J. & Mirenda, P. (2002). Including students with developmental disabilities in general education classrooms: Social benefits. *International Journal of Special Education*, 17, 26–36.
- ⁵³ Odom, S. L., Buysse, V., & Soukakou, E. (2011). Inclusion for young children with disabilities: A quarter century of research perspectives. *Journal of Early Intervention*, 33(4), 344–356.
- ⁵⁴ Ibid.

- ⁵⁵ Schepis, M. M., Reid, D. H., Ownbey, J., & Parsons, M. B. (2001), Training support staff to embed teaching within natural routines of young children with disabilities in an inclusive preschool. *Journal of Applied Behavior Analysis*, 34, 313–327.
- ⁵⁶ Strain, P.S., & Hoyson, M. (2000). The need for longitudinal, intensive social skill intervention: LEAP follow-up outcomes for children with autism. *Topics in Early Childhood Special Education*, 20, 116–122.
- ⁵⁷ Warren, S.R., Martinez, R.S., Sortino, L.A. (2016). Exploring the quality indicators of a successful full-inclusion preschool program. *J. Res. Child. Educ.*, 30, 540–553.
- ⁵⁸ Grisham-Brown, J, Cox, M., Grivil, M. & Missall, K. (2010) Differences in child care quality for children with and without disabilities. *Early Education and Development*, 21(1), 21-37.
- ⁵⁹ Cross, A. F., Traub, E. K., Hutter-Pishgahi, L., & Shelton, G. (2004). Elements of successful inclusion for children with significant disabilities. *Topics in Early Childhood Special Education*, 24(3), 169-183.
- ⁶⁰ Diamond, K. E., & Huang, H.-H. (2005). Preschoolers' ideas about disabilities. *Infants and Young Children*, 18, 37–46.
- ⁶¹ Futterer, J. N., Bulotsky-Shearer, R. J., De Angelis, L., Ullery, M. A., Pena, A., Bayuk, J., & Jacko, V. (2022). Associations Between Peer Play Interactions and Empathy within an Early Childhood Inclusion Program for Children with Visual Impairment. *Early Childhood Education Journal*.
- ⁶² Odom, S. L., Buysse, V., & Soukakou, E. (2011). Inclusion for young children with disabilities: A quarter century of research perspectives. *Journal of Early Intervention*, 33(4), 344–356.
- ⁶³ Odom, S. L., et al. (2004). Preschool inclusion in the United States: A review of research from an ecological systems perspective. *Journal of Research in Special Educational Needs*, 4(1), 17–49.
- ⁶⁴ Blazer, C. (2017). Review of the Research on Inclusive Classrooms: Academic and Social Outcomes for Students with and without Disabilities; Best Practices; and Parents' Perceptions of Benefits and Risks. Information Capsule. Volume 1701, Research Services, Miami-Dade County Public Schools. <https://link.springer.com/article/10.1007/s10643-022-01344-z#ref-CR3>.
- ⁶⁵ Futterer, J. N., Bulotsky-Shearer, R. J., De Angelis, L., Ullery, M. A., Pena, A., Bayuk, J., & Jacko, V. (2022). Associations Between Peer Play Interactions and Empathy within an Early Childhood Inclusion Program for Children with Visual Impairment. *Early Childhood Education Journal*.
- ⁶⁶ Van Rhijn, T., Osborne, C., Ranby, S., Maich, K., Hall, C., Rzepecki, L., & Hemmerich, A. (2019). Peer Play in Inclusive Child Care Settings: Assessing the Impact of Stay, Play, & Talk, a Peer-Mediated Social Skills Program. *Child Care in Practice*, 27(3), 224–238.
- ⁶⁷ Head Start Performance Standards (HSPPS) Retrieve from: <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii>.
- ⁶⁸ Head Start Act [42 U.S.C. 9835] Sec. 640(d)(1) through (d)(5). Available at: <https://eclkc.ohs.acf.hhs.gov/policy/sec-640-allotment-funds-limitations-assistance>.
- ⁶⁹ Barton, E. E., & Smith, B. J. (2015). Advancing high quality preschool inclusion: A discussion and recommendations for the field. *Topics in Early Childhood Special Education*, 35(2), 69–78.
- ⁷⁰ U.S. Department of Education, EDFacts Data Warehouse (EDW): “IDEA Part B Child Count and Educational Environments Collection,” 2021–22. Data extracted as of July 6 2022, from file specifications 002 and 089.
