

Section G-1. Acronyms and Definitions

Accreditation: In general, accreditation systems certify that certain standards are met. The National Association for the Education of Young Children and the National Association for Family Child Care operate voluntary accreditation systems for centers and family child care homes throughout the United States. These systems certify that participating centers and family child care homes comply with comprehensive standards.

Ages & Stages Questionnaires (ASQ): The American Academy of Pediatrics has endorsed ASQ as a low-cost, reliable way to screen infants and young children for developmental delays during the crucial first five years of life. ASQ consists of a series of 19 easy to administer, parent-completed questionnaires. Questionnaires are available in English, Spanish and Korean. Additional information is available at <http://www.brookespublishing.com/tools/asq/index.htm>

Adult Involvement Scale (AIS): The AIS is a method of coding adult involvement with children in child care settings. The scale includes seven levels; ignore, monitor, routine, minimal, simple, elaborated, and intense. For additional information on the AIS, see "Child's play with adults, toys, and peers: An examination of family and child care influences," by Howes and Stewart, *Developmental Psychology*, 23, 423-430.

California Education Code: Child development programs that hold contracts with the California Department of Education are required to maintain staff and teacher to child ratios and teaching staff qualifications set out in Title 5 of the California Education Code. The ratios are described below. Please see Child Development Permit Matrix for staff qualifications.

Title 5 Staff and Teacher to Child Ratios		
Age Group	Staff/Child Ratio	Teacher/Child Ratio
Infants (0-18 mos.)	1:3	1:18
Toddlers (18-36 mos.)	1:4	1:16
Preschool (2 yrs -Kindergarten)	1:8	1:24

Child Development Permits: Teaching staff in child development programs that hold contracts with the California Department of Education are required to hold permits issued by the California Commission on Teacher Credentialing (CCTC). There are six levels of Child Development Permits, including: Assistant, Associate Teacher, Teacher, Master Teacher, Site Supervisor, and Program Director. For additional information on Child Development Permits, visit the CCTC Web site at <http://www.ctc.ca.gov/credentials/CREDS/child-dev-permits.html>.

Community Care Licensing Regulations: Child care programs in California are regulated by the Department of Social Services/Community Care Licensing Division. Child care center and family child care home regulations are included in the California Code of Regulations, Title 22, Division 12. Center regulations are included in Chapter 1.

Title 22 Staff and Teacher to Child Ratios		
Age Group	Staff/Child Ratio	Teacher/Child Ratio
Infants (0 – 2 yrs.)	1:4	1:12
Toddler Option (18 – 30 mos.)	1:6	1:12
Preschool (2 yrs – Kindergarten)	1:12	1:15 or 1:18*

* The larger group size is accepted when the Assistant has completed 6 units in Child Development or is continuously enrolled in Child Development courses leading to 6 units.

These regulations can be reviewed or downloaded from the internet at http://www.dss.cahwnet.gov/ord/CCRTITLE22_715.htm.

Environment Rating Scales: Three rating scales are commonly used by researchers to assess the quality of different types of child care settings, serving different age groups and by programs to determine areas where improvement is needed, including:

- Infant/Toddler Environment Rating Scale (ITERS) - This scale is designed to assess programs serving children from birth to 30 months and focuses on seven subscales: Space and Furnishings, Personal Care Routines, Listening and Talking, Activities, Interaction, Program Structure and Parents and Staff.
- Early Childhood Environment Rating Scale (ECERS) – This scale is designed to assess programs serving children between 30 months and five years of age and focuses on the following seven areas: Space and Furnishings, Personal Care Routines, Language-Reasoning, Activities, Interaction, Program Structure, and Parents and Staff.
- Family Child Care Environment Rating Scale (FCCERS) – This scale is designed for use in a family child care home and focuses on seven subscales: Space and Furnishings, Personal Care Routines, Listening and Talking, Activities, Interaction, Program Structure, and Parents and Providers.

Additional information on these Environment Rating Scales can be found at the Frank Porter Graham Child Development Institute, University of North Carolina at Chapel Hill Web site <http://www.fpg.unc.edu/~ecers/>.

Los Angeles Universal Preschool (LAUP): LAUP is an independent public benefit corporation created in 2004 and funded by First 5 LA – the commission established by Proposition 10. LAUP’s goal is to make voluntary, high-quality preschool available to every four year old child in Los Angeles County, regardless of their family’s income, by 2014. Additional information is available at www.laup.net.

National Association for the Education of Young Children (NAEYC): The NAEYC is dedicated to improving the well-being of all young children, with particular focus on the quality of educational and developmental services for all children from birth through age eight. NAEYC is committed to becoming an increasingly high performing and inclusive organization.

The *NAEYC Academy for Early Childhood Program Accreditation* administers a national, voluntary accreditation system to help raise the quality of all types of preschools, kindergartens, and child

care centers. Currently there are more than 10,000 NAEYC-accredited programs, serving nearly one million children and their families. Since the system began in 1985, NAEYC Accreditation has provided a powerful tool through which early childhood professionals, families, and others concerned about the quality of early childhood education can evaluate programs, compare them with professional standards, strengthen the program and commit to ongoing evaluation and improvement. Additional information is available at www.naeyc.org.

National Association for Family Child Care (NAFCC): The NAFCC is a nonprofit organization dedicated to promoting quality child care by strengthening the profession of family child care. The goals of NAFCC are:

- To strengthen state and local associations as the primary support system for individual family child care providers.
- To promote a professional accreditation program which recognizes and encourages quality care for children.
- To represent family child care providers by advocating for their needs and collaborating with other organizations.
- To promote the diversity of the family child care profession through training, state and local associations, public education, and Board membership.
- To deliver effective programs through strong organizational management.

Additional information is available at www.nafcc.org.

Parents Evaluation of Developmental Status (PEDS): PEDS is a fast, accurate, inexpensive screening tool for developmental and behavioral problems in children from birth to age eight. PEDS meets the accuracy standards set by the American Academy of Pediatrics and, because the response forms are completed by parents, fosters a collaborative, family focused approach to care. Additional information can be found on PEDS at www.pedstest.com.

Steps to Excellence Program (STEP): STEP is a child care quality rating and support system developed by the County of Los Angeles Policy Roundtable for Child Care. STEP was launched in July 2007 as a three year pilot project. Additional information can be found at www.childcare.lacounty.gov.

Title 5: This is the section of the California Education Code which defines the staff ratios and teaching staff qualifications for programs funded by the California Department of Education. See California Education Code and Child Development Permit sections above.

Title 22: Child care center and family child care home regulations are included in the California Code of Regulations, Title 22 Division 12. See Community Care Licensing above.

Section G-2. Regulatory Compliance

- Community Care Licensing Contacts
- Fire Departments in Los Angeles County
- Health Departments in Los Angeles County
- Pilot Community Resources
 - Child Care Resource and Referral Agencies
 - City Child Care Coordinators
 - Local Child Care Organizations

Community Care Licensing Division Child Care Offices

- Los Angeles East Regional Office: (323) 981-3350
1000 Corporate Center Drive, Suite 200B, MS: 29-15
Monterey Park, CA 91754
- Los Angeles Northwest Regional Office: (310) 337-4333
6167 Bristol Parkway, Suite 400, MS: 29-13
Culver City, CA 90230

Fire Department Contacts for Los Angeles County

County of Los Angeles Fire Department serves the unincorporated areas of the County and 45 cities contract with the County for fire protection services. Information is available on the Web site at: <http://www.fire.lacounty.gov/FirePrevention/FirePrevSchoolsInstitutions.asp>. In addition, you can contact one of the following Fire Prevention Division, Special Units between 8:00 a.m. – 5:00 p.m., Monday–Friday:

- Schools and Institutions Unit - South
7733 Greenleaf Street
Whittier, CA 90602-2195
(310) 696-2034
- Fire Department Institutions Unit North
14425 Olive View Drive
Sylmar, CA 91342
(818) 362-5472

Inglewood	See County of Los Angeles Fire Department
Long Beach	Long Beach Fire Department, Fire Prevention Bureau Phone: (562) 570-2560 Fax: (562) 570-2584 http://www.ci.long-beach.ca.us/fire/prevention/default.asp
Palmdale	See County of Los Angeles Fire Department
Pasadena	Pasadena Fire Department, Fire Prevention Division Phone: (626) 744-4655 http://www.ci.pasadena.ca.us/fire/
Pomona	See County of Los Angeles Fire Department
Santa Monica	Santa Monica Fire Department, Fire Prevention Division Phone: (310) 458-8915 http://www.santamonicafire.org/prevention/permits.htm
Florence/Firestone	See County of Los Angeles Fire Department
Pacoima/Arleta	Los Angeles City Fire Department, Schools and Churches Unit Valley Area – (818) 374-1110 http://www.lafd.org/index.htm
Wilmington	Los Angeles City Fire Department, Schools and Churches Unit Harbor Area – (213) 978-3660 http://www.lafd.org/index.htm

Local Health Departments – Environmental Health Sections

- City of Long Beach Department of Health and Human Services does not inspect child care facilities.
- City of Pasadena – (626) 744-6004
- County of Los Angeles – (626) 430-5590

Information and Support in Pilot Communities

Inglewood

Child Care Resource and Referral Agency: Crystal Stairs
(323) 299-8998
5110 Goldleaf Circle, Suite 150
Los Angeles, CA 90056
<http://www.crystalstairs.org>

4305 Degnan Boulevard., Suite 102
Los Angeles, CA 90008-4908

Long Beach

Child Care Resource and Referral Agency: Children's Home Society of California
(562) 256-7400
330 Golden Shore Drive, Suite 10
Long Beach, CA 90802

Child Care Coordinator: Tracy Colunga-Hollingsworth
City of Long Beach, DHHS
(562) 570-4245
tracy_hollingsworth@longbeach.gov

Local Child Care Committee: Long Beach Early Care and Education
Committee, a sub-committee of the Board
of Health and Human Services
Tracy Colunga-Hollingsworth
(562) 570-4245
tracy_hollingsworth@longbeach.gov

Palmdale

Child Care Resource and Referral Agency: Child Care Resource Center (CCRC)
Antelope Valley Office
(661) 949-0615
42281 10th Street W.
Lancaster, CA 93534
www.ccrcla.org

Pasadena

Child Care Resource and Referral Agency: Child Care Information Service (CCIS)
2465 East Walnut Street
Pasadena, CA 91107
(626) 449-8221
www.ccispasadena.org

City Child Care Coordinator Peggy Sisson
City of Pasadena
(626) 744-6939
psisson@ci.pasadena.ca.us

Child Care Directors Association Joint project of CCIS & City of Pasadena
Peggy Sisson
(626) 744-6939
psisson@ci.pasadena.ca.us

Pomona

Child Care Resource and Referral Agency: Pomona Unified School District
Village @ Indian Hill
1460 East Holt Avenue, Suite 130
Pomona, CA 91767
(909) 397-4740

Santa Monica

Child Care Resource and Referral Agency: Connections for Children
2701 Ocean Park Boulevard., Suite 253
Santa Monica, CA 90405

(310) 452-3325

www.cfc-ca.org

Child Care Coordinator:

Julie Taren
City of Santa Monica
(310) 458-8701
1685 Main Street
Santa Monica, CA 90807
Julie.Taren@smgov.net

Child Care Committee:

Santa Monica Child Care Task Force
Julie Taren
(310) 458-8701
Julie.Taren@smgov.net

Florence/Firestone

Child Care Resource and Referral Agency:

Crystal Stairs
(323) 299-8998
5110 Goldleaf Circle, Suite 150
Los Angeles, CA 90056
<http://www.crystalstairs.org>

Pacoima/Arleta

Child Care Resource and Referral Agency:

Child Care Resource Center
20001 Prairie Street
Chatsworth, CA 91311
(818) 717-1000
www.ccrcla.org

Wilmington

Child Care Resource and Referral Agency:

Children's Home Society of California
(562) 256-7400
330 Golden Shore Drive, Suite 10
Long Beach, CA 90802

Section G-3. Resources for Teacher/Child Relationships

- Adult Involvement Scale
- Staff to Child Ratios: Title 22, Title 5 and NAEYC

Adult Involvement Scale

Howes, C. and Stewart, P. (1987) Child's play with adults, toys and peers: An examination of family and child care influences. *Developmental Psychology*, 23, 423-430.

