SCS-ILM Inclusion Policy:
Caring for Children and Families when a Child Requires Extra Support

Philosophy Statement

In a high quality, inclusive program the Educator is responsive to the individual abilities and needs of each child. Opportunities are provided for all children to learn through play with their peers, supported by knowledgeable, trained Educators.

All children need support to reduce or eliminate barriers so they can learn and fully engage in experiences with their peers. This is in line with understanding in trauma informed practice. Adaptations and strategies are specific to each child. Occasionally, additional staff are required as part of a strategy to include every child.

Genuine inclusion is more than just a child's presence within the service throughout the day. It ensures active, meaningful participation by every child in the daily program and with one another. How this occurs will be different for each child, based on individual abilities and needs. An underlying belief at SCS-ILM is that all children should be valued, have friends and feel they belong.

Inclusive Practice

All educators and the licensee should be aware of each child's developmental goals and the support needed to achieve them. Goals are written in the child's trauma-informed practice care individual care and education plan (TIPICEP) and should be incorporated into the daily program. The Educators are responsible for meeting the needs of all children in their care.

Inclusive practice meets TIPICEP goals most effectively when:

- All children, including children with additional support needs, are valued, active participants in group social play and in all of the program's experiences and routines.
- Positive attitudes are demonstrated by Educators when making changes to accommodate all children.
- All Educators are aware of the goals of children's TIPICEPs and supporting them in everyday activities.
- Educators work as a team with parents and other professionals to develop, carry out and review TIPICEPs for children with additional support needs
- Educators pursue specific training in inclusive practice, through external professional development and in-service training

When This Policy Guide Applies

When a child is requiring one:one support for the majority of their day or when a child's needs are placing the health and safety of themselves or other children in the program at risk. As all children will require some additional supports some of the time, and all children

will benefit from additional, individualized supports, this guide applies only to when child needs are above and beyond what would be typically expected for a child of a given age.

Health and safety needs are, for the purpose of this policy, defined as behaviour, actions or needs which require an Educator to be available one:one with the child in order to physically keep the child / other children safe. Examples include:

- Biting (outside of developmentally appropriate biting for infants and toddlers. Licensing defines biting other children after the age of 3 as developmentally atypical).
- Scratching / pinching / hitting / stabbing / kicking and other physical assault actions.
- Running away / leaving the group (this leaves the remaining children without adequate supervision).
- Dangerous actions that are a potential hazard to self / others (throwing objects at others that would cause harm; running into traffic; running into the river; jumping out / climbing out of wheeled vehicles while moving).
- Continuous dysregulated behaviours that require a teacher to be beside the child at all times.
- Feeding or toileting needs that require continual one:one support.
- Physical health needs that require regular one:one support (for example, oxygen / breathing support, extensive medication administration (more than 4x per day, or injected medications) or mobility support requiring an educator in addition to a mobility aid).

It is understood that most children will occasionally require additional support with health and safety needs. It is understood that some children will require moderate amounts of additional support.

Possible Pathways

Path 1: The family has already identified that their child requires some additional support within the classroom, and they want to arrange to send in a worker who will work with the child in the program ⇒ See page 5

Path 2: The family has already identified that their child requires some additional support within the classroom and they have contacted the local Supported Child Care program and funding is / will be provided with funding for a support aide to work with their child. ⇒ See Page 7

Path 3: The family has already identified that their child requires some additional support within the classroom and they have / Educators have contacted the local Supported Child Care program and they are “in process” or on a waitlist to receive funding for a support aide to work with their child. ⇒ See Page 8

Path 4: The child is receiving funding from the local Supported Child Care program as part of a shared contract with other children in the program, and as Educators observe the child, Educators notice that the child is continuing to experience unmet needs and/or reactive behaviours in the classroom ⇒ See Page 12

Path 5: The child is receiving funding from the local Supported Child Care program, but the funding covers only a portion of the hours that the child attends and as Educators observe the child, Educators notice that the child is continuing to experience unmet needs and/or reactive behaviours in the classroom⇒ See Page 12

Path 6: The family has identified that their child may require some additional support, but they have not taken any steps beyond need recognition. ⇒ See Page 16

Path 7: The family has not identified any needs for their child, but as Educators observe their child, Educators notice that the child is having some difficulties in the classroom setting ⇒ See Page 21

Path 8: The family does not agree that the child requires any additional support in the classroom ⇒ See Page 29

Each of these scenarios requires different action steps. In the following pages we will attempt to describe each of the required steps. However, just as each child is unique, so is each support situation and so these steps should be used as a guide, but flexibility and adaptability is always the key to working with children and their families.

Path 1: *The family has already identified that their child requires some additional support within the classroom, and they want to arrange to send in a worker who will work with the child in the program*

SCS-ILMcwill not typically bring in an external support worker (this does not refer to external agency consultations, such as what PACE, SCD, REMH and SLP provide) to work in the classroom due to the variety of historical difficulties around this, including:

1. Difference of philosophy between the worker and the program.

2. Insurance and Liability issues with having a non-employee working within the program.

3. Barriers to team-wide integration of strategies

4. As a socially-based program, the worker is likely to work with groups of children, and is not accountable to SCS-ILM for any actions or behaviours that may occur while in the classroom.

