



Greetings!

It can be hard for any family to enroll their child in a childcare setting. It's never easy to leave our children with people we don't know well! If your child has a special need or disability, the challenge can be even greater. Childcare providers are almost always well-meaning and willing to help, but they do not always know how to approach including a child with special needs.

We've enclosed some information that we hope will be helpful:

- A list of possible providers for you to contact for care.
- Some printed sheets that give you suggestions on how to work with your provider, and information on your child's rights under the Americans with Disabilities Act.

If you run into challenges in finding child care, or in working with your child care provider, please feel free to contact us at 314-531-1412. We can provide consultation and assistance over the phone for you or your provider, and we can also do on-site observations and consultations to help solve problems that may arise. If you are interested in this service, please complete, sign and return the enclosed Release of Information forms by mail, fax or email. Please call if you have any questions about these forms.

All children need quality early care and education in an environment that accepts each child as she or he is, and that works to meet each child's needs. Please let us know if there is anything we can do to help make this happen!

Sincerely,

Wendy Cornell  
Director of Inclusion Services – Missouri Region

Gail Wulff  
Director of Inclusion Services – Saint Louis Region

# Your Child's Rights Under The Americans with Disabilities Act (ADA)

The Americans with Disabilities Act (ADA) is a federal law that entitles people with disabilities to equal rights in employment, state and local public services, and public accommodations like restaurants, movie theaters and childcare settings.



## **Who is Covered by the ADA?**

The ADA applies to any child or adult who:

- Has a disability
- Is perceived to have a disability
- Has a record of previously having a disability

Disabilities may include physical, mental and/or medical impairments. Any child must be accepted into a child care program— no matter what the disability— as long as space is available and reasonable accommodations can be made to meet a child's needs. The ADA does not cover communicable diseases like chicken pox or influenza.



## **When can services be denied?**

The ADA allows programs to deny service to a child:

- Who poses a direct physical or health threat to him/herself or to the other children or staff.
- Whose inclusion would fundamentally change the structure or purpose of the program, or if modifications or adaptations for the child would create an “undue burden.”



## **Programs cannot charge more for a child who has a disability.**

Any increased costs associated with including a child with a disability must be spread out over the fees charged to all families— not just the family of the child with the disability.



## **A program cannot refuse a child based on insurance coverage.**

The ADA is very specific on this point because insurance requirements have been used frequently to exclude people with disabilities. Insurance companies must have proof that a person with a disability is a greater insurance risk in order for them to raise rates or cancel a policy. If a program is faced with higher rates or cancellation of a policy, it may have to sue the insurance company.



## **A program cannot use enrollment requirements to exclude a child from care— such as needing to be toilet-trained or walking to enter the program.**

The ADA states that enrollment policies and procedures should not intentionally, *or unintentionally*, exclude children with disabilities. Using criteria such as this screens out children with disabilities, which could be considered a violation of the law.



## **Enrollment forms may not inquire about the presence of a disability.**

The forms used for admittance to a program should in no way request information that could be used in a discriminatory way. It is appropriate to ask about specific milestones or skills, as long as the same information is collected on all children.



## **Religious organizations are exempt from compliance with the ADA, but not State Discrimination Laws.**



### **FIRST, ASK YOURSELF:**

- Am I looking for special education, or for a program where my child can be supervised and have a chance to play and interact with other children?
- Does the provider need to be professionally trained, or can I work with someone who is willing to learn?

Answering these questions will help guide your questions and your expectations of potential childcare providers for your child.

### **WHEN YOU CONTACT A CHILD CARE PROVIDER, ASK FIRST:**

- Do they have openings for a child the age of your child?
- What are the days/hours of care?
- What is the cost per day, week or month?

## WHAT TO DO NEXT:

- Share information about your child. Be sure to give positive information as well as any challenges he or she has. The attached sheet, “Sharing Information About Your Child,” has some specific suggestions.
- *Keep it simple.* You don’t need to tell each potential provider your child’s whole story. Just share enough information so that you and the provider can work together to decide if this could be an appropriate setting for your child.
- Some providers might seem hesitant and nervous about providing care to your child, or they may directly express those concerns to you. This is a good opportunity to offer to work *with* the provider. One good idea is to schedule a visit to the provider to tour the facility and to discuss your child’s abilities and challenges in greater detail. If your child is receiving special services from therapists or other professionals, you may want to let the provider know if she or her will have access to these individuals for resources, advice and information.
- If you feel a particular provider might be a good match for you and your child, try whenever possible to schedule some “visit time” for your child at the program *before* she or he actually begins attending. This gives you a chance to see your child in the new setting, and gives both you and the provider the opportunity to ask questions, express concerns and brainstorm solutions to potential problems. In general, the more time you and the provider can invest *ahead of time*, the higher the chances for your child’s successful inclusion in any child care setting.