The scale points for the adult involvement codes represent increasing complexity and reciprocity in adult-child interaction.

- (1) **Ignore:** The adult is apparently unaware of the children. She may be doing paperwork, talking to another adult, or physically out of the room.
- (2) **Monitor:** "Monitor" is coded if the caregiver is close to the children but does not engage in interaction with any child. However the caregiver is actively monitoring the classroom and the children's participation.
- (3) **Routine:** The caregiver touches the children for changing or other routine caregiving. She may ask or direct the class to do something, e.g. clean-up or come to snack or reads a book straight through without making any attempts to engage with the children.
- (4) **Minimal:** The caregiver touches the children only for necessary discipline or to move one child away from another. She answers direct requests for help or gives verbal directives with no reply encouraged.
- (5) **Simple:** The caregiver uses some warm or helpful physical contact (beyond the essential routine care) or verbally answers the children's verbal bids but does not elaborate. During whole group activities, the adult might respond to children with short sentences.
- (6) **Elaborated:** The caregiver is engaged with the children, is asking and answering complex questions, acknowledges children's statements, and soliciting active participation and extending knowledge.
- (7) **Intense:** The caregiver engages the children in conversation over play activities, plays interactively with children in a game-like manner, or sits and eats with the child in a social conversational atmosphere. In group situations, "intense" is coded if the caregiver is physically responsive and verbally to many members of the group, individualizing her responses to the children in order to restate and elaborate children's ideas, and engage them in conversation, and extend their learning.

Center for Improving Child Care Quality
Department of Education
UCLA Box 951521
Los Angeles, CA 90095-1521.

Staff and Teacher to Child Ratios

Child Care Centers¹

The California Department of Social Services, Community Care Licensing Division administers the child care licensing process, using Title 22 of California Code of Regulations. These standards define Step 1 on the Steps to Excellence Project rating system.

Child Care Centers – Title 22						
Age Group	Age Range	Staff to Child	Teacher to Child	Teaching Teams		
				Teacher	Aides	Children
Infants	Birth–2 yrs (or 3 yrs)	1:4	1:12	1	2	12
Toddlers (opt.)	18–30 months	1:6	1:12	1	1	12
Preschool	2 yrs - kindergarten	1:12	1:15 or 1:18	1	1	15 or 18
School Age	Kindergarten & up	1:14	1:28	1	1	28

Title 5²

In addition to complying with Title 22 on facility matters, child development programs holding contracts with the California Department of Education are subject to Title 5 of the California Education Code. Title 5 specifies higher teacher and staff to child ratios and staff qualifications than Title 22. These staffing ratios are consistent with Step 2 on STEP.

Child Development Programs - Title 5						
Age Group	Age Range	Staff to child	Teacher to Child	Teaching Team		
				Teacher	Aides	Children
Infants	Birth – 18 months	1:3	1:18	1	5	18
Toddlers	18 – 36 months	1:4	1:16	1	3	16
Preschool Age	3 yrs – kindergarten	1:8	1:24	1	2	24
School Age	Kindergarten & up	1:14	1:28	1	1	28

¹ Child Care Staffing Ratios and Qualifications: Current Requirements and History, published by *On the Capitol Doorstep*, 2001.

² Ibid.

National Association for the Education of Young Children: Child Care Center Accreditation Standards³

Participation in accreditation is voluntary. Step 5 calls for compliance with these ratios and group sizes.

NAEYC Staff – Child Ratios within Group Sizes (a)										
Age group	Group Size									
	6	8	10	12	14	16	18	20	22	24
<i>Infants</i>										
Birth to 15 months(b)	1:3	1:4								
Toddlers/Twos (12-36 months)(b)										
12 to 28 months	1:3	1:4	1:4(c)	1:4						
21 to 36 months		1:4	1:5	1:6						
<i>Preschool</i>										
2.5 yrs to 3 yrs (30-48 months)				1:6	1:7	1:8	1:9			
4 yrs						1:8	1:9	1:10		
5 yrs						1:8	1:9	1:10		
Kindergarten								1:10	1:22	1:12

Notes: If infants or toddlers are in a mixed age group, the ratio for the younger group applies. In mixed age preschool classrooms of 2.5- to 5-year-olds, no more than two children can be between the ages of 30 – 36 months. A group or classroom refers to the number of children who are assigned for most of the day to a teacher or a team of teaching staff and who occupy an individual classroom or well-defined space. Group sizes are stated as ceilings, regardless of the number of staff.

- (a) Includes teachers, assistant teachers and/or teacher aides.
- (b) These age ranges over-lap.
- (c) Group sizes of 10 would require an additional adult.

³ NAEYC Early Childhood Program Standards and Accreditation Criteria: The Mark of Quality in Early Childhood Education by the National Association for the Education of Young Children, 2005, page 83.

Section G-4. Resources for Learning Environment

- Early Childhood Environment Rating Scale-R (ECERS)
- Infant/Toddler Environment Rating Scale-R (ITERS)

Development of the Early Childhood Environment Rating Scale-R

This information is from the Frank Porter Graham, University of North Carolina Web site at www.fpg.unc.edu/~ecers/.

The revision of the Early Childhood Environment Rating Scale (ECERS) has been a long and exacting process. In the revision, our intent was to balance continuity and innovation. On the one hand, we wanted to be sure to retain those features that had, for over 15 years, made the ECERS a useful instrument for both research and program improvement. On the other hand, we wanted to update and expand the instrument to reflect changes in the early childhood field that had occurred since the ECERS was published in 1980, and to incorporate the advances in our own understanding of how to measure quality. During this time, inclusion of children with disabilities and sensitivity to cultural diversity had become important issues in the assessment of program quality. The measurement of quality itself received greater attention through the development of the Accreditation Program of the National Association for the Education of Young Children (NAEYC, 1984) and the publication of several early childhood assessment instruments. During this period of self-examination in the field, the definition of program quality embodied in NAEYC's *Developmentally Appropriate Practice* (Bredekamp, 1986) was revised in 1997 to include a greater emphasis on cultural diversity, family concerns, and individual children's needs (Bredekamp & Copple, 1997).

Our own understanding of how to measure quality was increased through the development of three additional scales using the ECERS format, each with its own improvements and refinements: *Family Day Care Rating Scale* (FDCRS; Harms & Clifford, 1989), *Infant/Toddler Environment Rating Scale* (ITERS; Harms, Cryer, & Clifford, 1990), *School-Age Care Environment Rating Scale* (SACERS; Harms, Jacobs, & White, 1996). Numerous research projects in the United States and abroad had used the ECERS to assess global quality and had discovered significant relationships between ECERS scores and child outcome measures, and between ECERS scores and teacher characteristics, teacher behaviors, and compensation. Along with these research findings, feedback from a number of researchers concerning difficulties with particular items was a valuable resource for the revision. The ECERS was also translated into a number of languages, including Italian, Swedish, German, Portuguese, Spanish, and Icelandic, and was used in an international study (Tietze, Cryer, Bairrio, Palacios, & Wetzel, 1996). Although the basic scale remained the same in the translations, some changes were required in a few of the indicators, and especially in the examples for indicators, to make the various translations culturally relevant. These changes were helpful to us as we undertook our own revision.

In addition, the ECERS was used in a number of ways as a program improvement tool in many different settings, including those serving culturally diverse populations and in inclusive programs. In the 17 years that the ECERS had been used in research and program improvement, a body of evidence of the validity and usefulness of the scale was amassed, but clearly a thorough revision was needed.

Process of Revision

Three main sources of information were used during the process of revision: (1) a content analysis of the relationship of the ECERS to other global quality assessment instruments and documents examining early childhood programmatic issues; (2) data from studies using the ECERS in preschool, child care, and kindergarten settings; and (3) feedback from ECERS users. The content analysis helped to identify additions and deletions to consider; the data from numerous studies using the ECERS gave us information about the range of scores on various items and the relative difficulty of items, as well as their validity. By far the most valuable contribution to the revision came from the feedback provided by researchers and practitioners who had used the ECERS in a variety of ways.

To collect information from ECERS users, three focus groups were held: one to explore how the ECERS functioned in inclusive settings, and two to examine its use in culturally diverse settings. We were fortunate to have access to experts in these two fields who had used the ECERS extensively across the country and could provide specific suggestions. We also held feedback sessions with researchers who had used the ECERS in their studies and who could make suggestions about the content and format from the point of view of research needs. In addition, a questionnaire was circulated to the many individuals, programs, and projects that were known to have used the ECERS extensively, and we received helpful suggestions from people in the United States, Canada, and Europe.

Overview of the Subscales and Items of the ECERS-R 43 Items - Organized into seven Subscales

Space and Furnishings

1. Indoor space
2. Furniture for routine care, play, and learning
3. Furnishings for relaxation and comfort
4. Room arrangement for play
5. Space for privacy
6. Child-related display
7. Space for gross motor play
8. Gross motor equipment

Personal Care Routines

9. Greeting/departing
10. Meals/snacks
11. Nap/rest
12. Toileting/diapering
13. Health practices
14. Safety practices

Language-Reasoning

15. Books and pictures
16. Encouraging children to communicate
17. Using language to develop reasoning skills
18. Informal use of language

Activities

19. Fine motor
20. Art
21. Music/movement
22. Blocks
23. Sand/water
24. Dramatic play
25. Nature/science
26. Math/number
27. Use of TV, video, and/or computers
28. Promoting acceptance of diversity

Interaction

29. Supervision of gross motor activities
30. General supervision of children (other than gross motor)
31. Discipline
32. Staff-child interactions
33. Interactions among children

Program Structure

34. Schedule
35. Free play
36. Group time
37. Provisions for children with disabilities

Parents and Staff

- 38. Provisions for parents
- 39. Provisions for personal needs of staff
- 40. Provisions for professional needs of staff
- 41. Staff interaction and cooperation
- 42. Supervision and evaluation of staff
- 43. Opportunities for professional growth

Development of the Infant/Toddler Environment Rating Scale-R

This information is from the Frank Porter Graham, University of North Carolina Web site at www.fpg.unc.edu/~ecers.

The Infant/Toddler Environment Rating Scale-Revised Edition (ITERS-R) is a thorough revision of the original Infant/Toddler Environment Rating Scale (ITERS, 1990). It is one of a series of four scales that share the same format and scoring system but vary considerably in requirements, because each scale assesses a different age group and/or type of child development setting. The ITERS-R retains the original broad definition of environment including organization of space, interaction, activities, schedule, and provisions for parents and staff. The 39 items are organized into seven subscales: Space and Furnishings, Personal Care Routines, Listening and Talking, Activities, Interaction, Program Structure, and Parents and Staff. This scale is designed to assess programs for children from birth to 30 months of age, the age group that is most vulnerable physically, mentally, and emotionally. Therefore, the ITERS-R contains items to assess provision in the environment for the protection of children's health and safety, appropriate stimulation through language and activities, and warm, supportive interaction.

Admittedly, it is very challenging to meet the needs of infants and toddlers in a group care setting because each of these very young children requires a great deal of personal attention in order to thrive. The economic pressure of raising a family continues to make the use of out-of-home group care for infants and toddlers the norm rather than the exception. Therefore, as a society, we are increasingly aware that we must face the challenge of providing child care settings for very young children that promote optimal development. It has long been the personal challenge of professional early childhood educators to provide the nurturance and stimulation that very young children need on a daily basis. A comprehensive, reliable, and valid instrument that assesses process quality and quantifies what is observed to be happening in a classroom, can play an important role in improving the quality of infant/toddler care.

In order to define and measure quality, the ITERS-R draws from three main sources: research evidence from a number of relevant fields (health, development, and education), professional views of best practice, and the practical constraints of real life in a child care setting. The requirements of the ITERS-R are based on what these sources judge to be important conditions for positive outcomes in children both while they are in the program and long afterward. The guiding principle here, as in all of our environment rating scales, has been to focus on what we know to be good for children.

