

### **Slide #1 Welcome**

Welcome to this course titled, “**Inclusion and Equity of Care.**”

This course is developed as part of the Washington State Department of Children, Youth, and Families (DCYF) alignment process, to prepare providers and licensors in their understanding of the “why”, the “what” and the “how” of complying with the Foundational Quality Standards for Early Learning Programs (referred to in each course as the Foundational Quality Standards).

### **Slide #2 Helpful Hints**

WA DCYF is pleased to present this e-Learning course! A complete list of Helpful Hints has been added to the Resources section of your learner’s screen for reference.

Additionally, you will find an e-Learning tip sheet to assist you in your learning experience in the Learning Management System (LMS).

### **Slide #3 Course Introduction**

This course is designed to introduce you to the Washington Administrative Code or WAC, as well as outline strategies and examples of WAC compliance. WACs are detailed in each course as a reference and a full list of the Foundational Quality Standards is included in the Resources section of your learner’s screen. You can print or download this resource at any time, either as a reference while you complete this course, or as a resource after the course is completed.

### **Slide #4 Learning Outcomes**

Upon completion of this course, participants will:

- Learn the intent of creating and promoting nondiscrimination policy and practices
- Recognize the importance of culturally and racially diverse learning opportunities for young children
- Understand the significance of inclusion and how programs can be responsive to children’s special needs accommodations and individual care plans

### **Slide #5 Guiding Principles**

As we cover the material in this course, please keep in mind the following Guiding Principles. We will revisit these at the end of the course to “check in” with you and give you an opportunity to assess your understanding and application of the course content.

Guiding Principles:

- DCYF established the Foundational Quality Standards WACs to support child development, children’s environmental health and safety, racial equity, and cultural responsiveness
- According to research, by the age of five, children will have noticed and learned about gender, skin color, physical disabilities and other differences among their peers and adults
- All children and families should have access to high-quality early learning programs that promote diversity and inclusion
- Licensors and early learning providers have a responsibility of ensuring environments promote inclusion

**Slide #6 Course Introduction continued**

These Foundational Quality Standards contain important details and information for all early learning providers and their staff, as well as for licensors. The standards provide a wealth of straightforward information about how to demonstrate, and assess for, compliance with the WAC.

The course will cover the following sections from the Foundational Quality Standards:

- WAC 110-300-0030 Nondiscrimination
- WAC 110-300-0160 Promoting acceptance of diversity
- WAC 110-300-0300 Individual care plan

**Slide #7 Dr. Sullivan’s Message**

We will begin by introducing keynote speaker, Dr. Debra Ren-Etta Sullivan.

Dr. Sullivan is past President of the Seattle Affiliate of the National Black Child Development Institute (BCDI-Seattle) and is an author of three books. One of her most popular books is titled, *Cultivating the Genius of Black Children*, which guides teachers in creating classrooms supporting the learning needs of Black children and many other children with similar learning styles and preferences. You can read more about Dr. Sullivan’s extensive work around equity and inclusion in the Extend Your Learning Resources document, located in the Resources section of your learner’s screen.

Dr. Sullivan will share about “When Cultures Cross Paths” and lead us to think about our view of the world, of ourselves and how we impact those around us which includes the critical work being done on a daily basis with children we serve. Before reviewing the video, you can access reflection questions in the Resources section of your learner’s screen to deepen your own understanding of your personal experience with diversity and culture.

It is important for all providers and licensors across the state to benefit from our speaker’s

expertise. Select the [youtube.com](https://www.youtube.com) link to view Dr. Sullivan’s message. You may also access the video link along with other links in the Video Links document in the Resources section of your learner’s screen.

**Slide #8 WAC 110-300-0030**

The first WAC we will explore is:

**WAC 110-300-0030 Nondiscrimination**

**(1) Early learning programs are defined by state law as places of public accommodation that must:**

- (a) Not discriminate in employment practices or client services based on race, creed, color, national origin, sex, honorably discharged veteran or military status, marital status, gender, sexual orientation, age, religion, or ability; and**
- (b) Comply with the requirements of the Washington Law Against Discrimination (chapter [49.60 RCW](#)) and the ADA.**

**(2) An early learning program must have a written nondiscrimination policy addressing at least the factors listed in subsection (1) of this section.**

**Slide #9 Nondiscrimination**

Overall, this WAC section requires two important things. First, providers must not discriminate and must comply with the requirements of chapter 49.60 RCW and the ADA. Second, providers must have a written nondiscrimination policy.

One very important note is that while all providers will be required to have a nondiscrimination policy, this policy will differ between what are legally classified as “places of public accommodation” and those that are “distinctly private” child care businesses.

- Places of public accommodation are almost every business. If you are open to the public your business is a place of public accommodation.
- Exceptions include:
  - Distinctly private entities which are usually membership-based clubs. Members pay private dues and have selective acceptance policies.
  - Educational facilities operated or maintained by a bona fide religious institution.

### **Slide #10 New Requirement**

The first requirement of WAC 110-300-0030, prohibiting discrimination against an employee, potential employee, and client services has existed in Child Care Center rules for years. This is the same language from previous Center WAC and may be familiar to licensors and providers. Though, the requirement to have a nondiscrimination policy IS new.

