Indicators for Quality Inclusive Practice

(Field-test Version 1.0)

Maine's Quality Rating System (QRS) called *Quality for ME* includes global program indicators that define and promote quality in care and education settings. This checklist expands on the current QRS document with explicit indicators that focus on evidence-based practices that support the inclusion of children with disabilities and varied cultural and linguistically diverse populations. The checklist was developed to be consistent with the *Early Childhood Inclusion Joint Position Statement* of the Division of Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC) using the defining features of access, participation and support to identify indicators for high quality inclusive programs and services.

The checklist can be used as part of a self-assessment and quality improvement planning process to identify strengths and areas of improvement related to inclusive practice. The findings can be used to build on existing strengths, identify needed resources including training and technical assistance support and clarify quality improvement priorities.

Completed by: _____ TA#: _____ Date: _____

A. Quality for ME Standard: Compliance History/Licensing Status: Program is in compliance with ADA

Inclusive Indicator	Rating		
	Yes	Some-what	Not Yet
1. Facility meets accessibility requirements (includes access to buildings, toilets, sinks, drinking fountains, outdoor play and all classroom/program areas).*			
2. Program makes reasonable modifications to policies and practices.			
3. Staff is aware of the legal requirements for providing reasonable accommodations.			
4. Staff works with a child's family to assist in implementing a reasonable plan of service developed with community or state agencies.			
5. Program ensures that all staff is trained and/or has sufficient experience to meet the needs of all children for whom they are responsible.			

Program Findings – What was identified as needing improvement? (Include recommendations and resources and/or list priorities for TA Plan.)

Supporting Documentation — Suggested Evidence for Portfolio

❑ Environmental rating scale shows access (simple modifications, removal of physical and structural barriers, materials accessible).

❑ Copy of written inclusionary policy for children with disabilities.

❑ Annual staff development includes training related to inclusion/special needs/diversity (individual verification in MRTQ registry).

❑ Copy of staff orientation plan/materials that include information about legal requirements and reasonable accommodations.

❑ Copies of child plans in file as appropriate.

* **Note:** See specifics in child care licensing rules related to existing facilities removing barriers that are readily achievable and newly constructed facilities being fully accessible.

B. Quality for ME Standard: Learning Environment/DAP			
Inclusive Indicator	**Rating**		
	Yes	**Some-what**	**Not Yet**
1. Physical design provides all children with safe and easy access to spaces, equipment and materials.			
2. The curriculum/materials address diversity found in society, including gender, age, language, culture, race and abilities.			
3. Instructional strategies support participation and engagement of all children including children with disabilities and other special populations.			
4. Program staff uses a range and variety of strategies to promote positive social emotional development and behavior.			
5. Instructional strategies include helping children learn how to develop and maintain constructive relationships with adults and peers.			
6. Program integrates appropriate technology, including assistive technology, into the learning environment.			
7. When the program is aware of children who have an IFSP/IEP, the program requests a copy, reviews it, and intentionally includes the child's learning goals/activities into the daily lesson planning in the context of routines and activities.			
8. Specialized supports and services are provided in the natural environment with peers.			

Program Findings – What was identified as needing improvement? (Include recommendations and resources and/or list priorities for TA Plan.)

B. Quality for ME Standard: Learning Environment/DAP
Supporting Documentation — Suggested Evidence for Portfolio

- ☐ Environmental rating scale completed noting simple modifications, removal of physical and structural barriers, arrangement of furniture, materials, and equipment accessible.
- ☐ Copy of written curriculum / method of curriculum planning, showing evidence of diversity, intentional teaching of social skills and friendship development.
- ☐ Evidence that adaptations are used to allow for children to participate in everyday activities and routines is included in child's files.
- ☐ Evidence of resource books and materials where staff can find examples of adaptations or modifications (Adaptation continuum).
- ☐ Evidence of lesson planning, including completed routines and activities matrices or other tools.
- ☐ Visual supports are evident.
- ☐ Book, pictures, computer apps, photos, games, dress-up clothes/materials representing individuals from varied cultures, races, abilities, ages and genders are evident.
- ☐ Copy of daily schedule.
- ☐ Evidence of IFSP/IEP documents is included in child's files.
- ☐ Program documents activities/instruction that help support goals in a child's IFSP/IEP and includes this in child's files.
- ☐ Evidence of individual behavior support plan in child's file.
- ☐ Evidence of specialized services provided is included in child's files.