Process of Revision

The process of revision drew on four main sources of information: (1) research on development in the early years and findings related to the impact of child care environments on children's health and development; (2) a content comparison of the original ITERS with other assessment instruments designed for a similar age group, and additional documents describing aspects of program quality; (3) feedback from ITERS users, solicited through a questionnaire that was circulated and also put on our Web site, as well as from a focus group of professionals familiar with the ITERS; and (4) intensive use for more than two years by two of the ITERS co-authors and over 25 ITERS trained assessors for The North Carolina Rated License Project.

The data from studies of program quality gave us information about the range of scores on various items, the relative difficulty of items, and their validity. The content comparison helped us to identify items to consider for addition or deletion. By far the most helpful guidance for the revision was the feedback from direct use in the field. Colleagues from the US, Canada, and Europe program improvement gave us valuable suggestions based on their experience with the scale. The focus group discussed in particular what was needed to make the revised ITERS more sensitive to issues of inclusion and diversity.

Changes in the ITERS-R

While retaining the basic similarities in format and content that provide continuity between the ITERS and ITERS-R, the following changes were made:

1. The indicators under each level of quality in an item were numbered so that they could be given a score of "Yes", "No", or "Not Applicable" (NA) on the scoresheet. This makes it possible to be more exact in reflecting observed strengths and weaknesses in an item.
2. Negative indicators on the minimal level were removed from one item and are now found only in the 1 (inadequate) level. In levels 3 (minimal), 5 (good), and 7 (excellent) only indicators of positive attributes are listed. This eliminates the one exception to the scoring rule in the original ITERS.
3. The Notes for Clarification have been expanded to give additional information to improve accuracy in scoring and to explain the intent of specific items and indicators.
4. Indicators and examples were added throughout the scale to make the items more inclusive and culturally sensitive. This follows the advice given to us by scales users to include indicators and examples in the scale instead of adding a subscale.
5. New items were added to several subscales including the following:
 - o Listening and Talking: Item 12. Helping children understand language, and Item 13. Helping children use language.
 - o Activities: Item 22. Nature/science, and Item 23. Use of TV, video and/or computer.
 - o Program Structure: Item 30. Free play, and Item 31. Group play activities.
 - o Parents and Staff: Item 37. Staff continuity, and Item 38. Supervision and evaluation of staff.
6. Some items in the Space and Furnishings subscale were combined to remove redundancies, and two items were dropped in Personal Care Routines: Item 12. Health policy, and Item 14. Safety policy. Research showed that these items were routinely rated with high scores because they were based on regulation but the corresponding items assessing practice were rated much lower. It is practice that the ITERS-R should concentrate on since the aim is to assess process quality.
7. The scaling of some of the items in the subscale Personal Care Routines was made more gradual to better reflect varying levels of health practices in real life situations, including Item 6. Greeting/departing, Item 7. Meals/snacks, Item 9. Diapering/toileting, Item 10. Health practices, and Item 11. Safety practices. 8. Each item is printed on a separate page, followed by the Notes for Clarification.
8. Sample questions are included for indicators that are difficult to observe.

Reliability and Validity

As noted earlier in this introduction, the ITERS-R is a revision of the widely used and documented ITERS, that is one in a family of instruments designed to assess the overall quality of early childhood programs. Together, with the original instrument, the Early Childhood Environment Rating Scale (ECERS), and the more recent revision of that scale, the ECERS-R,

these scales have been used in major research projects in the United States as well as in a number of other countries. This extensive research has documented both the ability of the scales to be used reliably and the validity of the scales in terms of their relation to other measures of quality and their tie to child development outcomes for children in classrooms with varying environmental ratings.

In particular, both the ECERS and ITERS scores are predicted by structural measures of quality such as child-staff ratios, group size, and staff education levels (Cryer, Tietze, Burchinal, Leal, & Palacios, 1999; Phillipson, Burchinal, Howes, & Cryer, 1998). The scores are also related to other characteristics normally expected to be related to quality such as teacher salaries and total program costs (Cryer et al., 1999; Marshall, Creps, Burstein, Glantz, Robeson, & Barnett, 2001; Phillipson et al., 1998; Whitebook, Howes, & Phillips, 1989). In turn, rating scale scores have been shown to predict children's development (Burchinal, Roberts, Nabors, & Bryant, 1996; Peisner-Feinberg et al., 1999).

Since the concurrent and predictive validity of the original ITERS is well established and the current revision maintains the basic properties of the original instrument, the studies of the ITERS-R have focused on the degree to which the revised version maintains the ability of trained observers to use the scale reliably. Additional studies will be needed to document the continued relationship with other measures of quality as well as to document its ability to predict child outcomes. A two-phase study was completed in 2001 and 2002 to establish reliability in use of the scale.

The first phase was a pilot phase. In this phase a total of 10 trained observers in groups of two or three used the first version of the revised scale in 12 observations in nine centers with infant and/or toddler groups. After these observations, modifications were made in the revised scale to adjust for issues that arose in the pilot observations.

The final phase of the field test involved a more formal study of reliability. In this phase, six trained observers conducted 45 paired observations. Each observation lasted approximately three hours, followed by a 20-30 minute teacher interview. The groups observed were selected to be representative of the range of quality in programs in North Carolina. North Carolina has a rated license system that awards points for various features related to quality. Centers are given a license with one to five stars depending on the total number of points earned. A center receiving a one-star license meets only the very basic requirements in the licensing law while a five-star center meets much higher standards. For our sample we selected 15 groups in centers with one or two stars, 15 with three stars, and 15 with four or five stars. The programs were also chosen to represent various age ranges of children served. Of the 45 groups observed, 15 were from groups with children under 12 months of age, 15 from groups with children 12-24 months old, and 15 with children 18-30 months old. The groups were in 34 different centers and seven of them included children with identified disabilities. All centers were in the central portion of North Carolina.

The field test resulted in 90 observations with two paired observations each in 45 group settings. Several measures of reliability have been calculated.

Indicator Reliability. Across all 39 items in the revised ITERS, there are a total of 467 indicators. There was agreement on 91.65% of all indicator scores given by the raters. Some researchers will omit the Parents and Staff Subscale in their work. Thus, we have calculated the indicator reliability for the child specific items in the first six subscales, Items 1-32. The observer agreement for the 378 indicators in these items was 90.27%. Only one item had indicator agreement of less than 80% (Item 11. Safety practices was 79.11%). The item with the highest

level of indicator agreement was Item 35. Staff professional needs, with an agreement of 97.36%. It is apparent that a high level of observer agreement at the indicator level can be obtained using the ITERS-R.

Item Reliability. Because of the nature of the scoring system, it is theoretically possible to have high indicator agreement but low agreement at the item level. Two measures of item agreement have been calculated. First, we calculated the agreement between pairs of observers within one point on the seven-point scale. Across the 32 child-related items, there was agreement at this level 83% of the time. For the full 39 items, agreement within one point was obtained in 85% of the cases. Item agreement within one point ranged from a low of 64% for Item 4. Room arrangement, to 98% for Item 38. Evaluation of staff.

A second, somewhat more conservative measure of reliability is Cohen's Kappa. This measure takes into account the difference between scores. The mean weighted Kappa for the first 32 items was .55 and for the full 39-item scale it was .58. Weighted Kappa's ranged from a low of .14 for Item 9. Diapering/toileting, to a high of .92 for Item 34. Provisions for personal needs of staff. Only two items had weighted Kappa's below .40 (Item 9. Diapering/ toileting, and Item 11. Safety practices, with a weighted Kappa of .20). In both cases the mean item score was extremely low. A characteristic of the Kappa statistic is that for items with little variability the reliability is particularly sensitive to even minor differences between observers. The authors and observers agreed that the low scores on these items accurately reflected the situation in the groups observed and that any changes to substantially increase variability would provide an inaccurate picture of the features of quality reflected in these two items. For all items with a weighted Kappa below .50 the authors examined the items carefully and made minor changes to improve the reliability of the item without changing its basic content. These changes are included in the printed version of the scale. Even using the more conservative measure of reliability, the overall results indicate a clearly acceptable level of reliability.

Overall Agreement. For the full scale, the intraclass correlation was .92 both for the full 39 items as well as for the 32 child-related items. Intraclass correlations for the seven subscales are shown in Table 1. It should be noted that the intraclass correlation for the Program Structure Subscale is calculated excluding Item 32. Provision for children with disabilities, since only a small portion of groups received a score on this item. Taken together with the high levels of agreement at the item level, the scale has clearly acceptable levels of reliability. It should be remembered that this field test used observers who had been trained and had a good grasp of the concepts used in the scale.

Table 1 Intra-class Correlations of Subscales

Subscale	Correlation
Space and Furnishings	0.73
Personal Care Routines	0.67
Listening and Talking	0.77
Activities	0.91
Interaction	0.78
Program Structure	0.87
Parents and Staff	0.92
Full Scale (Items 1-39)	0.92

All Child Items (1-32)	0.92
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Internal Consistency. Finally we examined the scale for internal consistency. This is a measure of the degree to which the full scale and the subscales appear to be measuring a common concept. Overall the scale has a high level of internal consistency with a Cronbach's alpha of .93. For the child-related items, 1-32, the alpha is .92. This measure indicates a high degree of confidence that a unified concept is being measured. A second issue is the degree to which the subscales also show consistency. Table 2 shows the alphas for each subscale:

Table 2 Internal Consistency

Subscale	Alpha
Space and Furnishings	0.47
Personal Care Routines	0.56
Listening and Talking	0.79
Activities	0.79
Interaction	0.80
Program Structure	0.70
Parents and Staff	0.68
Full Scale (Items 1-39)	0.93
All Child Items (1-32)	0.92

Cronbach's alphas of .6 and higher are generally considered acceptable levels of internal consistency. Thus, caution should be taken in using the Space and Furnishings and Personal Care Routines subscales. Program Structure, Item 32. Provisions for children with disabilities was rated for only the few groups that had children with identified disabilities. The internal consistency score for this subscale was calculated excluding this item. Thus, the authors recommend using the Program Structure subscale excluding Item 32 unless most programs being assessed include children with disabilities.

Overall, the field test demonstrated a high level of interrater agreement across the scale items and at the full-scale score level. These findings are quite comparable to those found in similar studies of the original ITERS and ECERS, and the ECERS-R. All of these previous studies have been confirmed by the work of other researchers, and the scales have proven to be quite useful in a wide range of studies involving the quality of environments for young children. At the same time the scales have been shown to be user-friendly to the extent that it is possible to get observers to acceptable levels of reliability with a reasonable level of training and supervision.

Overview of the Subscales and Items of the ITERS-R

39 Items organized into seven Subscales

Space and Furnishings

1. Indoor space
2. Furniture for routine care and play
3. Provision for relaxation and comfort
4. Room arrangement
5. Display for children

Personal Care Routines

6. Greeting/departing
7. Meals/snacks
8. Nap
9. Diapering/toileting
10. Health practices
11. Safety practices

Listening and Talking

12. Helping children understand language
13. Helping children use language
14. Using books

Activities

15. Fine motor
16. Active physical play
17. Art
18. Music and movement
19. Blocks
20. Dramatic play
21. Sand and water play
22. Nature/science
23. Use of TV, video, and/or computer
24. Promoting acceptance of diversity

Interaction

25. Supervision of play and learning
26. Peer interaction
27. Staff-child interaction
28. Discipline

Program Structure

29. Schedule
30. Free play
31. Group play activities
32. Provisions for children with disabilities

Parents and Staff

33. Provisions for parents
34. Provisions for personal needs of staff
35. Provisions for professional needs of staff
36. Staff interaction and cooperation
37. Staff continuity
38. Supervision and evaluation of staff
39. Opportunities for professional

Section G-5. Resources for Identification and Inclusion of Children with Special Needs

- Strategies for Identification and Inclusion of Children with Special Needs
- Developmental Screenings Tools
- Engaging Families in Screenings and Referrals
- Defining Inclusion Populations
- Helpful Resources
- Regional Centers in Los Angeles County
- School Districts of Los Angeles County
- Special Education Local Planning Areas (SELPAS)
- Special Needs Advisory Project (SNAP)
- Bibliography

The County of Los Angeles Child Care Planning Committee – Inclusion Work Group has developed strategies to serve as guides for programs working towards enhancing the quality of their program services to support the growth and development of all children, including children with special needs. The strategies are organized to match criteria for STEP levels 3, 4 and 5.