5. Conflict of goals and strategies between SCS-ILM and other specialized approaches can cause significant barriers to SCS-ILM Educators providing ongoing care and education.

However, there are occasional situations where this may be required, such as:

1. Specialty support is required, such as speech and language, feeding or mobility support, and the worker sent by the family is working specifically on these areas only
2. SCS-ILM is unable to hire a support aide and this is a temporary support to allow the child to continue to attend the program

In the event that a family requests this pathway:

Step 1: The request is referred to the IC, PC and owners for consideration.

Step 2: If the request is not feasible, the IC will determine with the family how to best meet the child's needs, by either following another pathway or by adjusting the child's schedule (for example, if BI is required, that may occur at home and then the child arrives later in the day; or if the classroom is empty at a particular time, the BI might occur in the empty classroom at this prearranged time)

Step 3: If the request is feasible, a contract is written between the family, worker and SCS-ILM by the owners, to clearly identify the boundaries and expectations for the worker within the program, an evaluation process, a timeline for the involvement, and the responsibility of payment and oversight for the worker.

Step 4: Prior to working with the program, the worker must submit a complete Volunteer / External Support file, to ensure that Child Care licensing standards around adults within the program are met. The worker may not begin until this file is complete, and this includes the completion of a criminal record search.

Path 2. *The family has already identified that their child requires some additional support within the classroom and they have contacted the local Supported Child Care program and funding is / will be provided with funding for a 1:1 support aide to work with their child.*

Step 1. The IC or PC (time permitting) will contact Supported Child Care Development to confirm details of the funding contract.

Step 2. Once the funding contract is confirmed, the PC will complete a job posting; the IC and PC will conduct interviews. The child is not able to attend the program without a support aide, and therefore time is of the essence in this process.

Step 3. If the child is unable to have their health and safety needs met until a support aide is available, follow Path 3.

Educators are expected to document support needs on a daily basis via log book or a child-specific log, if the child is attending without a support aide, to ensure that health and safety needs are being adequately met. The IC/PC (as time permits) should be reviewing the log book daily, to be aware of program deficits in this area.

Step 4. Once a support aide is hired, the family will be contacted and updated. Attendance hours will be determined based on support needs and available funding. An agreement will be made together with the family regarding the support aide schedule, child attendance hours, and protocol for when a support aide is unavailable.

Step 5. Prior to starting, the Support aide will review any TIPICEP's that have been completed for the child. If none of been completed, this should be scheduled within the first 2 weeks of employment.

As a 1:1 Support Aide, they will be responsible to schedule, together with the IC's supervision, TIP instructional rounds, updated TIPICEP's and day to day family communication about the child.

Path 3. *The family has already identified that their child requires some additional support within the classroom and they have contacted the local Supported Child Care program and they are "in process" or on a waitlist to receive funding for a 1:1 support aide to work with their child.*

It is understood that children must be well supported in that setting so that they can learn and develop to their fullest potential. Child attendance, participation and inclusion should therefore not be 'subject to available resources.' However, at this time, 'subject to available resources' is a reality.

The waitlist to receive funding through SCD can be extensive. Typically, children who are on the waitlist will be considered in March for the following school year. There is also no certainty of funding for children on the waitlist for the following school year.

Step 1: Documentation

To ensure that there is a clear picture of the child's current needs, teachers should complete an intensive observation and documentation period.

1. Document the support needs of the child for a one-week period via log book. Complete a minimum of 2 TIP instructional round assessments, with a preference of 4 (completed by 2 different educators, if ratios and care needs allow).

2. Complete a TIP Instructional Rounds meeting, compiling the information into patterns and categories.

3. Complete an ASQ, if one has not recently been completed: this should be done first by the parents and then have the educators go through and also complete, ensuring that the development seen is consistent between contexts.

Step 2: Parent Meeting

1. Parent meeting should be scheduled to review the TIP Instructional Rounds documentation. If parents are unavailable or unable to meet within the following week, Educators and IC should email relevant portions of the TIPICEP to parents to complete, continuing on with the care plan, as time is often of the essence.

2. Initial steps should be taken to request additional support: PACE (1x week, 6 weeks, to guide developing learning plan); Family Supports (Wishing Star or Early Mental Health); Pediatrician Assessment or psych-ed assessment (if recommended by health nurse or SCD). SCD may be able to provide intake services without providing funding for a support worker: this looks like observations and recommendations for the classroom. *Please note that SCD is not able to provide support while SCS-ILM is a part of the Inclusion Pilot prototype project.*

3. Based on the needs assessment documentation, parents and educators will agree to at least 2 strategies to implement.

   Strategies should not be aimed only at the specific child, but additionally be aimed to reduce barriers at a centre level, and may require adaptations within curriculum implementation, pedagogy and organizational practices so that they meet the needs of all children whenever possible.

In order to support the child's success, educators and the inclusion coordinator may determine additional temporary steps are required, to ensure health and safety, such as (but not limited to):

- Alter attendance hours. If there are key times of the day that present an increased level of challenge for the child, or if the length of the day presents an increased level of challenge for the child, shortening the day can often be beneficial. Similarly, if the child is requiring extra support, the child's attendance hours need to fall within the hours that a support worker is provided to SCS-ILM. When possible, SCS-ILM will work with the family to adjust educator schedules to accommodate family needs.

