

**EARLY CHILDHOOD SPECIAL EDUCATION
FOR CHILDREN WITH DISABILITIES,
AGES THREE THROUGH FIVE:
STAFF/FACILITIES**

Prepared By

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INTRODUCTION

This section presents requirements related to staff and facilities. Teachers qualifications are stated, along with a description of staffing pattern options involving teachers, related services personnel, paraeducators, and volunteers. In addition, a number of administrative considerations are addressed.

QUALIFICATIONS

6.0 **QUALIFICATION OF TEACHERS:** Teachers of Early Childhood Special Education (ECSE) must hold a North Dakota Educator's Professional Certificate and a special education credential in early childhood special education.

- 6.1 Credential Requirements - Courses in the areas listed below must be at the graduate level unless otherwise specified.
- 6.1.1 A valid North Dakota Educator's Professional Certificate in elementary education or kindergarten education is required.
 - 6.1.2 One Required: (Undergraduate or graduate)
Education of Exceptional Children
Psychology of Exceptional Children
 - 6.1.3 Assessment in Early Childhood Special Education
 - 6.1.4 One Required:
Developmental Psychology
Infant Behavior and Development
Language Development and Disorders
 - 6.1.5 One Required:
Home-School Relations
Parents, the School, Community Agencies
 - 6.1.6 Practicum in Early Childhood Special Education (required)
 - 6.1.7 Early Childhood Special Education
Introductory Course, or Characteristics of Young Children with Disabilities;
Methods and Materials in Teaching Young Children with Disabilities; and at
least one other course in the Education of Young Children with Disabilities
Or
Training in other areas of exceptionality will be reviewed. A full sequence in
one area of exceptionality will be considered as an alternative to the Early
Childhood Special Education sequence:
Introductory Course for this area of exceptionality; Methods and Materials in
this area of exceptionality; Practicum in this area of exceptionality; and at
least one other course in area of exceptionality.
- 6.2 Teachers who do not have a credential in ECSE may receive a Letter of Approval to teach in the area of early childhood special education after having completed eight (8) semester hours of coursework in Early Childhood Special Education. The approval is valid for one year (12 calendar months) and renewable for up to three years. Renewal status is dependent on completion of eight (8) semester hours of

coursework per year as identified on an approved university program of study. Teachers must fully qualify for a credential within three years.

- 6.3 A restricted certificate in the area of ECSE may be granted to teachers completing a full program of study from a university program that has been approved through the North Dakota State Program Approval process and by the Department of Public Instruction.
- 7.0 **FACILITIES:** Classrooms within a school setting will be equal to or larger than a regular classroom, have self-contained bathrooms or facilities that provide private changing areas located within easy access of the classroom. Classrooms must be located within easy access to other age-appropriate classrooms (i.e., kindergarten and primary grades) within the building. The classrooms must also meet minimum standards of heat, light, and ventilation.
- 7.1 Community-based settings will meet minimum state childcare licensing standards or other agency licensing standards, as appropriate.
- 8.0 **REQUIRED INSTRUCTIONAL TIME IN PROGRAM TO BE ELIGIBLE FOR FUNDS:** Federal preschool special education funds are available for children who are on an active individualized education program (IEP). The amount of funds available is determined by the number of children on active IEPs at the time of the annual December 1 Child Count. State per pupil foundation aid is available for children receiving a minimum of twelve hours per week of a combination of direct and indirect instruction as identified in the IEP. Indirect instruction may include parent training, home interventions, consultation with parents and/or other agency personnel regarding intervention programming.
- 9.0 **EQUIPMENT AND MATERIALS:** All educational equipment needed for provision of special education and related services and identified in the student's individualized educational program must be provided.

STAFFING PATTERNS

A number of staffing patterns options exist to support the team planning process for the education of young children with disabilities. The development of job roles and responsibilities that reflect the services needed will ensure that responsibilities of various staff members and related personnel are clear.

Early Childhood Special Education Teacher

Roles and Responsibilities:

- Coordination of children's programs, parent involvement, team planning.
- Team participation in planning, implementing and evaluating children's services.
- Screening and assessment of referred children, including documentation of results.
- Development and implementation of program services to children and to families.
- Consultation to program staff and to other community programs.
- Knowledge of child development, disability conditions, working with parents, regulations and guidelines that apply to serving young children with disabilities.
- Record keeping and documentation.

