Rising Stars for ME Inclusive Practices Checklist

August 2022









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Introduction

Maine's Quality Rating and Improvement System (QRIS) called *Rising Stars for ME*, includes specific program indicators that define and promote quality in early care and education (ECE) and Out-of-School Time (OST) settings across seven standards. The focus is on program improvement and ensuring access to quality early care and education settings for all children.

The *Rising Stars for ME Inclusive Practices Checklist* was developed as one of the *Quality for ME* Revision Project recommendations to improve staff confidence and competence in implementing inclusive practices. In addition to weaving inclusion and diversity throughout the QRIS standards, it was recommended that the *Checklist* become part of the QRIS program evaluation standard as one of the tools used to inform a program's Continuous Quality Improvement (CQI) Plan. The purpose of this *Checklist* is to help ECE and OST staff become aware of indicators of quality and to use the ratings from the *Checklist* to identify their current strengths and needs related to equitable and inclusive practices. The *Checklist* is not a test or pass/fail exam, but a tool that guides staff to reflect on and assess the quality of education and care experienced by **all** children and families.

About the Rising Stars for ME Inclusive Practices Checklist

The *Checklist* expands on the current *Rising Stars for ME* QRIS document with explicit indicators that focus on evidence-informed practices that support the inclusion of children/youth with disabilities. The authors also want to recognize that disability may be one aspect of a child/youth's identity and therefore consideration must also be taken in regard to how a child/youth's experience of disability intersects with other aspects of identity such as race, culture, ethnicity, geography and gender. Some of the indicators and resources contained in this tool may assist staff in considering multiple aspects of identity simultaneously. Staff may also want to consider additional tools and resources that support non-discrimination and equitable treatment of all children/youth and families that are provided in the selected references section. The *Checklist* was developed to be consistent with the <u>Early Childhood Inclusion</u> <u>Joint Position Statement</u> 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 supports to identify indicators for high quality inclusive programs and services.

The *Checklist* was designed for use by child care providers, including family, center-based, Out-of-School Time and License-Exempt that are participating in the Child Care Subsidy Program (CCSP), Head Start/Early Head Start, preschool, nursery school and public school programs. Recognizing that some settings include a single individual and others have administrative and program/ teaching staff, this *Checklist* uses the term, staff, for all the settings listed above.

The *Rising Stars for ME Inclusive Practices Checklist* is divided into three sections: Section 1 – Inclusive Practices Indicators; Section 2 – Developing Your Action Plan; and Section 3 – Resources and References.

Section 1: Inclusive Practices Indicators are organized within Prerequisites and the seven QRIS standards:

- 1. Learning Environment/Developmentally Appropriate Practice (DAP)
- 2. Program Evaluation
- 3. Staff Qualifications and Professional Development
- 4. Administration and Business Practices
- 5. Family Engagement and Partnership

- 6. Child and Youth Assessment
- 7. Health, Safety, Nutrition and Physical Activity

In addition to the practice indicators, the Prerequisites and each of the seven standards also include the following:

- Program Findings To record current strengths and areas for improvement.
- Source of Evidence Examples to demonstrate how your program meets the indicator.
- Section 2: Developing Your Action Plan provides forms for planning next steps and developing an action plan for improvement.

Section 3: Resources and References

How to Use the Rising Stars for ME Inclusive Practices Checklist

Complete the self-assessment (recommended steps):

- 1. Gather the resources you will need to begin the self-assessment, including the following:
 - The <u>Rising Stars for ME QRIS Standards</u> for your program setting found at https://www.maine.gov/dhhs/ocfs/ support-for-families/child-care/qris
 - The <u>Maine Child Care Licensing Rules</u> for your program setting found at https://www.maine.gov/dhhs/ocfs/ provider-resources/child-care-licensing/becoming-a-childcare-provider
 - Any completed self-assessment or program review materials that can help inform your review, such as national accreditation self-study tools.
- 2. Determine who will participate in the self-assessment.
 - If you are a program with multiple staff, identify who will be part of the process. Using a team approach to conduct the self-assessment is key to improving practices throughout the program. You may also want to involve a technical assistance professional such as a mentor, coach or consultant.
 - If you are a family child care owner/director and work alone, you may choose to complete the self-assessment on your own or work with a colleague, mentor, coach or consultant to complete the process.
- 3. Review the entire *Rising Stars for ME Inclusive Practices Checklist* to familiarize yourself with the content, the resources and the planning forms.
- 4. Select the standard or standards you will review in Section 1: Inclusive Practices Indicators. Depending on your program's current QRIS rating, you may choose to complete the entire inclusive practices indicator section or the standards identified in the QRIS Program Evaluation standard for your Star. These are listed below:

