

Recommendations to Promote High-Quality Inclusion for Infants and Toddlers With Disabilities

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Abstract

All children should have access to the environments in which they want to participate, including early care and education (ECE) settings. With the influx of funding provided by the American Rescue Plan Act (ARPA) and continued efforts by lawmakers to increase funding for Part C and ECE, it is important to be poised to expand systems in ways that promote inclusion for the youngest learners with developmental delays and/or disabilities. This article outlines best practices in Part C related to ECE settings, describes current and future funding sources, provides insight into the funding of Part C lead agencies, and shares recommendations for use of funds to promote the inclusion of all young children.

Young children participate and engage in a variety of environments during the first several years of life, including home, community, and early childhood education (ECE) settings. Ensuring that all children not only have access to these natural environments but also have the supports needed to be full participants is critical. Specifically, young children with developmental delays and/or disabilities may need increased levels of support to be fully included as active participants in ECE settings. Inclusion of young children with developmental delays and/or disabilities in early childhood programs is supported by research, policy, and professional agencies. The U. S. Departments of Health and Human Services and of Education (2015) jointly stated the position "...all young children with disabilities should have access to inclusive high-quality early childhood programs, where they are provided with individualized and appropriate support in meeting high expectations." This position statement highlights the legal foundations, resources, and recommendations for inclusive early learning opportunities for all children. Furthermore, the National Association for the Education of Young Children (NAEYC) and Division for Early Childhood's (DEC) joint position statement on inclusion is centered on the right of all children and their families, regardless of ability, to participate meaningfully in a variety of environments, including early childhood classrooms, resulting in

a sense of belonging, positive social interaction, and learning to their full potential (DEC/NAEYC, 2009).

All children benefit from high-quality inclusive practices. Historically, the concept of "mainstreaming" has evolved over time, with advocates promoting the full inclusion of all young children with developmental delays and/or disabilities in ECE environments. More recent calls for action have included shifting the focus to unified or comprehensive early childhood programs that include provisions for individual adaptations, modifications, and accommodations by promoting the goals of access, accommodation, developmental progress, and social integration for all children. With the influx of funding provided through the American Rescue Plan Act of 2021 (ARPA) and continued efforts in Washington to increase Part C and ECE funding, there is an opportunity to lift the quality of services for all young children, including those with developmental delays and/or disabilities. A comprehensive approach from all sectors will allow for the actualization of high-quality inclusion. Multiple voices are calling for the blending and braiding of funding streams in a cohesive unified approach to make this a reality (Learning Policy Institute, 2021). The purpose of this article is to clarify and emphasize specific needs to support inclusion in ECE settings by reviewing best practices for providing Part C services, providing an overview of the new funding provided by the ARPA, describing funding usage in Part C with state-specific examples, and offering recommendations for collaboration and spending to promote inclusion in ECE settings.

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Part C and ECE Settings

Part C of the Individuals With Disabilities Education Act (IDEA) is a permissive part of federal law that provides grant funding to participating states who are to "...develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention (EI) services for infants and toddlers with disabilities and their families" (IDEA 303.1). EI services are provided by a variety of professionals such as, but not limited to, service coordinators, special instructors, speech–language pathologists, occupational therapists, physical therapists, nurses, and social workers. Services are driven by an Individualized Family Service Plan, which compiles results from the Part C evaluation (including information from the family) to inform family-centered outcomes based on child and family needs, and information regarding service provision.

Part C requires that EI services are provided in a child's natural environment to the greatest extent possible. Natural environments for infants and toddlers include the home, ECE settings, and community spaces, where typical routines and activities serve as the context for implementation of intervention strategies. Best practices in Part C EI recognize the primary role of families and caregivers in supporting young children's development and build family/caregiver capacity. Figure 1 summarizes best practices in Part C, as described in DEC's Recommended Practices and EI/ECSE Standards (The Council for Exceptional Children and The Division for Early Childhood, 2020).