Standard: Step 3	Strategies	Materials, Staff, and/or Other
<i>Initial screening of all children</i>		
<p>Conducted on each child within 90 days of entering program.</p> <p>Steps to implementation:</p> <ol style="list-style-type: none"> 1. Professional staff (director/specialized teacher/classroom teachers) establish system for individualizing all children's needs, implementing accommodations and modifications for each child, as appropriate, and providing referrals for further assessment, as needed. 2. Parents receive information on developmental and mental health screening process at orientation to center and at enrollment. Director or teacher with specialization addresses this component during orientation. 3. Parent completes developmental screening tool. Teacher in consultation with specialized teacher facilitates completion of tool, including helping parents' complete questionnaires, as needed. 4. Classroom teacher scores questionnaires for each child. 5. Results shared with parents by teacher (and teacher with specialized training as needed) as integral part of parent/teacher conference. 6. Accommodations and modifications implemented, as needed, for each child. 7. Parents provided with referrals, as needed. <p>Recommended tools: Ages & Stages Questionnaire (ASQ) plus Ages & Stages Questionnaire: Social-Emotional (ASQ:SE)⁴ or Parents' Evaluation of Developmental Status (PEDS) Tools.</p>		<p><u>Materials:</u></p> <ul style="list-style-type: none"> ▪ Screening tool administration and scoring guides ▪ Screening tools/questionnaires ▪ Scoring pads ▪ Parent Handbook includes information on center's process for early identification and intervention of children with special needs. <p><u>Staff:</u> Director Specialized teacher⁵ Classroom teacher Administrative support</p> <p><u>Other:</u> If child has received a qualifying developmental screening from another entity, (i.e. as part of a CHDP [Child Health and Disability Prevention] screening or already has an IFSP or IEP), efforts should be made to gain parent's consent to obtain the results rather than conducting another screening.</p>
<i>Parent involvement; sharing results</i>		
	<p>Parents may complete tool at home or at the center (need quiet space that allows for privacy). Parents review the results with their child's teacher during parent/teacher conference (and with specialized teacher, as needed). Discussion encompasses the parents' identification of their child's strengths and concerns and discussing options for addressing concerns.</p>	<p><u>Staff:</u> Classroom teacher Specialized teacher, as needed</p>
<i>Screenings are used to individualize all children's needs and site level modifications and accommodations are implemented, as appropriate.</i>		
	<p>Head teacher in consultation with specialized teacher develops program activities to accommodate each child, as needed.</p>	
<i>Ability to refer families to appropriate services</i>		

⁴ ASQ is a tool designed to screen infants and young children for developmental delays during the first five years of life.

⁵ Duties of teacher with specialized training are written into scope of work, including a percentage of time to serve as consultant with other teachers to identify and address the needs of children with special needs and their families.

Standard: Step 3	Strategies	Materials, Staff, and/or Other
	<p>Professional staff establish policy for providing referrals to families for children requiring further assessments and referrals to other social services.</p> <p>With parents, staff identify appropriate referrals to address concerns, as needed, including information about eligibility and procedures for accessing services.</p>	<p><u>Materials:</u></p> <ul style="list-style-type: none"> ▪ Contact information for local regional center and the school district office that coordinates the process for the Individual Family Service Plan (IFSP) or Individual Education Plan (IEP). ▪ Resources for other community-based organizations to address variety of needs, i.e. physical, dental, and mental health, human and social services, housing, legal, government benefits, etc. <p><u>Staff:</u> Teacher with specialized training</p> <p>Director and teachers also encouraged to contribute updated and new information on community resources with contact information.</p>
<i>Activities, etc. structured to address IFSP or IEP</i>		
	<p>Head teacher in consultation with specialized teacher develops program activities to ensure full inclusion of child(ren) with IFSP/IEP.</p>	<p><u>Materials:</u> Adaptive play equipment as appropriate to serve children as needed.⁶</p>
<i>At least one staff person has training in working with children with special needs, including screening, and can assist other staff</i>		
	<p>One head teacher has successfully earned college units and/or professional development in early childhood that has incorporated working with children with special needs into its curriculum.</p> <p>Teacher with specialized training is trained on using the developmental screening tool.</p> <p>(Note: Existing classes that have incorporated into curriculum working with children with special needs include practicum, infant/toddler coursework, observation class, coursework on children with special needs, development theory class; California State University (CSU) Northridge and CSU Dominguez Hills offer early special ed credential.)</p>	<p><u>Staff:</u> Staff training on using the developmental screening tool (specialized teacher)</p> <p>Specialized staff</p>

⁶ When purchasing play equipment and other supplies, special consideration should be given to children with a range of special needs as well as the cultural and linguistic diversity of the communities in which families live. The Child Care Resource and Referral Agencies and Family Resource Centers support lending libraries that include adaptive play equipment, which may be borrowed at no cost.

Standard: Step 4	Strategies	Materials, Staff, and/or Other
<i>Annual screening of all children</i>		
<p>All children are screened annually.</p> <p>Steps to implementation:</p> <ol style="list-style-type: none"> 1. Professional staff (director/classroom teachers) establish system for individualizing all children's needs, implementing accommodations and modifications for each child, as appropriate, and providing referrals for further assessment, as needed. 2. Directory of resources for children with special needs and their families is developed and maintained. 3. Parents receive information on developmental and mental health screening process at orientation to center and at enrollment. Director or teacher with specialization addresses this component during orientation. 4. Parent completes developmental screening tool. Teacher in consultation with specialized teacher facilitates completion of tool, including helping parents' complete questionnaires, as needed. 5. Classroom teacher scores questionnaire for each child. 6. Results shared with parents by head teacher (and teacher with specialized training as needed) as integral part of parent/teacher conference. 7. Accommodations and modifications implemented, as needed, for each child. 8. Parents provided with referrals and teacher (in consultation with teacher with specialized training) serves as liaison between parent and agency, as needed. 9. Classroom teachers with specialized training communicate regularly and as needed with professionals responsible for implementing a child's IFSP/IEP. 	<p><u>Materials:</u></p> <ul style="list-style-type: none"> ▪ Screening tool administration and scoring guides ▪ Screening tools/questionnaires ▪ Scoring pads ▪ Parent Handbook includes information on center's process for early identification and intervention of children with special needs. <p><u>Staff:</u> Director Classroom teachers with specialized training Administrative support</p> <p><u>Other:</u> If child has received a qualifying developmental screening from another entity, (i.e. as part of a CHDP [Child Health and Disability Prevention) screening or already has an IFSP or IEP]), efforts should be made to gain parent's consent to obtain the results rather than conducting another screening.</p>	
<i>Screenings are used to individualize all children's needs and site level modifications and accommodations are implemented, as appropriate.</i>		
<p>Head teacher in consultation with specialized teacher develops program activities to accommodate each child, as needed.</p>		
<i>Families are guided and supported during referral process</i>		
<ul style="list-style-type: none"> ▪ Professional staff establish written policy for providing referrals to families for children requiring further assessments and referrals to other social services. ▪ Results of screening are shared with parents as part of parent/teacher conference. ▪ Parents identify child's strengths and needs and how they have sought help to address needs. ▪ Parents and teacher identify potential resources and referrals are provided. <p>Classroom teacher is available to help family navigate access to referral source, as needed.</p>	<p><u>Materials:</u> Compilation of resources for health, social and early intervention services as well as Regional Center and local school district with contact information.</p> <p><u>Staff:</u> Classroom teachers with specialized training</p>	

<i>Maintain a directory of local early intervention and support services</i>	
<ul style="list-style-type: none"> ▪ Purchase comprehensive directory. ▪ Research local health, social and early intervention services in community. ▪ Attend collaborative and networking meetings to learn about local resources and develop list of contacts. <p>The Director and classroom teachers with specialized training, in the development of the system to address children with special needs, should devise strategies and division of duties to address this component. The Director and each classroom teacher, for example, may commit to participating in various local collaboratives that meet monthly or quarterly and taking turns attending conferences relevant to working with children with special needs and their families.</p>	<p><u>Materials:</u> Directory of resources (may also include filing system to organize resources as staff learn about them) for health, social and early intervention services, including local regional center and school district. A comprehensive directory, such as Rainbow Referral Guide at a cost of \$80 (including tax and shipping) may serve as a starting point.</p> <p><u>Staff:</u> One classroom teacher could take lead on this: Start up: May not entail cost in materials; rather the staff time it takes to research local resources. Staff time includes attendance at local networking/collaborative meetings and conferences.</p>
<i>Staff work with child's team of professionals to implement IFSP or IEP</i>	
<p>Classroom teachers with specialized training review child's IFSP/IEP and consult with other professionals responsible for implementing IFSP/IEP to ensure that classroom routines and activities support the goals of the assessment.</p>	<p><u>Materials:</u> Copy of IFSP/IEP provided by the parents.</p> <p><u>Staff:</u> Specialized classroom teachers and their colleagues</p> <p><u>Other:</u> Substitutes provide release time for teachers to attend IFSP/IEP meetings. Estimate 1½ to 2 days per child per year for total of 10 children.</p>
<i>Accommodations to ensure each child's full participation</i>	
<p>Train professional staff in use of the Environment Rating Scale (ERS) (Infant/Toddler or Early Childhood).</p> <ol style="list-style-type: none"> 1. Conduct an assessment of the facility (each classroom) using the ERS. 2. Develop and implement plan for program improvements based on results of developmental screening, ERS, and IFSP/IEP specifically in relationship to serving children with special needs. 	<p><u>Materials:</u> Physical space (may include rearranging the classroom and outdoor space to allow for child with special needs room to move around and participate in play and program activities). See Step 3 for information regarding adaptive play equipment.</p> <p><u>Staff:</u> Director in consultation with teaching staff Train on Environment Rating Scale (ERS) Conduct ERS: approximate time per classroom = 4-6 hours</p>

At least one staff in each classroom has specialized training

Classroom teacher with specialized training is trained on using the developmental screening tool.

At least one teacher per classroom has successfully earned college units and/or professional development in early childhood that has incorporated working with children with special needs into its curriculum.

(Note: Existing classes that have incorporated into curriculum working with children with special needs include practicum, infant/toddler coursework, observation class, coursework on children with special needs, development theory class; CSUs Northridge and Dominguez Hills offer early special ed credential.)

Staff:

Start up: Using a train the trainer approach, two teachers with specialized training participate in ½ day training on using developmental screening tool.⁷ Teachers train their colleagues on using the tools.

Other:

Substitutes provide release time for teachers to attend training, unless incorporated into in-service training date.

⁷ A modification of the train-the-trainer approach is to identify a local consortium of child development programs to participate in the training, thereby reducing the cost to the individual center while simultaneously ensuring that more centers are participating in early identification and intervention on behalf of children with special needs and their families.