Those providers in both center and family home settings may notice this requirement is now explained in greater detail. The goal is to ensure programs are inclusive and that they abide by the American Disabilities Act (ADA) and Washington State's [Chapter 49.60 RCW](#). Also, to establish policies to inform parents or guardians and protect business practices.

Additionally, to better serve all Washington's children, WAC 110-300-0030, is intended to promote inclusion, and encourage providers to embrace the benefits of diversity that comes from different cultures, languages, and belief systems in both their employees, children and families they serve.

By emphasizing inclusion in our early learning programs, this revised WAC section aids in reducing the opportunity gap between historically marginalized groups and communities.

### **Slide #11 Place of Public Accommodation**

Now, let's explore WAC 110-300-0030 subsection (1) Early learning programs are defined by state law as places of public accommodation.

How are places of public accommodation defined? And What is a "place of public accommodation"?

The following information provides an explanation for federal and state guidelines.

- "Place of public accommodation means a facility operated by a private entity whose operations affect commerce and fall within at least one of the following categories - ...
  - (10) A nursery, elementary, secondary, undergraduate, or postgraduate private school, or other place of education;
  - (11) A day care center, senior citizen center, homeless shelter, food bank, adoption agency, or other social service center establishment; ..."  
28 CFR § 36.104. This is the federal version of the RCW.
- "...any place, licensed or unlicensed, kept for gain, hire, or reward, or where charges are made for admission, service, occupancy, or use of any property or

facilities...any public library or educational institution, or schools of special instruction, or nursery schools, or day care centers or children's camps: PROVIDED, That nothing contained in this definition shall be construed to include or apply to any institute, bona fide club, or place of accommodation, which is by its nature distinctly private..." per [RCW 49.60.040](#) (2).

## **Slide #12 Basic Requirements of ADA**

What are the basic requirements of ADA?

The ADA requires that early learning providers do not discriminate against people with disabilities on the basis of the disability. They must also provide children and parents or guardians with disabilities an equal opportunity to participate in the early learning programs and services.

What do these basic requirements of the ADA mean for an early learning program?

The basic requirements of the ADA specifically mean:

- Providers cannot exclude children with disabilities from their programs unless their presence would pose a direct threat to the health or safety of others or require a fundamental alteration of the program.
- Providers have to make reasonable modifications to their policies and practices to integrate children, parents, and guardians with disabilities into their programs unless doing so would constitute a fundamental alteration.
- Providers must provide appropriate auxiliary aids and services needed for effective communication with children or adults with disabilities, when doing so would not constitute an undue burden.
- Providers must generally make their early learning facilities accessible to persons with disabilities. Existing facilities are subject to the "readily achievable" standard for barrier removal, while newly constructed facilities and any altered portions of existing facilities must be fully accessible.

## **Slide #13 Americans with Disabilities Act**

Does the Americans with Disabilities Act (ADA) apply to child care centers?

Yes, privately-run child care centers just like other public accommodations such as private schools, recreation centers, restaurants, hotels, movie theaters, and banks, must comply with the ADA.

Child care services provided by government agencies, such as Head Start, summer programs, and extended school day programs, must comply with the ADA.

Which child care centers are covered by title III of the ADA?

Almost all child care providers, regardless of size or number of employees, must comply with the ADA. Even small, home-based centers that may not have to follow some State laws fall under the ADA. The exception is child care centers run by religious entities such as churches, mosques, or synagogues. Activities controlled by religious organizations are not covered by the ADA.

Now, what is discrimination according to federal regulations?

- "...discriminating against people with disabilities by denying them the opportunity to benefit from goods or services, by giving them unequal goods or services, or by giving them different or separate goods or services." 28 CFR Part 36, Appendix C.

Simply put, treating someone less favorably because of their disability violates federal regulations.

#### **Slide #14 Test Your Learning!**

Before we continue, let's test your learning. Review the question and select True or False?

Early learning providers operating a family home early learning program do not have to comply with state law and ADA because it is their home.

- True
- False

#### **Slide #15 What is a Disability?**

As we have discussed ADA extensively, let's review the term disability and what it means.

What is a disability?

The ADA defines a person with a disability as:

"a person who has a physical or mental impairment that substantially limits one or more major life activity. This includes people who have a record of such an impairment, even if they do not currently have a disability. It also includes individuals who do not have a disability but are regarded as having a disability."

Washington State's Chapter 49.60 RCW says: [RCW 49.60.040](#) Definitions

(7)(a) "Disability" means the presence of a sensory, mental, or physical impairment that:

- (i) Is medically cognizable or diagnosable; or
- (ii) Exists as a record or history; or

(iii) Is perceived to exist whether or not it exists in fact.

Individuals with “disabilities” are a protected class under state and federal law. As a result, someone cannot discriminate against someone based on their abilities or lack thereof.

### **Slide #16 Language is Key**

How common is a disability in the US?