Just as with home-based practices, meaningful child outcomes and strategies can be embedded into ECE classroom routines and activities to support the child's development and

functioning. As of 2016, most child care providers (90%) reported working with at least one child with a disability. Similarly, a vast majority (83%) of EI providers reported serving at least one child on their caseload in a child care setting (Weglarz-Ward, 2016, Weglarz-Ward & Santos, 2018). However, very little intervention research has been conducted in these settings to guide professionals as they work with infants and toddlers with disabilities in these ECE.

Available research indicates high-quality inclusion of children within ECE settings takes an immense amount of collaboration between EI and ECE professionals. Part of this collaboration includes knowledge and understanding of one another's professional roles (Weglarz-Ward et al., 2019; Weglarz-Ward & Santos, 2018). Just as family members are considered experts on their child, ECE professionals must be treated as valued members of the team and the experts on how the child is participating in the educational environment. While both EI providers and ECE professionals participate in professional development, it is seldom provided collaboratively (Weglarz-Ward et al., 2019). Collaborative professional development opportunities are imperative to gain a shared understanding of roles and a shared language for high-quality inclusion in ECE settings. Ensuring ECE professionals receive credits for participating in professional development opportunities regarding inclusion and infants/toddlers with disabilities is also important (U. S. Department of Health and Human Services and U.S. Department of Education, 2022).

In a survey of over 600 participants, Weglarz-Ward et al. (2019) identified that the top barrier of inclusion for ECE professionals was a lack of training. Dinnebeil et al. (1998) also identified that lack of knowledge was a barrier toward caring for