Standard: Step 5	Strategies	Materials, Staff, and/or Other
<i>Screenings done on all children within 45 days of enrollment and bi-annually thereafter</i>		
<p>All children are screened bi-annually.</p> <p>Steps to implementation:</p> <ol style="list-style-type: none"> 1. Professional staff establish system for individualizing all children's needs, implementing accommodations and modifications for each child, as appropriate, and providing referrals for further assessment, as needed. 2. Directory of resources for children with special needs and their families is developed and maintained. 3. Parents receive information on developmental and mental health screening process at orientation to center and at enrollment. Director or teacher with specialization addresses this component during orientation. 4. Parent completes developmental screening tool. Classroom teachers facilitate completion of tool, including helping parents' complete questionnaires, as needed. 5. Classroom teacher scores questionnaire for each child. 6. Results shared with parents by classroom teacher (and director) as integral part of parent/teacher conference. 7. Accommodations and modifications implemented, as needed, for each child. 8. Parents provided with referrals and specialist serves as liaison between parent and agency, as needed. 9. Specialist/teaching staff communicate regularly and as needed with professionals responsible for implementing a child's IFSP/IEP. 	<p><u>Materials:</u></p> <ul style="list-style-type: none"> ▪ Screening tool administration and scoring guides ▪ Screening tools/questionnaires ▪ Scoring pads ▪ Parent Handbook includes information on center's process for early identification and intervention of children with special needs. <p><u>Staff:</u> Director Classroom teachers⁸ Administrative support</p> <p><u>Other:</u> If child has received a qualifying developmental screening from another entity, (i.e. as part of a CHDP (Child Health and Disability Prevention) screening or already has an IFSP or IEP), efforts should be made to gain parent's consent to obtain the results rather than conducting another screening.</p>	
<i>Staff facilitate connections with resources</i>		
<p>Results of screening are shared with parents as integral part of parent/teacher conference.</p> <ul style="list-style-type: none"> ▪ Parents identify child's strengths and needs and how they have sought to address needs. ▪ Parents and teacher identify potential resources and referrals are provided. Teacher is available to help family navigate access to referral source, as needed. 	<p><u>Materials:</u> Compilation of resources for health, social and early intervention services as well as Regional Center and local school district with contact information.</p> <p><u>Staff:</u> Classroom teachers with specialized training</p> <p><u>Other:</u> Substitutes provide release time for teachers to attend IFSP/IEP meetings. Estimate 1½ to 2 days per child per year for total of 10 children.</p>	

⁸ Duties of teacher with specialized training are written into scope of work, including a percentage of time to serve as consultant with other teachers to identify and address the needs of children with special needs and their families.

Standard: Step 5	Strategies	Materials, Staff, and/or Other
<i>Sense of belonging is fostered through maximum integration of children with special needs; ongoing modifications to daily routine, curriculum, and environment are made as needed</i>		
	<p>Teaching of social, emotional and friendship skills is explicit, deliberate and intentional for all children, families and adults in the program.</p> <ul style="list-style-type: none"> ▪ Specialists and special educators provide services in the classroom in small groups for children with/without disabilities/special needs. ▪ Children with/without disabilities or other special needs arrive and depart at the same time and in the same manner. ▪ Materials in the environment reflect the diversity of all children and families in the program. ▪ All staff receive training and technical assistance on inclusive practice. ▪ Teachers initiate activities that bring all of the children together by making adaptations to the curriculum and modifications to activities to meet individual needs. ▪ All children are admired and seen as competent. 	<p><u>Materials:</u> Depends on the special needs of the children and their disabilities. Recommend that programs set aside a reserve of .5% of materials and training budget for materials. Costs may range from modest materials needed to adapt activities to more significant costs relating to modifications of facility depending on accommodations needed to meet needs of children.</p> <p><u>Staff:</u> All staff participates in trainings.</p> <p>Head teachers consult with specialists for integrating IFSP/IEP goals into daily routine, curriculum and classroom/outdoor arrangements.</p>
<i>A majority of staff at all positions have college coursework related to working with children with special needs</i>		
	<p>Full-time teaching staff are trained on using the developmental screening tool. One to two teachers participate in comprehensive formal training, which encompasses a train-the-trainer component. The one to two teachers train their staff on using the tool.</p> <p>Most full-time staff have successfully earned college units or professional development in early childhood that has incorporated working with children with special needs into its curriculum.</p> <p>(Note: Existing classes that have incorporated into curriculum working with children with special needs include practicum, infant/toddler coursework, observation class, coursework on children with special needs, development theory class; CSUs Northridge and Dominguez Hills offer early special ed credential.)</p>	<p><u>Materials:</u> Copy of IFSP/IEP provided by the parents.</p> <p><u>Staff:</u> Start up: Recommend “train-the-trainer” approach in that one to two members of teaching staff participate in full-day training on using developmental screening tool. Specialist and teacher train center’s remaining professional staff.⁹</p> <p><u>Other:</u> Substitutes provide release time for teachers to attend training, unless incorporated into in-service training date.</p>

⁹ A modification of the train-the-trainer approach is to identify a local consortium of child development programs to participate in the training, thereby reducing the cost to the individual center while simultaneously ensuring that more centers are participating in early identification and intervention on behalf of children with special needs and their families.

Standard: Step 5	Strategies	Materials, Staff, and/or Other
<i>Accommodations to ensure child's full participation</i>		
	<ol style="list-style-type: none"> 1. Train professional staff in use of the Environment Rating Scale (ERS) (Infant/Toddler or Early Childhood). 2. Conduct an assessment of the facility (each classroom) using the ERS. 3. Develop and implement plan for program improvements based on results of developmental screening, ERS, and IFSP/IEP specifically in relationship to serving children with special needs. 	<p><u>Materials:</u> Physical space (may include rearranging the classroom and outdoor space to allow for child with special needs room to move around and participate in play and program activities). See Step 3 for information regarding adaptive play equipment.</p> <p><u>Staff:</u> Director in consultation with teaching staff Train on ERS Conduct ERS: approximate time per classroom = 4-6 hours</p>
<i>At least one staff in each classroom has specialized training</i>		
	<p>Classroom teacher with specialized training is trained on using the developmental screening tool.</p> <p>At least one teacher per classroom has successfully earned college units and/or professional development in early childhood that has incorporated working with children with special needs into its curriculum.</p> <p>(Note: Existing classes that have incorporated into curriculum working with children with special needs include practicum, infant/toddler coursework, observation class, coursework on children with special needs, development theory class; CSUs Northridge and Dominguez Hills offer early special ed credential.)</p>	<p><u>Staff:</u> Start up: Using a train-the-trainer approach, two teachers with specialized training participate in ½ day training on using developmental screening tool.¹⁰ Teachers train their colleagues on using the tools.</p> <p><u>Other:</u> Substitutes provide release time for teachers to attend training, unless incorporated into in-service training date.</p>

¹⁰ A modification of the train-the-trainer approach is to identify a local consortium of child development programs to participate in the training, thereby reducing the cost to the individual center while simultaneously ensuring that more centers are participating in early identification and intervention on behalf of children with special needs and their families.

Developmental Screening Tools

High Quality Screening Tools

“High quality, research-based developmental screening tools” are those that have been demonstrated to be reliable, valid and accurate (that is, both sensitive and specific, correctly detecting children with and without delays) for children. In addition, high quality developmental screening tools have been rigorously peer-reviewed, including publication in a refereed professional journal, to assure that their reliability, validity, sensitivity, and specificity are accurately reported. Finally, high quality developmental screening tools have been demonstrated to work well with children from a wide range of racial, ethnic, linguistic, and cultural backgrounds.¹¹

Why Use Developmental Screening Tools

Using a developmental screening tool in combination with ongoing assessments and progress monitoring of all children helps early educators by:¹²

- Providing information on whether children are developing and learning as expected.
- Identifying children at risk of learning disabilities and needing additional support to develop and learn and prevent future learning difficulties.
- Determining interventions and curriculum modifications for targeted children to fully participate in classroom activities and routines.
- Identifying children needing referrals to their local Regional Center and/or school district for formal assessments of learning disabilities or other special needs.

Recommended Screening Tools

American Academy of Pediatrics (AAP) and American Academy of Neurology recommend instruments considered being of high quality and that meet the above-referenced standards. In 2005, among the screening tools they recommend are:¹³

1. Ages & Stages Questionnaire (ASQ) and ASQ:SE (Social-Emotional)
2. Parents' Evaluation of Developmental Status (PEDS)

¹¹ Pediatrics. (2006). *Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening*. Vol. 118(1). Retrieved May 17, 2007 from www.pediatrics.org.

¹² Coleman, M.R., Buysse, V., & Neitzel, J. (2006) *Recognition and Response: An early intervening system for young children at-risk for learning disabilities. Full report*. Chapel Hill: The University of North Carolina at Chapel Hill, FPG Child Development Institute.

¹³ Pediatrics. (2006). *Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening*. Vol. 118(1). Retrieved May 17, 2007 from www.pediatrics.org.

Table 1 compares these two screening tools recommended for use by child care and development programs.

Table 1		
	Ages & Stages Questionnaire	Parents' Evaluation of Developmental Status (PEDS)
Web site	www.brookespublishing.com/store/books/bricker-asg/index.htm	www.pedstest.com
Ages	Four months to 60 months	Birth to eight years
Criteria	Observation of skills at specific tasks (therefore also acts as teaching tool of what is appropriate at each age level)	Parent concerns
Areas considered	<ul style="list-style-type: none"> ▪ Communication ▪ Gross motor ▪ Fine motor ▪ Problem-solving ▪ Personal-social 	<ul style="list-style-type: none"> ▪ Global/cognitive ▪ Expressive language, articulation, receptive language ▪ Fine and gross motor ▪ Behavior ▪ Social-emotional ▪ Self-help ▪ School
Time: Complete questionnaire	10-15 minutes	5 minutes
Score	1-5 minutes	2 minutes
Number of questions	25-35 minutes	10 questions
Languages	English, Spanish, French, Korean	English, Spanish, Vietnamese, Somali, Chinese
Results	Pass/fail score	Categorizes children as low, moderate or high risk for various kinds of disabilities and delays. Different pathways for each level of risk.
Comprehension level	3 rd to 12 th grade level	5 th grade level
Cost (start-up costs not included)	Less than \$1.00 per screening	Available online for \$9.95 \$.50 to \$1.00 each once PEDS online is licensed
On-line	Currently not online. In progress.	Online version includes M-CHAT for 18 months to four year olds.

Engaging Families in Screenings and Referrals

Conducting screenings of all children helps to evaluate whether they are meeting their development milestones, to recognize early children who may be at risk of learning disabilities and would benefit from curriculum modifications that will facilitate their full participation in classroom activities and routines, and identify children needing a comprehensive assessment from a qualified professional to determine if they require early intervention services. Screening tools are created for parents to complete based on their knowledge and observations of their child. Therefore, it is important to engage parents in the assessment process and communicate the results of the screening with parents in a timely and sensitive manner. Early child care and education staff, given their relationship with the child and family, can facilitate the screening process.

The process includes:

1. Choose a screening tool that best matches your program's needs. The Parents' Evaluation of Developmental Status (PEDS) and Ages & Stages Questionnaire (ASQ) and ASQ: Social-Emotional (SE) are two examples of tools that can be used. Each tool has its strengths and weaknesses (see Table 1). For example, the ASQ and ASQ:SE is a great teaching tool for parents to learn about typical development while the PEDS is very quick for caregivers to complete. Other screening or assessment tools can be used that have good, published psychometric properties (validity and reliability) that meet the current criteria of the American Academy of Pediatrics (AAP). Choose the tool that best fits your program.
2. Create program policies that define how quickly and how often children are screened and integrate into parent and staff handbooks.
3. Explain to parents that screenings are a routine part of the program and are conducted for all children. Screening tools offer parents an opportunity to note their child's developmental progress and to discuss any behavioral or developmental difficulties their children may be experiencing. Briefly review the tool including the different components and explain how to answer the questions. Ensure that the parents understand what they need to do. If they seem confused or the tool is not available in their home language, you can offer to complete the questions with them.
4. When the parent returns the completed screening form, offer them a timeframe when you will share the results with them.
5. Score the assessment, referring to the administration and scoring guide for each tool.
6. If the results indicate that the child is typically developing, ensure that these results are conveyed to the parents at either a parent conference or another appropriate time in a confidential manner. Use the information as a medium to discuss the child's overall development. If the parent continues to express concerns about their child's behavior or development, discuss these concerns and formulate an action plan.