According to the CDC, one in four U.S. Adults have a disability impacting major life activities. Even more so, one in seven adults have a mobility disability, the most common type.<sup>1</sup>

Given this data, and the likelihood you may know someone in your own personal life with a disability, it is important to note, a disability is what someone has, not what someone is. We may all need reminders that it is important to say “a person with disabilities” rather than a “disabled” person.

For example, when talking about children, consider saying a child with special needs rather than a special needs child. With these small changes, we can move forward in ensuring our language and words are not labeling an individual.

For additional information regarding language to use when describing disabilities visit this link at [diversityinc.com](https://www.diversityinc.com). You can access the information anytime in the Extend Your Learning document, located in the Resources section of your learner’s screen.

### **Slide #17 Reasonable Modifications or Accommodations**

What is a reasonable modification or accommodation for an individual with disabilities?

- Almost anything allowing someone to participate fully. A person with a disability is the best one to know what a solution might be.
- What is offered does not have to be accepted. (do not get stuck!)
- What is asked for does not have to be given. (be creative!)

You may be thinking, what does an individual with disabilities or their parent or guardian want?

The person with the disability - or their parent or guardian - is the best person to know what modifications or accommodations would work best. Early learning staff and programs can accomplish this by working with the child and family to brainstorm and problem solve based on the program environment by starting with these questions:

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<sup>1</sup> Center for Disease Control and Prevention. (2016, August 16) *CDC: 1 in 4 US adults live with a disability*. <https://www.cdc.gov/media/releases/2018/p0816-disability.html>

- What is needed for typical classroom activities and routines?
- What is needed for field trips or other atypical activities?

What is NOT a reasonable modification or accommodation for an individual with disabilities?

It may be hard to know when you have the right to say no. Generally, if the modification or accommodation is “reasonable” then it should be done. What’s reasonable of course depends on many factors - the circumstances, the provider, and cost.

These are reasons a business owner can decline requests for modification or accommodation.

- Anything that would pose an undue burden or unreasonable hardship
  - Totality of resources show change is too much → do not need to modify
- Fundamental alteration of what service is offered
- Disability that causes danger
  - Severe mental health condition, dangerous to children → not required to accommodate

### **Slide #18 Reasonable Modifications or Accommodations continued**

What generates the requirement to make a *reasonable* accommodation?

- New construction (building codes)
- Newly enrolled or potentially enrolled children
- A change in an enrolled child’s condition resulting in accommodation needs

If a provider currently has an enrolled child or staff person with special needs, they are more than likely already meeting their needs. When a parent or guardian comes to a provider with a child with special needs, this may require a potential change in their environment.

A provider is required to make “reasonable modifications” to allow a specific person with a disability to participate equally with non-disabled peers. This may be an employee, a child with a disability or special need who wants to enroll in their program, or the parent or guardian or relative with a disability or special need of an enrolled child who wishes to attend program events.

### **Slide #19 Americans with Disabilities Act Exemptions**

Subsequently, a business is exempt from the requirements of the ADA, including making reasonable accommodations or modifications, if someone is a “direct threat.”

What is a “direct threat?”

A direct threat means a significant risk to the health or safety of others that cannot be eliminated by a modification of policies, practices, or procedures, or by the provision of



auxiliary aids or services.<sup>2</sup>

The ADA does not require a place of public accommodation to permit an individual to participate in or benefit from the goods, services, facilities, privileges, advantages and accommodations of that public accommodation when the individual poses a direct threat to the health or safety of others.

To determine whether an individual poses a direct threat to the health or safety of others, a business public accommodation must make an individualized assessment, based on reasonable judgment that relies on current medical knowledge or on the best available objective evidence, to confirm:

- The nature, duration, and severity of the risk;
- The probability the potential injury will actually occur; and
- Whether reasonable modifications of policies, practices, or procedures or the provision of auxiliary aids or services will mitigate the risk.

### **Slide #20 Communication is Crucial!**

Overall, communication is Crucial!

The individual with the disability is the best source to learn how to accommodate their disability and move to meet their needs. Here are some examples and the approach a provider may take to address accommodating the individual:

- Seizures → need specific medication on hand
- Hearing device → train staff on how the device works
- Blind → different solutions for same disability, what works for one child may not work for another

A disability accommodation is NOT retroactive. For example, a child in care is expelled due to behavioral issues and later the child is diagnosed with a disability. This is new information but it does not directly alter the child's previous history in the program. By law, an accommodation may not be requested retroactively. The following criteria must be considered:

- Prior to expulsion the disability was unknown to parent or guardian and staff
- Providers are not required to diagnose disabilities

Remember, early learning programs need to have an individual with a disability before they are required to make a reasonable accommodation or modification.

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<sup>2</sup> American with Disabilities Act. (N.D.) *Modifications in policies, practices, or procedures*. ADA.  
<https://www.ada.gov/reachingout/t3regl1.html>

### **Slide #21 Nondiscrimination Policy**

In conclusion, subsection (2) of WAC 110-300-0030 requires early learning providers to have a nondiscrimination policy. The nondiscrimination policy needs to address at least the factors in WAC 110-300-0030(1) (race, creed, color, national origin, sex, honorably discharged veteran or military status, marital status, gender, sexual orientation, age, religion, or ability).