Star 1: There are no *Rising Stars for ME* standards in this area for Star 1, but Star 1 programs are encouraged to complete the Prerequisites in the *Checklist*.

Star 2: Complete the Prerequisites.

Star 3: Complete the Prerequisites and two other standards of your choosing. Star 4: Complete all standards of the *Rising Stars for ME Inclusive Practices Checklist*. Star 5: Complete all standards of the *Rising Stars for ME Inclusive Practices Checklist*.

- 5. Complete Section 1 by rating how your program is currently meeting the indicators listed. After you have completed the rating, record your strengths and any areas of improvement for the Prerequisites and each standard completed.
- 6. Complete Section 2: Developing your Action Plan. There are two forms for this part of the process, the *Program Profile for Action Planning* and the *Action Plan*.

The *Program Profile for Action Planning* provides you with a place to record and prioritize the program findings you identified. It gives you a way to look at what you learned and to figure out where you can begin to make some changes or get support to enhance your practices. You may want to consider these questions as you think about and reflect on the process:

- 1. What impressed you about your current practices?
- 2. What surprised you about your current practices?
- 3. How effective are your current policies and practices for including all children/youth and families?
- 4. Are there differences in how children and/or families experience your program based on race, culture, ethnicity, geography, gender or disability? If so, what general areas do you foresee as starting points to improve equitable and inclusive practices?
- 5. What types of support might you need?

The Action Plan is intended as a working tool for setting your program improvement goal and priority objectives. Use the information from the *Program Profile for Action Planning* to develop your *Action Plan*. It is recommended that you start small and select two or three areas to work on during a set period of time. For example, have you discovered that you need to look at your admissions policy to be sure that it is written so that it does not screen out children/youth with disabilities? Or, are there ways you can add to the strategies you currently use by learning about how to use visual supports or Social Stories? It is also important to identify needed resources, including training, coaching or consultation, that may assist you in making added improvements to your program. As noted earlier, the results of this assessment should be used to write your program's overall CQI plan.

Remember, working on a CQI plan is an ongoing process. Keep track of your progress by checking on the plan and reviewing where you are. Celebrate your accomplishments, then continue the cycle by looking at additional ways to build on and enhance what you have already done.

Section 1: Inclusive Practices Indicators



based on race, culture, ethnicity, sex, gender, religion, national origin, special health care needs, developmental, behavioral or mental health concerns or identified disabilities. Facility meets accessibility requirements that are readily achievable (i.e., not too difficult or expensive). This includes access to buildings, outdoor play areas, inside program areas, toilets and sinks, with enough room for equipment needed by people with disabilities. Program is aware of the legal requirements for providing reasonable accommodations. Program works with a child/youth's family to assist in implementing an individualized plan of service developed with schools, community or state agencies. 	 Program policies and practices include clear non-discriminatory language and do not screen out children based on race, culture, ethnicity, sex, gender, religion, national origin, special health care needs, developmental, behavioral or mental health concerns or identified disabilities. Facility meets accessibility requirements that are readily achievable (i.e., not too difficult or expensive). This includes access to buildings, outdoor play areas, inside program areas, toilets and sinks, with 	Yes	No
based on race, culture, ethnicity, sex, gender, religion, national origin, special health care needs, developmental, behavioral or mental health concerns or identified disabilities. Facility meets accessibility requirements that are readily achievable (i.e., not too difficult or expensive). This includes access to buildings, outdoor play areas, inside program areas, toilets and sinks, with enough room for equipment needed by people with disabilities. 3. Program is aware of the legal requirements for providing reasonable accommodations. 4. Program works with a child/youth's family to assist in implementing an individualized plan of service developed with schools, community or state agencies. 5. Staff have sufficient experience and/or obtain additional training and support to meet the needs of all children/youth for whom they are responsible.	 based on race, culture, ethnicity, sex, gender, religion, national origin, special health care needs, developmental, behavioral or mental health concerns or identified disabilities. 2. Facility meets accessibility requirements that are readily achievable (i.e., not too difficult or expensive). This includes access to buildings, outdoor play areas, inside program areas, toilets and sinks, with 		
This includes access to buildings, outdoor play areas, inside program areas, toilets and sinks, with enough room for equipment needed by people with disabilities. Image: Second Sec	This includes access to buildings, outdoor play areas, inside program areas, toilets and sinks, with		
 4. Program works with a child/youth's family to assist in implementing an individualized plan of service developed with schools, community or state agencies. 5. Staff have sufficient experience and/or obtain additional training and support to meet the needs of all children/youth for whom they are responsible. 			
developed with schools, community or state agencies. 5. Staff have sufficient experience and/or obtain additional training and support to meet the needs of all children/youth for whom they are responsible.	3. Program is aware of the legal requirements for providing reasonable accommodations.		
children/youth for whom they are responsible.	 Program works with a child/youth's family to assist in implementing an individualized plan of service developed with schools, community or state agencies. 		
Program Findings – What strengths were identified? What needs improvement?	Staff have sufficient experience and/or obtain additional training and support to meet the needs of all children/youth for whom they are responsible.		
	Program Findings – What strengths were identified? What needs improvement?		