7. If results indicate that the child is not learning as expected, yet does not fit the eligibility criteria for special education services, assess the overall quality of the learning experiences for all children and make the appropriate modifications to the environment and curriculum to support the growth and learning and of the individual child.¹⁴
8. If the results indicate a need for further assessment, depending on the relationship with the parents, either
 - a. Invite the parents to a parent conference/meeting (at a time of their convenience); or
 - b. When the parents are at the program, ask if they have time to meet for 15-20 minutes;
 - c. If there is a parent conference already scheduled within the next two weeks, wait until that time.
9. Ensure the meeting is held in a comfortable and confidential area.
10. During the conversation, ensure:
 - Parent concerns are discussed.
 - Always emphasize the child's skills and strengths.
 - Provide examples of the concerns raised by the screening tool.
 - Use phrases such as "may be behind other children", "could be having difficulty learning" instead of diagnostic labels (i.e. ADHD).
 - Avoid terms such as "test" or "fail".
 - Emphasize that this is only a screening and thus cannot be used to determine if the child has a diagnosis of service needs.
 - If parents are willing, offer information about resources, including who to contact (agency and contact name), a telephone number and what to expect. If parents prefer, staff can support them as they call their local Regional Center or School District and request an assessment. However, encourage parents to speak directly to the agency.
 - a. By law, the Regional Center must complete an assessment for any child under the age of three where there are concerns of the child being delayed.¹⁵ They have 45 days in which to complete the assessment and have a meeting with the parents and professionals.¹⁶ School Districts are also mandated to complete assessments for young children.¹⁷
 - b. Family Resource Centers (FRCs) are often useful for helping families advocate for an assessment, when needed.
 - Remind parents that you are available to assist them through the assessment process and that you would like to be kept informed of any developments that occur, including receiving a copy of their child's Individual Family Service Plan (IFSP) or Individual Education Plan (IEP) as it becomes available to make curriculum modifications, as needed.
11. Routinely enquire about the status of the assessment process and offer assistance as appropriate.

¹⁴ Coleman, M.R., Buysse, V., & Neitzel, J. (2006) *Recognition and Response: An early intervening system for young children at-risk for learning disabilities. Full report.* Chapel Hill: The University of North Carolina at Chapel Hill, FPG Child Development Institute.

¹⁵ California Code of Regulations, Title 17, Division 2, Chapter 2, Subchapter 2, Article 1. (December 2006).

¹⁶ California Code of Regulations, Title 17, Division 2, Chapter 2, Subchapter 2, Article 2. (December 2006).

¹⁷ Individuals with Disabilities Education Improvement Act of 2004, Part C.

Defining Inclusion Populations

Federal and state law establishes the range of services to be provided to children with disabilities or other special needs. To be eligible for special education services, children must meet the eligibility criteria as defined by law. The following is a summary of legal definitions that determine practices of inclusion of children with disabilities and other special needs:

Children with Exceptional Needs: “Children with exceptional needs” are defined as follows: 1) Infants and toddlers under three years of age who are determined eligible for early intervention services due to a developmental delay or established risk condition, or who is at high risk of having a substantial developmental disability;¹⁸ and 2) Children ages three to 21 years determined eligible for special education and related services¹⁹ due to mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance (also referred to as emotional disturbance), orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities.²⁰

Children with Disabilities: Children with mental retardation, hearing (including deafness), speech or language, visual (including blindness) impairments, serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities needing special education and related services.²¹ The Americans with Disabilities Act (ADA) of 1990 includes in the criteria for determining disability when the individual has a physical or mental impairment that substantially limits one or more of his or her major life functions.

Children with Disabilities Ages three through nine: May include children experiencing developmental delays as measured by appropriate diagnostic instruments and procedures in one or more of the following areas: physical, cognitive, communication, social or emotional, or adaptive development and as such needs special education and related services.²²

Children with Special Health Care Needs: “Have, or are at risk for, chronic physical, developmental, behavioral or emotional conditions that require services and supports beyond that required by children generally.”²³ Children with the following conditions are included: asthma, diabetes, birth defects, developmental disabilities such as autism, cerebral palsy, and mental illness.

¹⁸ California Early Intervention Services Act, Title 14, §§ 95000 -95004, 95014.

¹⁹ California Code of Education, Title 5, § 56000-56338.

²⁰ 20 United States Code §1401, 3(A).

²¹ Individuals with Disabilities Education Improvement Act (IDEA), Part A § 602(3)(A).

²² Individuals with Disabilities Education Improvement Act of 2004, Part A § 602(3)(B).

²³ U.S. Department of Health and Human Services, Maternal and Child Health Bureau, 1998.

Infants and Toddlers with Disabilities: Children from birth through age two who need early intervention services due to developmental delays in one or more of the following areas of development: cognitive, physical (including vision and hearing), communication, social or emotional, adaptive development; have a diagnosed physical or mental condition that is highly likely to result in a developmental delay; at state's discretion, infants and toddlers at risk for substantial developmental delays if early intervention services are not provided.²⁴

Severely Disabled Children: Children with exceptional needs from birth to 21 years of age, inclusive, who require intensive instruction and training in programs serving pupils with the following profound disabilities: autism, blindness, deafness, severe orthopedic impairments, serious emotional disturbances, or severe mental retardation. "Severely disabled children" also include those individuals who would have been eligible for enrollment in a developmental center for handicapped pupils.²⁵

²⁴ Individuals with Disabilities Education Improvement Act (IDEA), Part C, § 632(1) and (4)(C).

²⁵ California Code of Education, §8208(y).

Helpful Resources

This section provides a list of resources relating to serving children with disabilities or other special needs. The resources range from direct services to children and their families to those that conduct research and/or policy advocacy. This list is not comprehensive nor is it a compilation of all the resources that may exist in your local community. However, it may serve as a starting point and, in some cases, direct you to your local affiliate or the listing of the local affiliates included in other sections of this tool. Concurrently, we encourage you to build upon this list by identifying and cultivating relationships with your local community resources for purposes of linking the children and families you serve.

Ages & Stages Questionnaire (ASQ) and ASQ:SE (Social-Emotional): Developmental screening tools used to identify infants and children with developmental delays during their first five years of life. ASQ consists of a series of easy to administer questionnaires to be completed by parents.

For additional information, visit their Web site at:
www.brookespublishing.com/tools/asq/index.htm.

California Children's Services (CCS): Arranges, directs and pays for medical care, equipment and rehabilitation when authorized. Services can be authorized for children and young adults under the age of 21 who have eligible medical conditions and whose families are unable to pay for all or part of their care.

For additional information, visit their Web site at www.dhs.ca.gov/pcfh/cms/ccs.

California Legislative Blue Ribbon Commission on Autism: Established to have a direct impact on children and adults with autism spectrum disorders.

For additional information, visit their Web site at:
www.senweb03.senate.ca.gov/autism/index.html.

California Early Start: Accessed through the Regional Centers, infants and toddlers from birth to 36 months may be eligible for early intervention services if they have a cognitive, communication, social or emotional, adaptive or physical or motor developmental delay, or are at risk for a delay in their development. Teams of coordinators, health care providers, early intervention specialists, therapists and parent resource specialists can evaluate and assess an infant and toddler and provide appropriate early intervention services to eligible children.

For additional information, visit the California Department of Developmental Services Web site at www.dds.ca.gov or contact your local Regional Center (this section includes a listing of the Regional Centers located throughout Los Angeles County).

California Map to Inclusive Child Care: Funded by the California Department of Education, Child Development Division and administered by the WestEd Center for Child and Family Studies, committed to improving the delivery of quality child care services to children with disabilities and other special needs in inclusive settings. Hosts comprehensive listing of inclusive child care resources, Web site links, and California information.

For additional information, visit their Web site at www.CAInclusiveChildCare.org.

Center for Disease Control and Prevention (CDC)/National Center on Birth Defects and Developmental Disabilities (NCBDDD) – “Learn the Signs. Act Early.”: A Web-based resource with information on identifying the early signs of a delay in an infant's development, including autism.

For additional information, visit the CDC/NCBDDD Web site at:
www.cdc.gov/ncbddd/autism/ActEarly/default.htm.

Child Care Law Center: A legal resource on child care issues in California, providing information and training to nonprofit child care centers, family child care providers and others. Issues addressed include children with disabilities, child care subsidies, facilities and supply of child care, and licensing and regulation of child care.

For additional information, visit their Web site at www.childcarelaw.org or call their Information and Referral Line at (415) 394-7144 between 12 p.m. and 3 p.m. on Mondays and Thursdays.

Child Health and Disability Prevention (CHDP): A preventive health program serving California's low-income children and teens. Services include periodic health assessments, dental services, care coordination, and nutrition surveillance. Children with suspected problems are referred for diagnosis and treatment.

For additional information, visit www.dhs.ca.gov/pcfh/cms/chdp/ or contact your local health department:

- City of Long Beach at (562) 570-7980
- City of Pasadena at (626) 744-6015
- County of Los Angeles at 1-800-993-2437

Council for Exceptional Children, Division for Early Childhood: An international organization dedicated to working with or on behalf of children with special needs, birth through age eight, and their families. Focus is on promoting policies and practices that support families and enhance the optimal development of children.

For additional information, visit www.dec-sped.org or call (406) 543-0872.

Family Resource Centers Network of California: In collaboration with the local Regional Centers, Family Resource Centers provide parent-to-parent support to families with infants and toddlers at risk of or with developmental disabilities by helping them access information about early intervention services.

For additional information, visit their Web site at www.frnca.org. Also see the Directory of Parent-to-Parent Resource Centers included in this section.

Healthy Families: A low-cost insurance program for children and teens not eligible for Medi-Cal, covering physical, dental, vision, and mental health.

For additional information, visit their Web site at www.healthyfamilies.ca.gov or call toll-free 1-800-880-5305.

Individual Education Plan (IEP): Developed by a team including parents, teachers, other school staff and the student, the IEP defines the education goals of a student identified as eligible for special education supports and services. The school district is responsible for ensuring that services are provided and the goals of the IEP are met. The IEP team meets at least annually to review the child's progress and the child must be re-evaluated at least every three years.

For additional information, visit:

www.ed.gov/parents/needs/SpecEd/iepguide/index.html#closer.

Individual Family Services Plan (IFSP): Similar to the IEP, outlines a plan of action establishing how early intervention specialists will work with families of eligible infants and toddlers (birth to 36 months) at risk of or with developmental delays that address the child's needs, parents' concerns, and the resources needed to support the child's development.

For additional information, visit www.dds.cahwnet.gov/earlystart/eshome.cfm.

Infant Development Association (IDA) of California: A multi-disciplinary organization of parents and professionals committed to optimal developmental, social and emotional outcomes for infants, birth to three, with a broad range of special needs, and their families. Advocates for improved, effective prevention and early intervention services and provides information, education and training to parents, professionals, decision makers and others.

For additional information, visit their Web site at www.idaofcal.org or call (916) 453-8801.

National Dissemination Center for Children with Disabilities (NICHCY): A source of information on: disabilities in infants, toddlers, children and youth; Individuals with Disabilities Education Act (IDEA); No Child Left Behind as it relates to children with disabilities; and research-based information on effective educational practices.

For additional information, visit www.nichcy.org or call 1-800-695-0285 v/tty.

Parents' Evaluation of Developmental Status (PEDS): An evidence-based screening tool for parents, and professionals to use to detect possible developmental and behavioral problems in children from birth to age eight.

For additional information, visit their Web site at www.pedstest.com or call (615) 776-4121.

Protection and Advocacy, Inc: Provides legal counsel and advice for families with children with disabilities.

For additional information, visit their Web site at www.pai-ca.org or call toll-free at 1-800-776-5746 (TTY: 1-800-719-5798).

Public Counsel Law Center: A public interest law office providing free legal and social services to low-income people throughout Los Angeles County.

- **Child Care Law Project:** Provides free legal assistance to existing and prospective state licensed family child care providers and nonprofit child care centers.
- **Children's Rights Project:** Provides free legal and advocacy services on behalf of children and youth. Among their areas of focus, the Project assists families with children with disabilities navigate the services to which they are entitled.

For additional information, visit their Web site at www.publiccounsel.org or call (213) 385-2977.

Regional Centers: Nonprofit corporations that contract with the California Department of Developmental Services (DDS) to provide or coordinate services and supports to individuals with developmental disabilities.