As a licensor, you will read through parent or guardian handbooks and policies and staff policies. You will want to ensure, the policies and statements you read address the factors in WAC 110-300-0030(1).

Ultimately, the takeaway of [WAC 110-300-0030](#) is to remember it requires two important things. First, providers must not discriminate and must comply with the requirements of chapter 49.60 RCW and the ADA. Second, providers must have a written nondiscrimination policy.

### **Slide #22 Video**

Before we move on to WAC 110-300-0160 Promoting acceptance of diversity, take a moment to enjoy this short two-minute video, *Everyone's Welcome*, a clip of children in the United Kingdom talking about difference.

We will explore the ways in which children's attitudes and behavior around diversity and equity are impacted, both negatively and positively, by adults including: parents, guardians, teachers, caregivers and other key figures in their lives.

You may begin the video by selecting the [youtube.com](#) link.

### **Slide #23 WAC 110-300-0160**

The next WAC we will explore is:

#### **WAC 110-300-0160 Promoting Acceptance of Diversity**

**(1) An early learning provider must provide culturally and racially diverse learning opportunities. Diverse learning opportunities must be demonstrated by the provider's curriculum, activities, and materials that represent all children, families, and staff. A provider must use equipment and materials that include, but are not limited to:**

- (a) Diverse dolls, books, pictures, games, or materials that do not reinforce stereotypes;**
- (b) Diverse music from many cultures in children's primary languages; and**
- (c) A balance of different ethnic and cultural groups, ages, abilities, family styles, and genders.**

## **Slide #24 Caring for Our Children Guiding Principles**

The Child Care and Development Block Grant Act of 2014 updated the federal child care law, placing an emphasis on quality child care. As a result, there was an encouragement for states to rely on *Caring for Our Children, 4th Edition, National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs* in the establishment of standards.

Caring for Our Children includes a set of Guiding Principles, one of which says, “The expression of, and exposure to, cultural and ethnic diversity enriches the experience of all children, families, and staff. Planning for cultural diversity through the provision of books, toys, activities and pictures and working with language differences should be encouraged.”

Additionally, *Caring for Our Children, 4th Edition*, Standard 2.1.1.8 suggest programs should provide cultural curricula that engage children and families and teach multicultural learning activities.

## **Slide #25 Data and Disparities**

In addition to using *Caring for Our Children*, it is important to recognize, Washington State, serves children and families from diverse backgrounds and as a department we must address the racial inequities in outcomes and well-being of children.

This is a snapshot of Washington’s young child population and the diversity we have in our very own state. This information is part of a *Racial Equity Initiative Data Report* published in late 2017 by the former Department of Early Learning.

The population portion of young children of color varies throughout the state. In this report, children of color refer to the estimated 446,000 children under 5 years of age in Washington reflected by this data from racial and ethnic backgrounds that are either American Indian or Alaska Native, Asian, African American, Hispanic or Latino, multiracial, or Pacific Islander.

For example, in Adams County, children of color make up 83 percent of all children under age 5, while in Garfield County they represent 11 percent of this age group.

Children of color made up 46 percent of the class of entering kindergartners in Washington’s public schools in 2015, and continue to make up a greater share annually.

Even more so, out of 80,697 children in public Kindergarten, in the 2017 through 2018 school year, 49 percent were ready for kindergarten<sup>3</sup> (as measured by the Washington Kindergarten Inventory of Developing Skills Assessment).

Asian, White, and multiracial children were the only race or ethnic group to surpass 50 percent readiness whereas Hispanic or Latino children had the lowest rate with 29.6 percent being

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ready for kindergarten.

This information helps to underscore the critical role early learning professionals have working with young children throughout Washington.

### **Slide #26 Addressing Equity**

DCYF recognizes disparities and lack of services is often disproportionate in historically marginalized groups and communities. An overarching priority for DCYF regarding child outcome goals is to eliminate disparities so that race and family income are no longer predictors of child and youth well-being. Part of our future work is to thoughtfully address equity and disproportionality and account for the bias revealed by this data.

Now that we have looked at a state view, as a licensor think about the region and providers you serve. What are the demographics of your providers? How can you learn about their cultural practices and beliefs? Do your providers serve diverse children and families?

The revised WACs help outline many priorities, strategies and tools related to inclusion and equity of care in all learning environments. Take time to think about the content that is shared from a broad perspective as well as how it applies to the technical assistance and support you might provide.

### **Slide #27 What is Prejudice?**

As we continue to have a deep understanding of WAC 110-300-0160 Promoting acceptance of diversity, we will discuss prejudice.

To begin with, what is prejudice?

Prejudice is an irrational attitude of hostility directed against an individual, a group, a race or their supposed characteristics.

How is prejudice developed? Prejudice is a learned behavior.