- Change drop off / pick up routine. At times, the transition inside / outside can be an overwhelming challenge for a child. If this transition is a time of particular challenge, some safety concerns may be eliminated by removing these transitions altogether - having the child dropped off outside or picked up outside, having them arrived dressed and ready to go, or having them drop off directly to an educator who will have some one:one time set aside to support the home-school transition.

- Change in program schedule. At times, adapting the program schedule may provide for teacher availability at needed times; may reduce the need for support for this or other children; may better fit with developmental needs; may reduce number of transitions or altogether remove times that the child is needing support

4. These strategies, along with information shared by parents, Educators, and support agencies, will be written into a TIPICEP. This will typically be completed by the IC, however, if time is not available, may be coordinated by Educators, PC and/or IC.

Step 3: TIPICEP

1. The TIPICEP should be written following the parent meeting or Educator meeting/parent email information is received. This should be completed on the Trauma Informed Practice Individual Care and Education Plan template.

2. Once complete, this is shared with parents and Educators (and external support agencies as applicable) to confirm the final document accurately reflects the various perspectives.

3. Once final confirmation is received, the TIPICEP should be printed and placed in the binder in the staff room, and strategies should then be implemented.

Step 4: Implementation

1. Prior to implementation, the Educators should set a review date to return to the start of this iterative process: TIP instructional round assessments; TIP instructional rounds; Revise TIPICEP; Implement.

Step 5: Assessment

1. Two weeks after these strategies are implemented, (it is understood that change takes time, but there should at least be at trend of improvement following the introduction of changes), the IC / PC (as time allows) will review the log book, complete 1 (but 2 is preferred) TIP instructional round assessment and meet with the Educators to discuss what is effective and what is not.

2. If the child is continuing to experience needs that are unable to be safely met within the classroom context, one:one support will be required for the child to continue to attend the program.

   The family will commit to:

   - Limiting attendance, in the event that the child can be supported within ratio for specific times of attendance.

   - Paying hourly wage costs for the one:one worker until funding from SCD begins, with the hours of attendance agreed to between SCS-ILM and the parent (s).

   - If a shared contract might be appropriate and there is another family able to share a one:one worker, the hours provided will be divided proportionately between children, based on registration, and the family will be responsible to pay for one:one worker hours for their “portion.”

   - In the event a one:one worker is unavailable, keeping the child home for the day or picking the child up early if child needs are unable to be temporarily met under available educator:child ratios.

   SCS-ILM will commit to:

   - Contacting Supported Child Care Development (or, during the Universal Child Care Prototype program, contacting the MCFD Inclusion Pilot office), outlining the needs and concerns and requesting short-term funding support. Letters requesting support for the child will continue to be sent every 2 weeks during the time that parents are paying the costs for the one:one worker, recognizing that safe participation and inclusion should not be ‘subject to available resources.’

   - Paying costs for job postings and hiring costs and MERCs for a new employee to fill the one:one role.

   - Using existing Educators whenever possible, to fill the one:one role when the one:one Educator is absent.

   - Temporarily adjust the program to provide inclusive care without a support aide for short-term, limited care hours, in the event of Educator illness, as long as health and safety for all children can be assured.

Path 4: *The child is receiving funding from the local Supported Child Care program as part of a shared contract with other children in the program, and as Educators observe the child, Educators notice that the child is continuing to experience unmet needs and/or reactive behaviours in the classroom.*

OR

Path 5: *The child is receiving funding from the local Supported Child Care program, but the funding covers only a portion of the hours that the child attends and as Educators observe the child, Educators notice that the child is continuing to experience unmet needs and/or reactive behaviours in the classroom.*

It is understood that children must be well supported in that setting so that they can learn and develop to their fullest potential. Child attendance, participation and inclusion should therefore not be 'subject to available resources.' However, at this time, 'subject to available resources' is a reality.

Step 1: Parent Communication: The IC (or PC/Educator as available) will contact the parents to let them know about the ongoing needs that the child requires support with. This conversation must include the following:

- Explanation of needs and/or behavioural reactions that are occurring.
- Inquiry about what parents are seeing at home.
- Information about any strategies that have been tried to date (at child care or at home).
- Information about the next steps - any actions that the parents will be taking, and any actions that the educators / IC will be taking.
- Date to meet again and discuss further.

This conversation should be documented on a TIP Needs Awareness Form.

Step 2: Documentation

To ensure that there is a clear picture of the child's current needs, teachers should complete an intensive observation and documentation period.

1. Document the support needs of the child for a one week period via log book. Complete a minimum of 2 TIP instructional round assessments, with a preference of 4 (completed by 2 different educators, if ratios and care needs allow).
2. Complete a TIP Instructional Rounds meeting, compiling the information into patterns and categories.
3. Identify strategies for the program and / or for the child during the TIP Instructional Rounds meeting
4. The child's TIPICEP should be updated with the new strategies to implement. if time allows, a parent meeting should be held to discuss these strategies and reflect any parental ideas. If the TIP Instructional Rounds meeting has suggested additional home strategies, the IC / PC (as time allows) must contact the parents to discuss possible implementation.

In order to support the child's success, educators, the support aide and the inclusion coordinator may determine that additional steps may be required, to ensure health and safety, such as (but not limited to):

- Alter attendance hours. If there are key times of the day that present an increased level of challenge for the child, or if the length of the day presents an increased level of challenge for the child, shortening the day can often be beneficial.