For additional information on DDS' services and supports for children and adults with developmental disabilities, visit their Web site at www.dds.ca.gov. See this section for a complete listing of the Regional Centers in Los Angeles County.

Special Education Local Planning Areas (SELPA): Each school district belongs to a Special Education Local Planning Area (SELPA), which is responsible for providing special education programs for children with disabilities and other special needs. Each SELPA has an infant program for children up to age three and provides special education for children from age three and up.

For additional information, see this section for a complete listing of the SELPAs in Los Angeles County.

Special Needs Advisory Project (SNAP): Provides education and resources for families and child care providers and strives to increase opportunities for children with disabilities and other special needs to access high quality early care and education programs.

For additional information, visit their Web site at www.snapla.org or contact your local Child Care Resource and Referral Agency (see this section for the listings).

The Alliance for Children's Rights: Provides direct legal services, community education and advocacy on behalf of children living in foster care, children with learning disabilities, children who need medical treatment or public benefits, and children in need of legal guardianship or adoption.

For more information, visit www.kids-alliance.org or call (213) 368-6010.

WestEd: A nonprofit research, development and service agency dedicated to enhancing and increasing education and human development within schools, families and communities. Program areas include:

- Center for Prevention and Early Intervention (CPEI)
- Program for Infant/Toddler Care (PITC)

For additional information, visit their Web site at www.wested.org or contact their headquarters toll-free at 1-877-493-7833.

Zero to Three: National nonprofit multidisciplinary organization that supports the healthy development and well-being of infants, toddlers and their families by informing, educating, and supporting the work of professionals and parents.

For additional information, visit their Web site at www.zerotothree.org or call their Western Office at (213) 481-7279.

Regional Centers in Los Angeles County

Seven Regional Centers throughout Los Angeles County contract with the California Department of Developmental Services to provide or coordinate services to individuals with developmental disabilities. **Early Start** provides teams of service coordinators, health care providers, early intervention specialists, therapists and parent resource specialists to assess infants or toddlers and provide early intervention services to eligible children.

Regional Centers	Contact Information
<p>Eastern Los Angeles Regional Center 1000 South Fremont Avenue Alhambra, CA 91802-7916</p> <p><i>Areas served: Eastern Los Angeles county including the communities of Alhambra and Whittier</i></p>	<p>Telephone: (626) 299-4700 www.elarc.org</p>
<p>Frank Lanterman Regional Center 3303 Wilshire Boulevard, Suite 700 Los Angeles, CA 90010</p> <p><i>Areas served: Central Los Angeles county including Burbank, Glendale, and Pasadena</i></p>	<p>Telephone: (213) 383-1300 www.lanterman.org</p>
<p>Harbor Regional Center 21231 Hawthorne Boulevard Torrance, CA 90503</p> <p><i>Areas served: Southern Los Angeles county including Bellflower, Harbor, Long Beach, and Torrance</i></p>	<p>Telephone: (310) 540-1711 www.harborrc.com</p>
<p>North Los Angeles County Regional Center 15400 Sherman Way, Suite 170 Van Nuys, CA 91406-4211</p> <p><i>Areas served: Northern Los Angeles county including San Fernando and Antelope Valleys</i></p>	<p>Telephone: (818) 778-1900 www.nlacrc.org</p>
<p>San Gabriel/Pomona Regional Center 761 Corporate Center Drive Pomona, CA 91768</p> <p><i>Areas served: Eastern Los Angeles county including El Monte, Monrovia, Pomona, and Glendora</i></p>	<p>Telephone: (909) 620-7722 www.sgprc.org</p>
<p>South Central Los Angeles Regional Center (SCLARC) 650 West Adams Boulevard, Suite 200 Los Angeles, CA 90007-2545</p> <p><i>Areas served: Southern Los Angeles county including</i></p>	<p>Telephone: (213) 473-0951 www.sclarc.org</p>

Regional Centers	Contact Information
<i>the communities of Compton and Gardena</i>	
<p>Westside Regional Center 5901 Green Valley Circle, Suite 320 Culver City, CA 90230-6953</p> <p><i>Areas served: Western Los Angeles county including the communities of Culver City, Inglewood, and Santa Monica</i></p>	<p>Telephone: (310) 258-4000 www.westsiderc.org</p>

School Districts of Los Angeles County

School districts are required to provide special education services to three to five year old children with disabilities. In addition, school districts are responsible for providing services to children from birth to three years of age who are blind, deaf, or deaf-blind or have severe orthopedic impairment. To make a referral, contact your local school district and ask for the Director of Special Education.

School District	Telephone Number	Facsimile Number
ABC Unified School District	(562) 926-5566	(562) 926-5627
Acton-Agua Dulce Unified School District	(661) 269-5999	(661) 268-0209
Alhambra Unified School District	(626) 308-2200	(626) 308-2419
Antelope Valley Joint Union High School District	(661) 948-7655	(661) 949-6292
Arcadia Unified School District	(626) 821-8371 x 239	(626) 821-4696
Azusa Unified School District	(626) 967-6211	(626) 858-6514
Baldwin Park Unified School District	(626) 962-3311	(626) 856-4921
Bassett Unified School District	(626) 931-3000	(626) 917-7539
Bellflower Unified School District	(562) 866-9011	(562) 866-3287
Beverly Hills Unified School District	(310) 551-5100	(310) 277-6390
Bonita Unified School District	(909) 599-6787	(909) 394-9276
Burbank Unified School District	(818) 558-4600	(818) 729-4544
Castaic Union School District	(661) 257-4500	(661) 257-4507
Centinela Valley Union High School District	(310) 263-3200	(310) 263-3189
Charter Oak Unified School District	(626) 966-8331	(626) 967-9580
Claremont Unified School District	(909) 398-0606	(909) 399-0243
Compton Unified School District	(310) 639-4321	(310) 608-0213
Covina-Valley Unified School District	(626) 974-7000	(626) 974-7060
Culver City Unified School District	(310) 842-4220	(310) 842-4245
Downey Unified School District	(562) 904-3500	(562) 869-8390
Duarte Unified School District	(626) 358-1191	(626) 930-0348
East Whittier City School District	(562) 698-0351	(562) 907-9911
Eastside Union School District	(661) 946-2813	(661) 952-1221
El Monte City School District	(626) 453-3700	(626) 442-6347
El Monte Union High School District	(626) 444-9005	(626) 433-0116
El Rancho Unified School District	(562) 942-1500	(562) 801-5170
El Segundo Unified School District	(310) 615-2650	(310) 322-7939
Garvey School District	(626) 307-3400	(626) 307-3494
Glendale Unified School District	(818) 241-3111	(818) 548-7237
Glendora Unified School District	(616) 963-1611	(626) 852-4581
Gorman Joint School District	(661) 248-6441	(661) 248-0604
Hacienda La Puente Unified School District	(626) 933-1000	(626) 855-3598
Hawthorne School District	(310) 676-2276	(310) 644-9216
Hermosa Beach City School District	(310) 937-5877	(310) 376-4974
Hughes-Elizabeth Lakes Union School District	(661) 724-1234	(661) 724-1485
Inglewood Unified School District	(310) 419-2500	(310) 680-5137
Keppel Union School District	(661) 944-2372	(661) 944-3175
La Canada Unified School District	(818) 952-8300	(818) 952-8394
Lancaster School District Preschool	(661) 940-6672	(661) 945-4498

School District	Telephone Number	Facsimile Number
Las Virgenes Unified School District	(818) 880-4000	(818) 878-0601
Lawndale School District	(310) 973-1300	(310) 263-6496
Lennox School District	(310) 330-4950	(310) 671-1795
Little Lake City School District	(562) 868-8241	(562) 462-1871
Long Beach Unified School District	(562) 997-8000	(562) 422-7902
Los Angeles Unified School District (Infant/Preschool Division)	(213) 241-4713	(213) 241-8932
Los Nietos School District	(562) 692-0271	(562) 699-3395
Lowell Joint School District	(562) 943-0211	(562) 947-3620
Lynwood Unified School District	(310) 886-1600	(310) 639-6096
Manhattan Beach Unified School District	(310) 725-9050	(310) 303-3826
Monrovia Unified School District	(626) 471-2000	(626) 471-2076
Montebello Unified School District	(323) 887-7900	(323) 887-5889
Mountain View School District	(650) 940-4650	(650) 691-2492
Newhall School District	(661) 286-2200	(661) 286-2290
Norwalk-La Mirada Unified School District	(562) 868-0431	(562) 926-5627
Palmdale School District	(661) 274-0849	(661) 273-1135
Palos Verdes Peninsula Unified School District	(310) 378-9966	(310) 378-1971
Paramount Unified School District	(562) 602-6000	(562) 633-3744
Pasadena Unified School District	(626) 795-6981	(626) 405-9946
Pomona Unified School District	(909) 397-4800	(909) 623-6902
Redondo Beach Unified School District	(310) 379-5449	(310) 798-8689
Rosemead School District	(626) 312-2900	(626) 312-2913
Rowland Unified School District	(626) 965-2541	(626) 854-8574
San Gabriel Unified School District	(626) 451-5400	(626) 451-5494
San Marino Unified School District	(626) 299-7067	(626) 299-7077
Santa Monica-Malibu Unified School District	(310) 450-8338	(310) 396-6149
Saugus Union School District	(661) 294-7500	(661) 294-7526
South Pasadena Unified School District	(626) 441-5700	(626) 403-1679
South Whittier School District	(562) 944-6231	(562) 944-3651
Sulphur Springs Union School District	(661) 252-5131	(661) 252-6229
Temple City Unified School District	(626) 548-5000	(626) 548-5037
Torrance Unified School District	(310) 533-4200	(310) 972-6114
Valle Lindo School District	(626) 580-0610	(626) 575-1534
Walnut Valley Unified School District	(909) 595-1261	(909) 839-1230
West Covina Unified School District	(626) 939-4600	(626) 939-4819
Westside Union School District	(661) 722-0716	(661) 722-1046
Whittier City School District	(562) 789-3000	(562) 789-3009
Whittier Union High School District	(562) 698-8121	(562) 693-1568
William S. Hart Union High School District	(661) 259-0033	(661) 259-6951
Wilsona School District	(661) 264-1111	(661) 261-3259
Wiseburn School District	(310) 643-3025	(310) 643-7659

Special Education Local Planning Areas (SELPA)

Each school district belongs to a Special Education Local Planning Area (SELPA), which is responsible for providing special education programs for children with disabilities and other special needs. Each SELPA has an infant program for children up to age three and provides special education for children from age three and up.

Special Education Local Planning Area (SELPA)	Contact Information
<p>ABC/Norwalk-La Mirada USD SELPA 16700 Norwalk Boulevard Cerritos, CA 90703</p> <p><i>Areas served: ABC and Norwalk-La Mirada Unified School Districts</i></p>	<p>Telephone: (562) 926-5566 x21189 Facsimile: (562) 926-5627</p>
<p>Antelope Valley SELPA 39139 North 10th Street East Palmdale, CA 93550</p> <p><i>Areas served: Acton-Agua Dulce USD, Antelope Valley Union HSD, Eastside Union SD, Gorman SD, Hughes-Elizabeth Lakes Union SD, Keppel Union SD, Lancaster SD, Palmdale SD, Westside Union SD, and Wilsona SD</i></p>	<p>Telephone: (661) 274-4136 Facsimile: (661) 274-0313</p>
<p>Downey/Montebello SELPA** 1624 Paramount Boulevard, Suite E Paramount, CA 90723</p> <p><i>Areas served: Downey and Montebello Unified School Districts</i></p>	<p>Telephone: (562) 531-2566 Facsimile: (562) 531-2880</p>
<p>East San Gabriel Valley SELPA* 1400 Ranger Drive Covina, CA 91722-2055</p> <p><i>Areas served: Azusa, Baldwin Park, Bassett, Bonita, Charter Oak, Claremont, Covina-Valley, Glendora, Pomona, Walnut Valley, and West Covina Unified School Districts</i></p>	<p>Telephone: (626) 966-1679 Facsimile: (626) 339-0027</p>
<p>Foothill SELPA College View School 1700 East Mountain Street Glendale, CA 91206</p> <p><i>Areas served: Burbank, Glendale and La Canada Unified School Districts</i></p>	<p>Telephone: (818) 246-5378 Facsimile: (818) 246-3537</p>

* Administered by the Los Angeles County Office of Education (LACOE).