Related Service Personnel

- Screening and assessment of referred children, including documentation of results.
- Team participation in planning, implementing and evaluating children's services.
- Assistance in development of individualized education programs

and implementation or training of others to implement the child's program.

- Consultation with parents and other team members or other community programs concerning the child's progress.
- Provision of information regarding child development, disability conditions, working with families, and regulations and guidelines that apply to serving young children with disabilities.
- Recordkeeping and documentation.
- Determining need for special adaptive equipment, assistance in design and/or acquisition of equipment such as alternate communication systems or prosthetic devices, and training others in using specialized materials.

Federal regulations describe related services as "transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education and includes speech pathology and audiology, psychological services, physical and occupational therapy, recreation including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, and medical services for diagnostic or evaluation purposes. The term also includes school health services, social work services in schools, and parent counseling and training" (34 CFR§300.24).

Related services personnel are part of the multidisciplinary team who assist in assessment planning and evaluating the child in their areas of specialization and assist in planning and implementing the child's program. Related services may

be provided through contractual arrangements with other public and private agencies within the community.

Aides (Paraeducators)

An individual child with very specific needs that require a highly individualized program may necessitate the assistance of an aide. The aide would assist in the implementation of each child's individual education program to meet the special needs of individual children.

Roles and Responsibilities:

- Carry out instructions for children's programs or provide teacher support as designated by supervisor.
- Provide to supervisor observational information obtained while carrying out assigned activities.

- Assist in child management.
- Record keeping/data collection as prescribed.
- Team participation and effective communication with team members.

Volunteers

Volunteers may be utilized as additional supports for intervention services. They require the same training procedures as aide (paraeducators) although the intensity will vary with the role they assume. Potential volunteers include parents, high school students, senior citizens, university or college students who may or may not be practicum students, or members of community service organizations or religious groups.

Volunteers may assume some of the same responsibilities as aide or they may choose a nonteaching task such as construction of materials, organizing field trips, or raising money for special projects such as purchasing new equipment for the classroom.

ADMINISTRATIVE CONSIDERATIONS

As a program for young children with disabilities is planned, a number of decisions relating to program administration must be made. Some of these decisions are based on options that the program administrator has selected. The provision of services within the least restrictive environment will reflect the continuum of options in service delivery and staffing patterns that dictate needs for intervention facilities, transportation and funding. Needs of children to be served must be considered as decisions are made regarding emergency procedures necessary in serving young children with disabilities. The sections that follow -- Classroom Facilities, Emergency Precautions, Inter-agency Collaboration, Transportation, Funding, and Evaluation -- address considerations in making appropriate programming.

Classroom Facilities

Classrooms within a school setting will be equal to or larger than a regular classroom, have self-contained toilet facilities or facilities that provide private changing areas located within easy access of the classroom. Classrooms should be located within easy access to other age-appropriate classrooms (i.e., kindergarten and primary grades) within the building. The classrooms must also meet minimum standards of heat, light, and ventilation. Community-based settings will meet minimum state childcare licensing standards or other agency licensing standards, as appropriate.

An accessibility checklist for assuring compliance with the Americans with Disabilities Act (ADA) is essential for

facilities serving both adults and children. Some of the key considerations that refer specifically to young children with disabilities are identified below.

- Ramps should have a handrail 32 inches above the ramp surface for adults and a lower set appropriate to the size of the children served.
- Stairs should have two sets of handrails available on each side of the stairs at a height of 32 inches for adults and at an appropriate lower height for children.
- Water fountains should be accessible to young children with disabilities at a height of 26 inches from the floor.
- The heights of toilet seats should be appropriate for young children with orthopedic disabilities at 12 to 17 3/4 inches.
- The heights of the sinks should be 29-34 inches from the floor to accommodate young children with orthopedic disabilities.
- Pull-up bars should be located near the toilet and sink for young children with disabilities.
- A towel dispenser or hand dryer should be located beside each sink no higher than 30 inches from the floor.