- Alter support worker schedules, so that the child is receiving direct support during the highest need times of the day.

- Change drop off / pick up routine. At times, the transition inside / outside can be an overwhelming challenge for a child. If this transition is a time of particular challenge, some safety concerns may be eliminated by removing these transitions altogether - having the child dropped off outside or picked up outside, having them arrived dressed and ready to go, or having them drop off directly to an educator who will have some one:one time set aside to support the home-school transition.

- Utilize the support worker to remove the child from the physical space during times that are experienced by the child as highly difficult. Reducing the overall stressors throughout the day may at times reduce the needs for support.

- Change in program schedule. At times, adapting the program schedule may provide for teacher availability at needed times; may reduce the need for support for this or other children; may better fit with developmental needs; may reduce number of transitions or altogether remove times that the child is needing support

- Change groupings of children. While consistency and relationships are key, at times the needs of other children can cause enough of a conflict that the relational environment increases a child's support needs.

- Utilize the support worker to provide pedagogical instruction to support acquisition of developmentally appropriate skills that may in turn, lead to reduced support needs. This may include direct instruction, group instruction / provocations, moderators or physical tools in the classroom or home-school resource materials

Step 3: Assessment

1. Two weeks after these strategies are implemented, (it is understood that change takes time, but there should at least be at trend of improvement following the introduction of changes), the IC / PC (as time allows) will review the log book, complete 1 (but 2 is preferred) TIP instructional round assessment and meet with the Educators to discuss what is effective and what is not.

If the child is continuing to experience needs that are unable to be safely met within the classroom context, one:one support will be required for the child to continue to attend the program.

The family will commit to:

- Limiting attendance to be only within hours that a one:one worker is available for or

- Paying hourly wage costs for the one:one worker, for any non-funded hours of attendance, agreed to between SCS-ILM and the parent (s):

If on a shared contract, the hours provided will be divided proportionately between children, based on registration, and the family will be responsible to pay for one:one worker hours beyond what would be "allotted" to the child under the existing contract.

If on a contract with limited hours, the family will be responsible to pay for the difference of one:one worker hours between what the child receives funding for and what the child attends.

- In the event a one:one worker is unavailable, keeping the child home for the day or picking the child up early if child needs are unable to be temporarily met under available educator:child ratios

SCS-ILM will commit to:

- Contacting Supported Child Care Development (or, during the Universal Child Care Prototype program, contacting the MCFD Inclusion Pilot office), outlining the needs and concerns and requesting short-term funding support. Letters requesting support for the child will continue to be sent every 2 weeks during the time that parents are paying the costs for the one:one worker, recognizing that safe participation and inclusion should not be 'subject to available resources'

- Paying costs for job postings and hiring costs and MERCs for a new employee to fill the one:one role.

- Using existing Educators whenever possible, to fill the one:one role when the one:one Educator is absent.

- Temporarily adjust the program to provide inclusive care without a support aide for short-term, limited care hours, in the event of Educator illness, as long as health and safety for all children can be assured.

Path 6: *The family has identified that their child may require some additional support but to date, no steps beyond need recognition have occurred.*

Step 1: Documentation

To ensure that there is a clear picture of the child's current needs, teachers should complete an intensive observation and documentation period.

1. Document the support needs of the child for a one-week period via log book. Complete a minimum of 2 TIP instructional round assessments, with a preference of 4 (completed by 2 different educators, if ratios and care needs allow).

2. Complete a TIP Instructional Rounds meeting, compiling the information into patterns and categories.

3. Complete an ASQ, if one has not recently been completed: this should be done first by the parents and then have the educators go through and also complete, ensuring that the development seen is consistent between contexts.

Step 2: Parent Communication

The IC (or PC/Educator as available) will contact the parents to update them about the ongoing needs that the child requires support with. This conversation must include the following:

- Explanation of needs and/or behavioural reactions that are occurring.
- Inquiry about what parents are seeing at home.
- Information about any strategies that have been tried to date (at child care or at home).
- Information about the next steps - any actions that the parents will be taking, and any actions that the educators / IC will be taking
- Information about referrals

This conversation should be documented on a TIP Needs Awareness Form.

Step 3: Referrals

The IC (or PC/Educator as available), will complete referrals to any agreed to agencies, for parents to follow up on. This may include:

1. SCD *(this referral may be made during the inclusion pilot program, but families will not be added to the intake process until the end of the inclusion pilot)* SCS-ILM completes a referral form, either for an individual or group contract; parents must sign the form before submission. 604-279-7010; http://www.rscl.org/supported-child-development
2. Speech and Language - this is a self-referral; contact information should be provided to parents. Waitlist list is typically 16 months. 604-233-3228. There are a variety of private speech therapists available in Richmond with usually only a few-weeks waiting list.
3. Audiology - this is a self-referral; contact information should be provided to parents 604-233-3188.
4. Public Psych-Ed Assessment - a letter summarizing needs seen in class, along with ASQ's or any other in-class assessments, should be provided to the family to bring to the pediatrician or GP. A referral to Sunnyhill is made through the pediatrician or GP.
5. Private Psych-Ed Assessment - The PRTC Assessment Clinics offer psycho-educational assessments and/or consultation for children, youth and adult students (grade 12 to post-secondary) who have questions about their cognitive, academic, social-emotional, or behavioural strengths and weaknesses in order to provide diagnoses and/or to develop strategies to meet their individual learning needs. Young clients are referred by their parents, community agencies, or practitioners in schools and agencies. Waiting lists are minimal and the assessment process is expected to be completed within about two weeks following completion of the testing process. Current fees for assessment are $1700.00 for assessment with a clinician under supervision. Assessments undertaken by Registered Psychologist carry a fee of $2200.00. Contact the PRTC by phone 604 822 1364 regarding referral procedures.
6. Richmond Early Mental Health - a letter summarizing needs seen in class, along with ASQ's or any other in-class assessments, should be provided to the family to