We all grow up with stereotypes and according to research, children begin to acquire prejudice as early as age three and soon they begin to attach to their own group and develop negative attitudes about other groups. <sup>4</sup>

Studies consistently show people can be consciously and actively committed to treating all equally and intentionally working to behave without prejudice and still possess hidden and negative prejudice or stereotypes. <sup>5</sup> Research shows there is a link between hidden biases and

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<sup>4</sup> Teaching Tolerance. (N.D.) *Test Yourself for Hidden Bias*. Tolerance. <https://www.tolerance.org/professional-development/test-yourself-for-hidden-bias>

<sup>5</sup> Teaching Tolerance. (N.D.) *Test Yourself for Hidden Bias*. Tolerance. <https://www.tolerance.org/professional->

actual behavior as well. In other words, hidden biases can reveal themselves in action, especially when a person's efforts to control behavior consciously flags under stress, distraction, relaxation or competition.<sup>6</sup>

As caregivers and teachers in children's lives we contribute both negatively and positively to how children learn about difference. Thus, we can cultivate self-awareness and be more intentional about our words and the behavior we model.

### **Slide #28 Child Development and Differences**

Now, let's review child development and when children notice differences between people.

- At about age 2, children begin to notice gender and racial differences.
- At 2 ½ or so, children learn gender labels (boy or girl) and the name of colors – which they begin to apply to skin color.
- Around 3 years of age, children notice physical disabilities.
- At about 4-5 years, they start to display gender appropriate behavior and become fearful of differences.<sup>7</sup>

This can serve as a reminder that even young children are constantly forming opinions based on what they hear and see. Children listen and learn from parents, guardians, caregivers and teachers. As adults, we can teach children about understanding the importance of diversity and acceptance of all individuals through our own actions.

### **Slide #29 Implicit Bias**

Now that we have addressed prejudice, we can start thinking about implicit bias.

Implicit bias is defined as the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.<sup>8</sup>

Two key aspects of implicit bias are: unconscious and automatic. It may be that an individual is unaware of their bias or their behavior related to it.

Our source, the Kirwan Institute for the Study of Race and Ethnicity-Ohio State University, has resources that include a module series you can access to learn more about implicit bias.<sup>9</sup> You

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[development/test-yourself-for-hidden-bias](#)

<sup>6</sup> Teaching Tolerance. (N.D.) *Test Yourself for Hidden Bias*. Tolerance. <https://www.tolerance.org/professional-development/test-yourself-for-hidden-bias>

<sup>7</sup> Penn State. (N.D.) *We are different, we are the same: Teaching young children about diversity*. Penn State Extension. <http://bkc-od-media.vhost.psu.edu/documents/Activities1506.pdf>

<sup>8</sup> Kirwan Institute for the Study of Race and Ethnicity. (N.D.) *Understanding Implicit Bias*. Ohio State University. <http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/>

<sup>9</sup> Kirwan Institute for the Study of Race and Ethnicity. (N.D.) *Understanding Implicit Bias*. Ohio State

can access the information anytime in the Extend Your Learning document, located in the Resources section of your learner's screen.

Take a moment to think about this question.

How can we as early learning professionals reflect on our learned behavior and implicit bias?

The following video, *Recognizing Bias and Promoting Equity in Early Childhood Settings*, provides an opportunity to reflect on our own implicit bias and discusses important concepts like cultural continuity as a strategy to reduce the influence of bias and facilitate healthy growth and development.

You may begin the video by selecting the [youtube.com](#) link.

### **Slide #30 The Role of Traditions and Learning Opportunities**

Moving forward, let's think about culturally diverse learning opportunities.

The role of traditions can play a critical part in children's lives. Traditions can promote a child's positive emotional development and help children cope by providing them with a trusted foundation of stability remaining with them throughout new social situations and difficult times in their lives.

Family values and beliefs are also often passed on through these traditions and can be a source of familiar routines for children and adults alike. As caregivers, we can provide continuity of care for children by recognizing and practicing some of the traditions maintained in their home and environment, while also introducing new and different traditions to broaden their perspectives and promote acceptance.<sup>10</sup>

### **Slide #31 Test Your Learning!**

Before we continue, let's test your learning. Review the question and select the best response.

What can an early learning provider do to intentionally learn more about each child's cultural background?

- A. Build relationships with the child's family members.
- B. Collect information about and observe cultural traditions and holidays in the program environment that are connected to the children in care.

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University. <http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/>

<sup>10</sup> <https://www.argosy.edu/our-community/blog/the-psychology-and-science-of-traditions-rituals>

- C. Find ways to communicate, especially when there are language barriers.
- D. All of these.

**Slide #32 WAC 110-300-0160 continued**

**WAC 110-300-0160 Promoting Acceptance of Diversity**

**(2) An early learning provider must intervene appropriately to stop biased behavior displayed by children or adults including, but not limited to:**

- (a) Redirecting an inappropriate conversation or behavior;**
- (b) Being aware of situations that may involve bias and responding appropriately;**
- and**
- (c) Refusing to ignore bias.**

**Slide #33 Practice Scenarios**

Let's apply the information we have covered, along with the years of experience and knowledge providers and licensors have to share, and look at strategies for managing behavior, to promote inclusivity and equity.

There are three practice scenarios that explore behavior between children, between children and staff and between providers and parents or guardians.