Prerequisites	
Source of Evidence – Examples to demonstrate how your program meets the	e indicator.
Copy of completed environmental rating scale showing access (simple modifications, removal or barriers, materials accessible).	of physical and structural
Copy of completed <u>NCCIC Technical Assistance Memo: Moving Toward Americans With Disabil</u> <u>Checklist and Guide for Privately Operated Child Care Programs (PDF)</u> – https://ccids.umaine.ec compliance-checklist-pdf/	
Policy on confidentiality.	
Professional development plans (PDP) include training related to inclusion/special needs/divers Inclusion Credential (i.e., individual verification in MRTQ PDN Registry).	ity/laws, and/or the Maine
Copy of staff orientation plan/materials that includes information about legal requirements and re	easonable accommodations.

	QRIS Standard 1: Learning Environment/Developmentally Appropriate Practice (DAP)				
	Inclusive Indicator		Rating		
		Yes	Somewhat	Not Yet	
1.	Physical learning environment is set up to allow all children/youth to have equitable opportunities to participate in all routines and activities. Attention is given to lighting, noise level, visual and auditory input and how space, materials and furnishings are arranged.				
2.	Program provides learning materials that represent diversity accurately and authentically and are available to children/youth in an ongoing way. The materials are representative of the lived experience of the children/youth and families in the community and across the world.				
3.	Program uses a variety of modalities to interest, engage and encourage active participation of all children/youth (e.g., presents information in a variety of ways, with a variety of materials; auditory, visual, movement).				
4.	Program uses a range and variety of instructional strategies to promote learning across domains (e.g., plan hands-on activities, provide adult-led, child/youth initiated, small group and individual 1:1 instruction, model, demonstrate, prompt).				
5.	Program individualizes activities and routines when needed by any child/youth (e.g., modifying or adapting the materials, the expectations for participation, simplifying the activity, etc.).				
6.	Individualized accommodations are made to support self-regulation (e.g., sitting on a beanbag chair or ball during circle time, holding a fidget toy during transitions, movement breaks, etc.).				
7.	Program uses proactive strategies to prevent challenging behaviors (e.g., visual supports, consistent schedule, choice making, conflict resolution).				
8.	Instructional strategies include helping children/youth learn how to develop and maintain constructive relationships with adults and peers.				
9.	Program uses alternative formats and varied approaches to communicate with children/youth (e.g., visual supports-picture schedules, shelf labels with pictures and/or with child/youth's home language, gestures, iPads [®] , communicative devices).				
10	Program works with other professionals to plan for and provide specialized supports and services within the context of the regular routine and activities, whenever possible/appropriate.				