bring to the pediatrician or GP. This can also be sent directly to Richmond Early Mental Health, advocating for support. 604-278-9711 ext. 4055

7. IDP - the infant-development program accepts self-referrals for children under 30 months of age. A letter summarizing needs seen in class, along with ASQ's or any other in-class assessments, can be sent to the IDP program once the parents have called in requesting support. Requests can be directed through the community health nurse that the parents were given following the child birth, or the school can contact the Richmond Community Health dept and request the current contact person for IDP referrals. 604-279-7016

8. Sleep Consultants - sleepdreams.ca is recommended by pediatricians at Children's hospital. This may be covered under private insurance plans; the cost otherwise runs about 650.00. For other sleep concerns, parents can consult with a pediatrician (do NOT use a GP), as pediatrician's can recommend melatonin, assess sleep stages, and refer to the children's hospital sleep clinic (which is free) if required.

9. Private Counselling - The Wishing Star is highly recommend for private parent-coaching / child-and-parent counselling. The waitlist is around 3 months; it is located in Whiterock, but they are the only place that specializes in children under the age of 8. In Richmond, there are sliding-scale fee services available through Touchstone Family Association. This is a self-referral service; for more information, call 604.279.5599 or email touchstone@touchfam.ca

10. PACE - PACE typically has a 6 - 8 month wait list. www.thepaceprogram.ca. We complete a referral form, either for an individual or group contract; parents must sign the form before submission. PACE will meet with parents and provide support to SCS-ILM for 4 hours a week, for 6 weeks.

11. Free Childhood Dental Screening - Self-referral 604-233-3150

12. Vancouver Coastal Health nutrition services - Self-referral 604-233-3150. For children under 30 months, a pediatrician can refer the family to the infant feeding team, which is associated with GF Strong and IDP.

Step 4: TIP Instructional Rounds

1. Document the support needs of the child for a one week period via log book. Complete a minimum of 2 TIP instructional round assessments, with a preference of 4 (completed by 2 different educators, if ratios and care needs allow).

2. Complete a TIP Instructional Rounds meeting, compiling the information into patterns and categories.

3. Identify strategies for the program and / or for the child during the TIP Instructional Rounds meeting

Step 5: Parent Meeting

1. Parent meeting should be scheduled to review the TIP Instructional Rounds documentation. If parents are unavailable or unable to meet within the following week, Educators and IC should email relevant portions of the TIPICEP to parents to complete, continuing on with the care plan, as time is often of the essence.

2. Review with parents referrals that have been recommended for extra support as per above and confirm parental follow up has occurred. *Due to significant waitlists, this is a long-term measure, but it is expected that, when a child is exhibiting needs that are placing the health and safety of themselves or other children in the program at risk, parents take every step possible to help address these needs in the home context.*

3. Based on the needs assessment documentation, parents and educators will agree to at least 2 strategies to implement.

   Strategies should not be aimed only at the specific child, but additionally be aimed to reduce barriers at a centre level, and may require adaptations within curriculum implementation, pedagogy and organizational practices so that they meet the needs of all children whenever possible.

   In order to support the child's success, educators and the inclusion coordinator may determine additional temporary steps are required, to ensure health and safety, such as (but not limited to):

   - Alter attendance hours. If there are key times of the day that present an increased level of challenge for the child, or if the length of the day presents an increased level of challenge for the child, shortening the day can often be beneficial. Similarly, if the child is requiring extra support, the child's attendance hours need to fall within the hours that a support worker is provided to ILM. When possible, SCS-ILM will work with the family to adjust educator schedules to accommodate family needs.

   - Change drop off / pick up routine. At times, the transition inside / outside can be an overwhelming challenge for a child. If this transition is a time of particular challenge, some safety concerns may be eliminated by removing these transitions altogether - having the child dropped off outside or picked up outside, having them arrived dressed and ready to go, or having them drop off directly to an educator who will have some one:one time set aside to support the home-school transition.

   - Change in program schedule. At times, adapting the program schedule may provide for teacher availability at needed times; may reduce the need for support for this or other children; may better fit with developmental needs; may reduce number of transitions or altogether remove times that the child is needing support.

4. These strategies, along with information shared by parents, Educators, and support agencies, will be written into a TIPICEP. This will typically be completed by the IC, however, if time is not available, may be coordinated by Educators, PC and/or IC.

Step 6: TIPICEP

1. The TIPICEP should be written following the parent meeting or Educator meeting/parent email information is received. This should be completed on the Trauma Informed Practice Individual Care and Education Plan template.

2. Once complete, this is shared with parents and Educators (and external support agencies as applicable) to confirm the final document accurately reflects the various perspectives.

