

# Transcript

## Center-Based – Inclusive Care Video

*[Text appears: Inclusive Care – Center Based. Throughout the video, Amber Morabito provides narration.]*

**Amber:** In this segment, we'll talk about inclusive care.

*[Amber appears on screen. She is seated in a home setting with a large green plant in the background.]*

**Amber:** Inclusive care means making the benefits of high-quality care available to all infants through appropriate accommodation and support, so that each child can actively and fully participate in the program. In many ways, inclusion is a matter of equity and belonging. It acknowledges that all children have a right to be fully accepted members of society. All infants, whether they have disabilities or not, are infants first. They each need individualized and responsive care. The PITC's relationship-based approach to care, which is individualized and responsive to each child's cues, needs and interests, facilitates the inclusion of children with disabilities or developmental delays. Universal design ensures that the environment is set up in a way that all children can be successful exploring and participating. For example, adopting the materials available may help infants with developmental delays explore them more readily.

*[Text briefly appears: Working with families to provide inclusive care.]*

*[Shirley Mora - Master Early Childhood Educator. Shirley is sitting in a rocking chair in a child care setting. There is a bulletin board that displays children's artwork on the wall behind her.]*

**Shirley:** You need to really meet the family where they're at and understand that it is a process, you know, you have your ideas of what your child's going to be and now someone's telling you there might be concerns that we might have to take another route. We're still going to get there. We're still going to look at the goals and the strengths. We just might have to take a different route and understand that the parent isn't always going to hear that. However, how we engage with the child isn't going to be any different than if they have a diagnosed disability or not. We're still going to see them as individuals. And who are they and put them first. A story that stands out for me is the time I had a child where it was being sensitive to that. I had to talk about difficult conversations with the family because there were concerns, because I was seeing more of the atypical behavior versus the typical behavior and also being sensitive to the cultural perspective. When I first started talking to the mom, it was definitely baby steps. It was warming up to the conversation. It was continuing to build that trust with the family. And at the end we got the services we needed. We supported her with, she was going to therapeutic school in the morning and then the school bus would come, we'd get her off the bus, and then she spent the afternoon with us. I got the most beautiful letter from her for Christmas saying how thankful she was. And just the real conversation of "I didn't like you because you're telling me my child was different. Because what I was hearing from you is my child isn't like everybody else because I wasn't ready to hear that. You're still loving and accepting my child, who she is". But let's find services if it's going to allow her to have the quality of life

she deserves. But even making that break there in those honest, raw conversations of "I didn't like you" and continuing to be there and continue to hear the feedback and to continue to be patient with the process, be patient with the families and again, meeting the parent where their heart is. And to see now this little girl who's, you know, dancing and talking and able to become a part of a group and giving her that sense of belonging. And when I see that process, it was, yes, it was a tough first year, it was a tough first six months, but it's not about me, it's about that child. And when you see a happy child who has a sense of belonging, who wants to contribute, who feels like a competent, confident member of society, then I've done my job.

*[Text briefly appears: Implementing the Individualized Family Service Plan (IFSP).]*

**Amber:** The Individualized Family Service Plan, also known as the IFSP, articulates the developmental goals and skills the infant is expected to master over a period of time. Teachers promote the development of these skills through their adaptations of play and care routines, and individualized child's goals can be woven into the curriculum plan for the entire group.

*[Cristal Arevalo - Lead Teacher. Cristal is seated on a colorful chair. There is a bookshelf behind her.]*

**Cristal:** An experience that comes to mind when it comes to the IFSP is going into it with a family that was it was the first meeting for them. So it was very intimidating and it was very scary. And they were very honest in that moment, sharing it with me. So as a teacher and as a person on their team, it was important for me to have them feel empowered...have them feel like everything they were doing as a parent was enough...that these meetings were not meant to discourage them or to make them see any fault in themselves. It is just for us to work as a team to make sure that we're doing everything possible to make sure that the child reaches all of the possibilities that we see and know in them.

*[Susanna Leung - Regional Manager. Susanna is seated in an office setting with several green plants behind her.]*

**Susanna:** We also cooperate with other service area managers like Health and Nutrition Manager, Family Services Manager and Inclusion Manager. So we work together as a team. How can we support the family as well? Because as for the family and the teacher also is a lot. Maybe sometimes they feel overwhelming. So for us, it's a pretty important role. How can we support a family and teacher as well? So we will have a continue ongoing communication, maybe meeting with a therapist and how can we get some strategy or recommendation from therapists so we can support the teacher and family as well and to support the child continually.

*[Mariana Gaidano - Lead Infant-Toddler Teacher. Mariana is seated in a home setting.]*

**Mariana:** It takes a lot of initiative and advocacy and can be a great challenge to be included in this process. You really need to work as a bridge in terms of working with the intervention team, the family, and bridging all that together in connection with the school in order to be that full support for the child and to create the most inclusive care possible.

**Shirley:** So there was one year we had multiple disabilities in a classroom of eight. The children were receiving occupational therapy, speech services, physical therapy. We had to work out the logistics to support all of that. We started off with a consent form from the parents that allow specialists to come and work with the children at our center. We had to

create logs, communication logs where the specialists can leave notes for the families and let them know the therapy that happened. It was also coordinating the space where we had to schedule all the specialists not to overwhelm all the children with the number of adults that were in there. But we were able to offer the children a space to work that was organic and in their natural environment and with their peers. Within all of that, we would create small groups and we were very fortunate that the specialist understood our philosophy here at the center. And it was a beautiful year. It was very collaborative. The children got to learn new skills as well as the teachers by them modeling how to work with the child. And the biggest benefit to that was they weren't only getting services two days out of the week, but through them modeling for us, we were able to weave all of those goals into our daily routines with them.

*[Katy Mata - Early Childhood Educator. Katy is seated in a child care setting. There is a mobile with paper butterflies and a bulletin board with printed pictures of children behind her.]*

**Katy:** And so there was this child that was working on walking heel toe. And so what we did, instead of instead of doing those exercises throughout the day with them, where we're stretching his feet back and forth, we created a mound like a mountain in the sandbox where he's using that and doing that in his environment just by playing and engaging, so it's not like we're having him sit and we're doing the exercise with him, he's moving his feet the way that he needs to by just climbing up the sand mountain.

*[Text briefly appears: Reflections on providing inclusive care.]*

**Shirley:** To me, inclusion is everyone having quality care...everyone having a sense of belonging...that everyone has their own unique gifts and can contribute to a group. And it's not about fixing anybody, it's not about fixing the child, it's about really loving and accepting who they are with their abilities and embracing that. If they're going to have a sense of belonging and it's our job to create those environments, to me, that's what inclusive care is.

*[Text appears on screen:*

*PITC would like to thank the following programs for their thoughtful contributions to this video series:*

- *Glendale Community College Child Development Center*
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*The PITC logo animates into position.]*

**Narrator:** PITC, the Program for Infant Toddler Care, a collaboration of the California Department of Education and WestEd.

*[The California Department of Education (CDE) logo and the WestEd logo appear.]*

**Narrator:** Brought to you by the California Department of Education and WestEd.