C. Quality for ME Standard: Program Evaluation			
Inclusive Indicator	**Rating**		
	Yes	**Some-what**	**Not Yet**
1. Program's annual evaluation includes indicators of best practice for inclusion and diversity.			

Program Findings – What was identified as needing improvement? (Include recommendations and resources and/or list priorities for TA Plan.)

Supporting Documentation — Suggested Evidence for Portfolio

☐ Copy of program evaluation includes a formal self-assessment or survey of programs' progress toward including children with disabilities and other special populations.

☐ Copy of family feedback with questions about the program practices related to inclusion.

D. Quality for ME Standard: Staffing and Professional Development

Inclusive Indicator	Rating		
	Yes	Some-what	Not Yet
1. All staff and volunteers have professional development to prepare them to work with children with disabilities and those from varied cultural, racial, economic and linguistic populations.			
2. All staff have an orientation to prepare them to work with children who have complex medical, developmental, or behavioral health care needs/disabilities, prior to a child's enrollment			
3. Program provides opportunities for staff to access information, training and support to help prevent and manage stress and ensure workplace health, safety and emotional well-being.			
4. All staff work together to meet the individual needs of all children.			
5. When applicable, program makes staff available to attend IFSP/IEP meetings to plan, coordinate and partner with families and specialists.			

Program Findings – What was identified as needing improvement? (Include recommendations and resources and/or list priorities for TA Plan.)

Supporting Documentation — Suggested Evidence for Portfolio

- ☐ Documentation of training hours in MRTQ registry.
- ☐ Copies of professional development plans/portfolios.
- ☐ Copies of training completion certificates.
- ☐ Copies of employee handbook, orientation plan and relevant policies include information about orientation, training, admission/enrollment, staff benefits (including access to EAP or other resources) and reflect the philosophy/mission of the program.
- ☐ Community resources include listing of available early childhood mental health consultants.
- ☐ IFSP/IEP meeting minutes and plans are included in child's files.
- ☐ Evidence of orientation meeting in child's plan/file.
- ☐ Evidence of staff planning meetings, team building, communication, and other wellness training opportunities.

E. Quality for ME Standard: Administrative Policies and Procedures			
Inclusive Indicator	**Rating**		
	Yes	Some-what	Not Yet
1. Program has a formal statement (philosophy/mission) which reflects a commitment to inclusion/diversity and guides all aspects of the program's operation.			
2. Program has an admissions/enrollment policy and procedure that is the same for every child and family which facilitates an exchange of information between provider and parent and is in compliance with ADA and other relevant laws and rules.			
3. Program has a dismissal/transition policy that reflects the philosophy/mission of the program, applies to all children, includes procedures that describe alternatives to expulsions or suspensions, and is in compliance with ADA and other relevant laws and rules.			
4. Program has an individual accommodation plan for children with medical, developmental or behavioral health care needs or disabilities to address: • Medications • Special equipment • Training • Medical emergency management and inclusion supports.			
5. Staff members with curriculum planning responsibilities are provided at least one-hour of time per week for planning that includes individualized instruction (how and what adaptations and modifications are needed to ensure the development of appropriate, safe, and accessible activities).			

Program Findings – What was identified as needing improvement? (Include recommendations and resources and/or list priorities for TA Plan.)

Supporting Documentation — Suggested Evidence for Portfolio

☐ Program's inclusion/nondiscrimination statement is evident in written materials, brochures, enrollment materials, website, policies and employee/family/volunteer handbooks.

☐ Materials are available in alternative formats and are accessible by considering varied reading levels, abilities, cultures, and languages.

☐ Copy of written admissions/enrollment policy that reflects the philosophy/mission of the program.

☐ Written information about services provided, routines and expectations for participating in group care are provided to families as part of admissions procedures.

☐ Copy of written policy on confidentiality.

