



Early Care and Education Environment Indicators and Elements of High-Quality Inclusion

<https://ectacenter.org/topics/inclusion/indicators.asp>

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INDICATOR E1: Physical Environment

Providers arrange and adapt the learning environment and materials to allow children with disabilities to fully participate, learn, play, and socialize.

Providers structure the learning environment to:

1. Encourage participation and interaction.
2. Ensure children with wheelchairs and other mobility devices can safely navigate the space.
3. Provide children multiple ways to engage with the materials, lessons, educators, and peers. This includes visual, verbal, auditory, and so on.
4. Integrate the range of communication formats (for example, Augmentative and Alternative Communication (AAC)) and languages (including sign language) used by children into all routines, instructional, and social interactions both indoors and outdoors.
5. Make materials accessible for children to explore interests and curiosity.
6. Adapt materials so that children with disabilities can manipulate them easily and independently.
7. Use learning materials that represent children with disabilities in non-stereotypical ways. Children are shown as racially, culturally, and linguistically diverse, complex, and not defined solely by their disability.

INDICATOR E2: Children's Autonomy and Child-Centered Approaches

Providers ensure that children with disabilities are free to and supported in engaging in activities they like and are priorities for their family. Supports focus on access, participation, and belonging, and not on fixing or changing the child.

Providers:

1. Hold high expectations of children, support peer engagement and independence, and include them in all physical activities, making modifications when needed.
2. Offer children the option to complete preferred activities whenever possible. They integrate the child's special interests when doing an adult-directed activity.
3. Develop and implement transition processes that consider necessary supports for each child. The transition plan should consider how children are currently transitioning and what increased fluency and independence in transitions look like.
4. Expose children to new experiences, activities, and materials.
5. Help children with disabilities fulfill their interests and curiosities and expand their capacity for learning, growth, and opportunity.

INDICATOR E3: Family Partnerships

Providers develop authentic, trusting, and culturally responsive and sustaining relationships with families. This involves daily communication about the child's learning and development and frequent celebrations of the child. Families have multiple and varied opportunities to give input into their child's learning and supports and have their goals prioritized.

Providers:

1. Create an environment for two-way communication based on how the family prefers to share information. Sharing should be wholistic and include positive reports about new milestones as well as concerns.
2. Assume all families are competent.
3. Use jargon-free language to share information about the program and team decisions made about strategies used with the child.
4. Use families as a valuable source for ideas and support in planning and developing activities.
5. Involve families in activities according to their desire and ability. They offer various, clear, and culturally and linguistically affirming opportunities such as observation, volunteering, and materials development.
6. Invite family input about important programming decisions and ask for their ideas, opinions, and guidance in the development and evaluation of the Individual Family Services Plan (IFSP) or Individualized Education Program (IEP).
7. Encourage families to be involved in program leadership and regularly share information about opportunities.

8. Ask family open-ended questions about their background and experiences, listen to their needs and concerns without judgment, and approach them as supportive experts on their child's needs.
9. Create opportunities for families to make decisions and co-lead lessons, events, and so on.
10. Communicate with families about their child's strengths and strategies that support development at home.
11. Help families identify additional services when needed.

INDICATOR E4: Social Emotional Learning and Development

Providers foster positive, nurturing, and emotionally supportive, safe, and culturally responsive and sustaining adult-child relationships. This is particularly important when there is a mismatch (for example, race, gender, income, language, religion, or family structure) between providers, children and their families.

Providers:

1. Implement inclusive management techniques by setting behavioral expectations for the entire group.
2. Use positive behavior guidance practices that allow children to remain in learning and play activities rather than practices that exclude them.
3. Give children at least five positive statements for every one direction or negative statement.
4. Respond to at least 80% of children's bids for attention or communication.
5. Implement predictable routines through the use of visual schedules that honor various races and ethnicities.
6. Intentionally teach a range of social emotional skills using prepared materials or activities that target particular skills, such as understanding emotions, problem solving, entering play, and taking turns.
7. Use a team-based approach to understand individual children's behavior, adapt the environment, and plan individualized instruction.
8. Include family members on their child's behavior team. Any time that an individualized positive behavior support process is implemented, families are included as active members of the team.
9. Acknowledge and regularly comment on children's emotional states to build their emotional vocabulary and awareness.

INDICATOR E5: Meaningful Interactions with Peers

Providers use various strategies to promote positive social interactions between children. This includes organizing the environment for teaching specific social skills that encourage peer interactions with multiple exchanges and increased complexity.

Providers:

1. Identify each child's peer social interaction goal.
2. Teach context-specific peer social skills through group lessons and role-playing.
3. Teach children a variety of play skills with varied complexity to support their participation and peer interactions.
4. Select and arrange activities and materials that promote peer interactions.
5. Create consistent opportunities for children to socialize.
6. Model phrases children can use to initiate, respond to, and continue interactions.
7. Encourage peer partnerships that promote mutual learning across routines. Discuss disabilities and inclusion regularly with children in developmentally appropriate ways.
8. Facilitate regular discussions with children about their similarities and differences and how they can be supportive and kind.
9. Use anti-ableist and inclusive language when interacting with children, families, and other providers.

INDICATOR E6: Curriculum

Providers develop, modify, and implement teaching plans across all domains. This optimizes the amount of time children with disabilities are engaged in activities and other routines. Curricular activities include the use of specialized equipment and assistive technology.