Other considerations in designing a barrier-free environment for the education of young children with disabilities include:

- well-lighted corridors and classrooms
- location away from loud noises, excessive odor, or heavy traffic
- no free-standing columns or pipes blocking access to any part of the room that would decrease the mobility of children with a visual impairment

- no permanent structures that could prevent children with an auditory impairment from seeing the teacher from all parts of the classroom
- adjacent play area, drinking fountains, and sinks
- direct access to bus loading/unloading or parent drop-off areas
- location of the classroom near other age appropriate classrooms to control unstructured interactions between older and younger students
- carpeted areas where children will be participating in floor activities
- a nonslip floor surface that will not impede the locomotion of a child with a physical disability in a wheelchair in traffic areas within the classroom. (Brooks and Deen, 1981)

Safety Standards

Certain "childproofing" precautions should be adhered to in the learning environment:

- covered electrical outlets
- cleaning products stored in locked cabinets
- tap water not hot enough to scald children
- furniture free of protrusions and stabilized to prevent toppling
- furniture resistant to scratching, chipping, or staining
- furniture of the appropriate height, that is functional and comfortable
- flooring in areas used for toileting, eating, or art activities made of a dense resilient material resistant to damage by toileting accidents, and spillage of food, paint, and water
- appropriate use of hard surface versus carpet flooring for children with physical disabilities.

Playground Facilities

The playground facilities for the young child with disabilities should be located so as to provide ease in transition in and out of the building. Adaptive playground equipment may be necessary for some children. For example, adaptive swings, a hammock, or a rubberized cement ramp leading up to a low-pitched and high-sided slide may be appropriate.

Emergency Precautions

Fire or Other Emergencies. In case of fire or other emergencies, an evacuation plan must be developed and practiced to ensure the safe exit of each child with disabilities and staff members. Staff members should be assigned certain children to guide out of the building.

Local, state, and federal fire codes and guidelines have provisions for emergency exits. Facilities serving young children with disabilities must meet these minimum standards.

Medical/Health Considerations. Written policies and procedures should be in place regarding medical emergencies, dispensing medication and other health considerations (i.e., immunizations, food allergies or dietary restriction, special positioning, or programming classroom sanitation and infectious illness).

Interagency Collaboration.

Interagency collaboration refers to efforts on the part of separate service providers to work together to share ideas, information, and resources. The broad goal underlying such collaborative efforts is improvement of comprehensive service delivery to the population served, including improved access to services, greater consistency in services, and better coordination of services. No single agency provides services for all needs - health, economic, social, education - so interagency collaboration and cooperation become vital when a child and family require more than one type of service.

Another issue addressed by interagency collaboration is fragmentation of services.

This is particularly true where either there may be duplications or gaps in services to meet identified needs. The current economic and social climate of declining resources along with increased social advocacy for providing new or expanded services has put many agencies in the difficult position of determining how to continue to provide or expand services with fewer financial resources. Interagency collaborative efforts can assist agencies as they address fragmentation while maximizing resources in light of current economic and social pressures.

Special education programs can serve a key role by facilitating collaboration between the school and other agencies serving young children with disabilities. This is true because most of the identified young children will have educational needs while the child-family needs for health, social services or economic assistance will vary. Since other agencies will often make first contacts with families of young children with disabilities, they can serve as major

referral sources to school programs indicating the need for a close working relationship. The special education personnel can identify those agencies likely to have contact with young children, establish contacts with key personnel, and inform the agency of referral procedures.

A logical starting point for collaboration among agencies is location and identification of children needing services. A major goal of agencies working together is to ensure that children are identified and referred to appropriate agency services. This matching process can be facilitated when agencies (including the school) are aware of one another's services and referral procedures. The process can be further enhanced when agencies share responsibilities for location, identification, or evaluation through cooperative financial and/or personnel sharing arrangements. An example of such cooperation is a joint selective screening program in which several agencies contribute financial and personnel resources and use the resulting information to channel referrals to appropriate agencies.

The North Dakota Early Childhood Tracking System (NDECTS) was established to identify and monitor children birth through five who are considered at risk for developmental delays. Regional NDECTS teams bring together representatives from several agencies to deal with common concerns relating to identification, location, and evaluation of young children at risk for developmental delays/disabilities. In promoting comprehensive services to young children, NDECTS teams may address more complex issues such as gaps or duplication in services.

Transportation

If transportation is a related service as determined by the IEP planning team, the school district of the child's residence and the special education unit in which the district participates are responsible for arranging and providing transportation (or boarding care in lieu of transportation) for children who must be transported or live away from home in order to receive special education services that meet LRE criteria. (North Dakota Century Code 15-59-02.1).