Each includes some of the concepts we have addressed in this module, including but not limited to:

- The need to develop cultural competence
- Approach situations while recognizing culture and difference
- Prioritizing inclusion and exploring our own implicit bias as individuals

Please select the Scenarios - for Problem Solving and Role Play Practice document in the Resources section of your learner's screen.

As you review the scenarios that might arise in an early learning environment, think about the strategies and approaches you might take to problem solve or approach the situation. Keep in mind the specific guidance the WAC provides: to be aware, to redirect and refuse to ignore bias.

**Slide #34 Scenarios-Strategies and Tips**

Select each of the tabs to learn more about strategies and tips on the three practice scenarios.

**Scenario 1: Parent behavior**

- Josie could take this opportunity to learn about Rashida's culture by asking appropriate questions and assessing if Rashida is comfortable answering.
- Josie could research Ramadan and learn about it to gain a better understanding.
- Josie could also ask Rashida if she would be comfortable sharing with the children and engage in discussion as to why she was not eating as they were.
- Josie could invite Rashida to assist in planning a lesson around Ramadan or other aspects of her culture if she were comfortable.
- Rashida could share privately that she was fasting. Josie could offer her a different shift to be in the classroom, if that would be better for her.

### **Scenario 2: Child behavior**

- Sheila could apologize to Amina and see if there is another method to ensure Amina is still understanding what Sheila's point is, without having Amina look her in the eyes.
- Sheila could seek assistance and insight from another staff that may understand Amina's culture does not support direct eye contact.
- Sheila could have been a little bit more sensitive to the child and her needs.
- The work place could have training to support their staff on cultural awareness in their community, allowing Sheila an opportunity to understand that each child may have different individual needs and cultural needs.
- A staff person could intervene and offer a different approach to the situation that was more respectful of the child's culture.

### **Scenario 3: Provider behavior**

- The provider could ask the family to complete a "becoming familiar" questionnaire so the provider can learn about the child's family culture.
- The provider could have brought the concerns to the parents before 2 weeks passed, to inquire if there was anything she needed to be aware of or inform the parents of what was going on at meal time.
- The provider could ask the family questions about meal times at home, or ask what some of Josefina's favorite foods are.
- The provider could be more sensitive to the new environment of Josefina, understanding she is in an unfamiliar country interacting with a new culture. She could read a book that might be relatable for the child before lunch time.
- The provider could help Josefina connect with her classmates and make her feel comfortable in her new setting which could contribute to her willingness to try new things.
- Another provider could step in to help respond appropriately to Josefina and her non-eating; avoiding a teacher taking the approach of telling her that it is not okay for her to waste food.



**Slide #35 Conclusion: Promoting Acceptance of Diversity**

This completes our deepened understanding of WAC 110-300-0160 Promoting acceptance of diversity. Throughout your work as a licensor, you will come across a variety of care in both family homes and centers. At your inspections, you will want to observe diverse learning opportunities and notice if bias is appearing in any behavior. Even though, materials and the environment are easier to observe as opposed to biased behavior or interactions, you may want to talk to early learning providers at your visit and ask them how they are promoting diversity in their learning environments when it is not explicitly observed.

**Slide #36 WAC 110-300-0300**

The last WAC we will explore is:

**WAC 110-300-0300 Individual Care Plan**

**(1) An early learning provider must develop an Individual Care Plan for each child with special needs and must notify the department when a child with special needs is enrolled or identified in the early learning program. Plans and documentation required under this section must:**

- (a) Meet the requirements of this section;**
- (b) Be available for department review;**

**WAC 110-300-0300 Individual Care Plan**

- (c) Have written permission from a child's parent or guardian stating that a visiting health professional may provide services to the child at the early learning program, if applicable;**
- (d) Have verification that early learning program staff involved with a particular child has been trained on implementing the Individual Care Plan for that child, if applicable;**
- (e) Be updated annually or when there is a change in the child's special needs; and**
- (f) Be kept in the child's file.**

**Slide #37 WAC 110-300-0300 continued**

**WAC 110-300-0300 Individual Care Plan**

**(2) The Individual Care Plan must be signed by the parent or guardian and may be developed using a department provided template.**

**(b) An early learning provider must have supporting documentation of the child's special needs provided by the child's licensed or certified:**

- (i) Physician or physician's assistant;**
- (ii) Mental health professional;**
- (iii) Education professional;**
- (iv) Social worker with a bachelor's degree or higher with a specialization in the individual child's needs; or**
- (v) Registered nurse or advanced registered nurse practitioner.**

**Slide #38 Caring for Children with Special Needs**

There are several revisions regarding enrolled children with special needs, including the need to

- Make reasonable accommodations;
- Enhancements to the required Individual Care Plan that include information on a child's medications, allergies, modifications for the child, and recommended special skills training for staff; and
- Administrative requirements designed to assure parent or guardian permission for visiting health professionals, verification that the staff are trained to implement the Care Plan, and regular updates.