	QRIS Standard 1: Learning Environment/Developmentally Appropriate Practice (DAP)
Pro	ogram Findings – What strengths were identified? What needs improvement? Please explain any "Not Yet" rating.
	Source of Evidence – Examples to demonstrate how your program meets the indicator.
	Completed environmental rating scale noting simple modifications, removal of physical and structural barriers, arrangement of furniture, materials and equipment accessible.
	Written curriculum/method of curriculum planning shows evidence of activities to help children learn about and accept the differences and similarities in all people, includes intentional teaching of social skills, community building and friendship development as an ongoing component of the program.
	Staff vary teaching strategies such as simplifying directions, use of concrete materials/examples, sequencing learning tasks from easy to hard, repeated opportunities to practice skills, verbal prompts and/or direct physical assistance.
	Resource books, apps, and materials where practitioners can find examples of differentiating instruction, adaptations or modifications (adaptation continuum) are available to all staff.
	Written lesson plans, include adaptations and modification that allow for children/youth's participation in everyday activities and routines.
	Visual supports are posted throughout the program and available to all children all the time, throughout the day.
	Posted program daily schedule.
	Books, pictures, computer apps, photos, games, dress-up clothes/materials representing individuals from many cultures, races, abilities, ages and genders are evident.
	Program documents activities/instruction that helps support goals in a child/youth's IFSP/IEP and is included in child/youth's file.

			Rating	
	Inclusive Indicator	Yes	Somewhat	Not Ye
1.	Program's annual staff and family surveys include feedback about the program's strengths and opportunities related to access, diversity, equity and inclusive practices.			
2.	Results from the <i>Rising Stars for ME Inclusive Practices Checklist</i> are used in developing a program's Continuous Quality Improvement (CQI) plan.			
3.	Program's overall evaluation process includes an annual review of the <i>Rising Stars for ME Inclusive Practices Checklist</i> (or similar tool).			
4.	Program evaluation results are used to identify the actions taken, progress made, and next steps to advance equitable treatment for all children/youth and families (e.g., background, race, language, gender, ability and culture).			

QRIS Standard 2: Program Evaluation

Source of Evidence – Examples to demonstrate how your program meets the indicator.

- Copy of program CQI plan includes an annual self-assessment of the program's progress toward including children/youth who are representative of the community in which the program is located.
- Copy of completed diversity/bias-free environment checklist.
- Copy of completed Americans with Disabilities Act (ADA) checklist to evaluate accessibility for people with disabilities.
- Program data about enrollments and transition.
- Program professional development activities related to diversity, equity, and inclusion.
- Program is a Child Development Services (CDS) approved program.
- Communication strategies/marketing materials, are available in written and other formats, that support people with disabilities and those who communicate in languages other than English and who may be seeking program services.
- □ Written evaluation process includes reviewing staff and family handbooks, current policies, procedures and training registry information.
- Copy of family surveys with questions about the program's practices related to diversity, equity and inclusion.
- Copy of national accreditation self-study tools.
- Copy of Maine Department of Education Public Preschool Program Monitoring Observation.

	QRIS Standard 3: Staff Qualifications and Professional Development			
			Rating	
	Inclusive Indicator	Yes	Somewhat	Not Yet
1.	Program provides professional development opportunities that address the unique aspects of working in an inclusive program including attitudinal and equity issues, professional standards and applicable laws and regulations.			
2.	The program director or owner has completed a training on relevant laws that support non- discrimination and inclusion.			
3.	When enrolling a child/youth from another country, culture or someone with complex medical, developmental or behavioral health care needs, or a disability, an orientation to learn about the child/youth, her/his culture, any special instructions/supports and learning strategies is provided to those working directing with the individual.			
4.	 Program has information about and access to quality improvement resources that support: Health – health and safety, medication administration, special health care needs; Early childhood mental health – social-emotional and behavioral supports; Inclusion/disability – differentiated instruction and adaptations/modifications; Multi/dual language learners – interpreters/translators, instructional supports, accommodations. 			
5.	A staff member has obtained the Maine Inclusion Credential.			
6.	Staff receive administrative support to engage in reflection, problem solving and peer learning including opportunities to explore together cultural attitudes, behaviors and equity in learning issues, strategies and practices (i.e., release time for professional development, training and TA).			