- ⁷¹ U.S. Department of Education, EDFacts Metadata and Process System (EMAPS): “IDEA Part C Child Count and Settings Survey,” 2021. Data extracted as of July 6, 2022.
- ⁷² U.S. Department of Health and Human Services, Office of Head Start, Fiscal Year 2022 Program Information Report (PIR). *National Disability Services Report*.

- ⁷³ Start Early. (2021). Strengthening early childhood inclusion opportunities to improve collaboration between school districts and community partners to support young children with disabilities. [Strengthening-Early-Childhood-Inclusion-Report-11.15.21.pdf \(startearly.org\)](#).
- ⁷⁴ U.S. Department of Education, ED Facts Data Warehouse (EDW): “IDEA Part B Child Count and Educational Environments Collection,” 2021–22. Data extracted as of July 6, 2022 from file specifications 002 and 089.
- ⁷⁵ Start Early. (2021). Strengthening early childhood inclusion opportunities to improve collaboration between school districts and community partners to support young children with disabilities. [Strengthening-Early-Childhood-Inclusion-Report-11.15.21.pdf \(startearly.org\)](#).
- ⁷⁶ Child Trends. (2019). Policies, initiatives, and resources to support the ECE workforce. <https://www.childtrends.org/project/fcd-ece-workforce>.
- ⁷⁷ Urban Institute (2021). Strengthening the diversity and quality of the early care and education workforce. <https://www.urban.org/sites/default/files/publication/104998/strengthening-the-diversity-and-quality-of-the-early-care-and-education-workforce.pdf>.
- ⁷⁸ Center for the Study of Child Care Employment (2021). Early childhood workforce index 2020. <https://cscce.berkeley.edu/workforce-index-2020/wp-content/uploads/sites/3/2021/02/Early-Childhood-Workforce-Index-2020.pdf>.
- ⁷⁹ Center for the Study of Child Care Employment. (May 8, 2023). *Child Care Sector Jobs: BLS Analysis*. <https://cscce.berkeley.edu/publications/brief/child-care-sector-jobs-bls-analysis/>.
- ⁸⁰ IDEA Infant and Toddler Coordinators Association (ITCA). (2022). *2022 Tipping points survey: Demographics, challenges, opportunities*. Retrieved: <https://www.ideainfanttoddler.org/pdf/2022-Tipping-Points-Survey.pdf>.
- ⁸¹ Mason-Williams (2015). Unequal opportunities: A profile of the distribution of special education teacher. *Exceptional Children*, 81(2), 247–262.
- ⁸² Center for the Study of Child Care Employment (2022). Early educator compensation: Findings from the 2020 California Early Care and Education Workforce Study. <https://cscce.berkeley.edu/wp-content/uploads/2022/12/CSCCE-Early-Educator-Compensation-California.pdf>.
- ⁸³ Administration for Children and Families (ACF) (2022). Strategies to stabilize the Head Start workforce ACF-IM-HS-22-06. <https://eclkc.ohs.acf.hhs.gov/policy/im/acf-im-hs-22-06>.
- ⁸⁴ Coleman, H., Hestenes, L., & Ozdemir, M. K. (2021). Quality in Inclusive and Non-Inclusive Infant and Toddler Classrooms: What Are the Trends After 15 Years? *Journal of Research in Childhood Education*, 36(1), 126–142.
- ⁸⁵ Hebbeler, K., & Spiker, D. (2016). Supporting Young Children with Disabilities, *Future of Children*, 26(2), 185–205.
- ⁸⁶ Ibid.
- ⁸⁷ Chadwell, M. R., Roberts, A. M., & Daro, A. M. (2019). Ready to Teach All Children? Unpacking Early Childhood Educators’ Feelings of Preparedness for Working with Children with Disabilities. *Early Education and Development*, 31(1), 100–112.
- ⁸⁸ Weglarz-Ward, J. M., Santos, R. M., & Hayslip, L. A. (2020). How Professionals Collaborate to Support Infants and Toddlers with Disabilities in Child Care. *Early Childhood Education Journal*, 48(5), 643–655. <https://doi.org/10.1007/s10643-020-01029-5>.
- ⁸⁹ Barton, E. E., & Smith, B. J. (2015). Advancing High-Quality Preschool Inclusion: A Discussion and Recommendations for the Field. *Topics in Early Childhood Special Education*, 35(2), 69–78. <https://doi.org/10.1177/0271121415583048>.