Providers:

1. Select themes that reflect children's interests, abilities, familial or cultural norms, and developmental levels.
2. Adapt curricula so children with disabilities can access and participate in all activities.
3. Modify materials so children with a range of motor or visual skills can manipulate them.
4. Use sign language, gestures, and visual cues during activities when appropriate.
5. Combine visual, verbal and gestural cues with materials to help children with disabilities participate more independently.
6. Incorporate authentic representations of children of color with disabilities into existing materials.

INDICATOR E7: Instruction

Providers use child-led, culturally responsive and sustaining, embedded, evidence-based, and data-driven instruction during naturally-occurring routines. Group activities and play give children with disabilities sufficient opportunities to learn the skills that the team, including the family, has identified as important. Instructional supports are individualized and effective.

Providers:

1. Observe and record children's strengths, needs, interests, abilities, and reinforcers to inform instruction.
2. Develop or alter the environment, materials, and instruction to ensure children can engage in activities and reach their individualized goals.
3. Embed instruction and targeted goals into naturally-occurring opportunities for learning.
4. Use repetition, modeling and imitation.
5. Break tasks into smaller steps using familiar and less familiar materials.
6. Use evidence-based instructional practices.
7. Create opportunities to address all stages of the learning cycle.
8. Use materials that show children and families' various identities.
9. Provide access and opportunities for children to communicate and receive instruction through various methods and languages inside and outside the learning environment.

INDICATOR E8: Supporting Dual Language Learners with Disabilities

Dual language learners (DLL), children who are learning two or more languages at the same time, receive assessments and services in their home language and English, if they are bilingual. When providers who speak the home language are unavailable, interpreters or community insiders are used to communicate with families, to administer screeners and assessments, to adapt materials, and provide instruction in ways that embed the home language.

When conducting assessments, providers:

1. Ask caregivers about their language practices at home or have them complete a home language questionnaire (HLQ).
2. Avoid making final conclusions about a DLL's development if they were only assessed in English.
3. Collaborate with community members or interpreters to ensure that DLLs are assessed in their home language and English.
4. Use multiple types of formal and informal assessments in English and in the home language.
5. Collaborate with an interpreter to conduct assessments in the child's home language when they do not speak that language fluently.

When providing instruction and engaging families, providers:

6. Coordinate instruction to support the child's development and bilingualism. Even when instruction is primarily in English, providers embed the home language in instruction by using key phrases in visuals, and in books or videos they provide to families.
7. Create visuals and AAC systems that use their home language and English.
8. Communicate with families in their home language in various ways supported by interpreters, community insiders, and translation software.

INDICATOR E9: Collaborative Teaming

Providers show flexibility, coachability, and ethics with all team members. The team works to understand each other's role and skills and uses common language to meet shared goals. Members gather and share information, review data, plan, implement, and embed instructional supports and adaptations for each child within natural routines.

Team members:

1. Co-develop norms for meetings based on team values and goals.
2. Plan lessons and activities, make adaptations, determine effective instructional strategies, and review data.
3. Exchange ideas, share observations, and discuss new strategies.
4. Share their specific roles and responsibilities with each other.
5. Co-create a culture where each member feels comfortable giving and receiving constructive feedback.
6. Participate actively in staff discussions about children's needs, interests, programming goals and practices that support overall development.
7. Seek input from families in decision-making to be sure that children's skills are generalizing across environments.
8. Present cultural humility, openness and respect when working with providers, assistant providers, and families.
9. Collaborate with community insiders to ensure that the goals, materials, and activities are culturally relevant to the children and families served.

INDICATOR E10: Assessment

Providers use ongoing observation and authentic assessment practices that span all areas of development. These practices are culturally responsive and sustaining, bias conscious, and delivered in child's home language and English, as appropriate. This helps to understand the child's strengths and areas for growth, learning, and development. Data on each child's learning are monitored and used to inform the use of adaptations or additional supports for children.

Providers:

1. Gather information from family on home language, medical history, and the child's developmental level.
2. Collaborate with their teaching team and related providers.
3. Use an HLQ to identify the languages to be used in assessments for DLLs with suspected or identified disabilities. When a trained, linguistically-matched assessor is unavailable, use an interpreter to gather various data from family input, observations, and informal assessments to determine child's functioning in home language and English, as appropriate.
4. Identify and use culturally and developmentally-appropriate assessments and assessment processes that are reliable and valid.
5. Engage in regular developmental screenings and follow-up appropriately.
6. Collect and use child's progress monitoring data to track and adjust their individualized goals.
7. Use progress monitoring data to make changes in the environment, instruction or children's individualized goals.
8. Collaborate with community insiders to identify and exclude potential sources of bias in formal or informal measures.
9. Use strengths-based language when summarizing assessment or screening results.
10. Address bias when interpreting the assessment or screening results of children with disabilities and their intersecting racial, linguistic, cultural and economic identities.

INDICATOR E11: Anti-bias, Culturally Responsive, Sustaining, and Identity Affirming Practices

Providers are aware of the impact of implicit and explicit biases on their teaching. Therefore, they provide learning experiences that are aligned with the child and family's experiences. Providers value and respect all lived experiences. They give children learning opportunities and materials that positively show a variety of cultures and identities instead of applying a color or ability-evasive approach.

Providers:

1. Show cultural humility when interacting with families. Form and sustain positive and bi-directional relationships where families have specific opportunities to share information about their culture and intersecting identities.
2. Use learning activities and materials that connect to children's experiences, funds of knowledge, home language, and cultural norms beyond token holidays and food.
3. Learn the historical and contemporary impact of systemic barriers.
4. Challenge their bias and assumptions in interpreting behavior and choosing learning materials.
5. Select books, toys, and activities that show the intersecting identities of children and families in non-stereotypical ways.

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