	QRIS Standard 3: Staff Qualifications and Professional Development			
Pro	ogram Findings – What strengths were identified? What needs improvement? Please explain any "Not Yet" rating.			
	Source of Evidence – Examples to demonstrate how your program meets the indicator.			
	Copies of Maine Department of Education Certifications. Copies of Staff Manual or Provider Handbook, orientation plan and relevant policies that include information about orientation, training, admission/enrollment, staff benefits (including access to an Employee Assistance Program [EAP] or other resources) and reflect the philosophy/mission of the program.			

	QRIS Standard 4: Administration and Business Practices			
	Inclusive Indicator		Rating	
		Yes	Somewhat	Not Yet
1.	Program has a formal statement (philosophy/mission) that reflects a commitment to inclusion, equity and access and guides all aspects of the program's operation.			
2.	All policies are regularly assessed to ensure that they state an intolerance for prejudice and discriminatory attitudes and behavior towards any child/youth, family or staff.			
3.	Program has an admissions/enrollment policy and procedure in their family handbook that is the same for every child/youth and family, facilitates an exchange of information between staff and family and is in compliance with the Americans with Disabilities Act (ADA), and other relevant laws and rules (e.g., Section 504, etc.).			
4.	Program has a transition/dismissal policy that reflects the philosophy/mission of the program, applies to all children/youth, includes a procedure that describes alternatives to expulsions or suspensions, and is in compliance with the ADA and other relevant laws and rules (e.g., Section 504, etc.).			
5.	Time for curriculum planning and meeting with other professionals and families to learn about and provide individualized instruction is scheduled.			
6.	All job descriptions reflect the shared responsibility for the care and education of all children/ youth including children/youth with disabilities, special health care needs, developmental, behavioral and mental health care needs.			

	QRIS Standard 4: Administration and Business Practices
Pro	gram Findings – What strengths were identified? What needs improvement? Please explain any "Not Yet" rating.
	Source of Evidence – Examples to demonstrate how your program meets the indicator.
	Program's inclusion/nondiscrimination statement is evident in written materials, brochures, enrollment materials, website, policies and Staff Manual or Provider Handbook and Family Handbook. Samples of materials developed and/or shared in alternative formats (i.e., varied reading levels, clarity of writing, adaptations for readers with disabilities, translations, oral language, etc.). Copy of written admission/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 (policy includes the what, when, where, how and with whom information is shared or received about a particular child/youth/family/staff). Copy of written transition/dismissal policy or information about termination, transitions, dismissals are included in the discipline policy. Copies of Staff Manual or Provider Handbook and Family Handbook containing information about accommodation plans. Copy of schedule to include planning time included in staff portfolios. Staff Manual or Provider Handbook and other written materials include information about working and coordinating with outside consultants/agencies. Written job descriptions.

QRIS Standard 5: Family Engagement and Partnership			
		Rating	
Inclusive Indicator	Yes	Somewhat	Not Yet
1. During the admissions/enrollment process, all families are invited to share information about their child/youth and family.			
 In partnership with families and with their consent, staff: 1) contribute to an individual child/ youth's IEP/IFSP or other Plan of Service; 2) provide progress information; 3) work with specialty staff; and 4) participate in team meetings. 			
3. Alternative forms of communication are provided to ensure all families have access to program materials and information.			
 Program has a written plan/policy for supporting and following up with families to discuss referrals to other services. 			
 Families are offered multiple ways to participate in the program including opportunities to share ideas and strategies about how their child/youth can fully participate in program activities and routines. 			
6. There are ongoing opportunities for families to share their backgrounds, traditions, beliefs, interests and abilities.			

QRIS Standard 5: Family Engagement and Partnership
Program Findings – What strengths were identified? What needs improvement? Please explain any "Not Yet" rating.
Source of Evidence – Examples to demonstrate how your program meets the indicator.
Admission/enrollment policy, dismissal or transition policy, family survey form and family handbook reflect the philosophy and practices that support diversity, equity, and inclusion, family engagement and reciprocal partnerships.
Staff Manual or Provider Handbook and Family Handbook includes information about program's role in monitoring children/ youth's development and sharing concerns with families about potential developmental or behavioral delays/issues.
Copies of written confidentiality policy and release of information.
Samples of materials developed and/or shared in alternative formats (i.e., varied reading levels, abilities, cultures and languages).
Copy of notes from family/teacher conferences/meetings in child/youth's file.
Child/youth's file includes information from families about child/youth's background, experiences, likes, dislikes, home routines, customs, strengths and needs is regularly updated.
Copies of materials developed and/or shared are easy for most families to understand and contain few technical terms (i.e., little or no jargon or acronyms).
Oral/Picture Communication is used as an alternative to written communication.