The inclusion and reasonable accommodation of children with disabilities and special needs is consistent with the Child Care and Development Block Grant of 2014 and *Caring for Our Children*, 4th Edition. They state caregivers and teachers should have a basic knowledge of what constitutes a disability or special health care need, supplemented by specialized training for children with disabilities and children with special health care needs.

**Slide #39 Meaningful Inclusion**

This video, *Meaningful Inclusion in Early Childhood*, captures some of the barriers and challenges children with disabilities and their families may face.

This video speaks to numerous ways children can be included in the environment including social inclusion as well as the role providers, other professionals and resources can play in assisting the child and the provider.

You may begin the video by selecting the [youtube.com](#) link.

## **Slide #40 Individual Care Plan Requirements**

We are now going to explore the nuts and bolts of what accommodations and modifications can look like in the environment and learn about some strategies for accomplishing this. Let's review the requirements for an individual care plan (ICP) under [WAC 110-300-0300](#) subsection (1)

- Inform the department of Enrolled or Identified Children needing an ICP
- Plans must be available for review
- Parental or guardian written permission must be included
- Staff training is provided
- ICPs are updated annually or when changed
- ICPs are kept in the child's file

Specifically, under subsection (1) (d) training should also include any substitute staff that may work with the child. The parent or guardian may be the primary resource and can train staff if a procedure is required or needed. For example: training staff how to clean a feeding tube or directions on the procedure for a breathing treatment.

An example of subsection (1) (e) updating plans annually or when a condition has changed, is if a child's medication dose or medication has changed, or a procedure in a behavior plan has been changed or modified.

Making sure staff are trained or updated regularly on changes to children's care plan is vital to the child's safety and care.

An early learning provider does not need to have an individual care plan if they do not have any children with special needs or circumstances.

It is also important to note; the department has developed an Individual Care Plan template that may be used by providers but it is NOT required to use this form. Providers may use another template to document an ICP. You can find a sample Individual Care Plan in the Resources section of your learner's screen.

## **Slide #41 Documentation of Individual Care Plan**

Next, we will further review WAC 110-300-0300 subsection (2) (a) through (2) (b).

The **Individual Care Plan** must contain the child's diagnosis, if known. An example is asthma or ADHD.

**The plan** must also include contact information which could be a doctor, psychologist, or school

counselor, depending on the plan developed.

**The plan** must also include a list of medication to be administered at scheduled times, or during an emergency along with the descriptions of symptoms that would trigger emergency medication. An example of this would be if a child has been diagnosed with asthma, a trigger could be cold weather, exercise, or air pollutants such as wood smoke or smoke from wildland fires. You will want to make sure any emergency medications prescribed are always available on hand.

**The plan** must also include directions on how to administer medication. Medications cannot be given differently than what is stated on the plan, and all medications must be in their original packaging or have a prescription label. If the parent or guardian is requesting a change in the process, procedure, or amount of medication to be given, documentation from a health care provider will be needed.

**The plan** must also include any known allergies. These include food allergies such as nuts, eggs, or shellfish; allergies caused by insect stings or bites; or environmental allergies to include seasonal allergies caused by molds, pollen or smoke.

The plan must include food allergy and dietary needs, pursuant to WAC 110-300-0186. Early learning programs will want to make sure when parents or guardians say their child is allergic to certain foods, they have documentation, with a health care provider signature stating the child is allergic to that food. This may require emergency medications such as an Epi-Pen depending on the severity of the allergy. A parent or guardian may have a preference for a child not to eat specific foods because of religious, personal, or other reasons. In this case, licensors should verify the child's file has the proper documentation.

#### **Slide #42 Documented Modifications**

The individual care plan must have activity, behavioral, or environmental modifications for the child.

**Activity:** This might include simplifying a task in terms of duration or difficulty depending on the child's attention span along with activities that make the child feel capable.

**Behavioral:** Staff can provide support and guidance by keeping daily schedules and routines. Posting a picture schedule can help with routines and announcing upcoming transitions to children so they will know activities will stop soon.

**Environmental:** The setup of a room might include modifying materials or equipment, or providing special equipment to accomplish tasks. A cozy, quiet space may be provided for the child needing a break from activities.

### **Slide #43 Documented Response Plans and Procedures**

The individual plan must include known symptoms and triggers. It is vital the provider know what will cause the child to react. For example, children with social and emotional challenges may react to a change in routine or too much stimulus. It also needs to include an emergency response plan and what procedures to perform so the child's needs are met and the child is kept safe.

Other required trainings include: special skills training - including specific pediatric first-aid and CPR for special health care needs. The parent or guardian will provide training for the provider for any process or procedure needed for the child. For example, if a child is prescribed an Epi-Pen, the parent or guardian should train all staff involved with the child on how to inject the pen. This is another example of why consistent parent or guardian communication with early learning staff is crucial.

### **Slide #44 Test Your Learning!**

Before we continue, let's test your learning. Review the question and select the best response.

What kind of behavioral modifications, regarding activities, would an early learning provider make for children with special needs in care?

- A. Help prepare children for transitions by announcing when activities will end or how long they might take.
- B. Simplify a task.
- C. Order new equipment to accommodate the child.
- D. Move items in the space to make them more accessible to the child.