3. Once final confirmation is received, the TIPICEP should be printed and placed in the binder in the staff room, and strategies should then be implemented.

Step 7: Implementation

Prior to implementation, the Educators should set a review date to return to the start of this iterative process: TIP instructional round assessments; TIP instructional rounds; Revise TIPICEP; Implement.

Step 8: Assessment

If the TIPICEP is not supporting improvements or if the child is continuing to experience behaviours that are leading to compromised health and safety, move to Path 3, 4 or 5.

Once on the waitlist for extra support in the classroom (if required), follow Path 3.

Parental Non-Involvement

We recognize that Parents are the most important relationship in the child's life, and the home environment has the strongest impact on early childhood development. Accordingly, supporting children requires parent-school collaboration.

While there may be differences of perspective, if health and safety is at risk for children in the classroom, Educators may need to require strategies or supports (such as a classroom aide) in order to be in compliance with health and safety standards as required by the child care licensing authority.

If at any point parents are unwilling or unable to support strategies that are identified by Educators as required to support the child, refuse to seek out support funding or allow external agencies (SCD, PACE, community health) to provide in-classroom observations or support, SCS-ILM may have to terminate child care services or limit attendance hours.

Path 7: *The family has not identified any needs for their child, but as Educators observe their child, Educators notice that the child is having some difficulties in the classroom setting (i.e. screaming, hitting, running, non-verbal, no eye contact, biting, easily distracted)*

Step 1: Parent Communication

The IC (or PC/Educator as available) will contact the parents to let them know about the ongoing needs that the child requires support with. This conversation must include the following:

- Explanation of needs and/or behavioural reactions that are occurring.

- Inquiry about what parents are seeing at home.

- Information about any strategies that have been tried to date (at child care or at home).

- Information about the next steps - any actions that the parents will be taking, and any actions that the educators / IC will be taking.

- Date to meet again and discuss further.

This conversation should be documented on a TIP Needs Awareness Form.

It is important to recognize that for many parents, this will be the first time that they have been made aware of any additional needs their child may have. Often children will demonstrate needs in a social context that do not occur at home; or parents are unaware that a need is atypical. Accordingly, this step may occur over multiple conversations and meetings - the desired outcome is to be able to have the parent understand the Educator's concerns and be able to collaborate together to meet the child's needs. While time is often of the essence, it is also important for Educators to be aware that parents also have an emotional process to work through as they see their child in different contexts and with different needs. Parents may needlessly blame themselves for the child's needs; become angry or defensive; or believe that the needs are a result of Educator incompetence. It is not unusual for a family to choose to leave the child care facility rather than engage in developing strategies to support the child.

Because of this, the IC / Educators / PC must be aware that these conversations are emotional, delicate, and the intent of the message from the child care perspective may not necessarily be communicated accurately. It is suggested that the conversation (s) be followed up with a summary email for parents, and an invitation for any questions once the parents have had a chance to reflect on the information.

Step 1: Documentation

To ensure that there is a clear picture of the child's current needs, teachers should complete an intensive observation and documentation period.

1. Document the support needs of the child for a one week period via log book. Complete a minimum of 2 TIP instructional round assessments, with a preference of 4 (completed by 2 different educators, if ratios and care needs allow).

2. Complete a TIP Instructional Rounds meeting, compiling the information into patterns and categories.

3. Complete an ASQ, if one has not recently been completed: this should be done first by the parents and then have the educators go through and also complete, ensuring that the development seen is consistent between contexts.

Step 2: Parent Communication

The IC (or PC/Educator as available) will contact the parents to update them about the ongoing needs that the child requires support with. This conversation must include the following:

- Explanation of needs and/or behavioural reactions that are occurring.

- Inquiry about what parents are seeing at home.
- Information about any strategies that have been tried to date (at child care or at home).
- Information about the next steps - any actions that the parents will be taking, and any actions that the educators / IC will be taking.
- Information about referrals.

This conversation should be documented on a TIP Needs Awareness Form.

Step 3: Referrals

The IC (or PC/Educator as available), will complete referrals to any agreed to agencies, for parents to follow up on. This may include:

SCD *(this referral may be made during the inclusion pilot program, but families will not be added to the intake process until the end of the inclusion pilot)* SCS-ILM completes a referral form, either for an individual or group contract; parents must sign the form before submission. 604-279-7010; http://www.rscl.org/supported-child-development

Speech and Language: Nanaimo Child Development Centre Society provides assessment and therapy to help children with speech and language concerns develop their listening, communication and language skills. Services include individual therapy, family support, and coordination of services with community agencies. Website: nanaimocdc.com/school-age-therapy / Address: 1135 Nelson Street Nanaimo, BC V9S 2K4 / Phone: (250) 753-0251 / Email: info@nanaimocdc.com

Island Health Hearing Program: Nanaimo Hearing Clinic. Website: https://www.islandhealth.ca/our-services/children-youth-services/hearing-program / Address: 1665 Grant Ave Nanaimo, B.C. V9S 5K7 Phone: (250) 755-6269 or Toll Free: 1 (877) 370-8699 / Email: NanaimoHearing@islandhealth.ca

Public Psych-Ed Assessment - a letter summarizing needs seen in class, along with ASQ's or any other in-class assessments, should be provided to the family to bring to the pediatrician or GP. A referral to Sunnyhill is made through the pediatrician / GP.