Figure 1. Best Practices in Part C

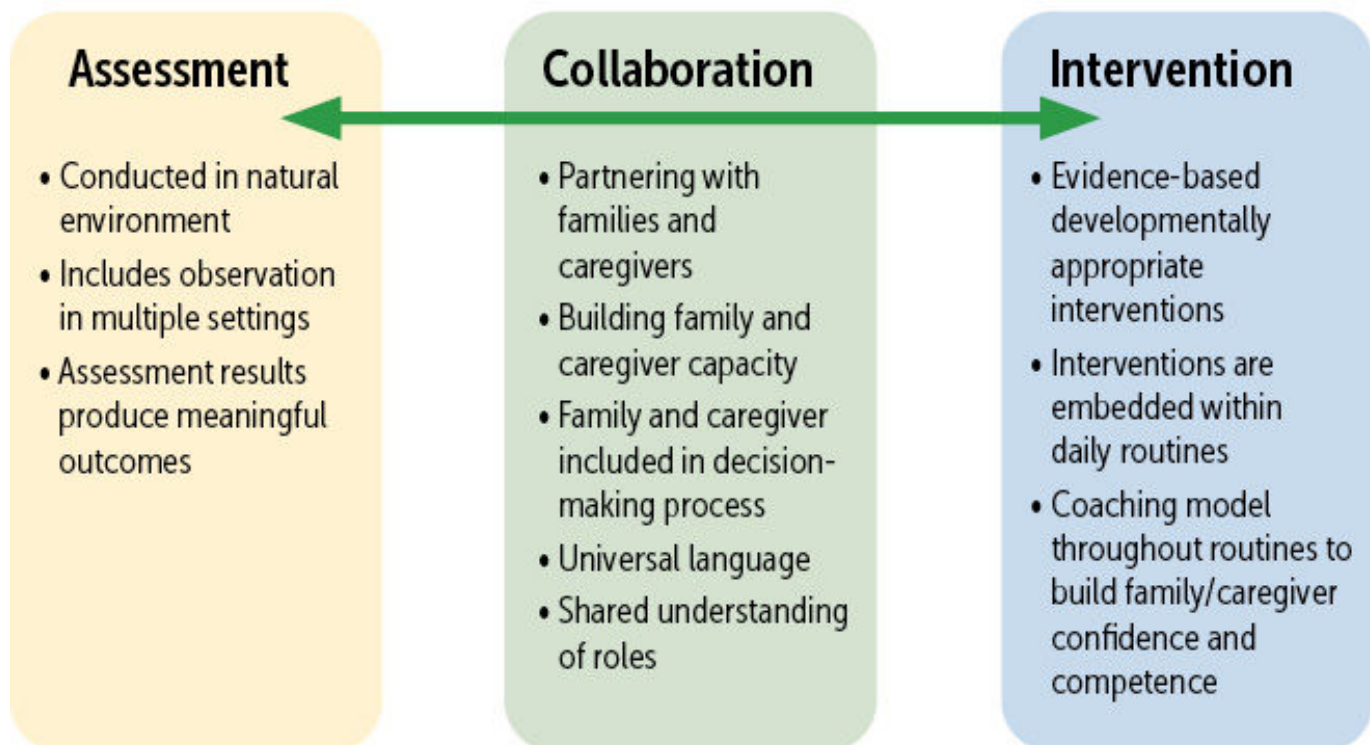


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Part C regulations stipulate that early intervention services must be delivered in the natural environment to the greatest extent possible.

young children with disabilities, along with ECE professionals' confidence in working with young children with disabilities. Early childhood education professionals' lack of knowledge related to children with disabilities has spanned decades (Ceglowski et al., 2009; Dinnebeil et al., 1998). Both pre-service development and professional in-service development can increase knowledge in these particular areas of need for ECE professionals. Further, preparing professionals through an integrated manner is imperative to the inclusion of children with developmental delays and/or disabilities in ECE settings.

Funding and Structure of EI Systems

Funding for EI and ECE programs is based on a complex web of multiple sources that are tied to different policies and procedures. Part C of IDEA is the federal legislation that dictates fiscal policies for EI programs, which are in turn managed at the state and local district levels. At the federal level, Part C is administered through the Department of Education, Office of Special Education Programs. Each state must follow federal regulations, but they have latitude regarding how fiscal policies are implemented. This creates variability across the US in level of funding and concurrent services for infants and toddlers with disabilities and their families. Federal funding for Part C is modest at best at \$481,850,000, FY 2021 appropriation. The initial intent of the law was to use federal Part C funding as "glue money" to support the Part C infrastructure; the funds were not intended to cover all programming. At the time the law was initially passed, some EI programs were in place, primarily funded through nonprofit agencies and some public agencies. The law was written with the intent to capitalize on existing programs and fill in gaps with new programming and infrastructure where the programs did not exist. With this in mind, the fiscal policy at the federal level was written whereby states could not use federal dollars to supplant other funding available to cover costs of EI such as insurance or other sources. States also appropriate funding for Part C programs. As a result, many EI programs rely heavily on Medicaid funding to cover the costs of direct EI services (Infant and Toddler Coordinators Association, 2021).

This situation is problematic in that it promotes a medical model of funding for an educational program (Vail et al., 2018).

State lead agencies, identified in Table 1, are those responsible for the fiscal spending and the implementation of IDEA Part C. There is considerable variation across the structure and service delivery of Part C programs. For example, some states provide services through staffed employees while other states contract directly with private agencies. When running an EI system through private agencies, it reinforces the medical model of funding, as private agencies are billing insurance and Medicaid directly for services. With federal funding truly being used as payor of last resort, there are inconsistencies within and across states on what services look like for families and children (Prenatal-to-3 Policy Impact Center, 2020; Twardzik et al., 2017).

Along with specific Part C funding, EI programs and the infants, toddlers, and families they serve benefit from programs supported through other federal funding streams. The federal Office of Head Start and the federal Office of Child Care are housed in the United States Department of Health and Human Services. Federal dollars appropriated to Early Head Start and to ECE programs through federal block grants to states impact many infants and toddlers and families also served through Part C. Part C regulations stipulate that EI services must be delivered in the natural environment. Because children receive Part C services in ECE settings, funds to support high-quality child care and Early Head Start programming benefit all children, including those with disabilities.