☐ Copy of written dismissal/transition policy or information about termination, transitions, and dismissals are included in the discipline policy.

☐ Copies of employee/parent/volunteer handbooks containing information about accommodation plans. Copy of sample accommodation plan.

☐ Copy of schedule to include planning time included in staff portfolios.

F. Quality for ME Standard: Parent/Family Involvement			
Inclusive Indicator	**Rating**		
	Yes	**Some-what**	**Not Yet**
1. During the admissions/enrollment process all parents are invited to share information about their child and family via a family survey.			
2. Program has a written process for determining when a health, behavioral or developmental screening for a child is needed and includes parent/guardian consent and participation.			
3. Parents are provided information about resources available to address developmental/behavioral questions and/or supports for social/emotional development and inclusion.			
4. Information about local and state resources available to families considers family background and is culturally relevant.			
5. Program has a plan/policy for supporting and following up with families about referrals to other services.			
6. Parents are involved in adding to their child's documentation and defining their child's learning goals.			
7. Program takes initiative in building family-professional collaborations, providing opportunities for building relationships and encouraging active participation in achieving mutually agreed upon goals.			

Program Findings – What was identified as needing improvement? (Include recommendations and resources and/or list priorities for TA Plan.)

Supporting Documentation — Suggested Evidence for Portfolio

- ❑ Copies of admission/enrollment policy, family survey form and parent handbook with evidence of information.
- ❑ Parent handbook with info about "when there are questions…"
- ❑ Copies of written confidentiality policy and program release (written permission).
- ❑ Resource listings are available in alternative formats and are accessible by considering varied reading levels, abilities, cultures, and languages.
- ❑ Copy of notes from parent/teacher conference/meetings with families in child's files.
- ❑ Evidence in child's file that information from families about child's background, experiences, likes, dislikes, home routines, customs, and needs is regularly updated.

G. Quality for ME Standard: Community Resources

Inclusive Indicator	Rating		
	Yes	Some-what	Not Yet
1. Program has information about and access to quality improvement, health, early childhood mental health and inclusion consultants to support their capacity to improve quality for all children.			
2. Program works directly with families and staff from outside services/agencies to provide, whenever possible, consistent support and resources to meet the needs of the child, family and program staff.			
3. Program provides updates to RDC regarding child care availability and qualifications including information related to serving children with disabilities and other special populations.			

Program Findings – What was identified as needing improvement? (Include recommendations and resources and/or list priorities for TA Plan.)

Supporting Documentation — Suggested Evidence for Portfolio

❑ Copies of technical assistance / consultation plan, and/or contact summaries to support program improvement and/or the inclusion of individual children with special needs.

❑ Employee handbook and other written materials include information about working and coordinating with outside consultants.

❑ Evidence that, with family's consent and when required, information about child's participation is shared with support services/agencies.

❑ Copy of NACCRRA update with information about staff training related to special needs and/or serving or experience with special populations.

H. Quality for ME Standard: Authentic Assessment—Child Observations

Inclusive Indicator	Rating		
	Yes	Some-what	Not Yet
1. Assessments are selected, designed or adapted to provide children multiple ways of demonstrating what they know and can do (verbally, visually, tactilely, through sign language, their home language or use of assistive technology) and are sensitive to the unique cultural and learning needs of each child.			
2. Staff has been trained in using a variety of assessments and consistently and appropriately use observation and other methods to individualize teaching, document child behavior and development, and monitor progress.			
3. When the program is aware of children who have an IFSP/IEP or other specialized services/supports, the program requests a copy and uses this information for planning and instruction.			

Program Findings – What was identified as needing improvement? (Include recommendations and resources and/or list priorities for TA Plan.)

Supporting Documentation — Suggested Evidence for Portfolio

☐ Examples of assessments/process and evidence in child's files.

☐ Evidence of IFSP/IEP and/or other plans of care, therapy notes, and child-centered planning inventory (such as MAPS) that identifies strengths, interests, preferences, and needs in child's files.

Program Profile for ACTION PLANNING		
Program Name:	TA #:	Date:

Program Strengths:

Areas for Improvement:	Priorities for Action		
	1 High priority	2 Medium priority	3 Low priority

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