### **Slide #45 Licensed and Certified Professionals**

Under subsection (2)(b) an early learning provider must have supporting documentation of the child's special needs provided by the child's licensed or certified professional. You will notice the list has an "or" at the end of (iv). This means that only one of those needs to be filled, not the entire list.

- The supporting documentation information is reliant on what the child's special need or diagnosis is. It must come from a physician or physician's assistant with a plan for any life threatening or on-going medical condition(s) addressing what to do in case of an emergency or what the daily needs are for the child.
- The supporting documentation for a particular mental health diagnosis must come from a mental health professional and would address any behavioral or emotional issues.

- The supporting documentation must come from an education professional when the type of plan addresses any learning or developmental issues the child may have.
- A social worker with a bachelor's degree or higher with a specialization in the individual child's needs must develop a plan that provides resources to address a child's emotional and developmental well-being.
- Lastly, a registered nurse or advanced registered nurse practitioner must provide documentation when overseeing the development of a medical care plan.

The documentation developed by any of these professionals needs to be in the child's file and kept confidential.

**Slide #46 WAC 110-300-0300 continued**

**WAC 110-300-0300 Individual Care Plan**

**(3) An early learning provider's written plan and documentation for accommodations must be informed by any existing:**

- (a) Individual education plan (IEP);**
- (b) Individual health plan (IHP);**
- (c) 504 plan; or**
- (d) Individualized family service plan (IFSP).**

For our last section under WAC 110-300-0300, we will review subsection (3) An early learning provider's written plan and documentation for accommodations must be informed by any existing:

(a) Individual education plan (IEP);

These are plans that support children ages 3 and above with learning and attention issues. They are developed by school professionals within a school district.

(b) Individual health plan (IHP);

These are developed by medical health care professionals for children with life threatening or ongoing medical conditions.

(c) 504 plan;

These are plans developed for children who have special needs accommodation. The child may or may not have a learning issue. For example, if a child is visually impaired, the plan may include assistive technology.

(d) Individualized family service plan (IFSP).

These plans are intentionally family focused with parent or guardian input. An IFSP is a plan that will identify the child's current developmental levels and the services needed and provided to advance that level. An IFSP only applies to children from birth to three years of age.

It is important for licensors to be familiar with these written plans as you may come across these when reviewing children's files.

#### **Slide #47 Conclusion: Individual Care Plan**

Finally, providers may want to partner with a parent or guardian when there are children with special needs because they may qualify for additional funds and resources. The form, 12-001 for *Special Needs Child Care Rate Request*, can be found in the Extend Your Learning Resources document located in the Resources section of your learner's screen.

Please also note, licensors and providers are not responsible for diagnosing disabilities. If a provider has concerns about a child's development or behavior, they can refer parents or guardians to the Help Me Grow Washington Hotline at 1-800-322-2588 for access to a free developmental screening for their child (no wait list or income requirements), community resources, and referrals for evaluation and intervention services.

#### **Slide #48 Conclusion: Inclusion and Equity of Care**

As we have learned throughout this course, inclusion and equity of care is crucial in early learning programs. Washington State serves diverse children and families throughout the state. Even though programs are unique and reflect the families and children they serve, WAC 110-300 intends to promote non-discrimination in practice and policy, provide culturally and racially diverse learning opportunities, and ensures all children despite their special needs have an individual care plan.

Now that we have looked at these three WACs in-depth, licensors will be able to identify and determine compliance with these WACs. It is important licensors familiarize themselves with their region and the demographics their assigned programs serve to ensure inclusion and equity is present in all programs they visit.

Keep in mind, as you conduct your visits, an overarching priority for DCYF regarding child outcome goals is to eliminate disparities so race and family income is no longer a predictor of child and youth well-being. With this knowledge, and your deepened understanding of the WAC, as a licensor your work may contribute to providing all children in Washington State with inclusive and equitable high-quality early learning experiences and environments.

### **Slide #49 Guiding Principles**

This concludes the content portion of this course! Thank you for your participation!

Before this course ends, please take a moment to reflect and set personal goals related to the following Guiding Principles and ways that each of the principles relate to early learning professionals.

Guiding Principles:

- DCYF established the Foundational Quality Standards WACs to support child development, children's environmental health and safety, racial equity, and cultural responsiveness
- According to research, by the age of five, children will have noticed and learned about gender, skin color, physical disabilities and other differences among their peers and adults
- All children and families should have access to high-quality early learning programs that promote diversity and inclusion
- Licensors and early learning providers have a responsibility of ensuring environments promote inclusion

What take-a-ways do you have? How will you change your practices as a result of participation in this learning module?

### **Slide #50 End of Course**

This concludes this course on "**Inclusion and Equity of Care.**" If you have questions following this session, please contact your supervisor.

We hope this course has been helpful in providing information about the WAC and how programs may meet the foundational quality standards.

Our goal is all early learning professionals viewing this course have left with an increased understanding and knowledge of WAC 110-300, and that you will be able to assess programs for compliance with this information on Inclusion and Equity of Care.