Private Psych-Ed Assessment - The PRTC Assessment Clinics offer psycho-educational assessments and/or consultation for children, youth and adult students (grade 12 to post-secondary) who have questions about their cognitive, academic, social-emotional, or behavioural strengths and weaknesses in order to provide diagnoses and/or to develop strategies to meet their individual learning needs. Young clients are referred by their parents, community agencies, or practitioners in schools and agencies. Waiting lists are minimal and the assessment process is expected to be completed within about two weeks following completion of the testing process. Current fees for assessment are $1700.00 for assessment with a clinician under supervision. Assessments undertaken by Registered Psychologist carry a fee of $2200.00. Contact the PRTC by phone 604 822 1364 regarding referral procedures.

Richmond Early Mental Health - a letter summarizing needs seen in class, along with ASQ's or any other in-class assessments, should be provided to the family to bring to the pediatrician or GP. This can also be sent directly to Richmond Early Mental Health, advocating for support. 604-278-9711 ext. 4055

Nanaimo Child Development Centre. The Infant Development Program is a home-based program designed to assist families and encourage their child's development. Consultants are professionals with skills and knowledge in child development. Consultants have various education backgrounds and all have extensive experience with children aged birth to three years. They can help you enhance your child's development. Services available may include: one-on-one support for parents; home visits to encourage progress and develop new activities; developmental assessments and written reports; a toy and book-lending library; coordinating with other available services; education concerning disabilities and a baby's typical development; and help to include your child in community activities. Website: https://nanaimocdc.com/infant-development-program / Address: 1135 Nelson Street, Nanaimo, BC V9S 2K4 / Phone: (250) 753-0251 / Email: info@nanaimocdc.com

Sleep Consultants - sleepdreams.ca is recommended by pediatricians at Children's hospital. This may be covered under private insurance plans; the cost otherwise runs about 650.00. For other sleep concerns, parents can consult with a pediatrician (do NOT use a GP), as pediatrician's can recommend melatonin, assess sleep stages, and refer to the children's hospital sleep clinic (which is free) if required

Private Counselling - The Wishing Star is highly recommended for private parent-coaching / child-and-parent counselling. The waitlist is around 3 months; it is located in Whiterock, but they are the only place that specializes in children under the age of 8.

In Richmond, there are sliding-scale fee services available through Touchstone Family Association. This is a self-referral service; for more information, call 604.279.5599 or email touchstone@touchfam.ca

PACE - PACE typically has a 6 - 8 month wait list. www.thepaceprogram.ca. We complete a referral form, either for an individual or group contract; parents must sign the form before submission. PACE will meet with parents and provide support to SCS-ILM for 4 hours a week, for 6 weeks.

Free Childhood Dental Screening

Island Health Nutrition Services

Step 4: TIP Instructional Rounds

1. Document the support needs of the child for a one-week period via log book. Complete a minimum of 2 TIP instructional round assessments, with a preference of 4 (completed by 2 different educators, if ratios and care needs allow).

2. Complete a TIP Instructional Rounds meeting, compiling the information into patterns and categories.

3. Identify strategies for the program and / or for the child during the TIP Instructional Rounds meeting

Step 5: Parent Meeting

1. Parent meeting should be scheduled to review the TIP Instructional Rounds documentation. If parents are unavailable or unable to meet within the following

week, Educators and IC should email relevant portions of the TIPICEP to parents to complete, continuing on with the care plan, as time is often of the essence.

2. Review with parents referrals that have been recommended for extra support as per above and confirm parental follow up has occurred. *Due to significant waitlists, this is a long-term measure, but it is expected that, when a child is exhibiting needs that are placing the health and safety of themselves or other children in the program at risk, parents take every step possible to help address these needs in the home context.*

3. Based on the needs assessment documentation, parents and educators will agree to at least 2 strategies to implement.

   Strategies should not be aimed only at the specific child, but additionally be aimed to reduce barriers at a centre level, and may require adaptations within curriculum implementation, pedagogy and organizational practices so that they meet the needs of all children whenever possible.

   In order to support the child's success, educators and the inclusion coordinator may determine additional temporary steps are required, to ensure health and safety, such as (but not limited to):

- Alter attendance hours. If there are key times of the day that present an increased level of challenge for the child, or if the length of the day presents an increased level of challenge for the child, shortening the day can often be beneficial. Similarly, if the child is requiring extra support, the child's attendance hours need to fall within the hours that a support worker is provided to SCS-ILM. When possible, SCS-ILM will work with the family to adjust educator schedules to accommodate family needs.

- Change drop off / pick up routine. At times, the transition inside / outside can be an overwhelming challenge for a child. If this transition is a time of particular challenge, some safety concerns may be eliminated by removing these transitions altogether - having the child dropped off outside or picked up outside, having them arrived dressed and ready to go, or having them drop off directly to an educator who will have some one:one time set aside to support the home-school transition.

- Change in program schedule. At times, adapting the program schedule may provide for teacher availability at needed times; may reduce the need for support for this or other children; may better fit with developmental needs; may reduce number of transitions or altogether remove times that the child is needing support

4. These strategies, along with information shared by parents, Educators, and support agencies, will be written into a TIPICEP. This will typically be completed by the IC, however, if time in not available, may be coordinated by Educators, PC and/or IC.