Special Education Local Planning Area (SELPA)	Contact Information
<p>Long Beach Unified School District SELPA 1515 Hughes Way Long Beach, CA 90810</p>	<p>Telephone: (562) 422-6868 Facsimile: (562) 997-8290</p>
<p>Los Angeles County Office of Education SELPA 12830 Clark Avenue Downey, CA 90242</p>	<p>Telephone: (562) 401-5737 Facsimile: (562) 922-8952</p>
<p>Los Angeles Unified School District SELPA Infant and Preschool Support Services 333 South Beaudry, 16th Floor Los Angeles, CA 90017</p>	<p>Telephone: (213) 241-4713 Facsimile: (213) 241-8932</p>
<p>Mid-Cities SELPA 16240 Paramount Boulevard, Suite E Paramount, CA 90723</p> <p><i>Areas served: Bellflower, Compton, Lynwood, and Paramount Unified School Districts</i></p>	<p>Telephone: (562) 531-2566 Facsimile: (562) 531-2880</p>
<p>Pasadena Unified School District SELPA 351 South Hudson Avenue Pasadena, CA 91109</p>	<p>Telephone: (626) 795-6981 Facsimile: (626) 405-9946</p>
<p>Puente Hills SELPA Rowland Unified School District 1830 Nogales Rowland Heights, CA 91748</p> <p><i>Areas served: Hacienda La Puente and Rowland Unified School Districts</i></p>	<p>Telephone: (562) 833-8345 Facsimile: (562) 697-7427</p>
<p>Santa Clarita SELPA* 24930 Avenue Stanford Santa Clarita, CA 91355</p> <p><i>Areas served: Castaic Union, Newhall, Saugus Union, Sulphur Springs Union, and William S. Hart School Districts</i></p>	<p>Telephone: (661) 294-5398 Facsimile: (661) 294-5399</p>
<p>Southwest SELPA* 1401 Inglewood Avenue Redondo Beach, CA 90278</p> <p><i>Areas served: Centinela Valley Union High School District, El Segundo Unified, Hawthorne, Hermosa Beach City, Inglewood Unified, Lawndale, Lennox, Manhattan Beach Unified, Palos Verdes Peninsula Unified, Redondo Beach Unified, Torrance Unified, and Wiseburn School Districts.</i></p>	<p>Telephone: (310) 798-2731 Facsimile: (310) 798-2978 Family Resource Center: (310) 921-2252</p>

Special Education Local Planning Area (SELPA)	Contact Information
<p>Tri-City SELPA Tri-City Special Education Services Region 4034 Irving Place Culver City, CA 90232</p> <p><i>Areas served: Beverly Hills, Culver City and Santa Monica-Malibu Unified School Districts</i></p>	<p>Telephone: (310) 842-4220 Facsimile: (310) 842-4245</p>
<p>West San Gabriel Valley SELPA* 159 East Live Oak Avenue, Room 208 Arcadia, CA 91006</p> <p><i>Areas served: Alhambra City and High School, Arcadia Unified, Duarte Unified, El Monte City, El Monte Union High, Garvey, Monrovia Unified, Mount View, Rosemead, San Gabriel Unified, San Marino Unified, South Pasadena Unified, Temple City Unified, and Valle Lindo School Districts</i></p>	<p>Telephone: (626) 254-9406 Facsimile: (626) 254-9411</p>
<p>Whittier Area Cooperative SELPA 8036 Ocean View Avenue Whittier, CA 90602</p> <p><i>Areas served: East Whittier City, El Rancho Unified, Little Lake City, Los Nietos, South Whittier, Whittier City, and Whittier Union High School Districts</i></p>	<p>Telephone: (562) 945-6431 Facsimile: (562) 945-5855</p>

Special Needs Advisory Project (SNAP)

SNAP, hosted by the 10 Child Care Resource and Referral (R&R) Agencies in Los Angeles County, provides education and resources for families and child care providers and strives to increase opportunities for children with disabilities and other special needs to access high quality early care and education programs. Each R&R is staffed by an Inclusion Specialist to answer questions by child care programs on how to most effectively meet the needs of children with special needs and their families. In addition, SNAP staff help families locate child care and development programs with special expertise in serving children with special needs.

Special Needs Advisory Project (SNAP)	Contact Information
<p>Center for Community and Family Services 649 Albertoni Street, Suite 200 Carson, CA 90745</p> <p><i>Areas served: Downey, Compton, Torrance, and Lynwood</i></p>	<p>Telephone: (310) 217-2935 www.ccafs.org</p>
<p>Child Care Information Service (CCIS) 2465 East Walnut Street Pasadena, CA 91107</p> <p><i>Areas served: Pasadena and Foothill communities</i></p>	<p>Telephone: (626) 204-3517 www.ccispasadena.org</p>
<p>Child Care Resource Center (CCRC) 20001 Prairie Street Chatsworth, CA 91311</p> <p>42281 10th Street Lancaster, CA 93544</p> <p><i>Areas served: San Fernando Valley, Santa Clarita, and Antelope Valley</i></p>	<p>Telephone: (818) 717-1000 www.ccrcla.org</p> <p><i>Antelope Valley:</i> (661) 949-2615</p>
<p>Children's Home Society of California 330 Golden Shore Drive, Suite 20 Long Beach, CA 90802</p> <p><i>Areas served: Bellflower, Cerritos, Lakewood, Long Beach, and Norwalk</i></p>	<p>Telephone: (562) 256-7400 X3298 www.chs-ca.org</p>
<p>Connections for Children 2701 Ocean Park Boulevard, Suite 253 Santa Monica, CA 90405</p> <p><i>Areas served: Culver City, Santa Monica, South Bay, and West Los Angeles</i></p>	<p>Telephone: (310) 452-3202 www.cfc-ca.org</p>
<p>Crystal Stairs</p>	<p>Telephone:</p>

Special Needs Advisory Project (SNAP)	Contact Information
<p>5110 West Goldleaf Circle, Suite 150 Los Angeles, CA 90056</p> <p><i>Areas served: Gardena, Inglewood, South Central Los Angeles, Hawthorne, and Lawndale</i></p>	<p>(323) 421-1086 (Spanish) (323) 421-1028 (English) www.crystalstairs.org</p>
<p>Mexican American Opportunity Foundation (MAOF) 972 South Goodrich Boulevard Los Angeles, CA 90022</p> <p><i>Areas served: East and Southeast Los Angeles and Montebello</i></p>	<p>Telephone: (323) 890-9600 x114 www.maof.org</p>
<p>Options – A Child Care and Human Services Agency 13100 Brooks Drive, Suite 100 Baldwin Park, CA 91706</p> <p><i>Areas served: San Gabriel Valley and Whittier</i></p>	<p>Telephone: (626) 856-5900 x294 www.optionscc.com</p>
<p>Pathways 3550 West Sixth Street, Suite 500 Los Angeles, CA 90020</p> <p><i>Areas served: Downtown Los Angeles, Highland Park, Hollywood, Mid-Wilshire, Silver Lake, and West Hollywood</i></p>	<p>Telephone: (213) 427-2700 x542</p>
<p>Pomona Unified School District – Child Development Program 1450 East Holt Avenue Pomona, CA 91767</p> <p><i>Areas served: Pomona and surrounding cities</i></p>	<p>Telephone: (909) 397-4740 x5263</p>

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Section G-6. Resources for Qualifications and Working Conditions

- California Commission on Teacher Credentialing
- California Early Childhood Mentor Program
- Child Development Training Consortium
 - Child Development Permit and Matrices
- Investing in Early Educators Stipend Program
- Model Compensation Scale for Child Care Centers by the Los Angeles County Child Care Planning Committee

California Commission on Teacher Credentialing: Evaluates and issues teaching credentials, certificates and permits for public school teachers in the State of California. There are six levels of Child Development Permits: Assistant, Associate Teacher, Teacher, Master Teacher, Site Supervisor, and Program Director. Visit www.ctc.ca.gov/credentials/CREDS/child-dev-permits.html for additional information on Child Development Permits. For technical assistance, see the Child Development Training Consortium also listed in this section.

California Early Childhood Mentor Program: Provides training to experienced child care professionals interested in becoming mentors to new practitioners. Interested candidates submit applications to a local Mentor Selection Committee, who reviews each candidate's professional qualifications and conducts a quality review of the candidate's classroom. Selected Mentors receive a paid stipend for continuing in-service training and supervision of student teachers assigned to the Mentors' classrooms. Candidates selected as Director Mentors are paid stipends for guiding and offering practical help to protégé directors or site supervisors.

For additional information about the Mentor Program and to locate community colleges that participate, visit www.ecementor.org.

Child Development Training Consortium (CDTC): Funded by the California Department of Education/Child Development Division, promotes high quality early education to children and families by providing financial and technical assistance to child development students and professionals. Services include:

- **Community College Program:** Funds specific education costs at specified community colleges for eligible students pursuing careers in child care/development.
- **Child Development Permit Stipends:** Pays application processing fees for first time, renewing, and upgrading on the six levels of the Child Development Permit Matrix. In addition, reimburses first-time permit applicants \$56 for the Live Scan fingerprinting processing fee.
- **Career Incentive Grants:** Reimburses eligible students pursuing careers in child care/development for the cost of tuition, books and other enrollment fees.
- **Professional Growth Advisors:** Provides training and support to new and previously trained professional growth advisors and maintains a registry of advisors. To renew a Child Development Permit, a permit holder (except Association Teacher who must follow separate requirements) must follow five-year renewal cycle requirements per the California Commission on Teacher Credentialing's *The California Professional Growth Manual for Child Development Permits*.

For additional information on CDTC services, visit the Web site at www.childdevelopment.org or call (209) 572-6080. In addition, the Child Development Permit Matrices may be downloaded from www.childdevelopment.org/cs/cdtc/print/htdocs/services_permit.htm.

Investing in Early Educators Stipend Program (Stipend Program): Funded by the California Department of Education/Child Development Division (CDE/CDD) and developed by the County of Los Angeles Child Care Planning Committee, the Stipend Program is designed to increase the retention of early educators working in child development programs – centers and family child care homes – serving low income children. In addition, the Stipend Program helps early educators move towards completing college courses that contribute towards holding or upgrading their child development permit and achieving an Associate, Bachelor, and/or Master degree in child development or a closely related field.

Detailed information regarding upcoming Stipend Cycles, eligibility, requirements for receiving a stipend, and the application process are available at www.childcare.lacounty.gov or by calling the Office of Child Care at (213) 974-4674.

Model Compensation Scale for Child Care Centers: In 2005, the Los Angeles County Child Care Planning Committee released a model compensation scale for child care centers operating within the County. Information on the scale can be reviewed at www.childcare.lacounty.gov.

Section G-7. Resources for Family and Community

- Center for the Study of Social Policy
 - Strengthening Families Through Early Care and Education
- Zero to Three
- *Strengthening Families: Community Strategies that Work, Beyond the Journal, Young Children on the Web, March 2007*
 - Provided with the permission of the National Association for the Education of Young Children.

Strengthening Families uses a protective factors approach to help parents who might be at risk for abuse and neglect to find resources, supports or coping strategies that allow them to parent effectively, even under stress. The presence of the protective factors appears to reduce the likelihood of child mistreatment. Using a logic model for reducing child abuse and neglect through early care and education, the approach builds upon parent and child resiliency rather than reducing risk.

Protective factors related to adult family members include:

- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need

The protective factor related to children is:

- Their healthy social and emotional development

For additional information on CCSP, the Strengthening Families approach, and their other initiatives, visit www.ccsp.org.

Zero to Three is a national nonprofit multidisciplinary organization that supports the healthy development and well-being of infants, toddlers and their families by informing, educating and supporting the work of professionals and parents.

For additional information, visit their Web site at www.zerotothree.org or call their Western Office at (213) 481-7279.