	QRIS Standard 6: Child and Youth Assessment					
	Inclusive Indicator		Rating			
		Yes	Somewhat	Not Yet		
1.	Program conducts or has a written process for obtaining developmental screening information.					
2.	When a program's screening or observation data suggest that further health, behavioral or developmental screenings and/or assessments are needed, there is a written process for sharing information with and gathering information from the family and when appropriate, guiding them to available resources.					
3.	Assessments are selected based on the intended purpose of the assessment tool(s) and are developmentally, culturally, and linguistically appropriate (non-biased items) for the children/youth being assessed.					
4.	Assessments are conducted on an ongoing basis and provide children/youth multiple ways of demonstrating what they know and can do (e.g., knowledge may be demonstrated verbally [including in home language], physically or by writing/drawing or through the use of assistive technology).					
5.	Collecting and using observations and other types of formative assessment information is used to tailor instruction to the individual needs of children/youth.					
6.	Program collaborates with families, other program staff and/or service providers to gather information as well as to share children/youth's progress following confidentiality rules.					

	QRIS Standard 6: Child and Youth Assessment				
Pro	QRIS Standard 6: Child and Youth Assessment gram Findings – What strengths were identified? What needs improvement? Please explain any "Not Yet" rating.				
	Source of Evidence – Examples to demonstrate how your program meets the indicator.				
	Samples of screenings, assessments and the formalized process.				
	Staff responsible for screenings and assessments have Professional Development Profile (PDP) or other documentation showing completion of screening and/or assessment training (selecting, administering, documenting, interpreting and sharing and using data).				
	Staff Manual or Provider Handbook and/or Family Handbook include information about support for ongoing training and supervision to administer, interpret, report and use the assessment information to inform curriculum, instruction, adaptations and modifications.				
	Children/youth's files include screenings and assessments.				
	Copies of written confidentiality policy and release of information.				
	Written policy/procedure for referring families when a health or developmental screening or evaluation for a child/youth is necessary; and obtaining information from the assessments to support a child/youth's access and participation in the program.				
	A plan is in place for involving families, interpreters or translators to assist with the assessment process when needed.				

	QRIS Standard 7: Health, Safety, Nutrition and Physical Activity					
	Inclusive Indicator		Rating			
Inclusive Indicator		Yes	Somewhat	Not Yet		
1.	Program is aware of the resources and knows how to access the supports to prevent and manage stress and ensure workplace health, safety and emotional wellbeing.					
2.	Program develops with a child/youth's family, health care professional and other specialists, a care plan that addresses routine and emergency care for children/youth with special health care needs/disabilities.					
3.	Program director/coordinator/owner continue to identify strategies and resources to support safe, healthy and inclusive settings by considering a balanced number of children/ youth with and without disabilities (reflecting the principle of natural proportions) as well as appropriate adult/child ratios.					
4.	The program has a written policy on physical activity including the following: 1) the amount of time provided; 2) staff practices that encourage and support physical activity; 3) how children/youth with disabilities participate; and 4) active play is not withheld as a way to manage challenging behaviors.					
5.	The program's physical activity and nutrition self-assessment action plan incorporates goals that are inclusive of children/youth with disabilities.					
6.	The program's admission/enrollment policy includes information from families about their child/youth's feeding/eating considerations, customs and beliefs about food and dietary or nutritional requirements.					
7.	Program works with the family and other professionals (e.g., family, health care professional, health consultant, interpreter, cultural broker, nutritionist, speech, physical and occupational therapists) involved with a child/youth to develop and implement dietary and eating plans, when needed.					