Recommendations for Current and Future Use of Funds

The ARPA provides \$176.3 billion through the Elementary and Secondary School Emergency Relief Fund. These funds, made available July 2021, can be used by states and local education agencies through December 2024 to cover any

Table 1. Part C Lead Agencies

| LEAD AGENCIES | | | |
|--|--|--|--|
| Developmental Disabilities, Rehabilitation, Mental Health | Health | Education | Health and Human Services, Welfare, Family Services |
| <ul style="list-style-type: none"> Alabama California Ohio Tennessee Virginia | <ul style="list-style-type: none"> American Samoa Florida Georgia Hawaii Louisiana Massachusetts Mississippi New Jersey New York North Carolina Puerto Rico Utah Virgin Islands Wisconsin Wyoming | <ul style="list-style-type: none"> Connecticut District of Columbia Guam Iowa Maine Maryland Michigan Minnesota Missouri North Mariana Islands Oklahoma Oregon South Dakota | <ul style="list-style-type: none"> Alaska Arkansas Colorado Delaware Idaho Illinois Indiana Kentucky Montana Nevada New Hampshire North Dakota Rhode Island South Carolina Texas Washington West Virginia |
| Co-Lead, Interagency | Early Childhood | Economic Security | Health and Environment |
| <ul style="list-style-type: none"> Nebraska Pennsylvania Vermont | <ul style="list-style-type: none"> New Mexico | <ul style="list-style-type: none"> Arizona | <ul style="list-style-type: none"> Kansas |

Sources: Early Childhood Technical Assistance Center, 2020; IDEA Infant & Toddler Coordinators Association, 2021a, 2021b (confirmed by searching each Part C agency website)

educational expense allowed under IDEA (including Part C and section 619 covering preschool special education) and the Elementary and Secondary Education Act. According to the Learning Policy Institute (2021) these recovery funds can be used to fund ECE programs, Birth through Kindergarten programs, and those programs consistent with Elementary and Secondary Education Act, such as Head Start, child care, and preschool programs based in a school district's attendance zone. DEC released recommendations for states to consider as they make decisions regarding ARPA funding, and advised states to consider how funds can lead to long-term improvements for young children with disabilities (DEC, 2021).

Efforts to increase funding for Part C and ECE are ongoing. Lawmakers and leaders in federal positions continue to advocate for our nation's youngest population. For example, in the U.S. Department of Education's statement on the President's Fiscal Year 2023 Budget (2022), Secretary of Education Miguel Cardona detailed his commitment to Part C through substantial increases

in funding. This energy and potential for future funding must be channeled in a systematic manner with all beneficiaries in mind including infants and toddlers with developmental delays and/or disabilities and their families. Now is the time to build systems that can support all children and families during a critical period for child development.

With current funds and future funding in mind, Box 1 provides recommendations for use to promote high-quality inclusion in ECE settings.

Conclusion

Birth to 3 is a critical time for child development. It is well documented that high-quality inclusion promotes improved outcomes for all children. While this is not new knowledge, the current administration has recognized the importance of high-quality learning environments for infants and toddlers. With the recent influx of funding, and potential funding opportunities on the horizon, now is the time to make system-level changes to

Box 1. Funding Recommendations to Support High-Quality Inclusion

Box 1 provides recommendations to use and streamline early childhood education (ECE) funding to promote high-quality inclusion.