- ⁹⁰ McManus, B., Richardson, Z., Schenkman, M., Murphy, N., Everhart, R., Hambidge, S., & Morrato, E. (2020). *Child characteristics and early intervention referral and receipt of services: A retrospective cohort study*, BMC Pediatrics, no. 20. <https://doi.org/10.1186/s12887-020-1965-x>.
- ⁹¹ Advocates for Children of New York and Citizens' Committee for Children of New York. (2019). *Early inequities: How underfunding early intervention leaves low-income children of color behind*. <https://s3.amazonaws.com/media.ccnnewyork.org/2020/12/EI-Report-FINAL-12-4-19.pdf>.
- ⁹² Children's Equity Project & Bipartisan Policy Center (2020). Start with equity: From the early years to the early grades. https://childandfamilysuccess.asu.edu/sites/default/files/2020-10/CEP-report-101320-FINAL_0.pdf.
- ⁹³ Friedman-Krauss, A. H., & Barnett, W. S. (2023). *The State(s) of Early Intervention and Early Childhood Special Education: Looking at Equity*. New Brunswick, NJ: National Institute for Early Education Research.
- ⁹⁴ Odom, S. L., Hanson, M. J., Lieber, J., Marquart, J., Sandall, S., Wolery, R., Horn, E., Schwartz, I., Beckman, P., Hikido, C., & Chambers, J. (2001). The costs of preschool inclusion. *Topics in Early Childhood Special Education*, 21, 46–55.
- ⁹⁵ Centers for Medicare & Medicaid Services (CMS). (2014). *EPSDT — A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents*. Washington, DC: Centers for Medicare & Medicaid Services (CMS). https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/epsdt_coverage_guide_156.pdf.
- ⁹⁶ Department of Education (2021). Supporting Effective Instruction Grants. Retrieved from <https://oese.ed.gov/offices/office-of-formula-grants/school-support-and-accountability/instruction-state-grants-title-ii-part-a/>.
- ⁹⁷ Children's Equity Project (2022). A holistic approach to ending exclusionary discipline practices for young learners. A review of the data, research, and multidimensional solutions. <https://childandfamilysuccess.asu.edu/sites/default/files/2022-09/exclusionary-discipline-093022-1.pdf>.
- ⁹⁸ Gilliam, W.S. (2007). Reducing Behavior Problems in Early Care and Education Programs: An Evaluation of Connecticut's Early Childhood Consultation Partnership. IMPACT series, Child Health and Development Institute, Farmington, CT.
- ⁹⁹ Hepburn, K.S., Perry, D.F., Shivers, E.M., & Gilliam, W.S. (2013). Early childhood mental health consultation as an evidence-based practice: Where does it stand? *Zero to Three*, 33, 10–19.
- ¹⁰⁰ Rausch, A., & Strain, P. (n.d.) Why focus on quality Inclusion as part of statewide pyramid model implementation? National Center for Pyramid Model Innovations. https://challengingbehavior.org/docs/Why-quality-inclusion_whitepaper.pdf.
- ¹⁰¹ Soukakou, E. P. (2012). Measuring quality in inclusive preschool classrooms: Development and validation of the Inclusive Classroom Profile (ICP). *Early Childhood Research Quarterly*, 27(3), 478–488.
- ¹⁰² Head Start Performance Standards (HSPPS) Section 1302.53 Community partnerships and coordination with other early childhood and education programs. Retrieve from: <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-53-community-partnerships-coordination-other-early-childhood-education-programs>.
- ¹⁰³ Child Care and Development Fund, 45 C.F.R. § 98.14 (2016).
- ¹⁰⁴ Guralnick, M. J., & Bruder, M. B. (2016). Early Childhood Inclusion in the United States. *Infants & Young Children*, 29(3), 166–177.
- ¹⁰⁵ Head Start Parent, Family, and Community Engagement (PFCE) Framework. Retrieved from ECLKC at <https://eclkc.ohs.acf.hhs.gov/school-readiness/article/parent-family-community-engagement-pfce-framework>.
- ¹⁰⁶ Division for Early Childhood. (2014). *DEC recommended practices in early intervention/early childhood special education*. Retrieved from <http://www.dec-sped.org/recommendedpractices>.