5. If parents disagree with the classroom observations and do not believe their child is requiring any additional support, move to Path 8.

Step 6: TIPICEP

1. The TIPICEP should be written following the parent meeting or Educator meeting/parent email information is received. This should be completed on the Trauma Informed Practice Individual Care and Education Plan template.

2. Once complete, this is shared with parents and Educators (and external support agencies as applicable) to confirm the final document accurately reflects the various perspectives.

3. Once final confirmation is received, the TIPICEP should be printed and placed in the binder in the staff room, and strategies should then be implemented.

Step 7: Implementation

Prior to implementation, the Educators should set a review date to return to the start of this iterative process: TIP instructional round assessments; TIP instructional rounds; Revise TIPICEP; Implement.

Step 8: Assessment

If the TIPICEP is not supporting improvements or if the child is continuing to experience behaviours that are leading to compromised health and safety, move to Path 3, 4 or 5.

Once on the waitlist for extra support in the classroom (if required), follow Path 3.

Parental Non-Involvement

We recognize that Parents are the most important relationship in the child's life, and the home environment has the strongest impact on early childhood development. Accordingly, supporting children requires parent-school collaboration.

While there may be differences of perspective, if health and safety is at risk for children in the classroom, Educators may need to require strategies or supports (such as a classroom aide) in order to be in compliance with health and safety standards as required by the child care licensing authority.

If at any point parents are unwilling or unable to support strategies that are identified by Educators as required to support the child, refuse to seek out support funding or allow external agencies (SCD, PACE, community health) to provide in-classroom observations or support, SCS-ILMmay have to terminate child care services or limit attendance hours.

Path 8. The family does not agree / believe that the child requires any additional support in the classroom.

It is not uncommon for families to disagree with classroom concerns about their child. At times, the behaviours simply are not seen at home, for a variety of reasons. At other times, the family is simply not emotionally ready to see their child's current needs.

Step 1: Documentation

To ensure that there is a clear picture of the child's current needs, teachers should complete an additional intensive observation and documentation period.

1. Document the support needs of the child for a one-week period via log book. As TIP Instructional Rounds have already been completed, this should be completed in a child-specific logbook.

Step 2: Parent Communication

The IC (or PC/Educator as available) will contact the parents to update them about the ongoing needs that the child requires support with. This conversation must include the following:

- Explanation of needs and/or behavioural reactions that are still occurring.
- Share the child specific logbook with the family.
- Information about any strategies that have been tried to date.
- Clarify that the child needs are compromising health and safety.
- Clarify the next steps that will be required in order for the child to continue to attend ILM.
- Follow up email summarizing conversation and the steps that SCS-ILMwill require for the child to continue to attend. Provide clear and reasonable deadlines for each step.

This conversation should be documented on a TIP Needs Awareness Form.

In the event that the Parent is unwilling or unable to follow through on required next steps, this should be referred to the owners / management to discuss with the family the need to end care.

Terms

Trauma - Informed Practice (TIP)

Trauma-informed practice means integrating an understanding of past and current experiences of trauma into all aspects of program delivery. The goal of trauma-informed practice is to avoid re-traumatizing children; to recognize behaviours as symptoms of unmet needs (developmental, educational, or emotional) and to support the delivery of positive and effective learning environments through meeting those needs as appropriate.

Additional Support Needs

A child with additional support needs is a child who has atypical physical or cognitive needs or an unmet behavioural or emotional need; and needs additional accommodation or support to meaningfully participate in the program at the child care facility.

Health & Safety Needs

This refers to a child's unmet needs that result in behaviours that compromise health & safety of the child, or of other children in the program. This includes, but is not limited to, any behaviours such as: physical assault, running away, toileting accidents (when a child is

out of diapers), or behaviours that require one:one teacher support to the extent of which it leaves the other children without adequate supervision.

Inclusion Coordinator (IC)

This is a mentorship role paid for under the Inclusion Pilot Project. A complete job description and professional competencies is available on the Google drive.

Pedagogical Coordinator (PC)

This is a mentorship role responsible for mentorship and coordination of programming, QIP and documentation. A complete job description and professional competencies is available on the Google drive.

TIP Instructional Rounds

This refers to the iterative process of an NAO, TIP Instructional Rounds Meeting, Consulting with parents and other support agencies, Creating a TIPICEP, Implementing the TIPICEP and then completing the NAO again.

Needs Assessment Observation (NAO)

This refers to completing the NAF during a classroom observation. The observation should be completed while the Educator is not a part of teaching ratio, and its goal is to identify times of unmet need for the child and to identify pedagogical, environmental and relational areas for change in order to better support the child.

Trauma-Informed Individual Care and Education Plan (TIPICEP)

Detailed care and education plan for an individual child, written through a Trauma-Informed Lens. The TIPICEP will list specific strategies to implement for the child, for the environment, for the program, and an assessment timeline. This form is available on the Google drive.

TIP Instructional Rounds Chart

This chart is completed following several NAO's, and it categorizes data from the NAO's, attempting to focus in on which strategies and approaches should be first implemented. This chart is available on the Google drive.

TIP Needs Awareness Form (NAF)

This form is what is used during an NAO and helps to focus the observation. This form is available on the Google drive.