Recommendations for Current and Future Funds

Professional development:

1. Professional development for Part C providers to promote best practices in ECE settings
2. Professional development for ECE professionals on providing support for young children with delays and disabilities
3. Joint professional development opportunities to promote knowledge of both roles and how Part C and ECE professionals can collaborate to promote high quality inclusion

Technology:

1. Fund technology to support coaching and collaboration between Part C and ECE providers

Staffing:

1. Use funds for inclusion specialists for ECE centers
2. Pay Part C and ECE providers to coach their peers
3. Increase salaries for Part C and ECE providers to recruit and retain high-quality professionals

Personnel preparation:

1. Use new EI/Early Childhood Special Education standards to ensure all teachers have the competencies needed to facilitate the development of all children. These standards should guide both pre-service and professional development in concert with the NAEYC standards
2. Provide incentives to recruit new teacher candidates
3. Fund new professional development opportunities
4. Assign funds to build a sustainable Comprehensive System of Personnel Development

Recommendations for Streamlining of Funds

Policy changes:

1. Reauthorization of Individuals With Disabilities in Education Act (IDEA) to update best practices in Part C, including practices related to ECE settings
2. Reauthorization of IDEA to designate a consistent lead agency across states
3. Expansion of state level Medicaid early intervention services

Lead agency:

1. Develop ECE and care agencies at the state and federal level that would be charged with prekindergarten, child care, Head Start, Early Head Start, IDEA section 619 and Part C, and other programs that provide ECE.

provide high-quality inclusion for all young children. All systems must work together to create meaningful and sustainable changes to both Part C and ECE.

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Author Biographies

Sarah D. Wiegand, PhD, recently completed her doctoral program and will begin as an assistant professor of early childhood special education at New Mexico State University in August 2022. She was the graduate assistant to the Preparing Interdisciplinary Providers Project, a grant funded through the U.S. Department of Education Office of Special Education Programs focused on preparing highly qualified special education teachers and speech–language pathologists to work with young children with complex needs and their families. Dr. Wiegand’s professional experiences include working as an early interventionist and autism specialist. Her research is centered on improving practices and promoting equity in Part C through the examination of screening practices and professional development.

Catherine Citta, LMSW, is a doctoral student in Early Childhood Special Education at the University of Georgia and a scholar with the Early Childhood Intervention Doctoral Consortium funded by the Office of Special Education Programs (OSEP). She earned a bachelor’s degree in special education with an emphasis in birth to kindergarten from the University of Georgia and a master’s degree in social work from Valdosta State University. Ms. Citta’s professional experiences include work as a Part C early intervention specialist, service coordinator, supervisor, and trainer. She has also worked as a preschool special education teacher and foster care home evaluator. Ms. Citta currently consults with OSEP grant-funded programs, local governments, and nonprofit organizations in the areas of early intervention/early childhood special education policies and

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Cynthia O. Vail, PhD, is a professor at the University of Georgia in the Department of Communication Sciences and Special Education. She is principal investigator for Georgia Sensory Assistance Project, Georgia’s technical assistance project for students who are deaf–blind. Dr. Vail currently serves a president for the Higher Education Consortium in Special Education, and she provides leadership in Georgia as the personnel preparation representative on the State Interagency Coordinating Council for Early Intervention Programs. Her research interests include teacher preparation, collaboration and peer-coaching, early intervention policy, early social–emotional development, and fostering play in inclusive environments.

Rebecca G. Lieberman-Betz, PhD, is an associate professor of special education in the Department of Communication Sciences and Special Education at the University of Georgia (UGA). She is co-director of the Birth Through Kindergarten Program and coordinator of the Preschool Special Education endorsement at UGA. Dr. Lieberman-Betz received her master’s degree in early intervention/early childhood special education from the University of Oregon, and her doctoral degree in special education from Vanderbilt University. Her professional experiences include work as a Part C early interventionist and preschool special education teacher. Dr. Lieberman-Betz’s research interests include play and communication development in young children with developmental delays, parent-implemented intervention, and Part C service delivery.

Jennifer A. Brown, PhD, CCC-SLP, is an associate professor and graduate coordinator in the Department of Communication Sciences and Special Education at the University of Georgia. She is a clinically certified speech–language pathologist who has provided early childhood intervention research, instruction, and service supporting young children with and at-risk for disabilities and their families in a variety of settings. Dr. Brown’s research is focused on improving functional communication outcomes for individuals in natural environments (i.e., home, school, community) through collaborative practices.

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