## Some Important Information to Share With Your Child's Caregivers

- How your child communicates and lets people know his/her needs *and feelings*.
- How he or she moves around.
- What kind of special equipment (if any) your child uses, and *how it is used*. Make sure the provider has watched you use the equipment, and you have watched the provider use it before you leave your child.
- What kind of assistance your child needs for self-help activities like eating, toileting, dressing, napping, etc.
- Any special dietary concerns. For example, eats only certain foods; cannot eat certain foods; food must be specially prepared (ground/cut up); etc.
- Any medication your child takes. Make sure you leave *written* instructions that include dosage amount, times given and any possible side effects.
- Any behavioral concerns or challenges your child has, *and how you deal with these at home*. If your child gives any “signals” or “cues” when s/he is frustrated, tired, angry or over-stimulated, share these.
- What kinds of activities your child really enjoys, as well as any restricted activities.
- Other assistance and resources that can be available to the provider: therapists, special teachers, health care providers, counselors, etc. Consider including your child's child care provider in annual or review meetings for your child's Individual Family Service Plan (IFSP) or Individual Educational Plan (IEP).
- Any additional relevant information, such as doctor's records, evaluations, IFSP and/or IEP goals.

### REMEMBER:

You will always know and see your child in ways that no one else can.  
Don't be afraid to share your expertise!

Your child's caregiver will also come to know and see him or her in ways  
that you may not. Don't be afraid to listen and work together with  
your caregiver to provide the best possible environment for your child.



**United 4 Children Inclusion Services**  
**Family Permission to Observe Child**  
**Family Release of Information**

Families-- You are not *required* to authorize any releases of information. However, if you would like us to observe your child, and/or discuss your child's needs with current or potential providers, and/or gather information about your child from other professionals who may work with him/her, please complete the following authorization forms and return to fax# 314-531-4184 or [REDACTED]

**-FORM NUMBER #1 -**

**Fill out this form so that we can talk to child care centers or home providers about your child.**

I give permission for the United 4 Children Inclusion Specialist to communicate and share information about my child, \_\_\_\_\_, in writing or conversation, with my child's current child care provider, and/or with potential child care providers.

Information shared will be used for the sole purpose of locating and/or improving the quality of child care for the child mentioned above. I understand that my consent terminates one year from the time dated below, or I may terminate my consent at any time before this date.

\_\_\_\_\_  
Child's Birthdate

\_\_\_\_\_  
Parent/Guardian Name Printed

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Evening Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

**- FORM NUMBER #2 -**

**Fill out this form so that we can observe your child at his/her child care or school setting.**

I give permission for the United 4 Children Inclusion Specialist to visit and observe my child, \_\_\_\_\_, with my knowledge. Observation shall be for the purpose of assessing his or her needs and providing consultation to child care staff in an effort to better meet his or her needs in the child care program. I understand that my consent terminates one year from the time dated below, or I may terminate my consent at any time before this date.

\_\_\_\_\_  
Child's Birthdate

\_\_\_\_\_  
Parent/Guardian Name Printed

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Evening Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

**FORM NUMBER #3**

**Fill out this form if your child receives any special education or therapy services so we can talk to those specialists about your child's needs.**

I give permission for the United 4 Children Inclusion Specialist to communicate and share information about my child, \_\_\_\_\_, in writing or conversation, with:

\_\_\_\_\_  
Name of individual, agency or school working with child listed above

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

Information shared will be used for the sole purpose of locating and/or improving the quality of child care for the child mentioned above. I understand that my consent terminates one year from the time dated below, or I may terminate my consent at any time before this date.

\_\_\_\_\_  
Child's Birthdate

\_\_\_\_\_  
Parent/Guardian Name Printed

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Evening Phone

\_\_\_\_\_  
Date

**FORM NUMBER #4**

**Fill out this form if your child receives any other special education or therapy services so we can talk to those specialists about your child's needs.**

I give permission for the United 4 Children Inclusion Specialist to communicate and share information about my child, \_\_\_\_\_, in writing or conversation, with:

\_\_\_\_\_  
Name of individual, agency or school working with child listed above

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

Information shared will be used for the sole purpose of locating and/or improving the quality of child care for the child mentioned above. I understand that my consent terminates one year from the time dated below, or I may terminate my consent at any time before this date.

\_\_\_\_\_  
Child's Birthdate

\_\_\_\_\_  
Parent/Guardian Name Printed

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Evening Phone

\_\_\_\_\_  
Date