The district of residence may use any reasonably prudent and safe means of transportation at its disposal. Such means may include, but are not limited to, a regularly scheduled school bus, or transportation provided by a parent of a child with disabilities or other responsible party at school district expense.

Special precautions need to be considered when transporting young children; these may make transportation provided by a parent or other responsible adult a more viable solution in some situations. Lengthy rides, adequacy of supervision, and safety and comfort for the child must be considered. Often carpools can be arranged among the parents of the children. The number of children transported at a given time should be based on safety and supervision considerations. Children should ride in car seats when appropriate or wear safety belts. North Dakota Century Code 39-21-42.2 requires that such restraint devices be used for children through ten years of age when the passenger vehicle is operated by the child's parent. The adult should escort the children into the classroom when dropping them off and return to the classroom to pick them up. This will control accidents that may occur if

children are left to cross a street by themselves or enter the school building unattended.

If young children with disabilities ride a bus, the child's condition should be considered in determining the length of the bus ride. Another adult in addition to the bus driver should ride the bus to supervise the children. A separate bus may be used to transport young children to minimize unstructured physical interactions with older children that might result in injury.

Individual disabilities need to be considered in determining the type of vehicle most appropriate for transporting a child. The vehicle transporting children in wheelchairs, for example, must be equipped with fastening devices that hold wheelchairs in a secure and fixed position. Children may also be transferred in and out of wheelchairs if they are able to sit well balanced on a regular bus seat. Such considerations will require that a bus driver be given training in the handling and positioning of physical disabilities. The vehicles providing transportation for young children should be equipped with a two-way radio and special emergency equipment such as a first aid kit, blankets, or flares.

Funding

Special education programs in public schools are funded through combination of federal, state, and local outlays. The federal funds come from entitlement programs such as P.L. 89-313 or P.L. 105-17 and are distributed according to the number of children enrolled in the special education program. Funds flow through the state education agency to the local education agency.

An additional revenue source is provided by the state. North Dakota Century Code, Section 15-59-06, provides state per pupil foundation aid that is available when children are enrolled in an approved program. Based on a percentage of the state foundation payment per school-age pupil. State special education funds also provide reimbursement to programs qualifying for program approval.

Section 15-59-08 of the North Dakota Century Code allows school districts to levy a tax for special education. These local funds pay excess costs in providing special education services to all children with disabilities within the local district or unit.

Evaluation

Ongoing planning and evaluation are crucial components of a program for young children with disabilities. As a program is implemented, situations will arise that were not accounted for in the original planning process. The administrator and members of the program staff are responsible for developing problem solving procedures that may be used when such situations arise.

In addition to ongoing problem solving and subsequent changes in planning,

personnel responsible for the ECSE program need to evaluate the effectiveness of the program. Programs are evaluated to determine strengths, deficiencies, gaps and duplications in services to children with disabilities and their families.

Each local special education unit is required to identify policies and procedures that address on-going program evaluation as a part of the unit's three-year plan submitted to the North Dakota Department of Public Instruction. The effectiveness of each unit's program is determined through an evaluation of services provided, how those services are delivered, at what frequency and duration they are provided, and their quality.

Technology-Based Options

In some areas where transportation is a major obstacle to the delivery of direct services, consideration can be given to alternative forms of information sharing.

Media-based options include utilizing closed circuit television to transmit training and technical information and self-contained instructional packages designed for use by parents or paraeducators. Videotapes may be used to provide information on child development and management techniques or on assessing and teaching techniques when consultants are not available. Likewise, computers have been used in rural areas for assessment and teaching. A checklist of skills is sent to the family and other community-based personnel such as a public health nurse or social agency representative and that person administers the checklist. The information gained from the checklist is programmed into a computer that delineates those skills that should be

targeted. Videotapes are then mailed for use in teaching the targeted skills. Telephone services and special frequency radios can also serve as communication links to provide consultative skills to remote areas.

In some rural communities, mobile resource centers provide assessment and instructional services. Assessment teams consisting of multidisciplinary staff in coordination with various local community agencies travel from one rural community to another providing needed assessments. The mobile unit can also be fitted as a classroom to conduct classes in the morning while the afternoons are spent working with parents and children in the home. Toy lending and parent/child take-home libraries are also incorporated into the mobile unit.