QRIS Standard 7: Health, Safety, Nutrition and Physical Activity				
Program Findings – What strengths were identified? What needs improvement? Please explain any "Not Yet" rating.				
Source of Evidence – Examples to demonstrate how your program meets the indicator.				
Documentation of training hours or credential in MRTQ PDN Registry Professional Development Profile (PDP).				
Child/youth record includes a plan of care related to special health care needs such as diabetes, asthma, allergies, seizures, diet, special feeding/eating considerations, etc.				
Copy of the Physical Activity Policy.				
Staff Manual or Provider Handbook and Family Handbooks.				
Policies and procedures manuals.				
Copy of physical activity and nutrition summary of self-assessment and/or action plan.				

Section 2: Developing Your Action Plan



Rising Stars for ME Inclusive Practices Checklist Program Profile for Action Planning					
Program Name:					
Current QRIS Rating:					
Completed by:					
Director/Owner Signature:					
Date:					
Program Findings Program Strengths:					

Program Profile for Action Planning					
Priorit	Priorities for Action Planning				
1 High Priority	2 Medium Priority	3 Low Priority			
	Priorit 1 High	Priorities for Action Pla 1 2 High Medium			

Use the information on this form in the development of your program's Continuous Quality Improvement (CQI) Plan.Priority Areas forStops to AddressPersonResources or SupportsTargeted Date for					
Improvement	Steps to Address	Responsible	Needed	Completion	

Section 3: Resources and References



Additional Resources

Maine Sources for Technical Assistance and Guidance Related to Quality Improvement Activities

Maine Department of Education Child Development Services – https://www.maine.gov/doe/learning/cds

Maine Department of Education Public Preschool – https://www.maine.gov/doe/learning/earlychildhood/publicpreschool/

Maine's Expanding Inclusive Opportunities (MEIO) Inclusion in Early Childhood Settings Toolkit – https://ccids.umaine.edu/ resources/inclusion-toolkit/

Maine Roads to Quality - Professional Development Network - https://mrtq.org

Maine Roads to Quality Warm Line - https://mrtq.org/warmline/

University of Maine Center for Community Inclusion and Disability Studies (CCIDS) Early Childhood Resources – https://ccids.umaine.edu/resources/for-professionals-and-practitioners/#Early_Childhood

Selected National Resources

Building Equitable Learning Environments Library – resources and recommendations for creating more equitable and empowering learning environments and our AUCD Diversity and Inclusion Toolkit – https://www.aucd.org/template/news.cfm?news_id-11926&id=17

CDC Learn the Signs. Act Early - https://www.cdc.gov/ncbddd/actearly/index.html

Center for Parent Information and Resources - https://www.parentcenterhub.org/

Division of Early Childhood of the Council for Exceptional Children - https://www.dec-sped.org/

Early Childhood Technical Assistance Center (ECTA) – https://ectacenter.org/

- Head Start Early Childhood Learning and Knowledge Center (ECLKC) Culturally and Linguistically Responsive EXPRESS CHECKOUT – https://eclkc.ohs.acf.hhs.gov/publication/culturally-linguistically-responsive-express-checkout-worksheet
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KIT – Kids Included Together Online Learning Center – Free Inclusion Learning Resources – https://learnonline.kit.org/store/about

National Association for the Education of Young Children (NAEYC) – Anti-Bias Resources https://www.naeyc.org/taxonomy/ term/106/

National Center for Cultural Competence, Georgetown University - https://nccc.georgetown.edu/about/

National Professional Development Center on Inclusion (NPDC) – https://npdci.fpg.unc.edu

National Resource Center for Health and Safety in Child Care and Early Education (NRC) – https://nrckids.org/

National Training and Technical Assistance Center, The Administration for Children and Families' (ACF) Office of Head Start and Office of Child Care – https://eclkc.ohs.acf.hhs.gov/about-us/article/training-technical-assistance-centers

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Inclusion in early childhood programs refers to including children with disabilities in early childhood programs, together with their peers without disabilities; holding high expectations and intentionally promoting participation in all learning and social activities, facilitated by individualized accommodations; and using evidence-based services and supports to foster their development (cognitive, language, communication, physical, behavioral, and social-emotional), friendships with peers, and sense of belonging. This applies to all young children with disabilities, from those with the most significant disabilities.

Source: U.S. Department of Health and Human Services, & U.S. Department of Education. (2015). *Policy statement on inclusion of children with disabilities in early childhood programs*. Washington, DC: U.S. Department of Health and Human Services.

